EMPIRICAL STUDIES

Undergraduate nursing students’ experiences of practicing caring behaviours with standardised patients

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Abstract

Rationale: Undergraduate nursing students’ learning opportunities to practice caring behaviours to assure compassionate and competent nursing practice with standardised patients are few. Earlier studies primarily focused on practicing communication skills in relation to mental health or developing psychomotor skills while caring for a patient with a specific diagnosis.

Aim: The study aim was to describe undergraduate nursing students’ experiences of practicing caring behaviours with a standardised patient.

Method: A sample of forty-eight undergraduate nursing students in semester four at a school of nursing in southern Sweden, enrolled in a full-time, 5-week, on-campus elective caring behaviour course, were at the first and last week individually video-recorded during two caring behaviour simulations encountering a standardised patient. After observing each of their video-recordings, students completed written reflections focusing on their own compassionate and competent verbal and nonverbal caring behaviour. In total, 96 individual written reflections were analysed using qualitative content analysis to describe the experience.

Results: One main theme emerged: The challenge of being mindfully present in patient encounters. Four themes further described the experience: A challenging but realistic learning experience, learning the impact of nonverbal behaviour, recognising the complexity of verbal behaviour, and learning to be with the patient instead of only doing for the patient.

Conclusion: When caring is intertwined with visible and realistic nursing practice in simulations using standardised patients it facilitates undergraduate nursing students learning compassionate and competent caring behaviour. The learning experience opened the students’ eyes to the impact of practicing caring, recognising that being with is not the same as doing for the patient, and thus, how challenging it is to be mindfully present in patient encounters. Designing caring behaviour simulations...
INTRODUCTION

Nursing practice has become more multifaceted, dynamic, and complex due to technological development, advances in treatment, and organisational changes. Nevertheless, attention to the human-to-human connection remains unchanged, with caring an essential core of nursing practice [1]. Caring is grounded in humanism and has long been considered the heart of nursing practice [2,3]. Caring is conceptualised as a behaviour that affects all aspects of nursing practice when caring for the patient's bio-psychosocial and spiritual well-being [4]. Over the years, caring has been defined in a myriad of perspectives with more or less abstract theories. Swanson’s Theory of Caring defined caring as a “nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (Swanson, 1991, p.165). The theory operationalises caring through intertwining aspects of the compassionate healer and the competent practitioner, leading to the intended outcome of patient healing and well-being [5,6].

Although school of nursing curricula often refer to caring as the central core in nursing practice, students often have a gap in understanding and knowing how to integrate caring in all aspects of nursing practice [7,8]. Nursing curricula often tend to focus more on developing psychomotor skills and knowledge, referred to as doing, with less concentration on how one interacts with patients, sometimes referred to as “doing rather than being” [8,9]. Students may not have adequate, purposeful learning opportunities for integrating verbal and nonverbal caring behavioural skills for caring practice [10]. They describe it as difficult to learn verbal and nonverbal behaviour and consider learning psychomotor skills as more important [11].

To facilitate students’ learning and transition in becoming a nurse, designing simulations with a high degree of clinical realism helps achieve purposeful learning outcomes [12]. Reflective practice is inherent in simulation [13], which may be understood in light of Mezirow’s [14] theory of transformative learning, which emphasises that humans can be transformed by the process of reflection. Reflective practice guides learning from experience. It is an enduring process of growth and change as it reaches beyond empirical knowledge; it examines and questions assumptions, values, and behaviours that may lead to self-awareness and responsibility. Self-awareness is essential for being present in caring encounters as it combines feelings with knowledge and experience [13]. Reflective writing can be a learning instrument for describing the internal processes of developing self-awareness and evaluating professional experiences that may not be attainable through verbal reflection [15,16].

Patient simulations with learning outcomes grounded in caring allow students to deepen their reflection, becoming more self-aware of their behaviours to recognise their impact on the patient [17]. Nurse educators need evidence of best practices for developing simulations as their fidelity and the degree of realism impact overall student outcomes and learning processes [18,19]. Simulation with mannequins is dependent on the student’s ability to overcome artificial interaction and does not provide the whole human experience regarding nonverbal behaviour. A caring encounter comes from the human-to-human connection. Standardised patients involve human role players interacting in real time with students [12,20], providing a more realistic learning opportunity [21,22]. Recent studies have demonstrated that simulations with standardised patients enhanced students learning outcomes by increasing satisfaction, self-awareness, and knowledge [23,24]. However, standardised patients are used inconsistently in schools of nursing [25].

