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A contribution to the Ontology of the Fundamentals of Care Framework from a Wonder-based Approach

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TITLE: A Contribution to the Ontology of the Fundamentals of Care Framework from a Wonder-based Approach

ABSTRACT:

Aim and objectives: To critically discuss the ontological framework of Fundamentals of Care (FoC), as developed by Uhrenfeldt et al. (2018). To suggest theoretical improvements by taking a wonder-based approach, and to show how this approach can be applied in health care sectors.

Background: Based on a critical discussion of a discursive study on the ontology of FoC, studies in phenomenology of wonder, and two action research projects involving 'Wonder Labs', this article discuss whether the ontology and reflective practices behind FoC can be qualified further by an existential phenomenology of wonder and with practices of 'Wonder Labs'.

Design: This is a discursive study critically discussing Uhrenfeldt et al.'s primary focus on dyadic and relational openness and Person-oriented attentiveness in a nurse-patient relationship. This is done by unfolding the phenomenology of wonder, wonder-experiences at a hospice and a hospital, and by critically examining the *psychologically* influenced interpretation of Heidegger.

Conclusion: The first attempts by Uhrenfeldt et al. to identify the philosophical roots and ontology of FoC by pointing to existential phenomenology and philosophy is acknowledged. However, in this article, we further elaborate this attempt by focusing on the phenomenology

of wonder. We show that Heidegger speaking about "existential homecoming", referred to a *philosophical* practice focusing on the resonance with Being, rather than on interpersonal and psychological relations. In conclusion the article recognises the importance of integrating these two approaches described on the one hand as a Person-oriented and Lifeworld-led approach, and on the other hand as a Being- and Phenomenon-oriented approach to the Nurse-Patient-relationship.

Relevance to clinical practice: To be open to the 'musicality' of the Being-dimension, as the core values of FoC, a wonder-based approach to value clarifications and phenomenological dialogues is pivotal for the presence of openness, trust, and attentiveness of the nurse-patient relationship. The practices of the 'Wonder Lab' may be an approach for training nurses in hearing the call of this 'ontological resonance'.

KEY WORDS: Philosophy, phenomenological hermeneutics, holistic care, ethics, nursing care, patient-centred care, reflection, spirituality

MAIN TEXT:

1 AIMS

The idea and concept of Fundamentals of Care (FoC) has now for some years been a forceful framework and also model on how to focus and make visible in nursing practice as well as in in nursing research the fundamental elements in good nursing practices and in the nursing-patient relationship (Kitson et al., 2010, 2013, 2014). In Uhrenfeldt et al. (2018) a short and precise description is given of what the core of FoC is:

> The FoC framework incorporates relational, integrative and con-textual dimensions of care (Kitson et al., 2014). As such, it consists of three concentric circles with a central focus on the relationship between the patient and the nurse. At the first level, the inner core concerns the establishment of the relationship with the patient, and the second level comprises physical, psychosocial and relational dimensions that need integration into nursing care and the patient's dependence or independence of nursing care. The third level and outer circle concerns how the healthcare system or context such as how resources, staffing, leadership and policies can influence the nurse–patient relationship

(Kitson et al., 2014). (Uhrenfeldt et al., 2018, p.

What concerns Uhrenfeldt et al (2018) is 'the inner core' of FoC or the first phenomenological and ontological level, that is, the so-called "establishment of the relationship with the patient". In their article they want to look further into the ontological dimension of this first level.

Ontology, however, can be understood in two ways: either as the theoretical and basic framework behind a theory and profession, or as the fundamental meaningfulness we connect to a professional identity. These two approaches – the 'thought ontology' and 'lived ontology' –are not necessarily in opposition to each other, especially not when a profession overall is understood from a phenomenological perspective. Hence, ontology can help us look at the lived experiences of meaning in our professions. An ontology of a profession such as nursing can reflect the need and centrality of the nurse-patient-relationship. The impact and relevance and authenticity of these relationships assist all parties to get a greater sense of being and meaning.

