Supporting Students' Understanding of Caring Science as a Meaningful Basis for Practice

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Abstract: Caring science has been described as abstract, difficult to apply, or unscientific common sense. An alternative view is that caring science knowledge does not pose a greater challenge because it is abstract, but because it challenges caregivers' existence. No matter how nursing faculty perceive these challenges, it is crucial to create a context where students are supported in the integration of theoretical knowledge. This article addresses teachers' responsibility for creating a caring learning environment. It further proposes how reflections on perspectives and concepts can be linked to experiential learning to contribute to students' embodied understanding of caring science.

Keywords: caring science; knowledge integration; life-world perspective; theory–practice gap

The theme for the International Association for Human Caring's (IAHC) conference in 2020 was *Linking Theory to Caring Practice and Caring Practice to Theory*. The conference did not go ahead as planned; but the theme is still relevant, since it is all about the mutual relationship between theory and practice, and between research and clinical work. In Sweden, students in the specialist mental health and psychiatric nursing program are expected to develop both professional and academic skills (Gabrielsson et al., 2020). Hence, education is designed to prepare them for giving evidence-based and compassionate psychiatric care, as well as for further scientific studies if they wish to continue to a doctoral program in caring science. This requires that not only teachers, but the students continuously reflect on the relationship between theory and practice, the nature of knowledge, as well as how caring science theory can be applied when caring for, or rather with, persons suffering from mental health problems. In this article I describe some aspects of the relationship between theory and practice that I perceive of as fundamental to reflect on both as a teacher and together with students. To link this theoretical text to practice, I also include some of the questions I reflect on together with the students.

Significance of a Scientific Foundation

Nursing requires a scientific foundation to become evident, while research and theory development need to take into account clinical reality and the issues raised there (Koskinen & Nyström, 2017; Lindholm et al., 2006; Ranheim & Arman, 2014). This does not mean that theory always reflects

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clinical reality or even that it always should. Theories can additionally help to broaden our understanding and show what can be achieved, by revealing new perspectives, and with them new opportunities to change and improve practices. Perhaps it is the latter that is forgotten when nursing students talk about the gap between theory and practice in terms of the difference between the care given and what is taught in classrooms (Landers, 2001). If the aim is to develop care that is both evidence-based and compassionate, it is important, especially in view of that all care provided is not of high quality, to not only educate nurses for the care that is provided, but to equip nurses so that they have the readiness to change and develop care.

Relationship Between Theory and Practice

For decades, theory and practice have been described as different entities that are difficult to reconcile. This has often been described as the theory–practice gap in nursing (Cook, 1991; Hewison & Wildman, 1996; Pront & McNeill, 2019). Calls have been made many times that this gap must be closed (Carson, 1986; Parish, 2012; Rolfe, 1993), or at least bridged (LeMay et al., 1998; McGill et al., 2014; Severinsson, 1998). The salient point seems to be that nurses tend to separate the intellectual and theoretical knowledge from clinical work. Nursing theories are perceived as being too abstract and difficult to access, both to accept and to provide a stable basis for evidence-based care when they are not considered as being of sufficient precision or relevance in clinical situations. This also means that practice cannot meet the requirements of theory, which can create frustration and distancing and understanding the gap between theory and practice related to a tension between academia and practice. Theory and practice are then seen as opposites (Allmark, 1995; McCrae, 2012).

An alternative way to understand the relationship between theory and practice is to reflect on them based on a lifeworld, theoretical perspective, and the concepts figure and ground. As described by Thomas and Pollio (2002), "There are no figures by themselves, and human experience is a patterned event constituted both by its central and contextual aspects" (p. 7). Images such as Rubin's vase illustrate how one creates conditions for the other. Caring science theories can then be used as a background against which clinical phenomena, for example, *suffering related to care* (Eriksson, 2006), have clearer contours, and can be noticed in the care of the individual. Conversely, clinical experience can be helpful when trying to understand what researchers like Watson (2008), Leininger (2002) and Parse (1997) refer to as *caring moment, transcultural nursing*, and *human becoming*.