Simulations have traditionally been focusing on the physiologic care of a patient [19,20] and students’ development of psychomotor skills [26], for example, managing intravenous fluids, inserting a urinary catheter, or performing a neurological assessment [27]. However, communication skills have mostly been practiced during simulations in mental health courses while students encounter a patient with a specific psychiatric diagnosis [22,25]. Even though there has been extensive research on simulations in nursing education there are limited studies focusing on the intentional and visible incorporation of compassionate and competent caring behaviour in simulations and few studies describe students’ learning outcomes of participating in the same...

KEYWORDS
caring behaviours, nursing education, qualitative content analysis, reflective practice, simulation, standardised patient, Swanson’s Theory of Caring
simulation twice. Therefore, the study’s aim was to describe undergraduate nursing students’ experiences of practicing caring behaviours with a standardised patient.

METHOD

Design

The study used a qualitative design [28]. Qualitative content analysis [29] was used to analyse written reflections collected after students viewed video-recordings of their own participation in caring behaviour simulations with a standardised patient.

Setting

Undergraduate nursing education in Sweden consists of six semesters leading to a professional nursing degree and a Bachelor of Science. In this study, undergraduate nursing students in semester four at a school of nursing in southern Sweden could choose to take a full-time, 5-week, on-campus elective course, the caring behaviour course (CBC). The CBC was developed using a student-centred approach [30] through the perspective of nursing grounded in caring philosophy to prepare students to provide whole-person care to promote patient healing and well-being and alleviate suffering [5,9]. Reflective practice [13] was integrated through a variety of learning didactics facilitated through six two-hour voluntary lectures, five four-hour mandatory seminars, two four-hour mandatory caring behaviour simulation days, assignments linked to each seminar, and practical and written examinations. Student learning outcomes involved developing awareness of the theoretical concepts in caring, transforming the theoretical concepts of caring into caring behaviours, and becoming aware of how one’s own and others’ values, perceptions and behaviour affect patient encounters [31].

The caring behaviour simulation

In the first and last week of the CBC, students participated in the same learning didactic of two mandatory caring behaviour simulation scenarios encountering a standardised patient with the same learning outcome to deliver compassionate and competent care [31]. The simulation scenario was the same each time. Each encounter was video-recorded for the student to review later. The caring behaviour simulations and the standardised patient instruction guide were designed by three of the authors (SM, SK, MB). Four females (age range 63–68 years) with no prior experience with nursing education alternated as the standardised patient. The first and last author introduced each standardised patient to the simulation with instructions to follow the same procedure during each student encounter (Table 1).

The caring behaviour simulations were held at the clinical training centre in the school of nursing to replicate a home environment with a coffee table and the standardised patient sitting in one of two chairs. Before the simulation began, the first or the last author introduced the simulation to each student (Table 2) and provided a bag of equipment containing a mobile phone, syringes, wound dressing material, manual blood pressure cuff, stethoscope, paper, and pencils with instruction to use what they deemed appropriate to their assessment during the simulation. The simulations lasted between 6 and 8 min.

### Table 1. Caring behaviour simulation instruction guide for the standardised patients

<table>
<thead>
<tr>
<th>Caring behaviour simulation instructions for the standardised patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When the nurse (student) comes to visit the standardised patient, she states:</strong></td>
</tr>
<tr>
<td>Hi, I am Elsa. So nice of you to come and visit me (sounding concerned and a bit worried). I feel so tired today. I feel nauseated and dizzy, and I have a headache. I am so worried; can you please help me?</td>
</tr>
<tr>
<td><strong>If asked, instructions for the standardised patient</strong></td>
</tr>
<tr>
<td>Social situation: You were born in the house where you live; a big house situated in the countryside. Before retirement, you ran a garden business. You are divorced for 10 years. Your ex-husband Hans has a daughter, Gunilla, from a previous relationship. Gunilla is today 42 years old. She lives in a nearby village with her family consisting of her partner Anna and their two sons Carl 8 years and Oscar 10 years. Your ex-husband Hans lives 2 h away from you. You have a good relationship with all of them.</td>
</tr>
<tr>
<td>Interests: You like spending time with family and friends. You love to participate in social activities. You like to walk your dog, a Labrador named Nicko, in the forest. You spend a lot of time in your garden (You sound happy when you talk about this!).</td>
</tr>
<tr>
<td>Pain: You have a headache. You have no severe pain in the hip where you have had surgery.</td>
</tr>
<tr>
<td>Sleep: You have not slept so well as you have been anxious about the hip surgery and what may happen after it. (You sound worried when talking about this).</td>
</tr>
<tr>
<td>Nutrition: You have not been eating as well as you should have the last month. This morning you have not been eating at all.</td>
</tr>
<tr>
<td>Elimination: There is no problem with elimination.</td>
</tr>
<tr>
<td>Vital parameters: If the student asks about your blood pressure you normally have 140/70. Five years ago, you begun to take medication for high blood pressure. This is followed at the health care centre. You have no fever.</td>
</tr>
<tr>
<td>Medication: This morning you have only taken your blood pressure medication but no pain medication.</td>
</tr>
</tbody>
</table>
Sample