This study serves two purposes: 1) to critically discuss the ontological framework of Fundamentals of Care (FoC) as it unfolded in the discursive study of Uhrenfeldt et al. (2018). We will suggest theoretical improvements, which vary from a dyadic and Person- and Life-world-oriented approach, to a new triadic and Being- and Phenomenon-oriented approach. Secondly, we show how this new approach, based on a phenomenology of wonder and wonder-based dialogues ("Wonder Labs"), can be applied and practiced or 'lived' by professionals in hospices and hospitals.

2 BACKGROUND

In the *Journal of Clinical Nursing*, Uhrenfeldt et al. (2018) ask for further theoretical development of the philosophy and ontology of FoC. Thorough theoretical work has already been done (Kitson et al. 2010; 2013, 2014; Feo & Kitson, 2016) but as Uhrenfeldt et al. state: "However, the FoC framework does not explicitly identify its philosophical roots and this may be something needed in the future." (Uhrenfeldt, 2018, p. 3199).

In their article from 2018, these authors point to phenomenological philosophers (Heidegger, 1978; Løgstrup, 1997), who might provide us with the underpinnings of the ontology of FoC. The authors refer to researchers in caring theory (Svenaeus, 2000; Martinsen, 2006), who for years have addressed the topic of how to establish a caring relationship from an ontological stance relating to existential phenomenology and

philosophical hermeneutics. According to Uhrenfeldt et al. (2018), these could be of inspiration when further developing the ontological implications for FoC.

When positioning themselves ontologically, Uhrenfeldt et al. (2018) emphasize the importance of nurses arriving in situations of care with openness, trust and a participating, attentive gaze. The main road to arrive at openness and attentiveness is, they claim, through the mutual dialogue between nurse and patient. The authors focus on the dyadic and relational aspect of the dialogue between the nurse and the patient (or relative), stressing that a '*dia-logos'* is a place where people meet to exchange views and to learn from each other on a mutual level. In addition, Uhrenfeldt et al. (2018) focus on a distinctive kind of "existential well-being", which they – with reference to Svenaeus (2000), Mugerauer (2008) and Galvin & Todres (2013) – define as an ontological "homecoming process", and thereby health is to be understood as "being-home-in-the-world".

Note that when the word 'ontological' is mentioned in Uhrenfeldt et al. (2018), this word is interpreted in an Heideggerian sense. This means that 'ontology' is not only understood as the grounding theories of a discipline or as "identifying and understanding the core element of nursing" (Uhrenfeldt et al. (2018, p. 3197), but also as a phenomenological description of a fundamental mood and way of being-in-the-world. Uhrenfeldt et al. (2018) described this as being in an "authentic (ontological)" relation (ibid., p. 3199). In the following, we will primarily be focusing on the later form of 'ontology' as a fundamental mood or way of being-in-the-world.

The significance for an ontological description of health increases even more, when we look deeper into the dyadic and dialogical relationship between the nurse and the patient as presented in the theoretical framework of FoC (Kitson et al., 2013). Here, dyadic dialogues and relations are at its center. What is needed, Uhrenfeldt et al. (2018) claim, is an attitude that hinders the nurse in only getting the 'objective eye' on the patient:

> The nurse may not use her senses to see with a participating, attentive gaze. The risk is that the patient becomes an object without mattering to the one who sees him or her. The courage to live may be reduced and the nurse robbed of the joy of being allowed to help the patient." (ibid., p. 3201)

In the following we want to highlight three things:

1) that the understanding of dyadic relations and dialogues, "existential homecoming" and the ontological open-mindedness or "participating, attentive gaze" can be deepened even further through a phenomenology of wonder. We shall argue that seeing with a 'wondrous gaze' helps us to get into an *ontological* or *Being-oriented resonance* with the world / the phenomenon at play and the other person, and therefore also to a kind of '*triadic inter-beingness'*. By 'triadic inter-being' we understand a unifying impression and moment of nurse, patient (or relative) and the phenomenon being in strange meaning-giving resonance together.

