



## Original research

## Professional formation through personal involvement and value integration

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## ABSTRACT

Formation is an important part of nursing education, and it is the responsibility of nurse educators to facilitate learning situations that provide students with opportunities for personal discovery. Studies have shown that awareness of one's own vulnerability can be a source of professional maturation and courageous action.

The study setting is a Christian university that emphasises its value base through the perspective of diakonia in the nursing programme. Diakonia is understood as the provision of caring.

Two hundred and forty-five pages of reflective journals from 124 third-year students were analysed with qualitative content analysis. The main theme of the study was *Professional formation through personal involvement and value integration*. Four categories emerged: 1) *Diakonia as a guide to professional compassion*; 2) *Consciousness of one's own values*; 3) *The urge to act courageously*; and 4) *Choosing to spend the time available*.

The article discusses how students can integrate values in their professional lives by using all senses when learning in real-life situations and by using systematic reflection alone and together with others. Professional formation is an ongoing process, and we have found that mandatory participation, reiteration and progression are important conditions for such formation to occur.

## 1. Introduction

The aim of this article is to discuss formation in nursing education, with a specific focus on the professional integration of values. We emphasise the importance of students' awareness of their own values in encounters with people who are different from themselves. According to the *Oxford Living Dictionary*, values are principles or standards of behaviour, or the person's judgment of what is important in life.

Benner et al. (2010) argue that formation is important in nursing education. Benner et al. (2008) focus on reflection on ethical issues in everyday practice and how that is fundamental in professional formation to grow and mature nursing identity. Formation requires personal commitment and involves learning on multiple levels including intellectual, emotional, creative, imaginative and physical (bodily sensations) (Allgood and Kvalsund, 2005; Benner and Sutphen, 2007; Benner et al., 2010; Rogers, 2011). The challenge for educators is to facilitate the development of students' professional formation. This can be done by using various educational methods, where the facilitation of reflection is an important component. No matter how good an educational programme is, the most important process is the students' own discovery process, since no one can discover for another person. (Allgood and Kvalsund, 2005; Rogers, 2011). The nurse educator's main responsibility is therefore to facilitate learning situations that provide students with opportunities to make their own discoveries.

Reflection and analytical thinking are important components in the professional formation process (Clarke, 2014; Schwind et al., 2014). Schon (1987) considers reflection a process by which a practitioner builds his or her expertise during encounters with complex and unpredictable practices. Van Manen (2012) is also concerned with reflection. Reflection in education includes deliberations, and making choices and decisions for alternative actions. Reflection is linked to concepts such as critical reflective practice, reflective teaching and reflection in actions. Van Manen (2012) links reflection to three phases: before action, in action and on action.

A study among experienced nurses in the Nordic countries Thorup et al. (2012) describes ethical formation as a fusion of the nurses' personal attributes and professional qualifications developed over time. The study shows that nurses' experiences with vulnerability and suffering in their personal and professional lives seem to be an important factor in developing courage, and that courage seems to play a significant role in the nurses' ability to engage in care. Delmar (2004) emphasises that the development of ethical expertise is a matter of courage. She argues that courage is an important personal prerequisite in the development of a caring and ethical practice. However, if nurses do not have the desire or courage to confront their own feelings and anxiety can present a barrier to sensing a patient's appeal for help in a specific situation. Stenbock-Hult and Sarvimäki (2011) find that vulnerability in caring personnel can be regarded as a resource rather than

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a burden, and that reflecting on the connection between courage and vulnerability can be a way to mature professional development.

International and national goals for health education (Ministry of Education and Research, 2008; ICN, 2012) underline the importance of teaching students' ethical values in health and social care, both in theory and in clinical practice. In order to do so, educators must provide learning and teaching opportunities that foster and promote ethical value integration for nursing students. Compassion, care and respect for fundamental human rights and dignity for the individual are fundamental to nursing. (Ministry of Education and Research, 2008; ICN, 2012). These values are embedded in the written nursing curricula. However, formation and socialization also occur in the informal (or hidden) curriculum, and they are revealed in how faculty acts in relationship with students (Bevis and Watson, 1989). Faculty themselves can also present a barrier to the students' formation. Del Prato (2013) interviewed nursing students with regard to how education in nursing schools influenced their emerging identity as nurses. The students reported how some faculty interfered with their professional identity by hindering learning and lowering self-esteem, self-efficacy and confidence. Students having these kinds of experiences in their education report a lack of enhancing learning environments where they feel safe and valued. To obtain the integration of values such as compassion, care and respect for fundamental human rights and dignity, students need to encounter the same values by their teachers.