The CBC was offered twice, once in fall 2018 and in the following spring. Undergraduate nursing students enrolled in the course were invited to participate in the study. The students received both oral and written information about the study’s aim, collection, and storage of data. Students were assured that participation was voluntary, confidential and that they could withdraw from the study at any time. Participation would not impact their grade in any way. Students were given time to ask questions and consider their participation before giving their informed consent. The CBC learning elements and learning outcomes were the same for all students whether they participated in the study or not. In fall all 22 enrolled students accepted participation and in spring 26 of 38 students participated (Table 3).

Data collection

The caring behaviour simulations were video-recorded with GoPro cameras (Hero 5 Session, San Mateo, CA, USA). Following the conclusion of each simulation, the first author sent an email to each student with their individual video-recording to observe. As part of the CBC mandatory examination, students were instructed to write their individual reflections after observing each of their video-recordings, focusing on the questions in Table 4. Reflections were a maximum of 300 words each and were sent digitally to the course lecturer who only provided feedback on the written reflections. In total, 96 written reflections were collected for analysis.

Data analysis

The reflections were aggregated for analysis using qualitative content analysis [29]. Qualitative content analysis seeks to systematically describe a phenomenon in a condensed and broad way where variations in similarities and differences in the data are presented [29]. In the initial step, each written reflection was merged into one document and read through several times by the Swedish speaking authors. The overall understanding of the written reflections was then discussed among all authors to get a sense of the whole. When a sense of the whole had emerged, statements that uncovered something related to the aim (i.e., meaning units) were highlighted

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>Caring behaviour simulation introduction for the students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The assistant nurse (teacher) relates this to the nurse (student):</strong></td>
<td></td>
</tr>
<tr>
<td>Hi, my name is Maria! I work here in the municipal home health care as a nurse assistant. You know Elsa, a 70-year-old lady, living in an old countryside house who ran a garden business in the small village of Dala. Two days ago, she was discharged from the local hospital following a planned hip surgery without complications. Due to the hip surgery, we provide help with daily activities such as getting dressed. This morning she told me that she was not feeling well as she felt anxious, dizzy, and nauseated. I told her that I would ask you to go and visit her. Can you do that?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 3</th>
<th>Demographic characteristics of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic Characteristics of Participants (N = 48)</strong></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Number</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
</tr>
<tr>
<td>Age</td>
<td>Years</td>
</tr>
<tr>
<td>Range</td>
<td>20–52</td>
</tr>
<tr>
<td>Mean</td>
<td>26</td>
</tr>
<tr>
<td>Previous care experience from</td>
<td>Yes</td>
</tr>
<tr>
<td>Working in healthcare</td>
<td>36</td>
</tr>
<tr>
<td>Being a patient</td>
<td>15</td>
</tr>
<tr>
<td>Being a significant other</td>
<td>25</td>
</tr>
</tbody>
</table>

| Reflective questions after the first and last caring behaviour simulations | |
| Reflective questions after the caring behaviour simulation in the first week | What was challenging in encountering the standardised patient... |
| | What I know now that I did not know before... |
| | To become a nurse I need to learn more... |

| Reflective questions after the caring behaviour simulation in the last week | What I know now that I did not know before participating in the CBC... |
| | Things I knew before but which I understand differently now are... |
| | How I intend to use what I learned in my future practice as a nurse... |

| TABLE 4 | Reflective questions after the first and last caring behaviour simulations |
and detached from the text and pasted into a new document. Each detached meaning unit was then condensed and labelled with a code (i.e., a description of the content of the meaning unit). Next, the first author discussed the condensed meaning units and codes with other authors, grouping the codes into themes with related sub-themes based on similarities and differences until consensus was reached.