Different Forms of Knowledge

Integration of theory and practice requires reflection on the meaning of knowledge. Questions like "What does it mean to *know* something?" "What kind of experiences is it possible to understand?" and "What is truth?" need to be subject to reflection. Regardless of how one understands the gap between theory and practice, it is important to be aware that although caring science theories and concepts are valuable tools for professional and compassionate care, they can be both abstract and challenging not only for nursing students but for professionals who have not had the opportunity to integrate the knowledge and make it their own.

One possible explanation to why nurses doubt the value of caring science may be related to their perception of truth, and thus evidence. If one has a concept of truth that is strictly based on the correspondence criterion, then knowledge is accepted primarily that has a clear and verifiable link in a presumed objective reality as the basis for knowing (Alvesson & Sköldverg, 2018; Brinkmann & Kvale, 2014). Other forms of knowledge and ways of defining truth may then be perceived as speculative. If you instead see parts of reality as a social and psychological construct, as something that is partly created between people, then knowledge can instead be valued on the basis of whether it is meaningful and helps us to understand and problematize reality. Such understanding of evidence include knowledge derived from both nursing theories and qualitative studies as well as patients' and relatives' lived experiences of what is effective in clinical work (Eriksson, 2010; Fawcett et al., 2001; Hummelvoll et al., 2015; Rehnsfeldt & Arman, 2016).

Against this background, it becomes pivotal to reflect on knowledge as something that is not limited to cognitive aspects. Here Aristotle's (2009) three-part knowledge concept can provide input. Within the framework of specialist nursing education as academic education, theories and scientifically developed knowledge (episteme) are of central importance. At the same time, professional education involves high demands on skills (techne) related to clinical practice. In relation to the values of caring science, personal, lived experiences and

what is usually described in terms of practical wisdom (phronesis) appear as another central aspect of knowledge. Episteme and techne can be seen as aspects of what Carper (1978) describes as empirical knowledge, and phronesis links ethical, personal, and aesthetic knowledge to Cipriano Silva et al.'s (1995) view of nurses' knowledge as related to ontology and ways of being. In recent years, these ideas have been further developed in relation to caring science by Constantinides (2019), who highlights the concept of *compassionate knowing* to describe how nurses, when authentically present in the encounter with the patient, can use different forms of knowledge to provide holistic care to meet the person's unique needs and alleviate suffering.

In other words, knowledge is multifaceted, and distinguishing different forms of knowledge may clarify this complexity. At the same time, the understanding of different forms of knowledge as intertwined and inseparable in nursing needs to be developed. When different forms of knowledge are integrated, or rather appropriated, the concept used by Ricoeur (1991) to describe how understanding is a matter of making what was initially alien to one's own, it becomes evident not only on a cognitive level, but on an emotional level and in the person's way of being and acting together with others. This could be described as relational and embodied knowledge (Wright & Brajtman, 2011). Such knowledge has been associated with nursing openheartedness (Galvin & Todres, 2009). This makes it possible to talk about caring science as an art, rather than putting art and knowledge against each other (Nåden & Eriksson, 2002; Watson, 2018).

Challenge: To Know or Not to Know

Although theories of caring sciences have been criticized for being abstract, the opposite is also argued, that theories just describe the obvious, albeit in complicated words. Buchanan-Barker (2004) confronts the latter position when she raises the question if it would be more appropriated to talk about it as *un-common* sense. If the underlying values and assumptions about health and caring are obvious, why are they so difficult to assimilate? Or is it first and foremost not the theoretical knowledge that is the most difficult, although the concepts may seem abstract at times, but the ethical challenge and personal responsibility that a caring science perspective presents us with which is the biggest challenge? Both within the Nordic (Arman et al., 2015) and in the American (Watson, 2018) tradition, philosophers, like Lévinas and Løgstrup and their ideas about the ethics of responsibility and the otherness of persons, are raised as important. This means that a clear focus on the other person's perspective is vital, as well as an awareness that it is never possible to fully and completely understand the other. Even though humans are mutually related to each other, every person is unique and distinct from me, and therefore in their infinity cannot be explained and categorized from the outside. Thus, since the epistemological basis of caring science rests on an assumption that we can never understand everything, the knowledge of caring science may be experienced as insufficient. Placing oneself in a not-knowing position in a situation where we want to come up with solutions, and instead trying to approach an understanding of the patient's lifeworld, requires courage to remain in the uncertainty this entails. At the same time, this is a prerequisite for the life-oriented care provided by Todres et al. (2014) described in terms of "caring from insiderness." This requires an understanding of "reaching toward" otherness as more important than "knowing" about the other (p. 7).

