‘I`ll make a damn good nurse’ –
A Qualitative Study of Coherence and Learning in Nursing Education

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II
‘I`ll make a damn good nurse’ –
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in Nursing Education
Til minne om

Asta Ovidia Jahren

(1916 – 2016)
Strengthening the students’ perception of correlations between different forms of knowledge, education arenas and life spheres is an explicit goal in the education of professionals. However, the education is criticised for ignoring the value of students’ own life experiences when studying a discipline and developing a professional identity. This thesis sheds light on how nursing students themselves are working to create coherence between the theoretical and practical elements of the education, and between the content of the education and their life experiences as a whole. The thesis describes and analyses these processes through the application of narrative theory and socio-cultural learning theory. Based on empirical data from individual in-depth interviews and participant observation of nine students in the first part of the three-year Norwegian bachelor’s degree course in nursing, the themes and findings of the thesis are presented in three articles. The first two articles are based on the interview material, and use narrative theory and methodology to analyse how the students’ storytelling helps to create coherence between their personal experiences and the forms of knowledge and learning contexts that they encounter through their education. The analyses in the articles alternate between focusing on the content and structure of the students’ stories and the dynamic function of these stories as the individual student encounters the nursing course. In the last article, which is based on field notes from participant observation, a cultural analytical perspective is applied to the students’ patient-centred work in hospitals. Using key concepts of socio-cultural learning theory, the analyses show how the students’ participation in the communities of practice can be understood as part of a negotiation and meaning-making process, which in accordance with this perspective, is a characteristic of the learning process. Thus, the students’ stories and participation not only help to create coherence between different fields of knowledge and life spheres, but also contribute to the students’ ‘meaning making’ in, and identification with, nursing as a discipline and education. In the summary discussion of the thesis, the findings in the three published articles are discussed in light of the education’s dominant understanding of care and knowledge perspective. This raises questions about whether the profession’s understanding of knowledge and care inhibits the inclusion of the student’s specific educational experiences and experiences of life in general. The thesis concludes that the students’ ability to create meaning in and recognise coherence between
learning arenas and life spheres are processes that have a large but so far relatively untapped potential in the nursing education.
«Har du fyr, har du løkte langs din vei, har du fyr, et signal om riktig lei
ei lampe som gløde i mørke og lose dø ut og frem, som tar dø bort og hjemmefra
men også tar dø hjem»

Ola Bremnes

Forord

Så er mange års arbeid ved veis ende, og i det jeg setter meg ved pc-en for å skrive dette forordet går det opp for meg at jeg skal skrive de siste ordene i avhandlingen min. Det er vanskelig å summere opp et slikt arbeid med noen få ord, men en ting står i alle fall klart for meg; dette prosjektet hadde aldri kommet i mål uten den fantastiske støtten jeg har fått fra familien, venner, kolleger og ikke minst veilederne mine.

Det å ha veiledere som Kristin Heggen og Kari Nyheim Solbrække har vært helt avgjørende for gjennomføringen og kvaliteten i dette doktorngradsarbeidet. Med sin brede kunnskap og utrettelige engasjement, samt en god dose humor og omsorg, har de virkelig vært «løktene langs min vei». Jeg har lærer enorme mye om det å gjennomføre et forskningsprosjekt og å skrive en avhandling, samtidig har deres jordnære og reflekterte veilederstil gjort dem til forbilder og inspirasjon i min egen jobb som lærer og veileder.

Ved siden av gode veiledere har min Arne med tålmodighet og kjærlighet taklet oppturer så vel som nedtur sammen med meg gjennom disse litt spesielle årene, og sammen med guttene våre Sigurd og Sondre utgjør han fundamentet som har gjort det mulig å stå i utfordrende arbeid over lang tid. Så en stor takk til mamma og pappa – Astri og Vidar; deres omsorg har alltid vært mit sikkerhetsnett i livet, og sammen med min søster Trude har deres oppmuntringer og støtte betydd mye for meg i denne prosessen.


Horten 17.4.2016 Kristin Jordal
Original articles

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1.0 Introduction

1.1 The themes of investigation

This thesis examines Norwegian nursing students’ encounter with nursing as a discipline and education. The students’ stories about themselves and their experiences of the nursing education’s theoretical and practical subjects constitute the central elements of the three articles on which this work is based. The study applies a socio-cultural learning perspective, while theories on the significance of storytelling on humans’ understanding of themselves and their own lives are central. When the nursing students in this study talk about who they have been, who they are and who they want to be, nursing is portrayed as an integral part of their understanding of themselves and their own life and I therefore begin this thesis as follows:

On a summer’s day a few years ago, I sat down at my grandmother’s kitchen table. We were both holding a cup of tea, and between us there was recording equipment and a microphone. I was a newly appointed doctoral research fellow and wanted to practise my interviewing skills, so my grandmother was going to tell me about her life. She wanted to start with her first memory from her childhood: ‘We have to start by saying that I was born in ’16, but this was in ’18 and my mother was so poor in Spanish that it was amazing that she managed.’ My grandmother then told me about her almost 100-year-long life; there were stories about her father who was a chimney sweep, about the kind primary school teacher, about working as a dairy maid and farm hand. She talked about marriage, childbirth and being a housewife. There were few resources and the war years were challenging, but there was also a fundamentally positive attitude towards life, with people finding creative hobbies and taking part in various organisations. As we were ending the conversation, she said: ‘I am so happy and have such a good life, but if there was one thing in my life I would have done differently it would be to get an education.’

For about an hour I had listened to stories about a long, rich and good life, but the great dream turned out to be an education – a nursing education. For my grandmother, this would always remain but a dream, but a nursing education was nevertheless part of her story; a story that this morning also gave me an insight into what she had once wanted from her life.
Education and career choices have huge implications for how we understand and talk about ourselves (Gubrium & Holstein, 2009; Heggen, 2008), but while there were few opportunities for my grandmother to get an education in the early part of the last century, today’s adolescents are in a completely different situation. Norwegian society has evolved considerably, and access to education has changed significantly over the past 40-50 years. Norway is now the world leader when it comes to access to higher education, and in 2010, 28% of the Norwegian population over 16 years of age had a higher education qualification (the Norwegian Ministry of Education and Research, 2012). Along with this improvement in access to education, the current batch of students is probably – in a totally different way to the youngsters in my grandmother’s time – influenced by the modern notion that ‘finding oneself’ is of major importance (Gullestad, 1996; Rognstad, Aasland, & Granum, 2004; Tveit, 2008). The greater access to education and the simultaneous decreasing emphasis on social values associated with duty and being ‘useful’ can create new challenges for the nursing education, which historically has hinged on a rhetoric that emphasises the student’s ability and willingness to give care based on self-sacrifice and other-orientation (Alvsvåg, 2010; Eriksen, 1995; Gullestad, 1996; Moseng, 2012; Nesje, 2015; Vike, Bakken, Brinchmann, Haukelien & Kroken, 2002).

Care is still a characteristic of the profession, and a public web portal offering career guidance for young people describes a nurse as someone who enjoys working with people and is able to show responsibility and care (Utdanning.no, 2015). The notion of care as a key value in the profession is affirmed in the ethical guidelines for the nursing profession, which state that the basis for all nursing must be respect for the individual’s life and inherent dignity. Nursing should be based on compassion, care and respect for human rights, and be founded on knowledge (Norwegian Nurses Organisation, 2015, p. 7). The importance of care in nursing is expressed even more explicitly in a brochure published by the Norwegian Nurses Organisation with a view to creating greater awareness of what nursing is. Here, care is described as a fundamental duty: The nurse’s fundamental duty is to show care to anyone who is suffering, regardless of the cause of the suffering (Norwegian Nurses Organisation, 2008, p. 4). As such, care is portrayed both as a general characteristic of the profession and a key element in the profession’s history, tradition and values. In this thesis, care is regarded as a central part of the profession’s traditional ‘self-understanding’ (Heggen, 2008), which is
particularly interesting to elucidate because the current so-called self-oriented school-leavers also highlight the opportunity to provide care and to help others as an important factor in their choice of nursing as an education (Abrahamsen, 2007; Tveit, 2008).

Norwegian nursing education competes today with many other courses and lines of study for the attention and interest of young people. Nevertheless, the number of applicants has been steadily rising in recent years, apart from a slight decline in the mid-2000s, and a bachelor’s degree in nursing today constitutes Norway’s most popular professional education, with about 13,000 students in universities and colleges throughout the country (Kårstein & Aamodt, 2012). However, despite the positive trend in the number of applicants in recent years, the current educational capacity does not meet the large demand for healthcare staff that is set to continue in the years ahead (the Norwegian Ministry of Education and Research, 2012; Roksvaag & Texmon, 2012). The huge demand for qualified workers in the healthcare sector and the issue of whether today’s school-leavers find the nursing education appealing and meaningful make it particularly important and relevant to study the students’ perception of coherence and meaning as encountered in the education.

1.2 The study’s aims and research questions
The aim of this thesis is to describe in depth how, through their stories about, and participation in, various learning arenas, Norwegian nursing students are working to create coherence and meaning in their encounter with nursing as a discipline and education. Informants in the study were interviewed at the end of their first year of study and observed while in medical and surgical hospital practice in the second year. The students were therefore still novices in the profession, but nevertheless had experience from both the theoretical and practical elements of the course. The findings in the thesis are presented in the form of three published articles, which collectively illustrate the overarching questions of the thesis:

How do nursing students create coherence between the theoretical and practical elements of the course, and between the content of the educational programme and their life experiences in general?

1.3 My background and path into the field
A characteristic of qualitative studies is that the researchers position themselves in the research work (Creswell, 2013, p. 47), and I will therefore describe my pre-understanding
and path into the field. I relate specifically to certain life experiences and the significance I think they can have for the organisation, execution and findings of this project. First and foremost, I have a committed and close relationship to storytelling. I grew up in a family with many storytellers who use stories to illustrate a point in a debate, to share experiences or simply to be funny in social situations. The significance of storytelling in my life was also reinforced by my attending Rudolf Steiner schools from nursery age until I left upper secondary education. Throughout, large parts of the curriculum were taught by good interpreters and storytellers. In addition, the school’s study programme had a systematic approach to literary genres and sources, and through childhood and adolescence, I studied fairy tales, folklore, mythology and saga literature almost daily, as well as national and international literary classics and plays. Listening to, reading, retelling and eventually interpreting stories and literary texts were therefore skills and interests that were developed on an ongoing basis throughout my childhood and adolescence.

I have also always been interested in other people’s experiences and perceptions. My mother worked as a vocational teacher and special education teacher and my father was a child welfare officer and family therapist. Their line of work meant that our family discussions and conversations often reflected their interest in people and their diverse experiences in life. My nursing education formed a professional framework for the human interest element. During my first years as a nurse in medical and surgical wards, I therefore enjoyed working closely with people, but also felt the burden of responsibility in a hectic hospital ward and in complex clinical situations. After taking a foundation course and intermediate course in nursing at the University of Bergen I then took a job as a teacher at an upper secondary school. Capturing the pupils’ interest and facilitating understanding and engagement with the subjects ‘awakened the teacher in me’ and was a role I soon identified with. My interest in the personal and relational elements of the professional field was further reinforced through guidance teacher training. After a number of years as a teacher at upper secondary school, I became a trainer in nursing education and took a master’s degree in health science at the Institute of Health and Society at the University of Oslo. In many ways, the concept of knowledge and varied working methods I encountered on this course tied in with my background from the Steiner school and my experiences from my work as a nurse. The master programme’s broad concept of knowledge and the practical orientation of
the methodology training introduced me to a systematic reflective practice that I thoroughly enjoyed, whilst learning about nursing ‘from the outside looking in’ – as one of several health subjects – was liberating. My final master’s dissertation about nurses and their inter-relationship with seriously ill patients (Jordal, 2006) was a study of five experienced nurses’ work with seriously ill cancer patients. Through my dissertation work, I gained experience in using qualitative research methods and analysing interview material systematically. The findings of the master’s dissertation showed how the nurses’ work spanned between ideals and reality, between the professional and the personal. On a daily basis they had to find their own ways to balance these challenges. This made me curious about how the students in the bachelor’s degree programme perceived ‘their encounter with’ the education; both the relationship between what they learn in the classroom and what they experience in their clinical practice and the relationship between the education and life in general.

My experiences from childhood and adolescence, my own ‘encounter with’ the discipline, the master’s programme content, working methods and concept of knowledge and the final master’s dissertation have thus affected and had an impact on my basic understandings related to the meaning of human life experiences, my perspective on knowledge and learning and the understanding I have about the importance of stories in people’s lives.

1.4 Structure of the thesis
This thesis consists of six main parts. In this introductory chapter, I describe the study’s theme, aims and questions. Chapter 2, ‘Background and context’, describes the frameworks and content of the nursing education, as well as nursing as a care profession. There follows an account of research related to the themes and relevance of the thesis. In Chapter 3, ‘Theoretical framework’, I describe key theoretical perspectives linked to narrative theory and the socio-cultural learning perspective. Chapter 4, ‘The research process’ gives an account of the study’s methodological and analytical choices and practices. This chapter also examines the ethical considerations related to the project and the measures taken to safeguard the quality and credibility of the study. Chapter 5 is a summary of the three articles on which the thesis is based, which is followed in Chapter 6 with a description of the thesis’ overall contribution to knowledge, and discusses this in light of the concept of care and knowledge in the nursing profession and the potential implications for nursing education.
2.0 Background and context
In this chapter, I will first explain the background of the study by describing the frameworks and organisation of the nursing education, as well as the discipline’s understanding of care. I will then provide a research-based contextualization, including a review of selected research contributions which in different ways help to further frame the themes and relevance of the study.

2.1 Frameworks and organisation of the nursing education
According to Smeby, the education of professionals is mainly governed by laws, regulations and framework plans, through the revision and accreditation of the educational programmes. It is also governed through occupation-specific legislation and professional accreditation, as well as international guidelines (Smeby, 2008, p. 94). The framework plan is laid down in the Norwegian Act relating to universities and university colleges of 2005, and is a key control mechanism for ensuring that the nursing education meets its obligation to society to train candidates in the skills needed in the labour market (the Norwegian Ministry of Education and Research, 2008, p. 76). The framework plan aims to ensure a uniform national level and lays down guidelines for the objective, scope, content, organisation, working methods and forms of assessment of the education. According to the framework plan, the education must qualify students to work in all areas of healthcare, and describes nursing, care and treatment as the cornerstones of the profession (the Norwegian Ministry of Education and Research, 2008, p. 4). The Norwegian Agency for Quality Assurance in Education (NOKUT) plays a key role in performing evaluations and accreditation of the educational programmes, and assesses the teaching staff’s competence, the pedagogical framework and the quality assurance systems of the education programmes, which will stimulate and safeguard the quality of the education. Moreover, EU directives and international processes have affected how Norwegian nursing education is designed and developed, and in the wake of the Bologna process came the introduction of the qualifications framework for higher education, which is used to ensure the competence of students after completing a bachelor’s degree course (Caspersen, 2012). The qualifications framework involves the use of learning outcome descriptions that define what the student has achieved in terms of knowledge, skills and general competencies following a learning process related to a module, subject or practice, and in education as a whole. The learning
outcome descriptions have thus impacted on how the content of the discipline and the student’s competencies are understood, described and conveyed within the educational programme. In addition to the framework plan and the qualifications framework, the education is governed by legislation and government reforms. The quality reform adopted in 2001 introduced an academic degree structure that saw the nursing education change to a bachelor’s degree. Pursuant to section 1.3 of the Act relating to universities and university colleges (2005) a requirement was also imposed on educational institutions to provide higher education on the basis of the foremost research, academic and artistic development work and empirical knowledge. In addition, the course content is also regulated by legislation on the practice of nursing (Molven, 2012; Smeby, 2008). The nursing education is organised as a bachelor’s degree made up of 180 credits. It is a 3-year course which alternates between theory studies and preparatory skills training in the college and university arena and clinical practice in the hospital. The credits are divided into 4 main modules (the Norwegian Ministry of Education and Research, 2008):

1) Nursing’s specialist and scientific basis, including subjects such as history, philosophy of science and work ethics.

2) The nursing discipline and occupational basis, focussing on the nurse’s role and duties both in the municipal health service and the specialist health service.

3) Medical and scientific subjects such as anatomy, physiology, pathology, pharmacology, microbiology, hygiene and the study of medications.

4) Social science subjects, focussing on subjects such as psychology, pedagogics, communication, public and municipal administration, sociology, social anthropology and health and social policy.

2.2 Nursing as a care profession
As we have seen in the introduction, care is a general characteristic of the profession, and an integrated part of the profession’s ‘self-understanding’, while research shows that care also motivates today’s school-leavers to apply for the nursing course. This study sheds light on how students work to create coherence and meaning in the choice of education they have taken, and the discipline’s care concept will therefore be regarded as a frame narrative for the analyses and for the thesis as a whole. There are several historical and social threads
that can be followed in order to describe how the understanding of care has evolved and why it is continually used as a key professional marker in the field, and in this section I link the concept of care in nursing to the discipline’s values, understanding of gender and professional identity discourse.