2) that there are experiences from nurses who are working with wonder-based reflections and dialogues, and reports of being in a '*community of wonder*'(Hansen, 2015). These experiences can point to practical guidelines for how to create mindset and spaces for this '*attentive wonder-gaze'* within the hectic daily work life of the nurses and their lifeworld as such. We will point to the difference of being in a *psychological*-understood "participating, attentive gaze" on the one hand, and a *philosophizing*, attentive wonder-gaze on the other hand.

3) The wonder-based thinking and practical approaches may pave the way for, next to "Lifeworld-led health care (Galvin & Todres, 2013) and "Person-oriented care" (Uhrenfeldt et al. (2018), a '*Being- and Phenomenon-oriented Caring*'.

The article will not focus on the ontology of FoC *as such*, while we believe that the theoretical framework of FoC should be understood as a multidimensional approach. We primarily concentrate on the "inner core of FoC" (Uhrenfeldt et al. (2018) which is the ontology of the relational dimension in the nurse-patient relationship.

2.1 Ontology as a phenomenology of wonder

Before getting into a critical discussion of Uhrenfeldt et al. (2018), we explain what wonder is and its philosophical provenance and importance.

For the last two decades, the literature and research on the phenomenology of and philosophy on wonder has grown surprisingly (Fuller, 2006; Hansen, 2008a; Rubenstein, 2011; Vasalou, 2013; Egan et al. 2014; Pedersen, 2016; Seth, 2017; Schinkel, 2017, 2018; Willmott, 2018). Philosophers and phenomenologists like Heidegger (1988), Løgstrup (1995), Arendt (1978), Marcel (1973), and Wittgenstein (1980) have dwelled on the phenomenon of wonder and '*thaumazein*', as is the Greek word for philosophical wonder.

But this is not the place to give an overview of the different ontologies and epistemologies that underpin the different views on the concept and phenomenon of wonder. Suffice it to say, that if we are taking an existence philosophical (Heidegger, 1995) and phenomenological (Løgstrup, 1997) approach then we must as the first step make a distinction between on the one hand a factual, evidence-based and cause- and explaining-seeking wonder, and on the other hand an existential, ethical and wisdom-seeking wonder. The first kind of wonder Heidegger would describe as an 'ontic and epistemological wonder'. The second kind he would describe as an 'ontological and event-seeking wonder'. One could also simplify this by talking about the difference between to "wonder *about*" or to "wonder *at*" something.

Ontological wonder, or deep wonder, can best described as the thoughtfulness, which is born out of a meeting and experience of resonance with the 'spontaneous, sovereign life utterance' (Løgstrup, 1997). These life expressions are understood by Løgstrup as metaphysical and ontological phenomena like trust, love, hope, the joy of life and the open speech.

Deep wonder happens when you experience *a* wonder. That is something that transcendences our cognitive and psychological understandings. It is, according to Arendt (1978), often experienced as a moment of great beauty and aliveness, and as a sort of abundant silence – a silence in an excess of unfathomable meaningfulness.

Løgstrup also described this moment of wonder as a moment of deep joy and gratefulness:

> *"And therefore, is there in wonder a joy in experiencing that there is something, which we in our cognitive understanding cannot master. This is probably the most peculiar with being in wonder, that there is a joy because of something we do not understand. In wonder, there is a thank God that the world is not as banal that we may master everything with our finite and limited minds. Thank God that the world is created by other than ourselves, so that it is greater than us – thus we have to wonder at it. There is hidden gratitude in wonder"* (Løgstrup 1995, p. 67, our translation).

Contemplative or deep wonder is not, as both Heidegger and Løgstrup claim, something that the individual or a group can deliberately choose to experience. It is neither an unconscious psychological condition, nor a particular cognitive and affective state of mind, residing in the head of a human being.