This does not mean that other sciences that strive to explain what *objectively* the *fault* is that a patient is suffering from, and in a detailed way describe what nurses should do to remedy this, have no value. Such knowledge is also required and can be integrated as professional knowledge in nursing science (Levy-Malmberg & Hilli, 2014). However, knowledge developed within a human-science framework rather than a positivistic perspective, where ontological aspects of human existence have a prominent role, provides the basis of caring science and is needed to gain a deeper understanding of what constitutes the essence of care (Eriksson, 2002; Leininger & Watson, 1990).

Reflections–A Path to Understanding

Much has been written about the importance of reflection in nursing education, as well as about reflective practice and critical thinking (Adam & Juergensen, 2019; Akalin & Sahin, 2020; Barry et al., 2020; Chang et al., 2020; Ekebergh, 2007; Johns, 2009; Scaife, 2010; Schön, 1987). The vast majority of these references focuses on the importance of increasing students' awareness of how they think, how they feel, and how they act in clinical situations, and to consider if they would act in a similar way in the future. This is important in nursing education at all levels. However, to encourage nursing students, especially those in postgraduate

program, to understand and apply caring science theories, it is important to reflect on different perspectives and forms of knowledge, as well as on theories and concepts. Such understanding might encourage students to value caring science theories and apply those in their work, rather than letting existing, less holistic paradigms and practices dictate their caring.

Seminars, study assignments, and examinations can be designed in such a way that students' reflections on theories and concepts are not only linked to definitions and theoretical descriptions, but to how the concepts are seen in practice. Questions such as these would help: "How can we pay attention and prevent suffering from care?", "What is it like to be in a caring encounter?", "What do I need to develop so that instead of taking control of the situation, I keep myself open to the other person's story even when I feel insecure?" In other words, the reflection should not only focus on issues related to the patient's lifeworld but consider the student's lived experiences and deepen the understanding of theoretical concepts (Ekebergh, 2007; Halldórsdóttir, 1999).

The Power of Language

One reflection that relates to the earlier reasoning about caring science as *common sense* is that students may experience that abstract concepts make the obvious complicated. To understand the value of caring science concepts, it is important to reflect on how the language used contributes to our perception of the world, and thus our way of acting. A joint reflection could include questions like: "What significance does it have if the building blocks of a theory are concepts such as vulnerability, dignity, and caring encounter, compared to psychopathology, compliance, and objectivity?", "What signals does the language used send?", "Can it make a difference to how a patient who asks for help is treated if the nurse has received a report that the person nags compared to if the person has been described as needing a lot of support?"

TABLE 1. Scientific Perspective and Caregivers' Approach

	Instrumental Approach	Relational Approach
Scientific Perspective	**Realism/positivism** Measure, count, observe Explain from the outside Objectivity Distance	**Relativism/hermeneutic** Constructivist attitude Understand from the inside Subjectivity Closeness
Orientation	What is the problem? Focus on goals and results Diagnosis based Manual based The general (external evidence) Aiming toward functionality The caregiver as an expert Compliance	Who is the person? Focus on direction Value based Process oriented The unique (inner evidence) Supporting personal growth The caregiver as a companion Empowerment
Conversation	Focus on facts Information seeking Solve problems Diagnose ill health	Focus on the lifeworld Explorative Getting to know the person Create trusting relationship
Question Strategies	Focus Problem-solving Create a basis for action Learn and test skills Action oriented	Open up Strengthen alliance and process Enrich the story Highlight personal values Experience oriented
Change Methodology	Targeted Specify target behavior Detailed itinerary, manual Evaluation in relation to goal fulfilment	Process supporting Explore experiences to create meaning and understanding Moving toward a valued direction in life Evaluation in relation to the patient's experiences of meaningfulness
Paradigm	Controlling, focus on curing and compliance	Emancipatory, focus on recovery and autonomy

Becoming Aware of Perspectives

In education program that leads to double degrees, it is not only medical and psychological knowledge that need to be taught alongside nursing theories and practical skills. In addition, knowledge of scientific theory and method are expected to be integrated, and with it philosophy of science. For a student who has mainly set his/her sights on learning about clinical work, this may seem difficult and irrelevant. It is therefore important to make it easier for students to discover that both scientific perspectives and concepts have an impact on our actions. In teaching scientific traditions, for example, merely highlighting their historical roots, and how they influence method and design in research, is to be avoided. By emphasizing how the viewpoints of different traditions have significance for whether the conversation attains an instrumental or relational orientation, the importance of scientific perspectives for practice can be made visible (Wampold, 2001). A joint reflection based on Table 1 can be an eye-opener for how scientific theoretical knowledge can be used to understand discourses and differences between different professions' approaches.