2.2.1 Care in relation to Christian ethics
Care must first be understood in the context of the discipline's historical connection to a set of Christian values; a foundation that partly emanates from the fact that, according to Nortvedt (2012), from the Middle Ages the sick were cared for in field hospitals, hospital wards and hospitals affiliated with religious institutions such as monasteries and churches. Thus, hospitals and caring for the sick had an early association with a realisation of Christian values, such as caring for strangers and treating everyone equally. Major medical advances in the 19th century also led to a need for greater expertise and a formalisation of nursing qualifications. Until then, supervision and care work at hospitals had been regarded as ‘the most unskilled labour’ that was performed by people at the bottom of the social ladder (Moseng, 2012, p. 49). Consequently, when Florence Nightingale established the first organised training for nurses in England, it was important to raise the status of nursing and make it a legitimate choice even for the women of the bourgeoisie. An important element of this process was to create a distance to the unschooled and unkempt ‘ward aides’ who had worked at the hospitals, and to form a new and respectable role for dignified women. The nun’s role, with a focus on self-sacrifice and caring for the suffering, was a useful model for this new understanding of the profession (Moseng, 2012; Svare, 2009). This also applied to the pioneering days of nursing in Norway, when Christian duty-based ethics underpinned the shaping of the role of the profession (Moseng, 2012; Nortvedt, 2012). The ideal of education was emphasised in the training and was based on the notion that the nurse had to work ‘to be good’ by reforming her own character (Hagemann 1930, in Nortvedt, 2012, p. 62).

Together with other Christian values, such as compassion and benevolence, caring for the weak became part of the rhetoric in which the nurses’ ability and willingness for self-sacrifice and other-orientation were central. The parable of the Good Samaritan was an important example for understanding what altruistic care involves (Nortvedt, 2008).

The ideal of other-orientation was described as follows in Hagemann’s book on ethics from 1930:
If we assume that love for God and our neighbour is the one important commandment, we can then infer that all our mistakes and sins can be covered by one word; selfishness, to seek one’s own good. The struggle to be good thus becomes a struggle to get away from our own ‘I’ and towards that of ‘love thy neighbour as thyself’. And there we will find that daily life in the hospital is the best cure we can find for self-centredness (Hagemann, in Tveit, 2008, p. 28).

2.2.2 Care in relation to gender
The care concept in nursing can further be linked to the 19th century understanding of gender and the struggle for the emancipation of women. According to Svare (2009), the essentialistic understanding of gender, as biological given and tied up with inherent natural qualities, led to men and women adopting more complementary roles in society in the 18th century, particularly in the workplace. While men were viewed by society as robust and suitable for productive work, the entrenched understanding of women, especially those from the upper classes, was that they were ‘warm, motherly and caring’ by nature, and therefore particularly suited to the reproductive care duties in the home (Svare, 2009, p. 26). Meanwhile, the large surplus of women in Europe helped make nursing one of the few possible choices for upper class women who did not get the opportunity to experience the ‘call of motherhood’ on the home front (Moseng, 2012; Svare, 2009). However, this is not the whole picture, and Elstad emphasises that much of the recruitment to the profession also came from the lower classes. She therefore believes that the significance of the complementary gender role and the similarities of the nurse’s role with the role of women in the private sphere among the upper classes may be exaggerated and mythologised (Elstad, 2014). Nevertheless, the female role appears to be pivotal to the understanding of care, including for Nightingale, who believed that women had inherent and natural caring abilities and that ‘all women’ were nurses (Svare, 2009). Through a vocation rhetoric, and the notion of nursing as a realisation of the female nature, women were able to go out to work as nurses with their status and dignity ‘intact’. According to Svare, the role was formed with a special duality marked by both a hierarchical obedience culture based on institutional and religious conformity in relation to the doctor and God, but also by the notion of female superiority linked to care (2009).
2.2.3 Care in relation to the profession’s identity discourse

The care concept’s constant relevance is understood in light of the profession’s identity discourse. In post-war Norway, the nursing profession gradually evolved in a more scientific direction, with influences from fields such as psychology, sociology and pedagogy. This was part of a professionalisation line where the development of an independent knowledge base was central (Moseng, 2012). The nursing profession distanced itself from ‘the old’, and the concept of care was thus sidelined in a discourse characterised by the biomedical aspects of the discipline (Heggen, Karseth, & Christiansen, 2004). The 1980s saw a backlash to this, which was perceived as an instrumentalisation of the discipline and a too narrow and positivist view of knowledge. This took the form of a focus on traditional values and a re-introduction of care (Tveit, 2008). The fact that care once again became a core concept in Norwegian nursing can largely be attributed to Kari Martinsen's longstanding contribution to the debate on the nursing profession. Martinsen is a nurse, philosopher and historian, and her philosophical interpretations of the fundamental importance of care to being human in the world have greatly influenced how care today is communicated and understood in the profession (Martinsen, 1989, 2003; Nortvedt, 2012). According to Martinsen, care has a relational, practical and moral aspect. Thus, it is about the relationship between people who share the human plight of being exposed and vulnerable. The nurse’s attitude is important, and with inspiration from philosophers such as Løgstrup and Levinas, care thus becomes a moral response to the suffering 'of others' (Nortvedt, 2012), and Martinsen’s philosophical contribution therefore relates the concept of care to normative guides on what is good nursing. Fundamental philosophical thinking on care has been the foundation for Martinsen’s struggle against a growing scientific, technical, economic rationale in the health sector and nursing. The need for a broader view of knowledge in the profession has been a recurring theme, first through the struggle against the biomedical orientation of the profession in the 1980s and now in the debates on what nursing knowledge is and should be in relation to the current emphasis on the concept and the working methods linked to knowledge-based practice (Martinsen, 2006: Martinsen & Eriksson, 2009).

I have now explained some historical contexts that have contributed to the view, even today, that care is a central part of the nursing profession’s ‘self-understanding’ (Heggen, 2008). Later in this chapter I will contextualize the study further by presenting relevant
research on the profession, which in particular highlights the students’ perception of coherence in the nursing education.

2.3 Research context

2.3.1 Introduction

According to Heggen and Smeby, the challenges related to integration and coherence characterise current discussions on gaining qualifications and learning in the medium-length professional education courses (2012). The debates relate to a lack of integration, fragmentation and what is described as ‘a gap’ between theory and practice (Damgaard Knudsen, 2015; Heggen & Smeby, 2012; Laursen, 2015). In this thesis, I show how nursing students, through storytelling and participation in their various educational arenas, are working to create coherence between the theoretical and the practical elements of the education, and between the education and their own lives. The thesis thus relates to topical education debates and to studies of the coherence between forms of knowledge and learning arenas in professional education (Benner, 2010; Damgaard Knudsen, 2015; Eraut ‘, 2004; Heggen & Smeby, 2012; Heggen, Smeby, & Vågan, 2015). By also illuminating the coherence that the students create between the education’s content and their general life experiences, the study touches on a theme that until now has not received sufficient attention, either in education debates or in research into the profession (Benner, 2010; Heggen & Smeby, 2012; Illeris, 2012; Nygren, 2004; Rønnestad, 2008). As a further contextualization of this study’s topic and relevance, I will in this literature review present key research contributions related to the importance of ‘coherence’ in the Norwegian nursing education.

2.3.2 Coherence – a collective term for connectedness in education programmes

The content of a profession’s knowledge base is governed by conditions in the practical occupational context in which it will be used, and the education programmes thus convey complex and heterogeneous content (Grimen, 2008). Facilitating the opportunity for students to experience meaningful coherence is therefore a key challenge in the education of all professionals (Grimen, 2008; Illeris, 2012; Säljö, 2001). This challenge is also reflected in the discipline discussions, but according to Heggen, Smeby and Vågan has been marked by too much restrictive arena thinking and dichotomous terminology (2015). At the Centre for Study of Professions at Oslo and Akershus University College of Applied Sciences recent research conducted under the project entitled ‘Qualifying for professional careers’ (QPC) is
therefore examining the development of meaningful coherence in the medium-length professional education courses such as nursing, pre-school teaching, teaching and social work. The term ‘coherence’ is presented as ‘a fruitful point of departure’ for studying various correlations within these professional educations (Heggen et al., 2015, p. 84). This is supported by the Stanford researchers Grossman and Hammerness et al., who describe the concept of coherence as ‘relatively unexplored’, but with a clear potential for elucidating different areas of correlation in education (Grossman, Hammerness, McDonald, & Ronfeldt, 2008, p. 2).

International studies (see Grossman et al., 2008; Hammerness, 2006; Tatto, 1996) use different definitions of coherence, but according to Heggen and Raanen, coherence fundamentally relates to ‘good cohesion in the education’ (Heggen & Raanen, 2014 p. 3). The term is thus in contrast to fragmentation, which emphasises the distinctions between theory and practice. Coherence may also resemble the concept of consistency, but the terms are not synonymous because consistency does not cover tensions and contradictions in the same way (Smeby & Heggen, 2014). Smeby and Heggen rely here on a widely quoted article by Buchmann and Floden (1992), which emphasises that the concept of coherence ‘...allows for many kinds of connectedness, including associations of ideas and feelings, intimations of resemblance, conflict and tensions, and imaginary leaps’ (1992, p. 4). According to Buchman and Floden, ‘coherence’ captures knowledge correlations that are dynamic and ambiguous because the term is ‘...hospitable to change and imagination, while true to many facets of concepts and experiences’ (Buchmann & Floden, 1992, p. 4). They present coherence as closely linked to meaning, with the students themselves experiencing meaningful connections between different aspects of their education (Buchmann & Floden, 1992).

Studies in which coherence is used as a basis can thus both examine correlations between different educational contexts and students’ experiences of meaningful correlations within the education (Heggen et al., 2015). Coherence is thus a collective concept for different ways of looking at connectedness in education, but in the Norwegian contributions a distinction is made, according to Heggen and Smeby, especially between three types of coherence; biographical coherence, which is about the correlation between the students’ upbringing, previous education and work, and their course learning; programme coherence, which relates to the students’ perception of coherence in the study programme, and between the
different learning arenas in the education; and transitional coherence, which is the cohesion between what is learned on the course and the actual practising of the studied profession (Heggen et al., 2015, pp. 79-84). Coherence constitutes a relatively new approach in the study of Norwegian professions and I will further introduce several studies that use this term in order to examine the nursing students’ experience of coherence within the study programme, between the education programme’s different learning arenas and between the education and life in general. I will also present thesis contributions from Norwegian nursing education, which in particular address relevant themes related to students’ experiences in, and between, the education’s different learning contexts.

2.3.3 Coherence within the education programme and between the learning arenas

A widely discussed study of the American nursing education is the study initiated by the Carnegie Foundation: ‘Educating nurses: a call for radical transformation’, which was led by Patricia Benner (2010). Although some of the issues identified in this study are related to the American education model the study’s findings are, nevertheless, also highly relevant to the Norwegian education (Benner, Heggen, Thorbjørnsen, & Kjerland, 2010), according to Heggen. The study is not directly related to coherence, but the authors describe a great need to strengthen the integration and coherence in education. They found that nursing education did not sufficiently integrate knowledge, skills and ethical attitudes, and that the differences between learning contexts are too great. It also emerged that the students’ own experiences and stories from clinical practice and life in general were not given attention or integrated into the classroom teaching. The study concludes that there is a great need to strengthen the coherence between classroom teaching and clinical practice (Benner, 2010). These are problems which, in different ways, are elaborated in several Norwegian studies of professional education courses, including nursing education. Hatlevik’s thesis ‘Meningsfulle sammenhenger: en studie av sammenhenger mellom læring på ulike arenaer og utvikling av ulike aspekter ved profesjonell kompetanse hos studenter i sykepleier-, lærer- og sosialarbeiderutdanningene’ (Meaningful coherence: a study of the relationship between learning in different arenas and developing various aspects of professional competence among students in nursing, teaching and social work education) is particularly relevant in this context (2014). Hatlevik’s study, based on longitudinal survey data from Stud-data (Database for Studies of Recruitment and Qualification in the Professions), examined the importance of facilitating the students’ experience of meaning and coherence in the nursing
education. The study, whose premise is that meaningfulness is pivotal to people’s perceptions of coherence, shows that the students associate their professional knowledge with their own experiences and perceptions. Hatlevik further found that the students’ sense of coherence was related to whether they found the education’s content to be understandable, that they had faith in being able to deal with the demands of the education, and whether they perceived the education’s content to be relevant to the occupational field (Hatlevik, 2014). Hatlevik also found that when the students experienced meaningful coherence between the education’s knowledge content and practising of the profession and between the education’s different learning contexts, it led to both engagement and a better learning outcome in the education (Hatlevik, 2014).

In a study by Heggen and Smeby (2014), the importance of coherence for learning in the professional educations was also examined. They considered the learning outcomes in relation to factors related to biographic, programme and transfer coherence in the nursing education and three other professional educations. The study was based on students’ self-reported theoretical and skill-related learning outcomes at the end of the education and after three years of work. The study shows that both programme and transfer coherence have a significant impact on the students’ learning outcome, but that there was no significant coherence between the students’ experiences from previous education and employment and their current course learning. This finding, which surprised the researchers, is explained by pointing out that biographical coherence is very complex and therefore difficult to measure. The study nevertheless implies a coherence between life experiences and learning, and the researchers therefore recommend more in-depth studies in this area (Smeby & Heggen, 2014).

Given that education is about more than acquiring specific knowledge and skills, Heggen and Terum’s (2013) study is particularly relevant to the topic of this thesis. This study examined whether the students’ perception of coherence in the education strengthens their identification and dedication in relation to the profession and the occupation they have chosen. This study is also based on survey data from Stud-data gathered from degree courses in nursing, teaching and social work. Coherence was measured as the relationship between 1) theory and practice, 2) teacher and student, 3) supervisor and student, and 4) student and fellow students (Heggen & Terum, 2013). The study concluded that coherence
in the education is important for the development of a professional identity. In the discussion on findings, the researchers particularly highlight the fact that coherence has largely been examined in relation to a cognitive learning outcome, and they emphasise that this concept is also useful in order to examine the students’ affective educational gain (Heggen & Terum, 2013).

In professional educations that include practice in the professional field, such as nursing, studies of the students’ perception of coherence between the learning contexts are particularly relevant because the education’s clinical practice is considered to be important for their development of competence (Caspersen & Kårstein, 2013). By participating in clinical situations, the students’ knowledge and skills are integrated, and the goal is that the students use what they have learned in the education’s theoretical subjects while engaging in practical work (Kårstein & Caspersen, 2014). I will now present central thesis works from Norwegian nursing education, which as a whole may suggest that, despite the stated objective of integration, there are considerable challenges associated with creating good coherence in the education. Admittedly, these works have not explicitly applied the concept of coherence, but I believe they elucidate the level of connectedness in and between learning contexts and forms of knowledge in Norwegian nursing education in a way that largely overlaps with the intentions of this concept.

In Heggen’s study ‘Sykehuset som klasserom’ (The hospital as a classroom) (1995), the relationship between the learning arenas in the nursing education was a central theme. In this study, it emerged that this is a challenging field where the nursing students had to deal with contradictory logic in terms of structures, premises and requirements of the college and university arena and in their clinical practice in hospitals (Heggen, 1995). Heggen found that the students’ status as beginners, with a peripheral position in the nursing community, meant that they were in a ‘tipping position with the opportunity for either integration or disintegration’, and that the ‘scholastic’ study assignments led to an undesirable disintegration from the nursing community (Heggen, 1995, p. 192). Heggen therefore concluded that there is a huge knowledge potential for the students if they become more integrated into the organised community of practice.

In professional educations, such as nursing, where care is a central concept, the link between the students’ care experiences within and outside the education context is also a particularly
interesting theme, making Solvoll’s study: ‘Omsorgsferdigheter som pedagogisk prosjekt: en feltstudie i sykepleierutdanningen’ (Care skills as a pedagogical project: a field study in nursing education) (2007) particularly relevant. Solvoll found that the communities of practice emphasised the practical tasks related to patient care, while the school’s study assignments for their part required theoretical and abstract perspectives. This meant that the students received little help to reflect on and process the more affective dimensions of patient work. The study also revealed that the education does not give sufficient attention to the students’ own experiences and perceptions. This is a theme that we also find in Lillemoen’s thesis: ‘Det er bare sånn jeg er: En undersøkelse om sykepleierstudenters utvikling av moralsk opptreden’ (That’s just how I am: a study of nursing students’ development of moral behaviour) (2008). The study examined the students’ moral development and learning in their encounter with the practice field. The findings showed that the students did not manage to utilise the ethics teaching very well during the practice period, while the student’s reflection on their own moral development and behaviour was perceived as a non-issue. Nor were any provisions made for reflection on this theme during the students’ practice. A third thesis from nursing education confirms the lack of integration of the students’ own experiences and reflection processes. The thesis ‘Følelser er fornuft: Sykepleierutdanningen mellom gjerning og tekst’ (Emotions are common sense: nursing education between deeds and words) (Alteren, 2011) explored the relationship between theory and practice, with a focus on how different forms of knowledge were integrated into the education. Alteren’s study examined in particular the relationship between emotion and common sense in the learning process. The study concluded that the students’ own experiences in the encounter with the patient were not afforded enough attention, either by the teacher or in the study assignments (Alteren, 2011).

