



## Clinical education

## Ways of strategies to knowing the patient described by nursing students

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## ABSTRACT

Knowing the patient has been identified in research as important in nursing practice. It's a central phenomenon used by nurses in decision-making to provide good and safe qualitative individualized care.

The aim of this study was to describe what strategies nursing students' use to 'know the patient'.

Interviews with ten nursing students were analysed using a qualitative content analysis.

Four themes emerge: *Prepare oneself before the first meeting; Creating relationship; Dare to be open and near; Doing the best for the patient*, with a main theme: *To engage with and care for the unique person*. The results show that the nursing students prepare themselves by reading journals, asking staff members for information and research current diseases and medications before the first meeting with the patient. They also think through how to behave and to be present in the encounter and to create a good relationship with the patient which can only be done by spending time together. They are open-minded while listening to the patient to get to know the unique person behind the façade of the patient.

This study indicates that knowing the patient is important to nursing students, or else they cannot provide good quality of care for the patients nor be satisfied in their work as nurses. The students also emphasize that if they are not able to get to know the patient, it's better for someone else to take over the responsibility of care for the patient.

## 1. Background

*Knowing the patient* has been identified in research as an important part of nursing practice. It's a central phenomenon used by nurses in decision-making to provide good and safe qualitative individualized care (Evans, 1996; Jenny and Logan, 1992; Radwin, 1996; Tanner et al., 1993). *Knowing the patient* is to listen to patient's life story (Finch, 2004; Ragan and Kanter, 2017), to identify lifestyle in order for the nurse to help the patient through the time of disease (Radwin, 1998), to understand how the patients experience the present situation, and how the patient is affected by earlier health care encounters (Björnsdóttir, 1998). It enables the nurse to make skilful judgments and to be an advocate for the patient when necessary (Bickhoff et al., 2016; Li et al., 2016; Tanner et al., 1993), and it helps the patient receive knowledge and an insight of their own situation to be able to reach a good quality of life despite disease (Takemura and Kanda, 2003). Knowing the patient's story has been described as a critical aspect in providing quality cancer care (Ragan and Kanter, 2017).

Further, to deliver patient-centered care (Crocker and Scholes, 2009) and to obtain individualized care (Kelley et al., 2013) it's important to know the patient which minimizes difficulties in nurse-

patient encounters and reduces the level of decision complexity (Currey and Worrall-Carter, 2001). Awareness of how patients experience the situation tells the nurse how to meet the patient's anxieties and requests (Jenny and Logan, 1992; Olofsson and Norberg, 2001). In addition, knowing the patient gives the nurses ability to provide safe care, develop positive relationships and engage in expert practice (Zolnierok, 2014).

Strategies used by nurses in order to get to know the patient are to gather as much information as possible, and then to mentally picture the patient before their arrival on the ward (Takemura and Kanda, 2003). Nurses then re-evaluate the picture of the patient after new knowledge and new encounters with the patient (Jenny and Logan, 1992; Takemura and Kanda, 2003). One way is to use good communication skills, to emphasize in the encounter and to match information into patterns in order to develop a better picture of the unique person, balancing with difficulties within the organization, such as lack of time (Radwin, 1996, 1998). Whittemore (2000) argue that knowing the patient is an important concept in nursing that appears to be a central aspect of practice. Knowing the patient is a complex process whereby the nurse obtain an understanding of a specific patient as a unique individual. This will in a long term perspective enhances clinical

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decision-making, selection of optimal nursing interventions and patient outcomes. Time together with the patient was stressed as very important to get to know the patient (Evans, 1996; Jenny and Logan, 1992; Radwin, 1998; Tanner et al., 1993). In palliative care in the community, nurses often sat down and to talk to patients and their relatives in their home, without performing specific nursing duties, in order to gain trust in the relationship (Luker et al., 2000). Bundgaard et al. (2012) state that knowing the patient is a very practical sense to enable a situational awareness. Conversation and the use of the eyes and physical touch enable this awareness. This helped tailor nursing related to the patient's needs and allowed the nurse to treat every patient as a unique individual. Radwin (1998) found that experienced nurses stay with the patient even in a difficult situation, and are not afraid to put difficult questions forward if necessary or to show themselves to the patient as being human. The inexperienced nurse is more focused on technical issues (Radwin, 1998). Takemura and Kanda (2003) emphasize that knowing the patient is important to the nurse, and if the nurse does not get to know the patient it was not possible to provide a good quality of care, which made the nurse feel miserable. Bjornsdottir (1998) found that if nurses did not get to know their patient, they said that they couldn't do quality work and that they had failed with their mission. Westin and Danielson (2007) found that good encounters for residents in a nursing home occurred when the nurse was present, attentive and focused on the residents as individuals. In the bad encounters, the residents felt invisible and not respected as human beings by the nurse. Benner (2001) states that a novice nurse has problems seeing the patient as a unique human being, and is most focused on doing practical tasks for the patient. The expert nurse on the other hand has, even before the first meeting with the patient, a clinical pre-understanding of the patient and the situation, related to long experience with a lot of encounters with different groups of patients. The expert nurse is focused on caring: alleviating suffering, reducing vulnerability and preserving patient dignity.