Drawing students' attention to why the education has a foundation in caring science, and that this perspective will have an impact on what skills become central, requires reflection on questions like: "What is the significance of the perspective on how professionals position themselves in relation to patients, relatives, and colleagues?", "Is the knowledge used to *guide* the patient on the basis that the caregiver has an expert role where the patient becomes the object of action, or is the knowledge used to support the patient in shaping his or her own life?", "How is patients' knowledge evaluated and considered?", "How, with the preservation of caring science values, can knowledge and skills with roots in other traditions be applied in collaboration with other professionals?" Such reflections can support students in appreciating the value of caring science knowledge, as well as their understanding of *caring for insiderness* as important.

Embodied Knowledge

Knowledge and understanding cannot be reduced to a cognitive matter. It is possible to learn concepts, such as transpersonal caring or caritas processes and how they are defined by Watson (2018), without understanding what they really mean. To integrate theory with practice, knowledge needs to be embodied. In other words, it becomes important to design teaching in such a way, that the rational part of the brain and the part that Epstein (1998) describes as experiential, are involved. Attributing meaning to theory requires linking to lived experiences. One example of such experiential learning is the Caritas Coach Education Program (Horton-Deutsch & Anderson, 2018). The program is designed to support students' development of embodied caring science knowledge. Students are supported to explore the profound meaning of compassionate care, including abstract concepts like transpersonal caring or caritas processes, in their own lives.

Creating a Learning Environment

From a lifeworld perspective, learning can be understood as a process in which persons, through a mutual interaction with their environment, attribute meaning to their experiences. Just as in caring, education is not only a matter of doing, but of being, becoming, and belonging. Watson's (2008) words about the nurse as the environment are likewise true about the teacher. In addition, supporting integration of theory and practice is not only a matter of critical reflections on different perspectives and how they impact on practise. Nor is it sufficient to have assignments that are designed to activate the experiential parts of the students' brains.

On a formal level, a learning environment can be created both indirectly, through the development of syllabi and curricula, as well as directly in relation to teaching, design of study assignments, and examinations. One possible approach is to relate curricula to an overall framework and utilize the parallel processes found in learning and caring thinking (Bevis, 1989; Hills & Watson, 2011; Leininger & Watson, 1990; Sandvik, 2015). It is important to be transparent and give a clear rationale for different tasks, to increase student motivation and facilitate students' understanding on what to do and why.

Transparency is also important to model, as caregivers should not have a hidden agenda behind different types of interventions. Hence, being transparent as a teacher can contribute to students' lived experiences and embodied knowledge of the meaning of transparency. In addition to having direct implications in relation to students' understanding of nursing, education needs to be shaped so that it contributes to student autonomy

and the experience of being able to influence the contexts they exist in (Freire, 2018; Hills & Watson, 2011) in a way that has parallels with person-centered care where patients' knowledge and experiences are utilized.

Creating a learning context is a matter of considering people's quest for community as well as dignity as a source of motivation and learning. Motivation will thus derive from both internal and external factors and relate to both willingness to implement something, as well as confidence in one's own possibilities (Miller & Rollnick, 2012). Hence, teachers have the opportunity to support motivation, both by helping the student to become clear about their own motives and goals, as well as by setting clear learning objectives and creative study tasks. In this way, the student can receive support in integrating theories and concepts and be provided with lived experiences of what it means to get their *inside* acknowledged and not only their formal study presentations. This also demonstrates how caring science knowledge is both relational and embodied (Wright & Brajtman, 2011).