I have now looked at some key studies of the students’ perception of coherence in, and between, the education’s learning contexts. In the next section, I examine studies that shed light on the coherence between the education and the student’s other life spheres.

2.3.4 Coherence between the education and the student’s other life spheres
The students’ perception of coherence between their professional and non-professional life spheres is, as already discussed, a theme that is not sufficiently emphasised in the debates on professions or in educational research (Heggen et al., 2015; Nygren, 2004; Rønnestad,
2008). I will therefore present two studies from the nursing education that examine the coherence between the education’s forms of culture and knowledge and the students’ experiences from their professional and non-professional life spheres. In the thesis, ‘Sykepleieryrket - i spenningsfeltet mellom rolle og person: en analyse av fire sykepleierstudenters læringsløp’ (The nursing profession – in the field of tension between the role and person: an analysis of four nursing students’ learning pathways) (2003), Christiansen describes a complexity relating to professional socialisation and learning in the nursing students’ clinical practice. She found that the students’ situation spanned between a professional role based on the school and the communities of practice’s norms and expectations and their own subjective behaviour in their encounter with the patients. According to her study, this can be understood as a dialectic between role and person, where the students work to balance the professional and personal in specific patient situations. The thesis also points out how experiences and memories from the students’ own lives can serve as a learning resource when the theoretical knowledge from school is realised in the interaction with patients (Christiansen 2003, p. 229). Christiansen emphasises in particular that the students receive little support or correction from their supervisor, and that they are therefore on their own when reflecting on the balance between the professional role and the more subjective and personal aspects of the nursing role.

Finally, I will present a study that is particularly relevant to the subject matter in this thesis. Tveit’s thesis ‘Ny ungdom i gammelt yrke: en studie av sykepleierstudenters motivasjon og fagidentitet i møte med en tradisjonstung utdanning’ (New youth in an old profession: A study of nursing students’ motivation and identity in their encounter with a traditional education) (2008) examined the students’ motivation and development of professional identity in their encounter with, what Tveit described as, a tradition-based nursing education. The study looked at the relationship between the youth culture’s focus on self-orientation and the education culture’s emphasis on nursing as altruistically motivated care. This could be perceived as problematic, but the findings in Tveit’s study showed how the students found motivation for, and meaning in, their educational choices based on experience and knowledge of the discipline – and themselves. The choice of nursing education was thus founded on rich and diverse motivation. The students created connections between key elements of the profession and their own personality, and nursing
was seen as an arena where they could both realise their wishes to make a contribution and do something good for others, while the choice challenged them on fundamental questions of identity (Tveit, 2008 p. 251). The students’ interface with education thus seems to involve identity and learning processes related to both the education and life in general. This is a factor that is highly relevant to the questions explored in this thesis, but which has not been studied to any great extent in a Norwegian context.

2.3.5 Summary and clarification of relevance of this study
In this review, we have seen how relevant Norwegian studies from the nursing education examine the students’ perception of coherence in the education. The studies show that good coherence is important for the students’ learning outcomes and identification with the discipline and profession. These studies have, as far as I have seen, all been based on longitudinal survey data from Stud-data, and the relationships that emerge are thus established using quantitative analysis methods. At the same time, studies are called for that can go into more depth, particularly in relation to elucidating the relationship between the education and the students’ experiences of life outside the professional sphere (Smeby & Heggen, 2014). Meanwhile, if we take theses from Norwegian nursing education in the last 10-15 years, we can see challenges related to the fact that dissimilar ‘logics’ permeate the different learning contexts that the students participate in, and that their perceptions and experiences are not being sufficiently included in the course assignments and working methods. In light of this review, the relevance of this thesis, as I see it, is particularly linked to the following factors:

1) First, key thesis works from Norwegian nursing education show that the students’ perception of coherence in the study programme and between the education and life in general is a particularly topical subject of investigation.

2) Moreover, studies of coherence in the nursing education have so far been limited to quantitative contributions based on longitudinal survey data. The data in this thesis is based on the students’ stories from, and participation in, professional and non-professional fields of life. This is a design that gives a qualitative optic that is particularly suited to exploring meaningful relationships as the students themselves experience them.
3) Existing studies of coherence from nursing education have mainly focused on coherence within the professional life sphere. This study’s relevance must therefore particularly be viewed in the context of how its design and theoretical framework is particularly well suited for examining the students’ perception of coherence outwith the professional learning context. The study can thus examine the students’ educational choices in the context of the students’ perception of themselves and their life cycle.

4) Coherence, as we have seen, relates to the students’ perception of connectedness in the education. The theoretical orientation of this thesis, based on key perspectives from narrative theory and a socio-cultural learning perspective, is a particularly well-suited conceptual framework for studying the students’ construction of meaningful coherence in the education.

In the next part of the thesis I will give an account of this theoretical framework, and I start by putting the study into the context of the philosophy of science, before explaining narrative theory and socio-cultural learning theory.
3.0 Theoretical framework

3.1 Epistemological basis
As we have seen in the introduction and background chapter, this study aims to shed light on how the nursing students create coherence in the education – and between the education and life in general. Thus, the study emphasises the students’ own experiences, with a particular focus on the interactions and connections between the individual student and the context of their situation. Moreover, nursing, as a profession and education, has been presented as a professional context with distinctive structural, cultural, discursive and historical frameworks, which are considered significant for the students’ experiences in their encounter with the education. Together with the theoretical and methodological orientation I will now present, the study’s research questions and contextualisation place this research work in a socio-constructivist landscape. This is an epistemological positioning that particularly emphasises the dynamic negotiation of meaning that occurs between the participant and their surroundings (Creswell, 2013; Gubrium & Holstein, 2003a; Järvinen & Mik-Meyer, 2005a). In this theory chapter, I will explain the central concepts in narrative theory and Wenger’s socio-cultural learning perspective; theories that are particularly suited to understanding, conceptualising and abstracting the processes between the students and their surroundings. In the next chapter, which covers the research process, I will then return to the methodological implications inherent in this positioning, whilst describing the specific methodological, analytical and ethical working methods in this study.

3.2 Narrative theory
3.2.1 Introduction
In narrative theory, stories are understood as an omnipresent phenomenon with close links to people’s understanding of themselves and their existence in the world (Creswell, 2013; Czarniawska, 2015; Frank, 2010; Gubrium & Holstein, 2009). In narrative theory, it is thus assumed that listening to, interpreting and telling stories is a fundamental human activity:

‘Human beings are storytellers by nature. In many guises, as folktale, legend, myth, epic, history, motion picture and television program, the story appears in every known human culture. The story is the natural package for organizing many different kinds of information. Storytelling appears to be a fundamental way of expressing ourselves and our world to others.’ (McAdams, 1993, p. 27).
Stories are thus both understood as a basic form of communication we humans use to share information with others and to create coherence in our perceptions and experiences. At the same time, storytelling also impacts on our self-perception; our identity (Bruner, 2004; Holstein & Gubrium, 2000; Johansson, 2005; McAdams, 1993). These characteristics mean that studying stories has become a recognised and popular way of examining, describing and understanding human experiences and social interaction within the human and social sciences (Chase, 2013; Creswell, 2013; Czarniawska, 2015). Although the interest in studying stories can be traced all the way back to Aristotle’s analyses of the Greek tragedy, there is disagreement about what should be considered as the origin of narrative studies (Riessman, 2008). There is, nevertheless, consensus that it was in the 1980s, in what has been termed a ‘narrative turn’, that narrative theory and method had their big breakthrough in human and social sciences (Creswell, 2013; Czarniawska, 2015; Riessman, 2008). This was a development which, according to Riessman, must be understood in the context of the rapid political, epistemological and theoretical developments from the 1960s, and which in academia led to criticism of social sciences’ ‘positivist modes of inquiry’ (Riessman, 2008 p. 14). Today, the use of narrative theory and methodology is found in almost ‘every field and social science discipline’, while studies in professions such as law, medicine, nursing, teacher training and social work are also being conducted with such an orientation (Riessman, 2008 p. 17). This is confirmed by Holloway and Freshwater, who in their book ‘Narrative research in Nursing’, describe a significant and growing interest in exploring stories in studies of nursing and nursing education (2007).

3.2.2 What is a ‘story’?
Although most people can probably recognise a story, it is not easy to find an adequate definition of what a story is (Frank, 2010; Gubrium & Holstein, 2009; Riessman, 2008). According to Frank, there are however some fundamental characteristics that distinguish stories from other types of linguistic communication. Most importantly, stories have a ‘tick tock’ dynamic, where ‘one thing happens in consequence of another’ (Frank, 2010, p. 25). In addition to this temporal and causal relationship between the different elements of the story, tension or intrigue must also be present, otherwise known as a plot. A plot involves something being at stake for someone, and uncertainty surrounding the outcome of the events described. The plot’s significance emerges when comparing these two sentences:
‘The king died, and then the queen died.’

‘The king died, and then the queen died - of grief.’ (Forster 1927, in Johansson, 2005, p. 128)

In the first sentence, a ‘tick tock’ logic can be seen, but there is no element of tension and the sentence is therefore more like a piece of information than a story. If we look at the second sentence, the sense that something has been at stake for those involved is shown in a completely different way. This element of tension thus evokes emotions and triggers the imagination of the listener (Frank, 2004). In addition to these fundamental characteristics, stories can also set the scene for different characters or roles. These may include a ‘hero’, ‘villain’ and ‘victim’, who all have specific traits or characteristics that either drive events forward (the protagonist), or create resistance and challenges (the antagonist) (Frank, 2010).

In the story, connections are then created between these characters’ traits and the story’s basic dynamic – the plot – which in turn will impact on the outcome of the story. Another hallmark of stories is that they have a beginning, a middle and an end, and in fully-formed narratives, such a structure, according to Labov, consists of six stages (1997). The story’s ‘abstract’ announces that a story is about to be told and what genre it is. In the second stage – ‘orientation’ – the narrator introduces time, location and the characters involved. This is followed by a description of the challenge or problem, described as ‘complication action’. Here we also find out what is at stake for the characters involved. The tension is linked to whether things will turn out well or not for the character or characters. The story is then rounded off, and the ‘resolution’ is given on how it all ended, as well as an ‘evaluation’, where the narrator expresses their view on what has been told. Finally, in the ‘coda’, an explanation is given of what the story means, what we learn from it and the moral behind it (Labov, 1997).

In summary, I would say that stories can be recognised as a linguistic structure in which a connection is created between different elements of experiences, and where the selection and linking of these elements both shapes and is shaped by the tension that gives momentum to the plot.
3.2.3 What does ‘storytelling’ mean?
In narrative theory, people’s relationship to, and use of, stories is considered to be something more than a way of conveying information and experiences in a special linguistic form. Attention is also directed towards what stories do to people and for people (Frank, 2010, p. 28). Life is made up of a myriad of experiences, perceptions and events of a biographical, social or cultural nature, and the person doing the storytelling selects and connects these elements in order to create a coherent and meaningful narrative for themselves and the audience. In this way, experiences and perceptions are arranged in a narrative form that helps to make these experiences and life in general more manageable (Gubrium & Holstein, 2009; Johansson, 2005). ‘Storytelling’ is thus considered ‘a meaning-making process’, which is closely associated with people’s perceptions of coherence, meaning and identity (Gubrium & Holstein, 2009, p. 55). Johansson describes this as follows:

‘The story provides structure, context and meaning to our experiences. Something we create on a daily basis in order to make the outside world and ourselves understandable. Through narrative forms, the ongoing sensory impressions and experiences are organised into a form that makes the world transparent and manageable. The chaotic becomes orderly, the fragmentary becomes a whole. This gives deep existential meaning to storytelling, as well as a psychological, cultural and social context. We position ourselves in the world and respond through our stories to questions such as: Who are you? Where do you come from? Where are you going?’ (Johansson, 2005, p. 17).

In this way, stories organise people’s experiences and actions by linking past, present and an envisaged future (Riessman, 2008). This ‘work of storytelling’ is considered to be closely associated with an ongoing identity process, where the individual selects, shapes and interprets their own experiences and creates narrative contexts that gain significance to who they are or who they want to be for themselves and others: ‘Stories perform the work of subjectification: they are subjectifiers, telling people who they ought to be, who they might like to be and who they can be’ (Frank, 2006, p. 430). These are not, however, identity processes that occur in isolation in individuals; they are always influenced by the surroundings and the context in which the stories are created (Frank, 2010; Gubrium & Holstein, 2009). Although stories are created on the basis of an individual’s interpretations,
perceptions and experiences, and thus can be considered unique, this thesis emphasises that stories neither provide ‘direct access’ to, or can be regarded as ‘a window’ to the students’ ‘own experiences’ (Frank, 2010; Gubrium & Holstein, 2009). The focus is instead on how the stories are created in a social and cultural context: ‘If stories in society reflect inner lives and social worlds, society has a way of shaping, reshaping, or otherwise influencing stories on its own terms’ (Gubrium & Holstein, 2009, p. 15). Stories are created and recreated in this way in different contexts in which the individual’s stories are marked by external organisational, professional and cultural circumstances. Degree courses, occupational groups and not least professions thereby constitute meaningful narrative contexts according to Gubrium and Holstein. Through common specialist terminology, overarching concepts, theories and models, those who inhabit these narrative contexts will form perceptions that determine how they form and develop the stories about themselves (2009). The dynamic aspect of the encounter between the individual and the profession is described as follows by McCormac:

‘It is through stories that individuals construct and reconstruct their sense of self as they learn “to be in” the world. Stories as professional development move beyond mere recounting of events to create spaces for understanding ourselves as multiple and diverse, as work-in-progress, constantly evolving, growing, shifting and changing’ (McCormack, 2009, p. 141) (my italics).

We have now seen how using stories is not only a way of organising and conveying experiences, but is also an important tool that assists the individual’s ‘meaning-making’ in different contexts (Gubrium & Holstein, 2009). In the next section, I examine how this understanding of stories challenges traditional distinctions between fact and fiction; a factor that means narrative studies can be perceived as a ‘blurred genre’ (Riessman, 2008, p. 193).
3.2.4 Critical perspective and the relevance of the theory to the study

According to Czarniawska, narrative studies challenge the traditional distinctions between scholarly genres and literature, and between fact and fiction (Czarniawska, 2015, p. 292). As I understand it, this challenge relates to narrative studies with a socio-constructivist orientation being at odds with the notion of the participants’ stories as ‘pure’ experience and descriptions of factual events (Riessman, 2008, p. 186), since such studies instead draw attention to the participants’ use of storytelling as part of active and ongoing meaning-making processes in different contexts (Creswell, 2013; Frank, 2010; Gubrium & Holstein, 2009; Riessman, 2008). According to Frank, stories are not therefore the best medium for what he calls ‘definite or singular truth’, since stories, seen as active meaning-making processes, often ‘...reflect more desire for what might have happened than commitment to an accurate description of what did happen’ (Frank, 2010, p. 90). The advantage of using narrative theory which in this way draws attention to the students’ act of storytelling just as much as to the content of their stories, is that it provides good opportunities to shed light on the students’ construction of coherence and meaning in the encounter with the educational context (Gubrium & Holstein, 2003a, 2009). According to Riessman, the challenge of a narrative research approach is therefore not primarily related to the students’ stories being fact or fiction, but to a greater extent to whether the researcher’s ‘restorying’ is credible, transparent and ethically defensible (Riessman, 2008). These are questions I will follow up in the next chapter on the research process, but first I will explain Wenger’s learning perspective, which is also central to this thesis. Wenger’s emphasis on identity, negotiation of meaning and the significance of the interaction between the individual and their surroundings makes this learning theory, together with the key perspectives from narrative theory that I have presented, a comprehensive and suitable theoretical framework for the analyses in this thesis.
3.3 Socio-cultural learning perspective

3.3.1 Introduction

The ability to benefit from experiences is a central characteristic of being human, and in its basic form, according to Säljö, learning is therefore about ‘what individuals and collectives take away from social situations and use in the future’ (2001, p. 13). The concept of learning is broad and is used in disciplines such as biology, neurophysiology, pedagogy and psychology, and can therefore have many meanings. In a socio-cultural learning perspective, however, the emphasis is on how learning is fundamentally social and related to community and interaction (Dysthe, 2001; Nygren, 2004; Säljö, 2001; Wenger, 1998). At the same time, Wenger points out that this understanding of learning does not exclude the neurological and psychological theories of learning; it is in fact a supplement to them (Wenger, 1998). In this perspective, it is the interplay processes of learning that are emphasised, and learning is thus understood as a constantly ongoing process related to the interaction between the individual, the community and the historical, technological and cultural context (Illeris, 2012; Säljö, 2001). According to Lahn and Jensen, the socio-cultural learning perspective is one of the benchmark perspectives in the literature on learning and professional development (2008), and has been used both as the fundamental perspective on which the curricula for Norwegian nursing courses are based, and in Norwegian and international studies of nursing as a professional practice and education (see Benner, 2010; Lillemoen, 2008; Skår, 2010; Solvoll, 2007). This will not be an adequate explanation of social learning theory generally, or Wenger’s contribution in particular, but descriptions of the key concepts in this learning perspective will provide a theoretical framework to better understand the analyses in the three articles and the fundamental view of learning in this thesis. I will start by giving an account of the basic assumptions and key elements of Wenger’s learning perspective as presented in the book ‘Communities of Practice; Learning, Meaning and Identity’ (Wenger, 1998).