Most research in this area focuses on expert nurses with a long experience of nursing practice. However, it takes a long time before a nurse has this level of experience and therefore it's of interest to study how nursing students in the end of their education can describe the phenomena of knowing the patient. Radwin (1996) suggests that it's of interest to investigate how others other than expert nurses' experience *knowing the patient*. Therefore the aim of this study was to describe what strategies nursing students' use to 'know the patient'.

## 2. Methods

### 2.1. Design

A qualitative design, with an inductive approach, was undertaken to illuminate nursing students' strategies to 'know the patient'. This design is appropriate when it comes to exploring individual's experiences and aims to describe variations by identifying similarities and differences (Burnard, 1991; Graneheim and Lundman, 2004). According to Graneheim and Lundman (2004) one important issue in content analysis is to determine whether it should focus on manifest or latent content. The analysis in the content of a text is to identify the hidden message. A manifest content is visible and obvious in contrast to latent content which entails interpreting the underlying meaning of the text. In this study the focus of the analysis was on the manifest content while attempting to also understand the latent content as well.

### 2.2. Participants

Students in a three year nursing program on bachelor level, during their fifth semester at a University in the south of Sweden were asked to participate.

### 2.3. Data collection

Interviews were chosen as data collection method. After informed consent, the interviews took place in a secluded room at the University where no other activity could disturb the interviews which lasted 30–60 min. Two questions were asked 'Please describe what knowing the patient means to you', and 'What strategies do you use to 'know the patient'?' Probing questions were used to get richer descriptions.

### 2.4. Ethical considerations

As this type of study did not fall under the Swedish Act concerning Ethical Review of Research Involving Humans (Government Offices legal databases, 2003) no ethical approval was sought. However, the study was approved by the head of department. Oral and written information about the study was presented to all participants according to the Helsinki Declaration (World Medical Association Declaration of Helsinki, 2003). The participants were informed that participating was voluntarily, confidentially was guaranteed and it was possible to withdraw at any time during the procedure. During the study, the researchers were not involved in nursing education.

### 2.5. Data analysis

The data was analysed using content analysis according to Graneheim and Lundman (2004). The interviews were transcribed verbatim (129 pages) and then read and reread several times in order to have a deeper sense of the content. Thereafter the text were divided into meaning-units which then were condensed without losing content and labelled with a code. The content was then collected into sub-themes dependent on similarities and differences. The sub-themes were collected into themes. The main theme occurred as a common thread through the whole analysis.

### 2.6. Rigour

Trustworthiness may be discussed in terms of credibility, dependability and transferability. Credibility concerns how well the data and the analysis process responds to the purpose of the study. Dependability concerns how durable and robust data collection and interpretation has been implemented over time. Transferability refers to the degree to which the material can be transferred to other settings or groups (Graneheim and Lundman, 2004). Collected data must represent exactly the characteristics of a phenomenon that is supposed to be describing and explaining (Long and Johnson, 2000). In the present study, data was collected over a period of two months. Both authors took part in the analysis, reading the interviews separately and then discussing and comparing the results to ensure that the analysis agreed with the purpose.

### 2.7. Findings

The study participants (five women and five men) aged from 21 to 43 years. Three had previous caring experience, four had other work experience and three had no work experience at all before starting their nursing educational program.

The qualitative analysis resulted in eleven subthemes, four themes which are presented in Table 1. A main theme, *To engage with, and care for, the unique person*, pervading the results as a whole is also presented in Table 1. The main theme, themes and subthemes are then described and supported by means of quotations from the interviews. Direct quotes are presented with fictive names.