Of course, the event of wonder will also create visible traces (like subjective feelings and thoughts) in the psychological and subjective mind of the person, but the very event (*Geschehen*) of the phenomenon of deep wonder is, Heidegger and Løgstrup argue, an ontological event that transcends the subject-object-dichotomy and the pure naturalistic, deterministic and 'ontic' worldview of science and common pragmatic thinking.

When Wittgenstein claims: "Man has to awaken to wonder - and so perhaps do people. Science is a way of sending him to sleep again." (Wittgenstein, 1980, p. 5), he points to *philosophical wonder* in contrast to *scientific wonder*. The first kind of wonder is closely connected to the non-knowable and ineffable ethical and existential dimensions of our lives, which Heidegger and Løgstrup also are focusing on. (For an phenomenological description of Wittgenstein's view on wonder see Edward, 1989; Braver, 2014; Hansen 2015b)

Philosophical wonder is in tandem with the experience of awe, inspiration or epiphany. But whereas these phenomena are felt like being swept away by a *calling* (like when the poet or musician in artistic '*ex-tatic'* moments becomes a medium of that, which calls the poet to write or the musician to play), the philosophical wonder help us to, at the same time, be thoughtfully and authentically aware of who we are and what we care for.

The French existentialist philosopher Gabriel Marcel has experienced this when he describes philosophizing as a dialectical movement between hearing an ontological calling on the one hand, and the existential and personal longing, as well as an attempt to respond to this calling, on the other hand. "I think that philosophy, regarded in its finality, has to be considered as a personal response to a call." (Marcel, 1973, p. 3)

2.2 The gaze of wonder, ontological homecoming and 'triadic inter-beingness'

Now, where do we see the connection between ontological deep wonder and the ontology that Uhrenfeldt et al. (2018) invites us to think about? We saw, that the inner core of FoC concerns the establishment of the relationship with the patient. This is done, as is suggested, by learning to be in those relations in a non-objectifying way and through a "*participatory, attentive gaze*". The Foc is further developed through a mutual dialogue between the nurse and the patient. And finally, the aim of having a good nurse-patient relationship is to nurture a "*Person-oriented Care*", which will (when we discuss the inner ontology of FoC) enhance the patient's well-being understood as "*existential homecoming*" (Galvin & Todres, 2013).

To further develop the ontology of FoC by the ontology and phenomenology of wonder, we address three significant aspects:

a) *The gaze of mindful or psychological open-mindedness and attentiveness is of another order (or ontic dimension) than the existential philosophical and ontological gaze of wonder*. As we will illustrate, experiences from wonder-based dialogues and reflections at a Danish hospice and hospital show that there are differences between a psychological and interpersonal gaze on the one hand, and the philosophical, wonder-based gaze on the other hand. However, introducing a meditative, spiritual 'mindfulness' approach into FoC (Meehan et al., 2018) can support the wonder-approach to FoC, and vice versa. We recommend to examine this connection in the future (see also Seth, 2017).

b) The main reason, why there is *a difference between psychological- and philosophical-oriented gazes, can be found in their different focus on either a dyadic Person-oriented Care or a triadic Phenomenon-oriented Care*. One may argue that a true dialogue is a triad between the two persons and the subject matter they are talking about. But being in a psychological conversation or critical community of inquiry is not the same as being in a philosophical conversation and community of wonder. The main difference is, that in philosophical deep wonder you are not really engaged (only as a prefiguration and preparation to the event of wonder) in the relations with the other person (on a process- and relation reflectivity level). You are instead, as will be shown in the experiences from the hospice and hospital, *together* engaged in the phenomenon, not as a *cognitive matter* or issue or problem to be mastered and solved, but as a *living, mysterious life phenomenon* to be embraced. In these moments of authentically shared wonder, an authentic mutual and dialogical meeting happens. When this occurs, the focus is no longer on relations, but *resonance*. In those wonder-moments the participants seem to be in a 'dialogical resonance' or 'triadic inter-beingness' between the nurse, the patient/relative and the phenomenon that engages them.