3.3.2 The premises, structure and elements of the theory

Wenger describes learning as a comprehensive process of social participation in which the individual actively participates in various communities of practice, and negotiates meaning and constructs identities in relation to these communities (1998). Wenger presents four premises that underlie this learning perspective:
1) ‘We are social beings. Far from being trivially true, this fact is a central aspect of learning.

2) Knowledge is a matter of competence with respect to valued enterprises – such as singing in tune, discovering scientific facts, fixing machines, writing poetry, being convivial, growing up as a boy or a girl, and so forth.

3) Knowing is a matter of participating in the pursuit of such enterprises, that is, of active engagement in the world.

4) Meaning - our ability to experience the world and our engagement with it as meaningful - is ultimately what learning is to produce’ (Wenger, 1998, p. 4).

The theory operates with the basic concepts of practice, meaning, community and identity, as presented here in a model:

![Diagram](Figure from Wenger’s ‘Communities of Practice’, page 5)

3.3.3 Practice
According to Wenger, practice forms our actions; the way we do our work. Practice is created over time and provides structure because it gives meaning to the tasks we do and the processes we engage in. Practice is ‘a way of talking about the shared historical and social resources, frameworks, and perspectives that can sustain mutual engagement in action’ (Wenger, 1998, p. 5). Wenger also emphasises that his practice concept does not fit into the traditional dichotomy between theory and practice, between ideals and reality, but
always includes people who both develop and are developed by these ways of doing the work. This takes place in interaction with other participants and in relation to the community’s resources, frameworks and perspectives, i.e. practice forms our actions through language, tools, symbols, codes, documents, roles, procedures and contracts, and in more implicit ways in the form of tacit conventions, specific perceptions, subtle clues, rules of thumb and basic assumptions and shared world views (Wenger, 1998, p. 47).

Transferred to this study, Wenger’s perspective involves recognition of and interest in the nursing students participating in various communities of practice, both in the college arena and in their clinical practice. In these arenas, they become familiar with, negotiate, and learn the concepts, working methods and tools that characterise the different practices. At college, this could entail study and course plans, timetables, the syllabus, teaching methods and frameworks for group work, participation in the training department, assignments and digital learning platforms. In clinical practice, this could be organisational and structural frameworks such as shift rotas, staffing, patient groups, equipment, procedures, routines and norms.

3.3.4 Meaning
Practice is primarily ‘a process by which we can experience the world and our engagement with it as meaningful’ (Wenger, 1998, p. 51). Practice is thus about meaning as an everyday experience, and is characterised by participants working together. What they do and say when they work together always refers to something that has been done before, while every situation is unique, and meaning is created in relation to the significance of these activities for the individual and the community. Wenger specifies that this concerns a process known as negotiation of meaning. Wenger relates this negotiation of meaning to people’s engagement both in the specific communities of practice and in life in general. Meaning thus exists, according to Wenger, as a negotiation between the individual and the world. The negotiation of meaning is about social relations and language, but is not limited to these. It is a productive process that is characterised by interaction and gradual development, and involves a multitude of factors and perspectives that lay the foundation for the production of new solutions. These solutions are always provisional, and the negotiation of meaning process is therefore dynamic and historical, and resistant and susceptible all at the same time (Wenger, 1998). The negotiation involves interpretation and action. Thus, a hallmark of
participants and the situations they find themselves in is that the participants ‘...produce meanings that extend, redirect, dismiss, reinterpret, modify or confirm - in a word, negotiate anew - the history of meanings of which they are a part’ (Wenger, 1998, p. 52). According to Wenger, the terms ‘participation’ and ‘reification’ are a core part of the negotiation of meaning, and the interaction between these processes is essential to people’s perception of meaning and to how practice takes its form.

**Participation** means that practice includes taking part in something with others; a process that is both personal and social, and includes action and context. The social interaction is characterised by the mutual recognition between the participants, and recognising something of themselves in the others, and is thus absolutely vital for being able to negotiate meaning (Wenger, 1998, p. 56). These participant relations establish not only meaning, but also the participants’ identity. Although these processes are most closely connected to the communities of practice, they are not limited to these, i.e. the participants are always engaged and their meaning-making processes are fundamentally of a deeply social nature.

**Reification** is about relating to and talking about something abstract as if it were a real existing object in the world (Wenger, 1998). Examples of such reification are when talking about how ‘the economy has collapsed’, or that ‘the welfare state is under threat’ – as though we are talking about physical entities that are capable of action rather than abstractions of complex systems and phenomena. In this way, a projection occurs, where something diverse and complex is transformed into a more manageable ‘object’ in the world (Wenger, 1998). This can be tools, symbols, stories, expressions and concepts that form a part of practice in a ‘set’ form (Wenger, 1998, p. 59). An important point is that such reified abstractions are not a defined entity, but rather an illusion that actually includes a complex web of relationships. These abstractions create focal points which the meaning-making in practice centres around, and by using them and creating them we also project ourselves into communities of practice and the world (Wenger, 1998).

The student nurses negotiate meaning when, through participation in practice, both in the classroom and in the clinic, they use technical words and terms with specific meanings within the nursing profession in general and in their specific communities of practice in particular. This may be, for example, terms used in nursing such as trust and care,
procedures and diagnoses. Their meaning-making processes are not only linked to words, terms and concepts, but also to understandings, routines and behaviours that characterise and form part of the social interaction that is a hallmark of the community. This may be interaction in lecture halls and seminar rooms, organisation in a clinical training department, behaviours and forms of cooperation in practice or during the doctor’s round, use of equipment, execution of a procedure, a routine during the late shift or a morning care routine.

3.3.5 Communities
When the practice concept is linked to community, this is defined, according to Wenger, as a specific concept and creates distance to other ways of understanding ‘practice’ and ‘community’. It places an emphasis on the social arrangements of practice, which means that our actions are considered worth performing and where our participation can be regarded as competence (Wenger, 1998, p. 15). Communities of practice are linked to the participants’ negotiation of meaning in relation to three dimensions of this type of community: mutual engagement, joint enterprise, and shared repertoire (Wenger, 1998, p. 73).

**Mutual engagement** arises when the participants form relationships and solve the community’s tasks, while contributing with their own theories and ways of understanding the world. Communities of practice are thus a place where an individual’s perspectives are shared, developed and negotiated in interaction with the practical, social, historical and discursive structures that characterise the community of practice (Wenger, 1998, p. 73).

**Joint enterprise** is a dimension of the community of practice that emphasises the participants’ shared responsibility for an activity and the way they work together. This distribution of responsibility is all about what is relevant, what is important, what to watch out for, what to defend and what is good enough (Wenger, 1998, p. 81). A joint enterprise is thus considered a process characterised by the negotiation of responsibilities and relations between the participants and the activity. The negotiations are about the fact that what you do can be understood to form part of the activity, and constitutes a ‘dual’ process in that it both develops and holds back, provides drive and progress, as well as direction and focus for practice (Wenger, 1998, p. 82).
**Shared repertoire** is the third dimension of communities of practice. In a community of practice, the participants develop a common set of activities, relationships and involved objects (Wenger, 1998, p. 83). A shared repertoire can relate to tools, equipment and procedures, specific activities and routines, as well as community stories, concepts and symbols. These elements are developed and established in an ongoing process, and are thus resources in a negotiation of meaning about shared histories of interpretation that are conducted between the individual participant and the community. These histories of interpretation create a reference point in the community of practice, but will always be subject to negotiation, and are thus ambiguous: ‘When combined with history, ambiguity is not an absence or lack of meaning. Rather, it is a condition of negotiability and thus a condition for the very possibility of meaning ... From this perspective ambiguity is not simply an obstacle to overcome; it is an inherent condition to be put to work’ (Wenger, 1998, p. 83).

### 3.3.6 Identity

‘Because learning transforms who we are and what we can do, it is an experience of identity. It is not just an accumulation of skills and information, but a process of becoming...’ (Wenger, 1998, p. 214). Wenger presents the identity concept as an integral part of social learning theory, and the term refers to how learning changes who we are and how we create personal stories ‘of becoming’ in connection with our participation in different communities of practice (Wenger, 1998, p. 5). Consequently, the focus on identity affords greater attention to the individual in the community, whilst the concept also covers broader identification processes beyond the different community contexts. According to Wenger, identity is developed during negotiations of meaning associated with feeling part of social communities, and thus forms an axis between the personal and social, and between the individual and the collective (Wenger, 1998, p. 145). This can be explained as a mutual formation process by which the participant is formed whilst establishing the practice in which he or she is involved. In Wenger’s interpretation of the concept, he emphasises how it is not possible to make a clear distinction between the personal and the community because: ‘Our practices, our languages, our artefacts, and our world views all reflect our social relations. Even our most private thoughts make use of concepts, images and perspectives that we understand through our participation in social communities’ (Wenger, 1998, p. 146). Practice creates a context in which the participants, through their ways of
interacting and performing tasks, recognise each other as participants. According to Wenger, a community of practice is therefore a negotiation of identities.

This is a simultaneous fundamental temporal process in which the person understands himself/herself in the context of focusing on who they have been, who they are and who they want to be. The individual situation of the participants is thus part of a larger temporal and developmental context: ‘We are always simultaneously dealing with specific situations, participating in the histories of certain practices, and involved in becoming certain persons. As trajectories, our Identities incorporate the past and the future in the very process of negotiating the present’ (Wenger, 1998, p. 155).

The students in this study are thus participants in the education’s theoretical and clinically based communities of practice, as well as in communities of practice outside the education context. Their participation entails an identity process related to a dual negotiation of meaning since the students invest something of themselves in negotiations about who they are and who they might become in the nursing education, whilst also negotiating what nursing is and can be in relation to the education’s shared history of learning.

I have now explained Wenger’s socio-cultural learning perspective and related the theory to the students who are informants in this study. In the last paragraph of this theory chapter, I will give some brief critical objections to Wenger’s learning perspective.

3.3.7 Critical perspective and the relevance of the theory to the study
In ‘Communities of Practice’, Wenger writes that he develops the learning perspective that was introduced in collaboration with Lave in ‘Situated learning, Legitim Peripheral participation’ from 1991 to put more emphasis on the importance of the participants’ meaning and identity processes (Wenger, 1998). Despite this ambition, Wenger has been criticised for inadequately describing the individual and the ‘inner mental acquisition’ of learning (Illeris, 2012). Another objection to Wenger’s work is that, despite the fact that learning is linked to the negotiation of meaning, he neither describes inner psychological conflicts or social conflicts in the theory (Illeris, 2012).

A final objection relates to my own reading of Wenger. I found it difficult to form a full picture of how the key concepts of the theory are mutually constituted and inter-related. This applies both in terms of the level and importance of the actual learning process. This is
confirmed by Wenger when he explains that the concepts of the theory are so closely linked and mutually defining that all of the four elements; practice, meaning, identity and learning, could have constituted the model's centre (Wenger, 1998, p. 5).

Despite these critical remarks, I believe there are some clear advantages to applying Wenger’s learning perspective in this thesis. In this learning perspective, the emphasis is on the social and interplay aspects of learning, and the students can therefore be considered to be participants in the nursing community both at college and at the clinic, while their learning processes are not restricted to the education alone. In this perspective, all of the students’ life spheres will be included because learning is a social and ongoing process that takes place through interaction and participation in all of the students’ community contexts, both within and outside the professional field (Nygren, 2004). The students’ participation can be understood as a negotiation of meaning and a development of professional identity in specific nursing communities of practice, but also in relation to a more general historical context, where nursing as a professional culture and tradition gives meaning and structure to the students’ learning and identity-building processes (Nygren, 2004 p. 47).

In the next chapter, I will explain the research process. I start by giving an introductory argument for the study’s methodological orientation and link this to characteristics of qualitative methods and my own pathway into the research field. I will then proceed to describe the research process and my methodological, analytical and ethical choices and working methods.
4.0 The research process

4.1 Introduction

Qualitative methods and research design are multifarious and constantly evolving, and it is therefore not correct to speak of ‘qualitative method’ in the singular, as it encompasses a range of qualitative methods and working methods (Creswell, 2013; Hastrup, 2015). Denzin and Lincoln define a qualitative research approach as follows:

‘Qualitative research is a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them’ (Denzin & Lincoln, 2013, p. 6).

Creswell emphasises that this approach enables the researcher to describe the interaction between the individual and the social, cultural and discursive context that they are a part of (Creswell, 2013), and the choice of a qualitative research approach is therefore well suited to the objectives and research questions in this study (Lorensen & Almvang, 1998). Meanwhile, the choice of design is also closely associated with me as a researcher, and a qualitative design is regarded appropriate if the researcher wants to write in a ‘literary flexible style’, with a focus on complexity and detail. According to Hastrup, the qualitative design is also conducive to examining, describing and understanding the world as a ‘materiality’ of ‘relationships between facts, experiences, stories, secrets, institutions and notions’ (Hastrup, 2015, p. 55). In this way, the choice of design, as I see it, is well matched to my interests in different literary sources and genres as well as my curiosity for people’s experiences and use of narratives (see also 1.3).

As noted in the theory chapter, this qualitative study has a socio-constructivist orientation. This is an approach that was developed and distilled throughout the research process, since theoretical, methodological and practical choices were made at every stage of the work,
which in combination constitute, and are constituted by, these epistemological assumptions. Creswell summarises key characteristics of this type of qualitative study as follows:

1) Multiple realities are constructed through our lived experiences and interactions with others.

2) Reality is co-constructed between the researcher and the researched and shaped by individual experiences.

3) Individual values are honoured, and are negotiated among individuals.

4) More of a literary style of writing used. Use of an inductive method of emergent ideas (through consensus) obtained through methods such as interviewing, observing, and analysis of texts (Creswell, 2013, p. 36).

I will also describe in this chapter the actual research process and how I have worked to ensure quality in the work. There are many ways to describe how quality is ensured in qualitative studies (Creswell, 2013). According to Tanggaard and Brinkmann, quality must be assessed based on criteria that recognise the objectives and ambitions of the research, and they highlight the study’s transparency, credibility and degree of methodological reflection as key characteristics of quality (Tanggaard & Brinkmann, 2015, p. 499). In line with this, I will describe the methodological procedures in a concrete manner and in relation to experience, while linking the ‘craftsmenlike’ descriptions to a methodological reflexivity by also discussing some of the choices that were made. In order to further increase the transparency of the study, I focus on describing my own comprehension, assumptions and experiences during the research process, thereby showing my ‘presence’ as a researcher. Finally in the chapter, I explain the ethical considerations related to the execution of the research process.

4.2 Design and methods
The material for this study is collected through individual in-depth interviews and participant observation. This combines two key qualitative methods, which simply put, focus on what the informants ‘say’, and what they ‘do’ (Atkinson & Coffey, 2003). In this section, I will first describe the informants and how they were recruited. I then describe how the individual in-depth interviews were planned, executed and processed. I go on to describe the planning and execution of the fieldwork in the students’ clinical practice in hospitals, my researcher
role and experiences from fieldwork. The execution of the study was described in the original project plan, but in the following I will mainly focus on how the study was actually carried out, with special emphasis on the specific working methods I used and the experiences I had during this process.

4.2.1 Recruitment
Small samples and purposeful recruitment (Patton, 2002) are the hallmarks of qualitative research design, as is the case in this study. The study includes six female and three male students from the same cohort in a medium-sized nursing course in Southern Norway. The interview part of the study took place between the students’ first and second year because I wanted to interview students who were still in the early part of their study programme but who had also gained experience from both clinical and theoretical modules. The students who were recruited had taken theoretical courses in science, social sciences and nursing during the first year. They had also undertaken practical courses in basic nursing skills in the college’s training department and worked for eight weeks in clinical practice in nursing homes. In the following autumn semester, students were set to go into practice in hospitals. Recruitment began after the study was approved by the college and finalised at the regional committee for medical and health research ethics (REK) and Norwegian Social Science Data Services (NSD). Information and a call for participants were first posted on the college intranet at the end of the spring semester, but this did not elicit enough response. I thought that the call for participants was probably too general and had been buried in all the information that these students have to deal with. I therefore decided to make the recruitment more targeted, and asked teachers who had supervised students while in practice in nursing homes to recommend participants for the study. This method may be open to criticism since it is difficult to explain why the individual teachers selected the students who received information about the study. Although the request for participants that was sent to the teachers emphasised that they should put forward students with varied interests and family and professional backgrounds, as well as different ages and gender, teachers may have asked students that they had personally had a positive impression of from their supervision and follow-up in practice. I may therefore have overlooked students who either were not particularly active in such contexts, or who had a negative or critical attitude to their practice teacher. The advantage of letting the practice teachers suggest participants for the study was their knowledge of the students’ background and interests.
This strategy thereby facilitated both variety and similarity in the sample since the students had different backgrounds but were recruited from the same cohort and at the same point in their education (Patton, 2002). Twenty invitations were sent out based on the recommendations of the teachers, and by the end of August eight informants had been recruited to the project. Two informants withdrew from the study on the grounds that they had heavy workloads in the study programme. The interviews nevertheless started, and the last three informants were recruited by students who were already on board.