### 2.8. To engage with and care for the unique person

It emerged very clearly that the nursing students want to give a high

**Table 1**  
Overview of main theme, themes and sub-themes of strategies to knowing the patient.

Sub-themes	Themes	Main theme
- Read journals and other articles - To focus - Step by step process - Take one's time - To be engaged and want to understand	Prepare oneself before the first meeting  Creating relationship	To engage with and care for the unique person
- Acquire knowledge of the patient's life situation - Openness in dialogue - Honesty in dialogue - Seeing the person - Become confirmed - Satisfy wishes and needs	Dare to be open and near  Doing the best for the patient	

standard of care to the patient, and this can only occur if they learn to know the unique person existing beyond the 'façade' of the patient. The nursing students described that it is of most importance to be open, to be near and having a dialogue to creating a relationship to reach this commitment. If the students do not get to know the patient it is not possible for them to provide good quality of care and in that case it is better for someone else to take over the caring for the patient.

### 2.9. Prepare oneself before the first meeting

Students prepare themselves before the first meeting by obtain as much information as possible. They think about how to behave and how to stay focused and present during the encounter, and to not look stressed while entering the room in the first meeting with the patient. It's the encounter with this specific patient that is their case.

#### 2.9.1. Read journals and other articles

It feels important to be prepared before the first meeting with the patient. The preparations involve gathering any available information on the ward concerning the patient. This involves reading journals and obtaining verbal information from various staff members. Furthermore, another type of preparation is to research relevant illnesses and medications, and to write down supporting notes and questions to put to the patient.

*I have to be prepared by getting information from journals - and maybe verbal information from doctors, or other information, so that I am really prepared for the actual patient when I meet them. (Anna)*

A hope is that there are existing documents on the ward which concern different specialties. If no such documents exist, then there is a desire to create some kind of document which can be used as an aid in order to simplify the initial discussions with the patient at the time of admission.

*Yes, I hope so, I haven't actually worked it out but I hope that there is something ready to use from the start, a ready-made form that can be used at admission. (Anna)*

#### 2.9.2. To focus

It's important to be focused when meeting the patient and not to come charging in all frazzled and stressed, which gives the impression of being short of time. It's of the greatest importance to make direct eye contact and to make sure not to watch the clock or to show interest in other things that are going on in the room. The students state that it is of great significance to have one hundred percent focus on the patient.

*That I don't come in all puffed out and in a hurry. (David)*

When the student comes in to the patient, everything else is then left outside the door. The two should be alone in the room, because it's this time, here and now, with the patient which is the most important. Papers relating to other patients should not be in the room. Whilst there may be many patients wanting help waiting outside the door, it should not be allowed to disrupt the conversation. Nothing and nobody is more important than the patient right now, and it's of the greatest value that the patient knows this.

*I just let everything else be, because it's here and now that counts. (Eva)*

It's a requirement, and a skill to be acquired, to be able distance oneself from stress and to simply be in the presence of the patient, and hopefully this will get better with time. Probably when more confident has been archived it is easier to give more focus in the meeting. However this requires individual increased maturity which hopefully will come with more experience over time.

*To be able to put other things to the side, I think that is what one has to do as a nurse. Get on with the job even if one is stressed. (David)*

### 2.10. Creating a relationship

To create relationship with the patient requires quality time together, time when nothing else disturbs the conversation between the student and the patient. Sometimes to have quality time is just to be present and attentive in the daily work of caring for the patient, and to let the conversation flow naturally. Some patients are not interested in talking about themselves, but it's of interest for the student to know about patient's life situation. The students are committed and want to build up a relation of trust and respect, which could only be done through a give and take with the patient. Not being present and attentive in daily care of the patient hampers the building of a relationship.

#### 2.10.1. Step by step in the process

It's a long process to get to know another person. It's not something which happens during the first meeting; rather it's something built over time. The patient may not be the kind of person who is used to talking about themselves. It's important to not push them too hard, it's better to take it easy and just let the patient take their time. Sometimes, however it's not time that is the problem. It might simply be that patient does not wish to reveal their private territory - and actually, some will not wish to talk at all.

*Yes, I also think it's a long process and maybe it's something that I won't get immediately.*

*Some of the ones you meet don't actually say anything; they are as quiet as a mouse. (Adam)*

It's important to follow up, to check with the patient what it was they said and to not be afraid to ask, 'was this what you meant?' Probing questions are valuable to use. Through those questions it is possible to get a deeper understanding about the patient. Further, they also show the patient real interest which could lead to that the patient feel confident to open up with more difficult problems.