**Ethical considerations**

This study followed the Helsinki declaration [32] and the Swedish Research Council regulations of including students in research [33]. This study was approved by the Research Ethics Committee in Linköping, Sweden (DNR 2017/503-31) and the dean at the nursing school where data were collected reviewed and approved students’ participation.

**RESULTS**

From the analysis of the written reflections, one main theme, four themes and eight sub-themes emerged (Table 5).

**The challenge of being mindfully present in patient encounters**

Students described that participating in the video-recorded caring behaviour simulations with a standardised patient was a complex and beneficial learning experience that affected their self-awareness by challenging them to practice nonverbal and verbal caring behaviour simultaneously with nursing practice knowledge. The students recognised the patient’s vulnerability and that being with the patient and doing for the patient had different meanings. Thus, they experienced the simulations as a challenge of being mindfully present in the patient encounter.

**A challenging but realistic learning experience**

Participating in the simulations deepened the students’ realisation that learning to care in a caring manner requires both theoretical and practical nursing knowledge, containing a range of both positive and vulnerable feelings.

Deepening understanding and knowing caring behaviours

Despite feelings of nervousness and insecurity before the simulations began, students expressed that the information provided by the teacher introducing the simulation facilitated their knowing how to utilise their existing nursing knowledge. A student reflected:

“I felt that it was a good learning experience as it reflected the reality of clinical nursing practice and the information from the teachers directed me how to think. It felt different from previous simulations as I felt a responsibility to care for the standardized patient as she was not a classmate or a mannequin”

(Female, 22 years).

Students described enhanced experiences of responsibility as learning to care for the patient’s needs requires learning beyond questionnaires and checklists. An understanding of the importance of encountering each patient

**TABLE 5** Presenting the main theme, themes, and sub-themes

<table>
<thead>
<tr>
<th>The challenge of being mindfully present in patient encounters</th>
<th>Sub-theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>A challenging but realistic learning experience</td>
<td>Deepening understanding and knowing caring behaviours</td>
</tr>
<tr>
<td></td>
<td>Exposing vulnerability and insecurity</td>
</tr>
<tr>
<td>Learning the impact of nonverbal behaviour</td>
<td>Gaining awareness of one’s own bodily behaviour</td>
</tr>
<tr>
<td>Recognising the complexity of verbal behaviour</td>
<td>Centring on the patient’s outward expressions</td>
</tr>
<tr>
<td>Learning to be with the patient instead of only doing for the patient</td>
<td>Realising the need for knowledge and courage in spoken words</td>
</tr>
<tr>
<td></td>
<td>Increasing understanding of how to ask inclusive questions</td>
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<tr>
<td></td>
<td>Listening to understand the patients’ needs</td>
</tr>
<tr>
<td></td>
<td>Developing awareness of patient’s vulnerability</td>
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</tbody>
</table>
as a person rather than a predominantly ill or diseased person began to emerge. They described that learning to care in a caring manner required theoretical knowledge and a willingness to practice caring behaviour. Students reflected that it was beneficial that the simulation demanded they practice verbal and nonverbal caring behaviours simultaneously with psychomotor skills. A student wrote:

“I think that all courses in nursing education should include how to practice caring behavior. I became aware that learning to care in a caring manner is not effortless as I realized that caring needs to be practiced”

(Female, 48 years).

Concurrently, students expressed that they felt an increased willingness to practice the newly gained knowledge in clinical practice.

Exposing vulnerability and insecurity

Students described their participation in the simulations as feeling unprepared and insecure, exposing their vulnerability and insecurity. Some students expressed they forgot some of the information provided by the teachers before the simulations due to their own feelings of anxiety and nervousness. They described that being video-recorded during the simulations further increased their feelings of insecurity, and thus, it became difficult to deliver knowledgeable care. A student stated:

”Knowing that the simulations were video-recorded made me feel so uncomfortable and nervous. I believe I could have acted much better without being video-recorded”

(Female 20 years).

Students also reflected an awareness of lacking both theoretical and practical nursing care knowledge. One student expressed:

“I wanted to show the standardized patient that I did care about her, but I was so occupied trying to understand the physical symptoms related to the diagnoses that the teacher highlighted in introducing the simulation”

(Male 24 years).