Two of the informants were students who I had personally supervised in clinical practice in nursing homes, and who therefore knew me beforehand, but all informants were aware that I was a teacher at the school. My call for participants thus brings in to play the power structure embedded in the teacher-student relationship, and it was therefore pointed out in the information letter that my role in this context was as a researcher and that their participation did not involve any element of assessment in relation to the education’s current or future modules and courses. With regard to the recruitment of the two students who I had supervised in clinical studies, it is difficult to assess whether they felt any kind of obligation to say yes because we already knew each other, or whether, as with those who said no or withdrew from the study, saw this as an offer they were free to turn down. This is an example of how in this study I had to combine the researcher role with my established roles in education; a role combination that gave me credibility and access to informants and their practices, but which also meant that I had to give careful consideration to several situations and clarify my role (Wadel, 1991) (see also sections 4.2.8-4.2.10). I had no subsequent supervision, teaching or examiner responsibilities for this batch of students, thereby avoiding a situation where the relationships I had built up with the informants could present challenges in my job as a lecturer at the college.

4.2.2 The informants
My recruitment work produced a total of nine informants, all of whom had been on the course since its start-up date the year before. They were between 19 and 48 years old, which was a fair representation of the full age range of all the students on the course. The informants’ employment background was varied, with the youngest straight out of upper secondary school and the oldest with many years of experience from a variety of occupations and sectors of society. As for marital status, all of the mature informants
The younger informants (approx. 20-30 years) were generally single and childless at the time of their interviews, except for one woman who was married. Some were straight out of upper secondary school, while others had spent a year at a so-called folk high school or had been temping in various nursing homes. Two female informants were active members of a conservative religious denomination, while one informant was an active athlete with a place on the national team. Fictitious names were assigned to each informant, presented here with their approximate ages:

- Felicia 20
- Ingrid 20
- Hennie 20
- Anders 25
- Eva 35
- Mia 40
- John 40
- Grethe 45
- Christian 50

4.2.3 The interviews
An individual in-depth interview is a conversation between a researcher and an informant with the aim of shedding light on the interviewee’s experience and perspectives on a particular topic or problem: ‘Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit’ (Patton, 2002, p. 341). Today’s methodology literature is also keen to highlight the ways in which researchers and their informants are all active parties to the production of meaning and knowledge that is brought about by the interview (Gubrium & Holstein, 2003a; Järvinen, 2005; Staunæs & Søndergaard, 2005). In line with the scientific school of thought which holds that ‘reality is co-constructed between the researcher and the researched’ (Creswell, 2013, p. 36) (see also section 4.1), this study therefore breaks with the perception that an interview is a search-and-discover mission during which the researcher, without influencing or disrupting the data, will access the informants’ ‘pure’ experience (Gubrium & Holstein, 2003a, 2003b; Järvinen, 2005). Instead, I see my interview material in accordance with the stance held by Gubrium and Holstein who point out that ‘...interview responses are seen as products of interpretive practice, they are neither preformed, nor even pure ... Because
meaning construction is unavoidably collaborative’ (Gubrium & Holstein, 2003a, p. 78). In the initial stages of planning the data collection work, I envisaged an interview guide that would include 15-20 different questions about the students’ background, their wish to become a nurse and how they had found the first year of their course. In practice, however, my conversations with the informants took a slightly different turn. After conducting the first interviews, and attending a course in narrative theory and methodology, I decided to change my approach and instead focus on a few questions which during my interviews had proved to be conducive to bringing out the students’ stories. These main questions were phrased as follows:

- Sometimes we link, or associate, the choices we make with special events in our lives. Do you think that past events in your own life have influenced your choice to train as a nurse?
- Has an event occurred to suggest, or have you experienced, that your relationship with patients has had an impact on you personally?
- You start developing your own nursing style while in college. Can you remember an episode from your training, or from any other part of your life, that might suggest who you are, or wish to be, vis-à-vis patients?

The first question refers back to earlier events in the students’ lives which they associate with their own choice of profession. This question brought forth a multitude of stories from the students’ childhood, teenage years and adulthood, whilst also referencing their various private and professional arenas. The question therefore provided an opportunity to look back and talk about circumstances which in the students’ opinion had impacted on their choice of profession. The second question was more of an invitation to bring up stories associated with the students’ clinical experience, and this would often involve stories relating to their clinical training as organised by the college but also experience gained from care work undertaken outwith their course. The last question concerns the development of a professional identity and elicited stories about nurses and nursing with which the students could and wanted to identify. In this way I encouraged the students to describe themselves and their understanding of what nursing is and can be. The principal questions on which our conversations were based, were thus pointing to the students’ past, present and future, thereby inviting reflection on the relationship between their training and their lives in
general. It clearly appealed to the students to be talking about their course in this way, and one of the female students ended her interview by saying ‘no-one has ever asked me about this stuff before; this has given me a lot to think about’. Others recommended their fellow students to enlist for the study because they found it interesting to talk about and reflect on their own study choices in this way. Throughout the interviews I introduced a variety of follow-up questions, while I considered it important to listen out for any catchwords and phrases that might warrant a pause for thought. For instance, during Christian’s interview he said at an early point: ‘I want to be a damn good nurse’. I noted the expression and later asked what it meant ‘to be a damn good nurse?’ By taking note of key words and sentences in this way, I made it possible for the students to go into greater depth during their interviews, thereby adopting a ‘take me into that room’ approach. This facilitated the students’ inclusion of specific and detailed descriptions when talking about their experiences. In addition to facilitating specific and detailed accounts, this also encouraged the students’ storytelling. If an informant made a general comment, for example by saying: ‘I am really concerned with the patient’s dignity’, I would ask: ‘Tell me about an occasion when you felt that you managed to safeguard the patient’s dignity in a good way’. On other occasions, when the students had briefly referred to an event, like a morning care routine they had carried out, I might ask: ‘Please tell me more about that morning care routine; feel free to start at the point when you were standing outside the door, ready to begin’.

Whilst undertaking this part of my research I felt that I benefited from having conducted interviews during my master’s degree project which explored the experience of nurses in relation to the seriously ill patient (Jordal, 2006). Nevertheless, when I conducted my first interview for this study I felt anxious and insecure; I tried to be funny, talked too much, and never dared to wait for an answer. I gradually came to feel more comfortable and confident, which enabled me to take a more laid back approach in my encounters with the students. This meant that the periods of silence were no longer something to be avoided at all cost; instead I felt that these were opportunities for the students to get going and take the initiative. As we were nearing the end of a topic, or even the conclusion of the interview, this ‘laid back’ attitude could sometimes be utilised to invite a pause for joint reflection, initiated by me through expressing puzzlement or uncertainty: ‘I have never thought about this
before’ or ‘what could this be about?’ In this way I moved from specificity and closeness to a more general and reflective interviewing style (Staunæs & Søndergaard, 2005).

4.2.4 The interview setting and my role as a researcher-interviewer

The setting of an interview influences the way in which it may be conducted, experienced and shaped (Herzog, 2012). Most of the interviews conducted as part of this study took place in a meeting room at the college, with the exception of two conversations that were held in the hospital where the students had been placed for their clinical practice. Consequently, both venues gave the interviews a ‘professional’ setting, as opposed to interviews conducted in the informant’s home. The two localities did however involve different sensibilities, for even if the hospital and the college were both premises at which I arranged the appointments, it felt as if the informants came to ‘my place’ whenever we were on campus, while it felt as if I saw them at ‘their place’ whenever we were at the hospital where they were working. Furthermore, while on campus our roles were closer to that of a teacher-student relationship, whereas interviews conducted at the hospital were impacted by the fact that the students were now part of a practice community in which I was not included to the same degree. It is difficult to tell how this influenced my conversations with the students, but it is important, according to Hertzog, to consider the interview setting a part of the relationship and power negotiation which is ever-present in a socially constructed event such as a research interview (Herzog, 2012).

The structural differences associated with age and gender were also of importance to my relationship with my informants. This was evident from the reflective notes I wrote after each interview (Fangen, 2010). I adopted a caring and somewhat maternal role with the younger girls, while I felt a sense of closeness to the women of my own age due to a commonality of age and our shared experience of professional and family lives. In my encounters with male informants I tried to use humour as a way of giving a more informal impression, in order to reduce the formality of the setting. In this way, age and gender influenced the interaction between me and my informants throughout the various interviews. One role constellation did however remain the same in all the interviews: the informants were students and I was a college lecturer. My role as a teacher can therefore be seen as problematic and challenging, as it is reasonable to assume that the informants’ consent to being interviewed was influenced by their sense of talking to a teacher and that it...
was therefore important for them to say ‘the right thing’ about their work with patients in particular, and about their nursing course in general. As mentioned above (see 4.2.3), researchers and informants in this study are considered to be ‘co-creators of meaning’ (Järvinen, 2005). The fact that the students allowed themselves to be interviewed without voicing critical objections to the study or the questions I asked them may therefore suggest that they never considered this a possibility given the situation, or that they never saw this as ‘useful positioning’ vis-à-vis me as a researcher and teacher associated with the college providing their training (Järvinen, 2005, p. 30).

My own background as a nurse and a nursing teacher also influenced my questions and approach to the students. An interviewer without the same nursing background would probably ask more guileless questions, but would also find it easier to avoid making assumptions, which is easily done when all concerned are involved with the same training course. I did however feel that my familiarity with the nursing course and being a teacher was an advantage, as I was in possession of important knowledge about their everyday lives at the college and the progression of their course. This helped create trust and therefore facilitated a good interview situation. I knew two of the informants prior to embarking on the study, but never felt that interviewing them was particularly different to interviewing the other students who I had never met before, apart from the fact that we were at greater ease with one another as we were about to start our conversation, and that in the course of our conversation I was better able to relate to their stories from their time working in nursing homes because I could envisage the locations and social settings to which they referred.

4.2.5 Transcribing and processing the interviews
According to Haavind, transcription is all about giving the interview experience a tangible format (Haavind, 2000b, p. 32). All interviews conducted as part of this study were recorded on a Dictaphone and then transcribed. It became clear at an early stage that my ambition to finish transcribing one interview before conducting the next would have to be revised. This was because the transcription work was a much slower process than expected and because the interview appointments had been scheduled in close succession. The actual transcription work proved to be a test of my patience, and involved a lot of winding forward and backward on a less than user-friendly Dictaphone. In the end, I decided to outsource the transcription of the two last interviews. This seemed to be a good solution at the time, but
later made me realise that the transcription process provided an excellent opportunity to get ‘under the skin’ of the interviews. By comparing my own transcripts to those that had been outsourced, I came to realise just how significant the actual transcription work was, both for my own familiarity with each interview and for my deliberations surrounding them. At the same time, the transcription process transforms the interview from a social event into a processed text (Haavind, 2000b). Specifically, this refers to the fact that I did not write down everything that was uttered during an interview, as I would leave out the sound of clearing one’s throat as well as several false starts to a sentence. I would also co-locate narrative fragments that referred to the same situation, despite the fact that these were given a more disjointed presentation by the students. The transcripts were therefore better organised and more coherent than the informants’ verbal accounts. This is not unproblematic, but transforming the interviews into tangible data is, according to Haavind, always about striking a balance between making the material manageable and accessible for analysis on the one hand, and highlighting the richness of detail on the other - even in relation to that which is beyond the expectations of the researcher (Haavind, 2000b, p. 33). Consequently, it has become increasingly evident to me that the transcription process is less of a ‘transport stage’ between the interview situation and the analysis and more of an initial analytical stage (Hammersley & Atkinson, 2007; Riessman, 2008).

4.2.6 Fieldwork and participant observation
Researchers conducting fieldwork through participant observation observe and describe the day-to-day activities of the people under study in a social and material context that has not been arranged by the researcher (Angrosino & Rosenberg, 2013; Fangen, 2010; Hammersley & Atkinson, 2007). This is, according to Hammersley and Atkinson, a flexible and ‘unstructured’ research method in the sense that it allows the study’s focus and questions to evolve and change en-route, as the fieldwork progresses (2007). While the methodology allows for many types of data to be collected, the core approach tends to be observation of and informal conversations with a small group of informants or cases (Hammersley & Atkinson, 2007). Similarly to interviews (see 4.2.3- 4.2.4), fieldwork is considered to involve cooperation between the researcher and the researched with the end result being a described experience based on joint participation (Järvinen & Mik-Meyer, 2005b, p. 98). Consequently, I focused my attention as a researcher on the interaction between people and the context of this interaction – e.g. social, cultural and material circumstances (Järvinen &
Mik-Meyer, 2005b, p. 99). The researcher’s role and level of participation is often described as a choice of stance ranging from the purely observational to being fully embedded in the field (Fangen, 2010). However, I as a researcher, and the students as informants, must be considered active participants in the situations that constitute the observational basis of this study. For even if the fieldwork setting is often described as a ‘natural’ context with no structured input from the researcher, all participants will always take account of the fact that there is a researcher present. The fieldwork was therefore conducted through cooperation, primarily between me and the students, but the work also involved a level of cooperation with the patients for whom the students were responsible at any time.

4.2.7 Planning the fieldwork
In general, nurses receive their training in two arenas: in the college and in clinical practice. Today, 90 of the total 180 credits earned from completing a BA course in nursing (the Norwegian Ministry of Education and Research, 2008) are awarded while in clinical practice. The objective is to enable students to make use of the theoretical and practical knowledge acquired in the college setting in a real professional context. The students’ periods of clinical practice in a hospital are therefore of key importance to their training (Caspersen & Kårstein, 2013). Students also have high expectations in relation to the clinical practice, and associate it with becoming a ‘real’ nurse (Ousey & Johnson, 2007). While planning this study, I knew that I wanted to meet the students in both of these educational arenas. The individual in-depth interviews were therefore generally conducted at the college and focused on the students’ stories of their encounters with their course, while the fieldwork was conducted on the hospital wards where the students worked in clinical practice, and focused on the students’ practical work with patients in a professional context.

My agreement with the hospital was secured by submitting a formal application to the Hospital Director and by making informal contact with the wards on which the students would be working in clinical practice. It was an advantage that I knew the professional development nurses from my time as a guidance teacher, as this helped build trust and provided easier access to the field. These nurses can be seen as the ‘gatekeepers’ of the field I wanted to enter (Fangen, 2010). I originally wanted to accompany the students one to two days a week at the beginning and end of their 20-week practice period on somatic wards, with the students letting me know when my presence would be suitable. It turned out,
however, that the research project was often down-prioritised by the students when faced with demanding workloads, and in the end I accompanied each student for a total of 10-15 hours divided between two shifts in the course of the period. The total fieldwork thus constitutes just over 100 hours of observation of the nine students carried out over the full second year of their course.

4.2.8 Fieldwork in practice
The researcher’s work while in the field tends to revolve around trial and adjustment (Fangen, 2010; Hastrup, 2015), and at the beginning I felt a lack of confidence in my role. This became particularly clear to me one day when, asked what I was doing on the ward, I responded: ‘Today I’m just mooching around with Anders’. During the interview phase, I had fallen into a recognisable, confident researcher role relatively quickly. My experience of participant observation was, however, only scant, and my fieldwork therefore took on the quality of a ‘learning-by-doing project’ in which I had to utilise elements of my roles as a teacher and supervisor as well as a nurse. This may be interpreted as role uncertainty (Fangen, 2010, p. 87) because the hospital ward was a research field that I entered as an ‘observer’ from the outside, whilst also representing a place of work and a field of knowledge where I felt a need to be acknowledged and considered a competent nurse and college lecturer. Moreover, while engaged in observation sessions I would often feel alone and alienated. I wrote this reflective field note after spending a morning in the staff room on the medical ward, and a sense of loneliness clearly emerges:

On one of the staff room walls hangs a patient notice board with moveable name tags. There are blue name tags for male patients and red name tags for female patients, and I remember from my own days of working in a hospital that if the name tag has been pulled half-way across the line, this means that the patient is due to leave, while if it has been moved to the far right, the patient is currently on a different ward. I ruminate over how familiar I still am with the ward setting; the smell of penicillin, the sharp light against the white uniforms, and the sound of the air conditioning unit interspersed with the buzzing from the patients’ call buttons. At the same time, I feel very much like an outsider as I sit in the empty staff room picking up fragments of different conversations from the corridor: ‘are you coming from dialysis?’; ‘who was working days yesterday?’; ‘where is that patient now?’ and ‘he’s
refusing to have a probe inserted’. The voices are soft and to me they sound efficient. Adjacent to the sofa there are two tall cabinets for staff to deposit their bags, and I note that the cabinet doors are being used as notice boards. They are crowded with messages: ‘get into shape’; ‘preventing falls’; ‘parking permit swap’; ‘tighter follow-up of sick leave’ and ‘security – reporting of undesirable intruders and incidents’. The staff room is quiet and empty; everyone who works on the ward is already rushing around in the corridor. I must look weird, sitting here dressed in a white uniform, while everyone else who is dressed the same way is incredibly busy.