*Have I understood you properly or do you think that ... (John)*

#### 2.10.2. Take one's time

It's important that the meeting occurs in the best possible environment and that nothing else disturbs the meeting between caregiver and patient. It's of central importance to take one's time and to not be stressed. Time spent with the patient gives the possibility to build a relationship of respect and trust between the caregiver and the patient, and accordingly this increases the quality of care.

*It's time that is needed - or that you get quality in the time that you have. (Mary)*

Taking time to be present during the daily morning work on the ward, - such as making the bed or maybe doing the patient's hair or shaving them - can over time allow the conversation to flow naturally and a relationship of trust and respect to be built. Through those activities it is of most importance to give time for the patient to speak. This meant that it is important to not be afraid for silence. If the caregiver talk all the time, instead of listening, there is no space for the patient to talk.

*To listen to him and to show that you are there and ... available for him, supports and encourages. (David)*

### 2.10.3. To be engaged and want to understand

There is a wish that the patient sees, hears and feels that the student is engaged and really wants the best for the patient. The desirable that the patient experiences that it's not just the student who talks to the patient; rather it's the patient who should be able to talk to the student. They create a dialogue on equal terms by talking *with* each other and not just to each other. They want to offer, share and give of each other.

*That I really want the best for the patient is my goal ... that one shares ... and that I believe is important in meeting a patient ... that one gives of oneself. (Mary)*

There is a limit to how much the students can reveal about themselves, but in order to create a genuine relationship it's important to offer something of oneself and to create a sense of affiliation with the patient. An overly close relationship with the patient can be difficult emotionally if the patient becomes more ill.

*... that we give and take of each other — that we both get something good out of it all. (Bill)*

The students state that it is in the work of caring were it is possible to get to know the patient. Therefore they express a worry when they, during their clinical practice, notice that the nurses are giving the patient very little of their time. It is difficult to know whether it is a lack of engagement or a shortage of time which is the usual reason for the nurse being called to the office. The general feeling, among the students, is that the nurses are not involved enough in caring. The nurses have more focus of documenting, dispensing medicine or carrying out other medical procedures.

*You see them sitting and writing and writing and writing then they are out and giving out pills and taking blood samples. They are not involved with the work of caring and it is there that you actually learn to know the patients I think. (Peter)*

### 2.11. Acquire knowledge of the patient's life situation

To learn to know the patient by finding out what is important in the patient's life and to acquire knowledge of how the patient lives their daily life. What is meaningful in their life and what gives them everyday happiness, what interests do they have? How does the patient live, if the patient has a large or a small family, and what support is there both within and outside the family. What the patient makes of the world around them and what values they have are also useful to know.

*Yes to get to know who the patient is. The complete picture is what I want. What is going on socially in their home, everything, values. (Anna)*

### 2.12. Dare to be open and near

To get to know the patient, the student must be open-minded while listening to the patient's story, even if it's distressing. It's important for the student that the patient feel that the students can be relied upon. To

make that possible requires the student to be honest and trustworthy in the encounter, and to see the person beyond the facade of patient. When student give the patient quality care, they feel enriched and satisfied in their work.

#### 2.12.1. Openness in dialogue

In order to build trust, the students have to show themselves as fellow human being. There are always shared meeting points which can be of interest to discuss and which can bring some happiness into the dialogue. One way is to initiate the dialogue with some general questions or statements which could lead further to a deeper discussion.

*... you cannot just keep asking him things; maybe he is also interested in me. (Kristine)*

Through an empathetic way of relating, the students try to imagine being in the patient's situation, to listen out for hidden meanings and to gauge what is not being expressed verbally.

Openness is not to put leading questions to keep the patients to the point. It's to try to feel involved in the account and to see within and in front of oneself that which the patient is describing, pictures that tell a person's history.

*Maybe it's trying to imagine myself in the patient's situation. It's ... yes, reading between the lines in what the patient is saying. (Bill)*

#### 2.12.2. Honesty in the dialogue

For the students, honesty is to actually be straightforward and to show the patient that they are people who can be relied upon. The patient can sense if they are genuinely honest.

Honesty involves being committed to what is said to the patient and to keep promises; otherwise no foundation of trust can be built between the giver of care and the receiver of care.