Simultaneously, they described feeling insecure since previous simulations had mainly focused on solving the patient’s diagnoses rather than trying to understand the wholeness of each patient’s needs.

Learning the impact of nonverbal behaviour

Participating in the simulations entailed an insight into how their own and the patient’s bodily behaviour affected the encounter.

Gaining awareness of one’s own bodily behaviour

Students reflected that observing their own bodily behaviour in the video-recorded simulations increased their awareness of how nonverbal behaviour affects the patient encounter. They stated that the simulations enhanced their awareness that caring required both theoretical and practical nursing knowledge to behave in a caring way. One student highlighted the challenge:

“When I was in the simulations I felt and thought that my bodily expression was demonstrating comfort. But when I observed my video-recordings I realized that I looked really uncomfortable and that I was fiddling with my hair”

(Female 34 years).

Yet, another student reflected:

“When I observed my video-recording I realized that most of the time spent in the simulation I had no eye-contact with the standardized patient. Although my intention was that I truly wanted to show her that I did care about her, instead, I became aware of that I looked careless”

(Female 28 years).

Nevertheless, some students expressed a willingness to demonstrate more self-confident nonverbal behaviour, and some students did express that their body language demonstrated self-confidence as this student related:

“I could see that my bodily behavior comforted her as I sat down in the chair beside her, and I was leaning towards her with my hands calmly resting on my legs”

(Male 23 years).

Students became aware that their behaviours had the power of affecting the outcome of the patient encounters.
Centring on the patient’s outward expressions

Participating in the simulations entailed a realisation about how the patient’s expressions could affect their own nonverbal behaviour. This insight increased their motivation to practice how to interpret nonverbal behaviour through becoming more aware of their own behaviour during patient encounters. A student wrote:

“I learned that the patient’s bodily expressions can guide me in how to encounter in a caring manner. I observed that I sat down during the simulation just because she sat down”

(Female 36 years).

At the same time, students reflected a deepened understanding and knowledge that the patient’s bodily expressions are a central part of nursing care. Yet, they noted previous simulations had focused mostly on physical examination of the patient’s body without noticing the patient’s bodily expressions. As one student expressed:

“I was so focused on solving her physical symptoms, I never thought of her bodily expression”

(Female 32 years).

In order to understand the patients’ needs, the students emphasised that recognising the patient’s nonverbal behaviour was essential.

Recognising the complexity of verbal behaviour

Students recognised the complexity of verbal behaviour; participating in the simulations required courage in daring to talk to the patient in addition to knowledge in the complexity of how to be inclusive when verbalising questions in a caring manner.

Realising the need for knowledge and courage in spoken words

Students expressed increased understanding of the complexity in verbalising words in a caring manner. Realising the need for knowledge and courage in spoken words, students stated this was the first time they had encountered a standardised patient in simulations and felt insecure in phrasing questions in a caring manner, as this student stated:

“During the simulations I became so aware of how difficult it is to ask questions as the standardised patient had no clear answers to my questions and I had no follow up question”

(Female 25 years).

Students recognised verbalising questions requires both knowledge and courage to dare asking the patient about their needs. A student reflected:

“During the simulations I did not ask her questions because I was so afraid of not knowing how to respond or not having the right answer”

(Female 32 years).

Students stated the need to learn more about physical care of patients to be able to deliver safe professional care and felt there should be a stronger emphasis on this in their nursing education. It appeared to be a challenge as one student wrote:

“I thought it was very challenging to keep the conversation flowing with my existing nursing knowledge, it became quiet in the conversation as I lacked knowledge to have an adequate response”

(Female 26 years).

Concurrently, some students stated they became too eager and quick to ask questions as they felt concerned about possible silence in the encounter. A student reflected:

“When I observed the simulations, my own concerns about silence in encounters became true. I was almost the only one talking during the entire simulations. Furthermore, I noted that sometimes I actually answered my own questions as I felt so insecure when the conversation became quiet”

(Female 44 years).

Students became aware that their own verbal behaviour affected the outcome of the patient encounters.

Increasing understanding of how to ask inclusive questions

Students expressed that many of their questions were based on their own assumptions about the patient’s needs, making it difficult to ask specific questions with an open-ended response. One student expressed:
“A novel awareness awoke in me that I truly thought that I had been asking open-ended questions. However, when I observed my video-recordings I became aware that I was not”

(Female 29 years).