This experience is not uncommon among researchers immersed in the field, and according to Hastrup, researchers are, by definition, aliens in the field, however close they are to their own circles and their own language (Hastrup, 2015, p. 69).

4.2.9 Observation and participation

While conducting the fieldwork I used my own capacity for observation as a tool, and it felt unfamiliar and slightly overwhelming to have to take note of so many things in any given situation. According to Fangen, there are many ways in which you can ‘direct your gaze’ in participant observation (Fangen, 2010, p. 93). I benefited from having decided in advance that I should focus on the students’ work with patients. This meant that I would carefully study the interaction between the student and the patient while engaged in the patient situation, and that I could give less attention to events that took place in staff rooms, medical supplies rooms and corridors. I also found it challenging to retain my concentration when focusing on the interaction between students and patients over long periods of time, and occasionally my attention would drift. In order to sustain my presence of mind through such long periods of observation I found it useful to assist with practical tasks. I never took notes while engaging in a patient situation, but instead took care to withdraw and take notes at frequent intervals throughout the day to be sure to include as many details as possible. I used a standard notebook and made sure to describe people, interactions and the spatial/material context. I also wrote down my own thoughts and responses. I typed these notes into my computer at the end of the day.

Fangen writes that while engaging in participant observation it is important to strike a balance between participation and analytic distance (Fangen, 2010, p. 72). In any specific practical situations, I had to assess the circumstances and continually reflect on when and
how it would be right or wrong for me to take part in whatever was going on at the time. I strove to find an intermediate solution that allowed me to take on the role of what Fangen refers to as a ‘helper’ in the field, so that I could provide assistance if a patient needed help or if students were left on their own, e.g. with a bed change (Fangen, 2010, p. 83). If the students consulted me about medical or practical challenges, I recommended that they proceed as they would have done had I not been present. I found, however, that the role of researcher was hardest to inhabit whenever patients had to endure painful re-dressing of wounds, or difficult out-of-bed mobilisation, or were very sad or frightened. These situations left me uncomfortable with the role of ‘observer’. At times I chose to resolve this by engaging with the situation, thus providing support for the patient but perhaps also to get out of the passive role of observer when faced with other people’s manifest suffering. I will return to this challenge in the section below about the ethical considerations involved with this study (see 4.4).

4.3 Analysis
4.3.1 Introduction
The methodology, according to Haavind, is made up of a series of transformations, and even if analytical reflection is ongoing throughout the process, it is intensified once the collected data has a tangible format (2000b, p. 32). In a qualitative study, the data can be seen as ‘material with which to think’, and this phase was therefore one of in-depth study and reflection based on my reading of the material across the group as well as within each informant’s personal contexts (Haavind, 2000a; Hammersley & Atkinson, 2007). The reflective process involved constant switching between the data, the theoretical perspectives and my chosen analytical procedures. My gaze as a researcher was, based on my own understanding and this reflective switching process, sensitised to material that incorporated certain topics, qualities and features. Gradually, this analytical work saw the emergence of a body of material that appeared to provide greater potential for informing the study’s topics and research questions than the remainder (Creswell, 2013; Haavind, 2000b). The aim of qualitative research analysis is to produce meaning and knowledge, and thus the process shares, as I see it, many similarities with the production of meaning which, according to Gubrium and Holstein, takes place through the ‘work of storytelling’.
In practice, no item of experience is meaningful in its own right. It is made meaningful through the particular ways it is linked to other items. Linkage creates a context of understanding (Gubrium & Holstein, 2009, p. 55).

The analytic process can thus be seen as a systematic way of creating meaning by extracting data from its original context and transforming or re-telling the material in a new context (Haavind, 2000b; Johansson, 2005). My further analysis and writing efforts thus formed a process through which I worked up and described relevant and credible linkages between my data and the questions I wanted to explore in this new context.

My role as a researcher also went through a number of transformations during the research process. I was a participant in the field, a listener and co-author in the interview situation, a translator whilst working with transcripts and field notes, and a reader, narrator and author whilst analysing the material and writing my articles (Johansson, 2005). The three articles produced on the basis of this study, and the thesis as a whole, can therefore be seen as narratives of my research generally and my analyses specifically (Creswell, 2013). I will now go on to describe in detail the analytical work that fed into the three articles published under this thesis.

4.3.2 Analysing the interview material
My theory chapter described how the perception, interpretation and use of narratives are basic social skills inherent to human beings (Frank, 2010; Gubrium & Holstein, 2009; Riessman, 2008). There is scholarly interest in storytelling in numerous academic traditions and in many disciplines, and consequently ‘narrative analysis’ is not a uniform concept or approach (Gubrium & Holstein, 2009; Johansson, 2005; Riessman, 2008). It is more of a ‘family’ of methods used to analyse texts that take the narrative form of a story (Riessman, 2008, p. 11). Generally, narrative analysis will therefore seek to develop sensitivity to the narrative dynamics and structures of interview material, and this is a recognisable feature of my own work with the interview data (Creswell, 2013). According to Riessman, there have traditionally been three distinctive analytical approaches, each focusing on the stories’ content, structure and performance respectively. Today, however, all of these dimensions are included in narrative analyses to a varying extent (Riessman, 2008). Gubrium and Holstein on the other hand, attach importance to the narrative context: ‘The text of accounts are important for narrative analysis, but so are the contexts, which we take to
extend from interactional to institutional environments’ (Gubrium & Holstein, 2009, p. 15). In their description, narrative analysis therefore involves alternation between questions associated with how the stories are constructed and questions about what the storyteller is up against in the narrative circumstances (Gubrium & Holstein, 2009, p. 27). This alternation is recognisable in the two interview-based articles that I will now go on to present.

The article entitled ‘When experience matters: A narrative exploration of students’ learning in nursing education’ (Jordal & Heggen, 2015b) was based on an analysis conducted after an initial reading across the interviews (Haavind, 2000b). This reading made me aware of the ways in which the students appeared to make use of their own life experiences when describing nursing, whilst key concepts and realisations encountered in their training appeared to give them new notions and perspectives on their own life experiences. A story is essentially recognisable, according to Frank, because the narrator uses this technique to establish new correlations of meaning between two events or spheres of experience (Frank, 2010). This narrative dynamic is referred to as a ‘linkage’ and is described as a key technique employed to organise and create connections between people’s experiences (Bruner, 2004; Gubrium & Holstein, 2009). This is clear, for instance, from Christian’s narrative about the importance of trust in nursing:

> If someone’s going to sell you a pair of trainers, you soon notice whether they know what they’re doing. What are they going to sell you? A competition shoe that you have no need for or something that you can use? You notice this very quickly, and I think there’s a lot of the same thing in daily life in a hospital too. It’s about trust and authenticity (Jordal & Heggen, 2015b, p. 110).

In this instance Christian creates a connection, or linkage, between an experience in a shoe shop and the importance of trust in nursing. Whilst working with the interview material I recognised this type of ‘linkage’ in the students’ narratives. In this way, the coherence between the content of their course and the students’ own lives was visualised and considered to carry potential for further analysis. In addition to recognising the narrative dynamics of the stories I became aware of how the narratives appeared to alternate between two basic themes. As in the example of Christian, the students used episodes from their own lives to talk about and understand nursing. At the same time, the students also used their understanding of nursing and their nursing education to talk about themselves in
new ways. One example is Grethe, who talks about embarking on the nursing course as follows:

I live with someone who has had his own company for many years, and this company has always been sort of special. So in a way I’ve backed him up – not to further my own interests but just to help him to get it going properly. Maybe I haven’t made my own choices because I’ve been so involved with others. Helping others. And now I can see that in fact it’s my turn. I’ve always dreamt of it. A combination of putting myself first, making active choices like these, and doing something for myself (Jordal & Heggen, 2015b, p. 110).

In keeping with narrative theory, the way in which the students structured their stories, combined with the content and themes of the stories, interpreted as the students’ ‘meaning-making work’ in their encounter with their nursing course, was thus considered their narrative circumstances or context (Gubrium & Holstein, 2009) (see also 3.2.2-3.2.3). According to Frank, storytelling will always have an identity-constituting function that can be linked to the informants’ opportunity to talk about their own experiences, thus verbalising who they are or who they would like to be (Frank, 2006, p. 430) (see also 3.2.3). The informants’ stories were considered to constitute this type of meaning-making and identity-creating narrative and were interpreted in the light of socio-cultural learning theory (Wenger, 1998) (see 3.3.4 and 3.3.6). More specifically, they were considered part of the identity-building and meaning-making processes which, according to Wenger, are characteristic of novice learners (Wenger, 1998).

The article entitled ‘Masculinity and nursing care: A narrative analysis of male student’s stories about care’ (Jordal & Heggen, 2015a) was based on my reading of the material within the context of each informant (Haavind, 2000b). Two stories, taken from my interviews with John and Christian, had immediately triggered my curiosity. These stories had a narrative structure that was recognisable as a fully formed narrative (Labov, 1997) (see also 3.2.2). Their content also shared thematic similarities in that they were both about male nurses engaged in demanding care work. Consequently, my analysis for this article started with an exploration of the structure and development of both narratives, their character, and their basic theme, summarised as follows: ‘A helpless or sick person needs help. Those present are not able to help. An effective male nurse understands the situation, takes action and
does what is required to resolve the problem’ (Jordal & Heggen, 2015a, p. 4). My analysis was then developed by looking at the narrators’ care stories in the context of nursing’s femininely gendered care discourse (see also 2.2). Inspired by the narrative approach of the first article, which links storytelling to the informants’ identity-creating and meaning-making processes, the content and structure of these stories were also interpreted as a negotiation of meaning in the light of the cultural and historic context that these men, in the language of Gubrium and Holstein, were ‘up against’ in their encounters with the nursing education (2009).

4.3.3 Analysing the fieldwork material
My analytical processing of the fieldwork material evolved into the article entitled ‘Exploring the relationship between technology and care: a qualitative study of clinical practice for nursing students’ (Jordal, Heggen, & Solbrække, 2014). In keeping with the overall narrative perspective of my thesis, this article can be considered my ‘story’ about the students’ medical and surgical practice. However, when working with this material I deliberately chose to use a different analytical tool from the one I had used for my interview-based articles. The objective was for the fieldwork to investigate the students’ use of technology in their work with patients. This intention was born out of my own astonishment at how and why good patient care was largely described in terms of ‘pure’ interpersonal encounters in the students’ course literature. In order to diversify and challenge this portrayal of care in the literature I chose an approach from cultural analytics for this article, and interpreted these ingrained and traditional notions as normative cultural expressions (Leseth & Solbrække, 2011). In cultural analysis, the researcher’s objective is to arrive at descriptions of ‘everyday micro dramas’. The theoretical framework is very deliberately used to explore, question and critique the culture’s ingrained perceptions and routines (Ehn & Löfgren, 2002). Specifically, my analysis was based on repeat reading of the material I had collected through participant observation. While reading, I focused on how the students used technology in their work with patients, and the result was the emergence of some highly interesting sides to my material. Based on a case-analytic approach commonly used in cultural analysis, two cases from my material were selected for further analysis because they provide particularly good illustrations of these aspects (Flyvbjerg, 2015; Stake, 2005). In order to introduce sufficient distance and abstraction to the chosen cases, I elected to use key concepts from recent trends in sociology with respect to the relationship between people and technology (Latour,
2005; Mol, 2008). This choice introduced a nomenclature to the analysis which was helpful in highlighting the ways in which technology is not only a key part of the students’ work with patients, but also a challenge and a resource in the students’ inter-relationship with the patients. At the same time, the students’ involvement with technology was interpreted as a part of their negotiation and meaning-making process, which according to Wenger is the hallmark of participation and learning in communities of practice (Wenger, 1998) (see also 3.3.3–3.3.6).

4.4 Ethical considerations
The Declaration of Helsinki currently sets the standard for medical research ethics (Ruyter, Førde, & Solbakk, 2014). This project’s ethical considerations were primarily concerned with safeguarding the students, but since the study design included participant observation on fully operational hospital wards, the interests of the patients concerned also had to be carefully considered (Ruyter et al., 2014). The project was therefore submitted for approval to the regional committee for medical and health research ethics (REK). The committee was in doubt as to whether the study required their attention but chose to give it their consideration because patient information might be divulged to me through my involvement with the students’ practice. In this section I will therefore explain the issues surrounding consent and confidentiality in connection with students and patients, before going on to describe a few specific examples of real ethical challenges encountered in the course of my research.

4.4.1 Consent and confidentiality
The study was submitted to the Norwegian Social Science Data Services (NSD), the privacy protection watchdog for all Norwegian universities and colleges, and it therefore complies with their specific guidelines with respect to data collection, privacy protection and research ethics. Inclusion in the group of informants required voluntary, informed consent to be provided in writing by the students, all of whom were over 18 years of age and following the normal course progression when the project commenced. The invitation to take part in the study was accompanied by an information note which pointed out that all involvement was voluntary and that they would be able to withdraw their consent at any time. The note also described the study’s objective and any potential drawbacks to taking part. These drawbacks were considered highly improbable, but because the students were attending a course that
placed numerous demands on their performance, an increased focus on their own experiences and perceptions could amplify and intensify any challenges and problems (Ruyter et al., 2014). The information note also described how being an informant would give the students an opportunity to put their own views, thoughts and experiences into words, which might have a positive effect. After reading through the declaration of consent and asking any incumbent questions, the students were ready to sign their consent form. During their interviews, none of the students suggested that they had found being an informant an onerous task; on the contrary, a number of them said that our conversation had been thought-provoking or useful. As for the participant observation sessions, it was always the students who decided the times of my participation, which I believe may have reduced the potential for extra pressure. This freedom to choose may also have influenced the range of situations that was made accessible to me as a researcher, since it is natural to assume that I was never invited to join in if the students felt particularly tired or demotivated.

Patients in somatic hospital wards find themselves in demanding situations involving disease and frailty, and it was therefore paramount that their interests were given due consideration as I carried out my fieldwork. According to my first application to REK, the original plan was to obtain informed written consent from all affected patients. After starting the fieldwork I found that this procedure was fraught with difficulties. In practice, this would involve a need to record the names of the patients, i.e. patient data, despite the fact that such a record was neither necessary nor desirable for the study. Also, some patients gave a clear affirmative answer to having a researcher in the room with the student, but were reluctant to sign a declaration of consent. Fortunately, I was given an opportunity to discuss these problems with Magne Nylenna when attending a mandatory course for PhD students on ethics, law and methodology at Oslo University. Following these discussions I contacted REK again, this time basing my arguments on chapter 4 of the Norwegian Act on Medical and Health Research, which requires consent to be informed, voluntary, explicit and verifiable. I won the committee’s approval for a different approach to obtaining patient consent. In the continuation of my work, the patients received information about the project and, if possible, they read the accompanying information note. If their response was positive, this was witnessed by the nurse in charge, or the student, who at the same time signed a
document to confirm that due information had been provided. The patient received a copy of the information note, with my contact details, which meant they had an opportunity to get in touch should they have any questions or should they wish to withdraw their consent. This procedure worked better and more purposefully. The patients received appropriate information and were given an opportunity to answer yes or no without having to sign a declaration. However, even if the patients gave their consent in the morning I had to assess on an ongoing basis whether or not I should take part in the various activities that happened during the course of the day. This continual assessment meant, for instance, that I was rarely in attendance when the doctors were doing their rounds, because this would have given me access to too much sensitive information. I also endeavoured to show consideration and withdrew from any situation that required the patient to undress or which involved procedures of an intimate nature such as visits to the toilet or catheterisation.

As for the confidentiality bestowed on my informants, I have employed a number of techniques to ensure that the students cannot be recognised. They have been given fictitious names and their ages are never given accurately but are rounded either down or up. Additionally, no background information is provided about individual informants in my account of their recruitment (see 4.2.1). It is however important to acknowledge that it is difficult to achieve full anonymisation in any small qualitative study that looks closely at individual informants if there is a close link between the researcher, the informant and the field studied (Fangen, 2010; Ruyter et al., 2014). This point was even more pressing in this particular study because my narrative analysis relied on presenting long excerpts of interviews and fuller stories of work and family relations than is common practice with other research methods. Full anonymisation was further complicated by my participant observation sessions on hospital wards where staff and patients were informed that the students were taking part in a study and where my presence made this obvious. Fellow students, teachers, supervisors and patients on the wards where the students worked will therefore be able to link the students to the project. Due to these circumstances, the project information note clearly stated that full anonymisation would not be possible. Because the group of people I studied cannot be said to be particularly vulnerable, I believe this was ethically warranted and in keeping with the guidelines issued by the REK committee.
4.4.2 The ethical challenges of participant observation

Even though the students could influence and control what days I accompanied them while in practice, they had little control of what situations a hectic working day on a hospital ward might throw at them. While conducting the fieldwork I therefore considered it a bonus that I could draw on my training as a supervisor and my years of work involving the follow-up of student nurses taking part in clinical studies. Experience told me that the students might be particularly tense and nervous whenever I was scheduled to watch them work, which is why I started each day by repeating the fact that I was not there to evaluate them in my role as researcher. I also encouraged them to relate to their supervisors, colleagues and patients as they normally did, to the extent possible. I also endeavoured to take a non-judgmental and approving attitude whenever the students found themselves in demanding situations in which they with varying degrees of success handled the many different challenges that might arise on the ward. As I saw it, the patients would often tend to be ‘on their best behaviour’ once they realised that the students were accompanied by a researcher, a phenomenon I recognised from my time as a practice supervisor. Despite introducing myself as a researcher and explaining the project, the patients probably felt that I had an evaluating remit as a teacher vis-à-vis the students I accompanied. This was often made apparent through small comments made during the course of the day: ‘Yes – as I’m sure you know’ and ‘why don’t we ask this teacher’. However, many patients were so unwell that, apart from consenting to me accompanying the student in their room, they never indicated what they thought of me or indeed the situation in general.