*If I have said something, then this is how it's ... otherwise I'll take back what I said. (John)*

*I cannot actually promise the patient things that are not correct and other things which are unpleasant for her to hear. (Kristine)*

No dialogue should begin if it cannot be undertaken honestly. It's not always easy to be honest, and being honest sometimes means having to give bad news - news which can be unpleasant for the patient to hear. Honesty means to have the courage to stay and to perhaps pose difficult and sometimes painful questions. The students explain that if they are honest towards the patient, then the patient will in turn be honest with them.

*Then you have to be there all the time and talk it through and not just blurt out the answer which could be painful and then walk away leaving the patient alone. (Peter)*

#### 2.12.3. Seeing the person

The role of patient can be a mask that a person puts on while they are a patient, but it's the person behind the mask that is important. The students want to have the facts and information which give a complete picture of the patient's perspective and not just that which is relevant to the patient's present situation. The students emphasize that they feel good about knowing the unique person and that it's easier to care for the patient, and perform qualitatively better care, when they have a feeling for the person behind the facade of patient.

*No, I mean that in order for it to actually be good care it's important that I don't just see the patient but also the person behind, and to learn to know the person behind the facade of patient. (Sara)*

It's not just only 'the patient' who is being taken care of; rather, it's an ordinary person. The patient is the central person - the person the students want to get to know. It's important that the patient has

permission to be a person – not just a patient. It's in the situation of being on the ward that transforms the person into a patient, and it's important for the development of the caregiver-patient relationship that an effort is made to see the person 'behind the patient'.

*For me, the function of the nurse means something more ... that one goes more deeply into learning to know the person. (Sara)*

A person who ends up in hospital and needing care is automatically named 'patient' but the informants always say that they are concerned about the real person and that they would like to see the patient having permission to be seen as a person and not just a patient – even if they are in hospital.

*... if you go in to a patient and then you see a person – isn't that great? (Eva)*

#### 2.12.4. Become confirmed

Through testing and applying theories in practice and doing something good for another person, the students become enriched in their meeting with the patient. They really want to be able to give quality care, and that brings joy and satisfaction to the job.

*Yes it's great, you find yourself enriched then, and hopefully it's a good exchange, confidence and trust and so on ... (Eva)*

#### 2.13. Doing what is best for the patient

It's important to listen to patient's needs and desires, and to make the visit as comfortable and as pleasant as possible. One way to do this is to make an individual care plan for the patient. To make this plan it is important to show the patient that this is not based only by a check list. There is no checklist in the world that can catch up all variations of needs. This has to be very individual.

##### 2.13.1. Satisfy wishes and needs

In nursing, it's important to listen to the patient talking about their situation and their needs. It can be wishes relating to their basic needs, such as how the patient wants be cared for; what kind of help might be needed with hair washing, showering and visiting the toilet; if the patient likes plain cooking or do they have other specific requests; if the patient is interested in culture or sports, or if there are any particular programs the patient would like to see on television.

*It has to be like ... yes ... if the patient likes certain things she'll actually go on liking them*

*The patient has not actually become another person. The patient is actually the same person that they were from the beginning. (Sara)*

In order to be able to make a care plan from the patient's specific needs and wishes, a satisfactory dialogue is needed between the patient and the nurse. This means that the nurse listens – and listens actively – to what the patient says and that the right questions are asked in order to find out what the care needs really are.

*The more the patient opens up to me and the more I know about the patient, the better I can carry out the care planning according to the patient's specific needs and wishes. (Peter)*

It is not always possible to have a satisfactory contact with all patients. Nevertheless it is possible to give care which is acceptable, though not the good care the patient deserves. The students describe that from the perspective of the responsible nurse, it feels hard and emotionally challenging to not have the possibility to design good care and to deliver it to the patient.

*It is important to know that you are doing a good job and not just doing what you have to do. As the responsible nurse I think that it is though, actually, not to be able to do it. (Sara)*

To not know the patient is unsatisfying, and it has great impact in the everyday work. It creates an inner stress to be unable to look after the patient in the best possible way and it makes it very difficult, if not impossible, to plead the patient's cause.