Students wished they had asked more specific questions about the patient's symptoms and needs. They described that participating in the simulations taught them the importance of verbalising inclusive questions, as one student emphasised:

“I had never thought of my own verbal behaviour before this, and how I can ask questions in a way to confirm the patients concerns or needs”

(Female 31 years).

Students reflected an understanding that asking specific and inclusive questions is one example of delivering care in a caring manner, which enhanced their self-confidence.

Learning to be with the patient instead of only doing for the patient

Participating in the simulations helped students recognise that learning to be with the patient requires their own engagement to actively listen to the patient's needs instead of doing for and basing their responses on their assumptions about the patient's current situation, and thus, the patient's vulnerability became more evident.

Listening to understand the patients' needs

Listening in a caring manner requires self-awareness and self-confidence to deliver trustworthy, knowledgeable, and safe care as one student shared:

“I became aware of the importance of listening. I realized that when I was listening to the standardized patient's concerns, I felt a connection in our encounter”

(Female 29 years).

Listening to the standardised patient sometimes required students to be silent. Recognising and utilising the silence within the encounter was one part of being present in the moment, reflected here:

“During the simulation I became aware that silence is a powerful tool. By listening to her concerns, I did not need to guess what her concerns were all about”

(Female 35 years).

Participating in the standardised patient simulations taught them that being present in caring moments required more than practice and knowledge in verbal and nonverbal caring behaviour. Students emphasised that being present required awareness of their own values, perceptions, and state of mind, and, how these influenced the outcome.

Developing awareness of patients' vulnerability

Students described an awareness of how demanding it is to listen for understanding the patient's needs instead of just using their own assumptions. One student reflected:

“When I observed my own video-recordings I realized that I interrupted her with my own assumptions of her needs several times”

(Female 21 years).

Students' preunderstanding of what it meant to be present was challenged by the realisation that most of their time in the simulations was about themselves wanting to solve the current situation. One student wrote:

“I was so focused on solving her situation, I totally forgot to listen to her. I realized that maybe she did not need a solution from me, just someone that listened to her”

(Female 22 years).

Some students thought that observing the video-recorded simulations was demanding. Students realised that they did not confirm the standardised patient's needs and thus, the patients' vulnerability became more evident, as one stated:

“I realized that I was not present in the encounter as I did not listen to her concerns and thus, I gave her no hope. How caring is that?”

(Female 45 years).

Students described that observing their own presence deeply affected their awareness that learning to be with the patient instead of only doing for the patient requires
recognition and responsibility to practice how to be mindfully present in each caring moment.

DISCUSSION

The findings described in this study portray undergraduate nursing students’ experiences of practicing caring behaviours with standardised patients and observing video recordings of the encounter. Analysis of the students’ written reflections provides vital evidence for educators to design pedagogical interventions for developing caring behaviours. Participating in caring behaviour simulations followed by observing and writing reflections on their own caring behaviour could lead to them becoming a compassionate and competent nurse as revealed in the main theme. The challenge of being mindfully present in patient encounters. The themes from the analysis are supported by Mezirow’s [14] theory of transformative learning that humans can be transformed through the process of reflection on their experiences.

Reflective practice is a systematic and deliberate way of learning. Reflective practice is also a state of mind for engaging purposefully in an experience useful for nurse educators in facilitating students’ transition in becoming professional and compassionate nurses [13]. Providing students with the same learning opportunity twice affected their learning experiences, as reflected by a student, “I think that all courses in nursing education should include how to practice caring behavior. I became aware that learning to care in a caring manner is not effortless as I realized that caring needs to be practiced” (Female, 48 years). Yeh [34] demonstrated positive learning outcomes based on deliberate practice theory when undergraduate nursing students participated twice in the same online learning simulation scenario. However, Pajnkihar [35] emphasised that nurse educators must be mindfully aware of the students’ pre-understanding and perspective towards caring in nursing practice as their perceptions and state of mind varies.

The students reflected that simulation experiences with a standardised patient, rather than a mannequin or classmate, affected their desire to take on more responsibility as the standardised patient became a real person portraying the reality of clinical nursing practice. This finding reinforces the significance of utilising standardised patients in nurse education curricula when teaching caring. Holland [36] found that standardised patients invoked a more genuine sense of responsibility in students compared to simulations working with mannequins. Sandvik [9] emphasised that taking on responsibility demonstrates commitment to the patient beyond physical tasks, further understood in light of Swanson’s Theory of Caring, which defines caring as a “nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (Swanson, 1991, p.165).