According to Gustin and Wagner (2013), the understanding of self-compassion is a source for compassionate care of others. Their finding shows that compassionate care is a mutual process, a relationship between the caregiver and the care recipient. In order to support students in developing their understanding for vulnerable patients as human beings, it is important to help students develop a compassionate self. Gustin and Wagner (2013) suggest five ways to use one's own experience and understanding of self-compassion as a source for caring for vulnerable people. 1) Be present with self and others; 2) Show respect for human vulnerability; 3) Be non-judgmental; 4) Give voice to experiences that needed to be expressed and heard; and 5) Be able to accept the gift of compassion from others. Rudolfsson and Berggren, 2012 shows that helping students develop a compassionate self can be done through an experimental and reflective learning process, so that their understanding of themselves and others will promote their compassion for others. To develop a compassionate self presupposes that students are willing to invest themselves in the patient or other vulnerable persons.

The aim of this article is to present and discuss findings on how a focus on diakonia through a three-year bachelor nursing programme facilitates professional formation through personal involvement and value integration.

### 1.1. Setting of the study

All universities in Norway providing a bachelor's degree in nursing must comply with the Norwegian National Framework (Ministry of Education and Research, 2008). In addition, the private Christian universities must elucidate their value-based profile. Our university emphasises our Christian value base through the perspective of diakonia. The Norwegian church defines diakonia as 'the caring ministry of the church. It is the Gospel in action, which is expressed through loving your neighbour, creating inclusive communities, caring for creation and struggling for justice' (Church of Norway, 2007).

Shortly after students enter the nursing programme, one full week is set aside with a focus on diakonia with the heading 'Meetings that change'. Students take part in short introductory lectures where we use different creative methods including music, art, newspaper headlines and stories to involve as many senses as possible as students prepare for later observational practices. We provide group work in which students can gain increased awareness of their own prejudices and exercise mindfulness by using multiple senses. Students take part in two days of

observational practices either in low-threshold programmes for people in vulnerable situations or in the city where they observe people and situations using the 'exposure' methodology (Notland, 2009; Starke and Björklund, 2010). Exposure has many similarities with the methodology of participant observation, and we plan for students to experience, understand, accept and work with their own reactions and evaluations.

The students in the exposure group in the first-year diakonia project are guided by three questions: 1) What do you see? We urge students to stay open to their own senses and not evaluate but rather confront themselves and become aware of own prejudices. Is it possible to understand your own senses in other ways than you usually do? 2) How do you feel? Trust your feelings. Let your feelings be valuable instruments providing information and help you to understand. 3) What do you think with regard to what you see and feel? Explore, if there is another way to think than you usually do? The students in the exposure groups meet for teacher-led reflection groups of between six to eight students at the end of both days. After the two days of observational practice, all students meet and work together in groups, where they share experiences and reflect on their understanding related to diakonia and the nursing profession. On the last day of the week, each group presents their discoveries and reflections in a plenary session.

In the second year, one day is set aside to focus on 'Diakonia as action'. The students attend a short lecture about the importance of diakonia in clinical practice. After the lecture, five groups of students interview nurses, doctors and leaders at the nearby Deaconess Hospital about how diakonia is reflected and implemented in the hospital. Two groups discuss a mandatory assignment given to them during the nine weeks of a previous clinical practice, where they observed how the hospital's slogan 'Competence with compassion' is expressed in everyday life. The day ends with reflection groups and presentations in a plenary session.

At the end of the third year, in a three-week course with the focus on how to prepare for professional life, one day is set aside for diakonia focus. The theme is 'Courageous service'. Again, students receive a short lecture about courage. In addition, they listen to a narrative from a person, for example, a nurse or a doctor who has been working with Doctors Without Borders. Teachers invite students to reflect on what courage means for the individual, using this question: How would you exhibit courage in relation to the patient group you just have written about in your bachelor's thesis? Students continue to discuss in groups what they consider courageous service to be. The group work ends with a presentation in a plenary session, where they use creative methods, such as drama, music or visual expression. At the conclusion of the course, the students are assigned to write a reflection journal, where they reflect about how their understanding of diakonia has developed throughout their nursing education and how they can apply diakonia in the field of their interest. All lectures, practice, group work and presentations are mandatory assignments for all students.

## 2. Method

### 2.1. Design

The aim of this study was to gain insight into how our graduate students understand diakonia and how they see themselves bringing this understanding into their professional lives. We choose a qualitative design with qualitative content analysis (Graneheim and Lundman, 2004) of the students' reflective journals.

### 2.2. Participants

All graduates, in two cohorts of the bachelor's degree nursing programme, were invited to participate in the study. In 2015, 56 students from a cohort of 72 (78%) participated. The cohort consisted of six mail- and sixty-six female students. The age range was 22–37 years with a median of 24,5 years. In 2016, 68 students out of a cohort of 90 (76%)

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