*... that there aren't time resources of enthusiasm ... for it ... then it is actually very hard to work as a nurse that's what I think. (Eva)*

### 3. Discussion

The most interesting findings in this study is that the Swedish nursing students express if they don't get to know the patient as a unique person, they cannot provide a good quality of care and that they have failed in their work. This is similar to expert nurses whom stated that they have to know the patient to provide a qualitative good care (Ragan and Kanter, 2017; Takemura and Kanda, 2003; Whittemore, 2000). Both nursing students and expert nurses points out importance to spend time with the patient in purpose to get to know the patient or else they have failed with their work/mission. Li et al. (2016) have described that both registered nurses and nursing students' state that 'knowing the patient' is the most important caring behaviour. Knowing the patient has also earlier been described as important for decision-making in emergency care (Nilsson and Lindstrom, 2016). Bjornsdottir (1998) found that when nurses visit a patient doing nursing she also take the opportunity to talk and get acquainted with the patient. It's old historical inheritance that permeates the whole society. To change the voice from the history nurses need to debate and develop its own science in practice. This is important to prepare novices into become experts in their own profession.

Further the results shows that students don't make a picture of the patient in their head before the first encounter with the patient. The nursing students prepare themselves in different ways in an attempt to be well prepared before the first meeting with the patient. As well as the nursing students the experience nurse gather all information in order to make a picture of the patient before their arrival to the ward (Takemura and Kanda, 2003). Nurses then re-evaluate the picture of the patient after new knowledge and new encounters with the patient (Jenny and Logan, 1992; Takemura and Kanda, 2003). It's interesting that the differences in preparing oneself for the first meeting with the patient are more similar than different between the novice and the experienced nurse (Li et al., 2016).

During the clinical practice the students saw nurses doing other things such as documentation, which take a lot of time, than giving care to the patients. It is relevant to question if that is lack of time or if the nurses lacking interest and engagement for the patient. If it is lack of time this could be problematic for the new educated nurses due to their conviction that knowing the patient is an important factor for good care. This could be stressful for the new nurses and there is a risk for an inner self conflict regarding good care based on knowing the patient. There is also a risk that this situation could start a conflict with other staff members. Lack of time with patient regarded to short time of care and this makes it more important to be aware of qualitative time with the patient in purpose to get to know the patient. Time together with the patient is emphasized both by experience nurses and nursing students as very important. Jenny and Logan (1992) as well as Takemura and Kanda (2003) found that expert nurses in order to get to know the patient was keen about to show themselves as a person and not only as a nurse. It's about to be a part of the daily care for the patient and just to talk about the weather and not always issues concerning nursing. The students in the present study describe this in a similar way as a wish to build up a relationship of trust with the patient who can only be done by offer, share and give of each other. One can say that the nursing students create moral and courage in an attempt to advocating for the patient. Bickhoff et al. (2016) have state the importance of undergraduate nursing students identifying themselves as patient advocates.

Patterns of 'knowing in nursing' has earlier been described by Carper through the four patterns which are 1) empirics, the science of nursing, 2) esthetics, the art of nursing, 3) the component of a personal knowledge in nursing and 4) ethics, the component of moral knowledge in nursing (Carper, 1978). A combination of those patterns are valuable to achieve mastery in nursing. The findings in the present study is related to this theory. It is obvious that the nursing students use all four patterns when they struggle to knowing the patient.

During the interviews some students asked if the tape recorder could get switch off because they needed time to think. All students said that they had not thought about this issue before the interviews took place. It is relevant to question if there are something that more clearly should be focused during nursing education. Still the result shows that they are very keen to get to know the patient and that they had a lot of thoughts about it and said the same thing as the expert nurses did, that it's very importance to know the patient's whole life world to give good care.

In this study it was a strength that the study group consisted of both women and men. Some of them had working experience both within and without nursing caring which gave a broader and deeper response to the research question. The material from the interviews where large and it was of great value to be two researcher analyzing the subthemes and theme together which increase the trustworthiness of the results. Further, the result shows that both the students and the expert nurses describe the strategies to 'knowing the patient' in a similar way it might be transferrable to other groups. Further, the result shows that the students strategies to 'knowing the patient' is similar to expert nurses which means that the results might be transferrable to other groups.

#### 4. Conclusion

This study indicates that knowing the patient is important to nursing students, or else they cannot provide good quality of care for the patients nor be satisfied in their work as nurses. The students also emphasize that if they are not able to get to know the patient, it's better for someone else to take over the responsibility of care for the patient.

#### Conflicts of interest

No conflict of interest has been declared by the authors.

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#### Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.nepr.2019.06.003>.

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