c) We want, though, support Galvin & Todres' (2013) inspiring notion of well-being as "*existential homecoming*". However, they do not mention wonder in broad terms or philosophical wonder in particular as a main road to existential homecoming despite their main reference to Heidegger, who states with reference to the poet Novalis that: "Philosophy is really homesickness, an urge to be home everywhere." (Heidegger, 1995, p. 5). We wonder, why Galvin and Todres do not, like Heidegger, focus on philosophizing wonderment as a fundamental attunement towards existential homecoming. Instead, Galvin and Todres (2013) focus on different existential moods,

which they describe through a psychological-informed approach on embodiment and mindfulness (Galvin & Todres, 2013). Perhaps they do not point to a philosophical practice because of their primary therapeutic and psychological preferences from which they write? Or maybe because philosophy in research and academic domains has a special ring to it, which puts philosophy and philosophical dialogue in the corner of rationalistic, cognitive, bodiless and highly abstract endeavor? Galvin & Todres (2013, p. 35-45) talk about the need to go from a "Patient-led Health Care" to a "Lifeworld-led Health Care". However, they are primarily inspired by the German phenomenologist Edmund Husserl, famous for his more epistemological-oriented phenomenology, which Heidegger's ontological phenomenology is a critical reaction to. Thus, one could ask: Then how might the difference be between a Husserlian-inspired "Lifeworld-led Care" and a Heidegger-inspired "Phenomenon-oriented Care"? One answer, confirmed by the experiences from the two action researchers at the Danish hospice and hospital, is to argue, that a lifeworld-led health care will primarily focus on embodied lived experiences and the emotions *in* the nurse and patient, whereas Phenomenon-oriented Care will primarily focus on the wonders and callings, which emerge between the nurse and the patient (or relative).

3 DESIGN

This section presents the design of the two phenomenological action research projects. We will begin by problematizing aspects of the ontological framework of FoC, as it is described by Uhrenfeldt et al. (2018). Subsequently, we will suggest new ways of improving this ontological framework and its philosophical underpinnings.

Next, we will provide phenomenological evidence that may either confirm or not confirm these theoretical insights and suggestions. We will present possible practical implications for nurse-patient-relations if this "wonder-based approach" would be added to the existing practices of FoC.

The two action research projects follow different designs. In the first action research project at a Danish hospice from 2012-2014, the aim was to inquire if and how wonder-based and philosophizing dialogues could educate a team of 14 nurses in existential and spiritual communication in their palliative work. The results of this research were previously published (Hansen, 2016). In this paper, we compare these results with new insights and experiences from another action research project that have not been published yet before.

In this latter action research project at a Danish hospital and municipality from 2018-2019, 10 nurses were engaged in investigating whether and how wonder-based dialogues could strengthen their existential communication in hospital settings. Particular themes were pain treatment and home nursing.

But of interest to this article, there were also two nurses, who specifically inquired into how wonder-based dialogue practices might be of interest in developing and qualifying the value clarification of the FoC, which took place at the same time at their department.

The two nurses worked at the orthopaedic department of fast track surgery. Like the other eight nurses in the project, they were first trained in wonder-based dialogues and reflections through the so-called Wonder Labs (Hansen, 2015a, 2016). Later, and through dialogues with the Development nurse responsible for facilitating workshops in FoC, the two nurses developed a practical model for bringing a chosen core value from FoC into a Wonder Lab with nurses working at this department. What this model is about will shortly be described in the last section 'Relevance to clinical practice'.

4 METHOD

In the following section, we will describe the method of Socratic and phenomenological-oriented action research, the 5 steps of the Wonder Lab, and finally, display some of the observations and experiences of what it is like to be in a wonder-based and philosophizing dialogue. These observations from the hospice and hospital are then compared in order now to see, whether there might be some general features connected to being in those "dialogical wonder-moments". This will finally bring us back to the former critical discussion of the view on the ontology of FoC by Uhrenfeldt et al. (2018).