This brings us to what was to become the most challenging aspect of the project: being a researcher tasked with taking a passive observer’s role in the face of situations that involved patient suffering. As such, this was not an unfamiliar situation to me, but I had never previously been tasked with observing the events unfolding without taking on a relief-providing function or job. For instance, on one occasion I joined Ingrid and her supervisor on the surgical ward as they were set to mobilise an elderly, anxious woman who had suffered a hip fracture. After a number of unsuccessful attempts at getting the patient out of bed following her operation, Ingrid’s supervisor decided that it ‘had to happen now’. After administering pain relief and informing the patient, she proceeded to go ahead with Ingrid assisting her. The supervisor alternated between instructing the student and the patient: ‘grab a hold here’, ‘let go of the pillow’, ‘put your hand there’ and ‘pull like this’. The patient
was weeping and cried out: ‘mummy, mummy – don’t make me do it, please!’ The patient nevertheless managed to get onto the side of her bed and eventually into a standing position, although crying all the while. After this achievement the patient was allowed to get back into bed and was helped into a comfortable position. The nurse explained to the patient that this exercise had been essential, and Ingrid praised the patient, saying how well she had done. I sensed how the patient’s fear and resistance had made an impression on me, and when she at last calmed down in bed I could not help but praise her as well. In this particular situation I chose to continue the observation despite the fact that the patient was clearly distressed and frightened. I based this decision on a nursing assessment, which told me that this was a specific situation where the benefit of mobilisation had to take priority over the patient’s wish to be let off. Moreover, as a researcher I felt it was relevant for me to observe a stressful and demanding situation involving the supervisor, the student and the patient. I nevertheless found it difficult to justify my presence as a fly-on-the-wall researcher while the patient was clearly suffering, because she was so vulnerable and exposed, and had no control over what was happening.

Generally speaking, research into these vulnerable patient situations may, despite being ethically challenging, benefit patients in the longer term (Thoresen, 2008). In any given situation I would thus constantly have to consider what was right and what was wrong. For example, I chose to discontinue one of my observation sessions on the medical ward despite the fact that I had received the patient’s consent earlier that morning. I started to feel uncomfortable while in the patient’s room because when listening to the communication between the patient and the student I gradually came to realise that this was a patient who was inadequately equipped to set her own boundaries. I eventually asked the patient again, but rather than saying: ‘Is it all right that I am present?’ I turned the question around and said: ‘Would you rather I left the room?’ In response, the patient looked at me and answered a clear ‘yes’. I felt that my nursing experience from medical and surgical wards provided good ballast as I considered each situation on its merits, because my participant observation, examples of which I have provided here, required continual reflection and assessment based on significant nursing and research discretion.
4.5 Summary and critical perspectives on the quality of the study
As described in my introduction to this chapter, the quality standard of research must be assessed with reference to its objectives and ambitions (Tanggaard & Brinkmann, 2015). In this study, the analyses have been conducted by looking at the students’ stories and their work in clinical practice from the perspective of narrative theory and socio-cultural learning, which in combination with a socio-constructivist orientation has given me an opportunity to shed light on the students’ meaning-making processes in their encounters with their nursing course (Creswell, 2013; Gubrium & Holstein, 2009; Wenger, 1998). Because I have focused on processes that are considered ambiguous and ever-changing, the results cannot be presented as ‘final’ and reality-affirming ‘findings’. Instead, they are offered up as reality-reflective contributions to our knowledge with an ambition to stimulate increased reflectiveness and understanding of the themes and phenomena studied (Frank, 2010; Staunæs & Søndergaard, 2005; Søndergaard, 2000). When assessing the quality standard of this study it would therefore be inappropriate to adopt the quality criteria of a quantitative research tradition that focuses on reliability, validity and generalisability (Tanggaard & Brinkmann, 2015). According to Tanggaard and Brinkmann, the quality of a qualitative study is generally an every-day affair that involves scholarly discretion and assessment (Tanggaard & Brinkmann, 2015, p. 521). In this chapter I have therefore tried to put the emphasis on describing the various practical, methodological and analytical work practices in a way that enables the reader to ‘look over my shoulder’ all the way from my choice of research design to my analysis and results, by making these descriptions as transparent and accurate as possible (Tanggaard & Brinkmann, 2015). I will now proceed to highlight a number of specific factors, which in my opinion have boosted the quality of the study further. I will relate these factors to a number of key quality indicators, which according to Tanggaard and Brinkmann are central to qualitative studies (2015, p. 524).

The first factor I would like to draw attention to is associated with the many ways in which I have sought to anchor my interpretations with the study’s informants (Creswell, 2013). Referring understandings and interpretations back to the informants is called ‘member-checking’ and is considered by many to be a good validation method in qualitative research (Creswell, 2013; Tanggaard & Brinkmann, 2015). This is a key feature of narrative studies and both Frank and Riessman point out that validity is all about ethically justified management of the students’ stories (Frank, 2010; Riessman, 2008). I therefore wish to centre my
interpretations and analyses, understood as ‘the story told by the researcher’ (Riessman, 2008, p. 184), around the informants. I achieved this throughout the fieldwork period by talking to the student I had observed at the end of every day. We used this conversation to summarise the day’s events, which allowed me to access their take on the situations I had observed while receiving an immediate response to my own preliminary interpretations. While I was working with the second article I made sure that input and comments were similarly forthcoming from the two students who had told the stories on which this article’s analyses were based.

Second, and in keeping with Brinkmann and Tanggaard’s recommendations, two qualified independent scholars each gave a critical review of the interpretations presented in one of my two articles based on the interview material. Furthermore, the quality and credibility all of the three articles were tested through the relevant publications’ peer review processes. This was a highly demanding and useful exercise because it required a level of awareness and precision with respect to the analyses, while also ensuring that the work attained a publishable standard (Creswell, 2013, p. 256).

A final factor I wish to highlight, which according to Tanggaard and Brinkmann is important for the credibility of the research, is linked to the study’s level of holistic integration. This is about the ways in which the study’s research questions, theoretical premise, methodology, analytical strategy, scholarly deliberations and understanding of the knowledge contribution together form a consistent whole (Tanggaard & Brinkmann, 2015, p. 493). In this chapter about the research process, and throughout the thesis in general, I have therefore sought to make sure that the study’s more practical and hands-on aspects are rooted in descriptions of, and deliberations over, the more theoretical, methodological and epistemological contexts and dimensions of the project (see for example sections 1.2, 2.3.5, 3.1, 3.2.4, 3.3.7, 4.1, 4.2.3 and 4.3.1.)

I will now summarise the three articles before going on to Chapter 6, where we will look at the results of the study and discuss these in the light of the care and knowledge concepts found in nursing education.
5.0 Summary of the published articles

5.1 Article 1


Creating coherence between theoretical and practical forms of knowledge, between the classroom and the field of practice, and between the educational and professional context, is seen as one of the big challenges in higher education. This challenge is also found in nursing education; studies show that nursing students feel a need to have their sense of coherence and relevance strengthened. Even if these are familiar problems, the importance of the students' experience of life outwith the professional arena (the students' life experience) has received little attention in these discussions. This lack of attention can partly be seen in the light of the profession's traditional theoretical division between the professional and non-professional areas of life, but also in the context of the altruistically oriented care concept in nursing education and the importance attached to knowledge-based practice. The article was based on interviews conducted with nine Norwegian first-year nursing students. It is rooted in socio-cultural learning theory and looks at how students experience and describe the relationship between their lives in general and the content of their nursing course, and how students' narratives can be seen as a part of their meaning-making learning processes. The analytical methodology was inspired by narrative theory and was geared towards the content and structure of the students' storytelling. The analyses show how the students create a sense of coherence between the content of their education and their experience of life in general when they introduce key concepts from their training, as well as some of their life experience, into stories that communicate who they are and how they understand nursing. In keeping with narrative and socio-cultural learning theory, this can be seen as part of the identity-creating and meaning-making process that is characteristic of learning. The article therefore concludes that the students' ability to create narrative coherence between the theoretical course content and their own experience of life may be considered a resource in bridging the gap between the different arenas of learning and the various forms of knowledge in nursing education.

Care is a key concept in nursing, and studies show that the focus on care within nursing education is important for the students’ ability to identify with the profession. At the same time, nursing is a female-dominated occupation which historically has seen close connections between the profession’s care concept and the female role of care-provider. Today, this is a much-criticised feature, not only because it is associated with an outdated perception of gender, but because it contributes to the marginalisation of men. This article is based on interviews conducted for the study and looks in particular at the care-related stories told by two male students. The article’s objective is to explore the ways in which male nursing students make use of storytelling to talk about care, and how their storytelling can be understood as a way for men to negotiate their role in a feminised profession.

The analyses are based on narrative theory and look at the content and structure of the stories before going on to study the male students’ narratives in the light of the traditional and femininely constituted care concept in nursing education, which is seen as the narratives’ cultural and discursive context. The analyses show how the men’s care-related stories run both inside and outside of the bounds of a hegemonic masculine role and the profession’s care concepts. They can thus be interpreted as a way of negotiating meanings associated with being a man in a profession dominated by women and with a femininely engendered care culture.

The article concludes that masculine care stories, seen as a way of establishing coherence and meaning in male students’ encounters with the nursing course, contribute not only to creating a male space, but also highlight the fact that nursing education needs more up-to-date experience-based narratives about nursing with which today’s young people can identify.

Even though nursing practice usually involves extensive use of equipment, instruments and technologies, such objects receive little attention in the training of students in patient care. This lack of attention may be caused by what is often referred to as a fundamental distinction between touch/technology and humans/non-humans in nursing culture; a distinction that is also found within the profession’s care concept and the students’ course literature.

This article is based on material collected by participant observation of the students’ clinical practice during their second year of training. It discusses how Norwegian nursing students learn to handle technology and care through their education. The article relies on methodology commonly used in culture analytics and looks at one case taken from the students’ foundation course literature and two cases taken from their clinical hospital practice. With the aid of key concepts borrowed from recently developed sociological approaches to the relationship between humans and technology, the analyses show how the equipment and objects on the ward not only present challenges for the students, but also how they provide opportunities for the students to care for their patients. In light of the thesis’ overall learning perspective, the students’ use of objects and technologies from the community of practice in their patient care was seen as part of the negotiating and meaning-making work that is characteristic of students’ learning in practice. The connections between the students, the objects and technologies of the community of practice, and work with patients, are not sufficiently described in the students’ course literature, and the article concludes that their education thus fails to address the real complexities entailed in patient-centred work.
6.0 Discussion

6.1 Introduction
This chapter is divided into three sections. I will start by linking and highlighting the findings of the three articles so as to provide an overall answer to the thesis’ main research question and give an account of its full knowledge contribution. I will then go on to discuss the thesis’ contribution and relevance in relation to topical discussions within the profession in association with the care and knowledge concepts of nursing education. I will conclude with a closing comment.

6.2 The study’s knowledge contribution
As described in the introduction, this thesis seeks to answer the question of how nursing students create coherence between the theoretical and practical aspects of their education, and between the course content and their experience of life in general. The three articles answer the first part of this question, how students create coherence between the theoretical and practical aspects of their education, by looking at the analyses and results from slightly different angles. In the second article I found that Christian and John, through their storytelling about care, create coherence between specific, empirically based situations in their clinical practice and the basic theoretical concepts of their education. Christian and John talk about male nurses they have met personally, thus making use of relevant clinical situations in order to put the more abstract and theoretical elements of their education into a specific empirical context. These real-life experiences are also referenced in the narrators’ more general and value-oriented reflections on why they chose to train as nurses and what it means to be a good nurse, and can thus be understood as storytelling work in their encounters with nursing education. In the third article, the students’ efforts to create coherence between theory and practice are clearly recognised in the two chosen cases of Grethe and John and their clinical practice work in hospital. Through analysis of these particular situations, it emerges how the students, through what they say and do, create coherence between theoretical knowledge on the one hand, e.g. associated with O2 saturation, pneumonia, gas exchange in the lungs, contamination regimes and the norovirus; and the patients’ experience of the specific situation on the other. The article also sheds light on the ways that the students’ patient-centred work and participation in a community of practice can be interpreted as practical experiences that challenge them to create coherence between the descriptions of patient care found in their course literature and how
real-life patient-centred work is carried out in clinical practice. If we look to the first article’s analyses and results, we will see how the students’ storytelling creates coherence between theory and practice through the narrative dynamics of linkage. This is, as previously described, a key means of making connections and joining up different elements of experience through storytelling. However, these stories differ from the stories told by John and Christian in one particular way. The narratives analysed in this article are all structured around episodes from the students’ non-professional spheres of life. In this way, the students create connections between the theoretical foundation of their education, in the form of professional values such as trust, and experiences derived from an extensive ‘field of practice’, i.e. their general life experience. This leads us to the second part of the thesis’ research question since the analyses in this article shed light on how the students create coherence between what they consider to be the content of their education and a multitude of life experiences. For example, Christian illustrates trust by referring to an incident in a shoe shop, Mia draws on her own experiences as a patient in a story about how nurses build trust by spending time with their patient, and John asserts that the work of a vacuum cleaner salesman has many things in common with that of a nurse. The students’ experiences from professional and non-professional spheres of life thus become key to their understanding of the course content while they contribute to building a sense of coherence between their nursing education and their own private lives.

Based on the three articles incorporated within the thesis we have now seen how the students, through their storytelling and participation, create coherence between the theoretical and practical parts of their education, and between the nursing course and their own lives. In each of these three articles, the students’ narratives and participation are in various ways interpreted in the light of narrative theory and socio-cultural learning theory. The importance of storytelling to people’s sense of coherence and meaning, and the socio-cultural learning perspective’s emphasis on participation as a means of actively negotiating meaning in encounters with the community, mean that the students’ sense of coherence in their encounters with the nursing education, as highlighted in this thesis, may be seen as intrinsically connected with the active identity-creating and meaning-making work that takes place in life in general (see 3.2 and 3.3).
Based on the analyses and results presented in the three aforementioned articles and this summary presentation, the answer to the principal research question, and the knowledge contribution of this thesis, is therefore a series of empirically based descriptions of how the nursing students, through what can be viewed as complex identity-creating and meaning-making work, create coherence between the theoretical and practical parts of their education, and between the course content and their life experiences.

The thesis’ knowledge contribution thus represents in-depth descriptions of the importance that the students’ diverse experiences, whether drawn from their professional or non-professional spheres of life, prove to play in their encounters with nursing education. This result is of particular relevance and interest because the professional educations are currently receiving criticism from several quarters for ignoring the value of the students’ own life experiences when learning a subject and developing a professional identity (Benner, 2010; Buchmann & Floden, 1992; Dannelsesutvalget, 2009; Nygren, 2004). More specifically, the thesis sheds light on how the students’ life experiences make up important elements of the active meaning-making efforts that characterise their learning while in education, and in life generally (Gubrium & Holstein, 2009; Wenger, 1998). My contribution can thus be seen as a response to Smeby and Heggen’s call for more in-depth studies of the linkage between life experiences and learning (Smeby & Heggen, 2014). These linkages have so far received little attention in profession-specific education, despite the fact that strengthening the students’ sense of coherence is an express objective for all professional education courses (Eraut, 2004; Grimen, 2008; Illeris, 2012; Norwegian Ministry of Education and Research, 2012; Laursen, 2015; Smeby & Sutphen, 2015; Säljö, 2001). In Buchmann and Floden’s phrasing, the students’ ‘ability to make sense’ of a multitude of experiences, recognitions and concepts (Buchmann & Floden, 1992) is in fact of particular relevance in a nursing context because earlier research has shown that the students’ experiences are neither stressed nor utilised as a learning resource in nursing education (Alteren, 2011; Christiansen, 2003; Lillemoen, 2008; Solvoll, 2007). The thesis further shows that the nursing students create coherence between the theoretical and practical parts of their education, between the giving of care and their own personal development, and between their professional and non-professional spheres of life. In my opinion, this can help demonstrate how some of the deliberation surrounding and about nursing as a discipline appears to be both static and
dichotomous. In other words, the thesis presents the students’ active meaning-making efforts as a form of integration of key aspects of the discipline which in nursing education as well as nursing research have long been seen as separate and, to some extent, conflicting qualities. Later on in this discussion chapter I intend to pursue this point and discuss whether any aspects specific to the nursing education’s care and knowledge perspective might hamper the inclusion of the students’ specific experiences of education and life, thereby preventing the students’ meaning-making and ‘ability to make sense’ from being utilised as an educational learning resource.