Therefore, for students to develop knowledge and understanding in becoming a caring nurse, simulations should ideally mirror the reality of clinical practice. Sandvik [9] stressed that gaining knowledge is not the same as understanding; understanding implies thinking, acting, and applying knowledge and thus, understanding translates to observable behaviour and actions. The students expressed that being mindfully present in caring moments encompasses more than practical nursing knowledge; it also requires developing self-awareness of their own values, perceptions, and state of mind. Being mindfully present in patient encounters intertwines understanding and commitment to caring for the whole patient as supported in Swanson’s Theory of Caring [5,6].

Some students felt more exposed and vulnerable during the video-recorded simulations making it more complex and challenging to deliver knowledgeable care. Lewis [37] found that facilitating students learning with the opportunity to be video-recorded during simulations helps them identify implicit, often unconscious, intentions and motivations. Students in the present study thought that their nonverbal behaviour was demonstrating self-confidence mirroring trustworthiness and knowledge. Yet, as they observed the video-recordings, they recognised that their bodily expression sometimes demonstrated the opposite. This finding reveals the gap between intention and actual practice, the gap between what we know we should do, and what we actually do. Based on this finding, nursing education should include opportunities for students to incorporate visible and purposeful learning to develop awareness of how both verbal and nonverbal behaviours affect encounters with patients and further investigate the impact of students watching their own video-recordings.

Students seemed surprised to realise that most of the time in the simulation focused on themselves wanting to solve the patient’s physical symptoms rather than listening to the patient’s concerns or needs, though they thought they did the opposite. This aligns with Akansel [11], who also found that students spent more simulation time focusing on solving the patient’s current situation instead of listening to the patient’s needs. Students in the present study emphasised that nursing practice encompasses learning caring behaviours. Caring should be intertwined and practiced simultaneously with physiological patient care and psychomotor skills; they are not two separate phenomena. Practicing physiological patient care and psychomotor skills are essential but not sufficient for holistic care [9,38]. To prepare students to become professional and compassionate nurses, caring cannot only be a theoretical part of the school of nursing curricula. Honouring caring as the central core in nursing practice, bridging the
gap between caring theory to nursing practice deepens the students’ understanding and knowing. Newly graduated nurses are expected to demonstrate compassionate and competent caring behaviour when entering clinical nursing practice. Themes from the students’ reflections in this study can guide nurse educators to intertwine intentionally and visibly compassionate and competent caring grounded in caring philosophy to achieve caring behaviour.

Study limitations

Transferability of the study findings is limited by the qualitative design [28], utilising qualitative content analysis [29], and the small convenience sampling method in one school. Students who volunteered to participate in the study may have had more interest in developing the targeted skill than those who did not volunteer, providing a selection bias. However, all students eligible to participate in this study were enrolled in the CBC with the same prior course work, thereby lessening the risk of sampling bias. The simulations were developed by three of the authors. Trustworthiness was addressed by including other authors with expertise in the field in the data analysis with ongoing discussions during analysis and manuscript development. The study was based on written reflections conducted after simulations so learning retention over time and transference to nursing practice could not be assessed. Long-term effects of learning caring in simulation should be evaluated in future research.

CONCLUSION

Presented findings demonstrate that when caring is intertwined with visible and realistic nursing practice in simulations using standardised patient it facilitates undergraduate nursing students’ insights into their own compassionate and competent caring behaviour. The learning experience opened the students’ eyes to the impact of practicing caring as they recognised that being with is not the same as doing for the patient, and thus, how challenging it is to be mindfully present in patient encounters. Designing caring behaviour simulations with standardised patients combined with video-recording is a feasible educational learning didactic to facilitate students learning of compassionate and competent caring behaviour.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHOR CONTRIBUTIONS

Sophie Mårtensson: designing the study, developing the simulation, analysing data, and drafting the manuscript.
Susanne Knutsson: designing the study, developing the simulation, analysing data, and drafting the manuscript.
Eric A. Hodges: designing the study, analysing data, drafting the manuscript, and providing language editing for the manuscript.
Gwen Sherwood: designing the study, analysing data, drafting the manuscript, and providing language editing for the manuscript.
Anders Broström: analysing the data and drafting the manuscript.
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