4.1 Socratic and Phenomenological Action Research (SPAR)

In Socratic and Phenomenological Action Research (SPAR) (Hansen, 2015b, Dinkins & Hansen, 2016; Hansen, 2018) the main purpose is to get into a dialogue with the 'lived values-in-action' as well as the 'wonders-in-action'. That is, what are the values the nurses live out in their work practices, and what are ontological and meaning-giving moments ("wonders") in the midst of the nurses, that happens to (Martinsen, 2018; Herholdt-Lomholdt, 2018)?

This kind of action research is not to be confused with the practice epistemology of Donald Schön (Schön, 1983) or the Insider-Action Research by Olav Eikeland (Eikeland, 2012). Taking its departure from Hannah Arendt and her notion of

‘action' as an existential act (Arendt, 1958), and by connecting to the Socratic questioning praised by Hans-Georg Gadamer (Gadamer, 1989) with a phenomenological sensitivity described by Max Van Manen (Van Manen, 2014), SPAR aims to help the practitioners (the insiders) of a profession (like nurses on a hospital) to phenomenologically dwell from within their lived experience on significant moments in their practices.

Next, they are encouraged to dwell and reflect critically on the tacit assumptions, and that which seem to be taken for granted in their lived experience about a chosen phenomenon (e.g. trust). In groups of five or more, they then participate in a Socratic Dialogue Group and Community of Wonder (Hansen, 2015a) deepening their common understanding of the phenomenon or subject.

Finally, after having been together ‘in the open’, they return with new insights and wonders on the subject matter keep this ‘wonder gaze and open attentiveness’ alive in their practical work and professional life.

The action researchers in SPAR will both have to work as a qualitative researcher doing interviews and observations at the beginning of the project to get ‘your finger in the soil'. At a later stage, they will facilitate Wonder Labs with the pilot group of practitioners, where both the phenomenological and Socratic reflective and dialogical processes are facilitated by them.

Once the members of the pilot group create their own versions of wonder labs (like we will see the two nurses do when connecting to FoC at their hospital), they function as both an observer, critical thinker (in dialogue with state-of-the-art research on the area of interest) and as a Socratic conversation partner to the practitioner's questions and statements (Hansen, 2015b; Dinkins & Hansen, 2016).

4.2 A short description of a Wonder Lab Process

A Wonder Lab consists of five steps and dimensions. Both of these occur outside and within the daily clinical practice. The number of participants are between five to ten. Usually, a Wonder Lab in its classical form will take about three hours per session. The Wonder Lab consists of five different sessions. Each session is facilitated by a trained ‘Socratic facilitator'. When used in action research (SPAR), the participants are encouraged to tailor their version to their specific context, problems, and interests.

The following description in the summarized table is the classical version of a Wonder Lab (Hansen, 2015a, 2016):

TABLE 1 HERE

4.3 Dialogical wonder experiences at a Danish hospice and hospital

In the following we will refer to previous research on the processes and relevance of Wonder Labs in palliative care (Hansen, 2016), and to experiences and observations derived from a non-palliative care setting in a Danish hospital that have not been reported on yet.

The purpose is not to rigorously describe the method behind the empirical investigation or of the empirical findings as such from the hospice and hospital. Instead, we primarily point to *some* observations, experiences and statements made by palliative nurses, and non-palliative nurses, of respectively the hospice and hospital. These seem to confirm or support *some* of the theoretically unfolded critically perspectives that we have suggested in this article, when discussing the ontology and philosophical underpinnings of FoC especially described in Uhrenfeldt et al. (2018).

In other words, are there any observations and statements from the health and care sector, that shows:

1) what a "wonder-based philosophical dialogue approach' is like when working as a nurse in a hospice or a hospital, and how this dialogical approach differs from a psychological-oriented approach?

2) a move from focusing on the interpersonal and dyadic relations to triadic inter-beingness and dialogical resonance?