6.3 The study’s results and relevance to the concept of care in nursing education

The concept of care is at the heart of the discipline’s theoretical foundation and maintains constant relevance as a characteristic and marker of good nursing practice (Kristoffersen & Nortvedt, 2011; Molven, 2012; Nortvedt, 2012) (see also 2.2). The discipline’s understanding of care has also contextualised the analyses incorporated within the thesis’ three articles. The first article addresses this by discussing the traditional and religiously founded other-orientation of the discipline’s care concept and how this may be the reason why the nurses’ experiences and personal processes are not given sufficient attention in their educational programme. The second article interprets the discipline’s care concept, seen as femininely engendered, as a basic premise for the male students’ care-related stories and sees these as continuous negotiations about being male in a female-dominated profession. The third article explores the descriptions of care, as featured in the course literature, and how these ignore the fact that most nursing work nowadays involves extensive use of technology and equipment, and that the students’ patient-centred work must thus be seen as technology-inclusive meaning-making work.

Thus, all three articles refer to and challenge what I described in my introduction as a traditional care concept. In this context it is important to point out that I consider a nurse’s ability and willingness to be attentive to and engage with the patient’s experiences and needs to be essential to their understanding of care as well as to their nursing practice. However, my worry is not related to the relevance of the professional ideal, but rather how care is being communicated to the students. This worry is particularly associated with the way that numerous current basic Norwegian textbooks on nursing convey the concept of care. As explained above, I believe that the concept is given a one-sided presentation.
because it is related primarily to Christian ethical values and to Martinsen’s care philosophy perspective (see for example Knutstad, 2010; Kristoffersen, Nortvedt, & Skaug, 2011). I consider this to be particularly problematic because the education thus presents a care concept which is founded on religious-philosophical values that suggest a conflict between concern for the patient and concern for one’s own self. This is a traditional portrayal of nursing which we recognise from historic sources such as Hagemann’s book on ethics from the 1930s (see 2.2.1), but which has by now been replaced by ideas based on the UN’s declaration of human rights and a humanist philosophy (Norwegian Ministry of Education and Research, 2008). The main point is that the course literature has not been sufficiently modernised and diversified in line with these developments within the discipline. In my view, there is thus a considerable need to implement newer care concepts within the educational programme. One perspective that could contribute to such diversification would be ‘mature care’ (Hem, 2008; Pettersen, 2004), which so far has been afforded little attention within the foundation course and in the students’ course literature. As I see it, this perspective could help convey care through integrated descriptions of how patient needs are best met even if the nurses also give due consideration to themselves and their own experiences. This is a key aspect of patient-centred work which is given particular emphasis in literature about the role of the professional helper, but which has not received a similar degree of attention on the foundation course syllabus (Aubert & Bakke, 2008; Bang & Nilsen, 2003; Schibbye, 2009). I also believe that the thesis has shed light on the fact that current nursing course literature is lacking in empirically based descriptions of the experiences and meaning-making processes that professional care work represents for nurses. Today’s education thus draws a nostalgic picture of good nursing, similar to that which Hagemann in the 30s described as ‘a struggle to get away from our own selves’ (Wyller, 2003). This failure to update the ideals of the discipline and its exponents gives rise to numerous problems, in my view.

First, I feel that the current presentation of care is poorly suited to preparing the students for the complexity that typifies nursing generally and relational work specifically. Nursing in today’s healthcare system is characterised by demanding clinical situations that put the caregiver under considerable relational pressure. I consider there to be ample grounds to assert that increased emphasis on the students’ own experiences and meaning-making in
relation to the discipline’s care ideals could be relevant to the teaching of clinical subjects as well as to the students’ preparation for working life. This point is supported by recent Norwegian studies which show that the students regard the relational aspects of nursing as a core value of the discipline (Abrahamsen, 2007; Tveit, 2008), that the relational aspects are considered to impact positively on the students’ personal and professional development and confidence, and that they are important motivation providers (Abrahamsen, 2007; Suikkala, Leino-Kilpi, & Katajisto, 2008). The nursing education’s emphasis on holistic and psychosocial nursing means that the relational aspects of the discipline are also considered key to the students’ professional identity (Gordon & Nelson, 2005; Norvoll, 2002; Tveit, 2008). The relational aspects of the discipline are, in other words, extremely important to the students, but the stereotypical care concepts that are extensively endorsed by the education can contribute to idyllicism and simplification of relational work, thus creating unrealistic ideas about patient-centred work.

Second, the promotion of a traditional care concept, including normative cases and examples, may lead students to feel that situations and stories based on their own experiences are irrelevant, thus causing them to exclude these stories from their own reflections on nursing and care. This is particularly unfortunate since research shows that when starting their course nursing students struggle to understand the relevance of ‘esoteric’ subjects such as ethics and nursing theory (Alvsvåg & Førland, 2007; Kyvik, Vågan, Prøitz, Smeby, & Aamodt, 2014; Tveit, 2008). Reflecting on personal experiences of care, and sharing and discussing these with fellow students and teachers, has proved to be useful and can help to link the ‘esoteric’ subjects to the students’ own lives, thereby increasing their relevance to the students (Adamski, Parsons, & Hooper, 2009; Adamson & Dewar, 2015; Alvsvåg, 2007; Benner, 2010; Hunter, 2008; Paterson et al., 1995). Benner’s study concludes that the nursing education does not manage to make theoretical knowledge seem relevant or related to contexts that are meaningful to the students. This lack of attention is referred to as ‘missed opportunities’ in education (Benner, 2010, p. 111). By introducing more realistic, up-to-date and empirically based descriptions of care into the study programme and course literature I believe the education could make it easier for students to recognise, relate to and question important themes in both theoretical and practical nursing subjects.
Third, I question whether the traditional care concept’s strong other-orientation perspective may have contributed to the fact that ‘modern’ students’ forms of motivation are met with worry and scepticism (Rognstad, Nortvedt, & Aasland, 2004). This study’s findings confirm earlier research that shows how the students’ experiences and meaning-making work, their ‘self-realisation project’, goes hand in hand with a desire to provide care and help others (Abrahamsen, 2007; Tveit, 2008). When students’ self-orientation is made the object of concern, I find the criticism bizarre, considering the fact that nursing is based on a holistic perspective on human life, with particular emphasis on recognising the ‘whole person’ (Kleppe, 2015). If we choose to be sardonic, it would appear that this holistic perspective is applied to ‘whole’ patients rather than ‘whole’ students. If the fact that students give attention to themselves is seen as a ‘problem’, the education is, in my view, at risk of undermining the students’ experiences as an important source of professional reflection, learning and development. The findings presented in this thesis show the importance of this aspect: the students’ personal experiences and meaning-making work represent considerable learning potential. The students explore relational phenomena such as care and trust through telling stories about the reasons they want to become nurses, the characteristics of the discipline and what good nursing entails. On this basis, I support Benner (2010), who holds that one of the main challenges in today’s nursing education is to make the discipline’s specialist knowledge feel relevant to the students, and that linking the theoretical perspectives to the students’ personal experiences and storytelling could be one of the strategies for achieving a sense of coherence and relevance in their encounters with the education. A final important point in this connection is the fact that my student informants appeared not to see a contradiction between nursing as their own ‘personal project’ and what they considered good nursing care in their encounters with patients. I believe that the integrated understanding of self-orientation and other-orientation that this thesis portrays could lend itself to better use within the education. In addition to giving the students an opportunity to develop an awareness of their own personal processes, there is a learning potential linked to the fact that this may sensitise students to the patients’ background, experiences and life stories, thus giving them a ‘way in’ (Benner, 2010; Hovland, 2011; Jensen, 1993; Sutphen & Heggen, 2015). This combination of altruism and self-realisation is described by Abrahamsen as the two most important elements of the value profile of ‘the professionals of tomorrow’ (2007). Tveit argues further that a balanced
understanding of these aspects of care may protect future nurses against exploitation and manipulation. Tveit also holds that this care perspective may prove to motivate today’s youth, thus providing a wider recruitment base for the discipline (Tveit, 2008). The stories told by the student informants in this study move beyond the traditional dichotomy in the discipline’s care concept between self-orientation and other-orientation, and I believe that this represents a form of integration work which so far the syllabus, with its normative examples and cases, has been unable to incorporate. In line with the conclusions drawn in Tveit’s study (2008), I find that there are grounds for considerable optimism on behalf of ‘the modern student’ and I believe that their ability to create coherence between themselves and the discipline’s professional content and ethical values represents a major potential for their identification with nursing and their learning process.

There are further aspects of the nursing education I believe may be of relevance to our understanding of why the students’ personal experiences and meaning-making are not given sufficient attention in the education programme or the specific assignments that students encounter on their course. In the next section, I will therefore discuss the discipline’s understanding of knowledge.

6.4 The study’s results and relevance to the understanding of knowledge in nursing

Nursing education has, like other medium-length degree courses in healthcare, gone from being closely associated with the occupational sector to becoming incorporated in the higher education sector, with the accompanying requirement for increased academic study (Smeby & Sutphen, 2015). In nursing, this development has caused the study programme to attach greater importance to scholarly methodology, the systematic search for knowledge and the application of research-based knowledge. In other words, there has been a focal shift away from occupational skills training to more abstract, theoretical and research related forms of knowledge (Alvsvåg & Førland, 2007; Rasmussen, 2015; Smeby & Mausethagen, 2011). In line with this development, knowledge-based practice, as a concept and as a way of working, has over the last decade increasingly influenced how nursing knowledge has been communicated through the study programmes. The concept was introduced in earnest to Norwegian nursing with the publication of ‘Jobb kunnskapsbasert- en arbeidsbok’ (Knowledge-based work – a workbook) (Nortvedt, Jamtvedt, Graverholdt, Nordheim, &
Reinar, 2012) in 2007. The book cover carried the logo of the Norwegian Nurses Organisation and copies were widely distributed among members (Heggen, 2009). The concept and its related work practices have since gained a strong foothold, and Norway is the first Nordic country to have introduced a dedicated master’s degree course in knowledge-based practice, at Bergen University College.

The concept gives rise to enthusiasm, but there has nevertheless been cause for concern, and some of the criticism has been associated with the fact that the resulting work processes may lead to an instrumentalised understanding of knowledge, a standardisation of the search for and management of knowledge, and other consequences associated with the understanding of professional responsibility and discretion (Alvsvåg & Førland, 2007; Grimen, 2009; Martinsen, 2006; Martinsen & Eriksson, 2009). However, the authors of ‘Jobb kunnskapsbasert’ point out in the latest edition of the book that knowledge-based nursing is not ‘cookery book nursing’, and that it should be democratic and anti-authoritarian in the sense that the work practices support health workers and patients in making well-informed decisions (Nortvedt et al., 2012, p. 12).

Qualifying for a profession such as nursing means that the student must relate to a diverse and heterogeneous field of knowledge (Alvsvåg & Førland, 2007; Grimen, 2008), and strengthening the students’ ability to utilise different forms of knowledge as a source of good practice is described as one of the education’s objectives (Alvsvåg & Førland, 2007; Benner, 2010; Heggen, 2009). Empirical knowledge has however remained ‘in the shadow’ (Grimen, 2008) and is, as I see it, at risk of becoming further marginalised in today’s nursing education. This is because, even though knowledge-based working is described as a process that integrates valid and applicable research-based knowledge with empirically based knowledge and user preferences (Nortvedt et al., 2012, p. 20), students are also presented with a knowledge hierarchy that puts research-based knowledge in a special position among the various forms of knowledge. This ranking may thus also be understood to devalue the importance of empirical knowledge (Alvsvåg & Førland, 2007; Heggen, 2009). In line with the conclusions drawn in Benner’s study (2010), I believe that the Norwegian education is at risk of presenting knowledge in a one-dimensional way – technical, neutral and instrumental – which means that the complexity characteristic of professional knowledge processes receives insufficient attention. All of the three articles that form part of this thesis clearly
show how the students’ learning and identification with the nursing profession can be seen as active meaning-making work. The first article demonstrates this process-related aspect of knowledge as the students actively link key educational concepts and understandings to experiences from their own lives, thus learning about nursing and gaining new insights of themselves. The second article focuses on the analyses of the male students’ narratives and how their stepping into a ‘femininely engendered’ profession involves negotiations of meaning associated with being male in their encounters with the educational content and basic premise of the discipline. The last article explores the students’ negotiations of meaning in association with the discipline’s care concept and the technology found in the field of practice. In light of these results, I believe there is a risk that an overly simplified presentation of knowledge will undermine the identification and learning processes that a professional education and occupational practice in fact entail. It is important to point out in this connection that my concern is not associated with knowledge-based practice as such, but with whether the students, through their education, are being sufficiently prepared for the knowledge processes that are characteristic of clinical nursing practice (Alvsvåg & Førland, 2007; Benner, 2010). There are several reasons why I believe it is important to strengthen the students’ understanding of the personal and process-related aspects of a professional knowledge practice.

First, the students are trained for a line of work that carries the hallmarks of a ‘knowledge explosion’. Not only do nurses relate to a range of objects that is varied and wide, but the rate of progress within medical research and technological advances is so fast that the education cannot possibly incorporate all relevant and up-to-date knowledge (Alvsvåg & Førland, 2007). Educating nurses is not only about passing on ‘sufficient’ knowledge to the students, but to a large extent also about creating an educational programme that will allow students to develop into highly aware and competent exponents of knowledge. Skår (2007) points out that the bachelor’s programme needs to make space for teaching methods that put the students in a better position to ‘discover, develop and evaluate’ knowledge (2007, p. 106). In my view, which I share with many, it is therefore important that the education to a greater extent accentuates the various processes of learning, assessment and decision-making that are integral to professional training or practice (Benner, 2010; Engebretsen, Vøllestad, Wahl, Robinson, & Heggen, 2015; Granum, Opsahl, & Solvoll, 2012). The articles
emanating from this study therefore demonstrate how the students’ encounters with their chosen discipline are marked by their active meaning-making and how their life experiences can be interpreted as key to these processes. It is commonly recommended nowadays that students should be allowed to start with their own personal experiences before going on to make systematic use of them in an effort to understand and relate to more de-contextualised and abstract knowledge (Alvsvåg, 2007; Benner, 2010; Kirkevold, 1993; Moon, 2010). Nevertheless, the education is, as I see it, at risk of presenting nursing knowledge in an overly simplified and de-contextualised way. This challenge was brought to our attention by the findings of a recent study of Norwegian nursing courses, which showed that in the minds of the nursing students, knowledge is a ‘1:1 phenomenon’ which lends itself to immediate implementation in practical situations (Vågan, Erichsen, & Larsen, 2014). When nursing knowledge is framed in such instrumentalised and mechanical logic, the course content may well, according to Buchmann and Floden, be ‘trimmed to fit patterns’, and this may well serve to camouflage much of the complexity that is typical of a professional occupation like nursing (1992). In my view, today’s emphasis on research-based knowledge must not stand in the way of utilising the potential represented by the student’s empirical knowledge to create coherence and meaning in clinical situations, but perhaps particularly as a key resource for the students’ identity-building and learning processes in their encounters with nursing education and the nursing profession (Alvsvåg, 2007; Branch & Anderson, 1999; Ironside, 2015). Consequently, I support Buchmann and Floden, who stress the overarching importance of organising all teaching to ensure students can develop an ability to create structure and coherence so as to be prepared for a world that cannot always offer a correct answer (Buchmann & Floden, 1992). By including the students’ experiences and meaning-making work to a much greater degree, I believe that the education will be in a better position to accommodate what Säljö describes as the knowledge agent’s ‘effort and engagement’ (Säljö, 2001, p. 25) – when it comes to both the understanding and presentation of a knowledge base in nursing.

6.5 Concluding remarks
The nursing students who took part in this study talk about who they have been, who they are and who they want to be through meaning-making work that integrates the nursing profession and education with the students’ perception of themselves and their life choices.
This highlights practices which in my opinion are particularly relevant to nursing education, where the students’ experiences and meaning-making processes, as I have argued in this thesis, are potentials for learning and reflection which largely remain untapped. The thesis’ findings also link in with more general trends in today’s modern society which, according to Illeris, is largely characterised by fragmentation. This means that we move within a number of different spheres of life associated with every-day chores, school and education, work and leisure interests. To some extent, these are separate areas of life whose logic and rationale are innately different and void of any clear connections (2012, p. 259). This thesis looks at the students’ encounters with nursing education as an identity-building and learning process associated with basic questions such as ‘who am I?’ and ‘what is nursing?’ In a rich and empirically grounded language, the students demonstrate their ability to explore and create coherence between the content of their nursing course and experiences from their own lives, between the learning arenas of the college and their clinical practice, and between the private and professional spheres of their own lives. The students’ meaning-making, identity-building and learning processes are thus not necessarily restricted by the social, academic and professional dividing lines between empirical fields and forms of knowledge, but can just as easily be understood as transgressive and dialectical practices in which perceptions and experiences from a multitude of areas of knowledge, learning arenas and spheres of life are used in the students’ own storytelling about themselves – and about nursing.
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