Taking Responsibility for the Learning of Others

Unlike factual knowledge, where we know, so to speak, what we know, and what is *right*, an understanding of caring science theories and concepts poses a personal challenge. Both teachers and students need to understand that it can be challenging to take on what seems to be common sense, not at least because it involves not only a formal responsibility, but also an ontological one. The latter is related to caritas as an ethical conduct, and a demand to being with the suffering person in a way that is consistent with the value base of caring science (Buchanan-Barker, 2004; Hemberg & Kaarre, 2016; Levy-Malmberg et al., 2008; Wallinvirta, 2011). Here, teachers and tutors who live as they learn, and demonstrate a caring attitude, can model this and provide students with lived experiences of the meaning of being cared for (Hills & Watson, 2011; Leininger & Watson, 1990). Meeting compassion from others is not only about receiving support in a challenging situation. It also contributes to an increased understanding of what compassionate care means and can strengthen students' ability to show self-compassion and manage their own emotional reactions (Wiklund-Gustin & Wagner, 2013). This does not only contribute to one's own wellbeing; it is considered a prerequisite for compassionate care as it enables us to be present with others in situations where we might feel powerless and overwhelmed by the suffering of the other (Wiklund Gustin, 2017).

The lifeworld perspective emphasizes, among other things, the individual, unique and experienced person. This has consequence in relation to pedagogy as it means that certain facts, will have different meanings for different people. Following Lévinas (2006) teachers cannot expect the student (the Other) to think, experience, or want the same as they would in a similar situation; the Other can instead experience something different and this otherness must be respected. In other words, a teacher cannot invalidate the student's perspective without at the same time offending the person. However, this does not mean that *anything goes*, and teachers have the responsibility to stand for an ethical attitude that reflects this. To make students aware of the importance, of both theoretical knowledge and practical skills as well as an ethical and respectful attitude toward others, is part of a profound ethical attitude that is important not only for students' learning of theory, but as an expression of responsibility for the other (Rehnsfeldt, 2005). Failure to address knowledge deficiencies or deficiencies in students' ethical conduct means a betrayal against the person, as a false belief in their own competence involves a risk of putting them as well as patients in risky situations. As a teacher, I will thus have a *responsibility for the other's responsibility*, as Lévinas (1991) puts it, and thus not only take overall the responsibility but above all create the conditions for the other to bear the responsibility he/she can, as a student, nurse, and person.

Concluding Remarks

Caring science theory can provide the basis for understanding and acting in clinical practice, as well as for developing practice and compassionate care. Hence, the learning of caring science is not reduced to studies of theory that reflect how it is. It also encompasses knowledge about how it ought to be, and what needs to be done to develop practice in line with foundational caring values. Such preparedness is related to embodied and appropriated knowledge. Following Ricoeur (1991), we do not understand anything completely until it is visible in action. In compassionate caring this entails a paradox, as an appropriated understanding of caring science grounded in a lifeworld perspective also includes a readiness to remain in the uncertainty of a not-knowing position, to be humble and curious about patients' experiences instead

of immediately striving to take actions and control. Of course, the latter can be necessary in acute situations, but actions and control should not be used as a means of avoiding one's own anxiety as a nurse. In line with humanistic, ecological care, the focus of caring is not to intervene out of a perspective of one's own assumptions, but to support patients to find their place again, and to recover in the meaning of understanding themselves and the world anew, even when ill health might change the conditions radically (Dahlberg et al., 2016).

Hence, it is important to create a learning environment, a context where learning can take place. In such an environment caring science values can be modelled as students' frustration, questions, as well as interest and excitement, could be met with compassion and confirmation. In addition, reoccurring reflections where students feel free to ask questions rather than delivering the right answers could also shed light on *not knowing* and asking questions rather than taking things for granted as valuable.

Reflections on issues like those presented in this article are not only a way of enhancing students' understanding of the *what*, *why*, and *how* of caring science. Such reflections are an aspect of transparency, as students also become aware of why theory matters and therefore why the curriculum has its foundation in theory rather than in skills training. As expressed by a student in a course evaluation:

> Now I do not only know how to do things. I know what to do, and most importantly I understand why it is helpful for the unique patient, not only that there is scientific evidence for it. And that could as well be just to sit down and listen, without giving suggestions or a pill to relieve their anxiety. And I can do that with compassion, without feeling that I'm insufficient or without feeling that I have to justify in front of my colleagues why I'm not doing anything.

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