3) how Wonder Lab work as a philosophical practice for "existential homecoming" in nursing practice could, would or do work, and how this kind of philosophical practice assists in qualifying the work with FoC?

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4.3.1 "We learned to become small together in the encounter with the Big Questions."

In the action research project at the Danish hospice the overall impression the hospice nurses reported on, was that when encountering the big existential questions, they should neither go into an explaining or problem-solving answering attitude nor into a therapeutic, coaching or active listening attitude.

None of these pragmatic, professional or psychological and technical attitudes seem to be appropriate or in resonance with what is at stake in those dialogical wonder-moments, where something else is called for in the situation or relation.

One hospice nurse described the transformation from being in a psychological- to a philosophical-oriented dialogue as a shift of sitting in front of the patient (or relative)

looking at his or her face – to sit beside the patient (or relative), side-by-side, and looking out through a window on the trees or sea outside. It is not what happens between them on a psychological and interpersonal level that matters, but what happens on a philosophical and trans-personal level while looking in wonder together at the mystery of a chosen phenomenon that neither the nurse nor the patient (or relative) have any first or better knowledge about.

In a nutshell, the core experience of ten nurses at a Danish hospice is: *"We learned to become small together in the encounter with the Big Questions".* This was uttered by a nurse in the final evaluation when sharing the outcome of a three year action research project (Hansen, 2016). Through Wonder Labs, they learned to dwell and listen to their life-world and especially, to selected life phenomena, that were important to them in their work and lifeworld. Questions that were asked, were: What is hope ? What is it like to be in a dialogue, where the phenomenon of hope is alive and important for the involved? What is dignity? What is the Meaning of life?' Or: Like: 'How can I live on – without her – and still believe in life?'

Those are just a few existential and philosophical questions that these hospice nurses encounter in their work on a regular basis. Not to mention similar existential and ethical questions, which they as colleagues – in a pause, in a laundry room, at the conference, in the car on the way home – might need to share with another colleague or husband/wife/friend.

They also learned through the wonder-based approaches to reflection and dialogue a new mindset or rather 'a way of being' that encouraged a more slowly, dwelling, listening, humble and reverent presence when being in dialogue. They learned, as we will describe more in detail below, to reflect not just more refined on the *concept* of a phenomenon – say trust – but to listen more with their heart to the *phenomenon*, the lived experience, and the impression, it made on the reflecting and affected person.

As an example of 'slow thinking' or contemplative dwelling, we could mention the reaction and answer the action researcher got from the leading hospice nurse. When she in the final evaluation was asked what – if anything – had made a special impression on her being in wonder lab processes, she became quiet for more than 15 seconds. The action researcher interjected, "Well, this probably is also a long time ago since you were in these wonder labs…" But then she reacted:

> *It's a long time ago, yes. …[pause]… No, that is one thing. But no, I think I am quiet now because the process we learned from the Wonder Labs has given us another approach to many things out here [at the hospice] … [pause] …where we exactly, as we see right*

> *now, become a bit quiet and start to become attentive to the phenomenon – thinking 'What was it like to 'be-in' that situation, and what did it [the phenomenon] really give us? And this is not an easy answer because it has something to do …[pause] …with time for thoughtfulness, and time … to go and 'taste' the words … and play with the words and bend them. And discuss them and see them from all sorts of angles. And this we do now and then in the nurses room. This is why I was quiet now. I had to somehow 'catch it' again – and this is exactly what we learn in these Wonder Labs!* (head nurse, quoted in Hansen, 2016, p. 149 – our translation)

Other nurses underscored the unusual change in mindset that happens to them from typically being in a problem-solving "*doing mode*" to getting into a dwelling listening "*being mode*". By that, they meant a way of being where they waited and attuned themselves into the situation or relation and also a kind of 'letting-the-situation-happen-to-them'. They described it as listening to what that situation or relation *called* them to do rather than arriving at the situation with a clear plan or preparedness and readiness to act professionally.

The hospice nurses also reported a change in their orientation in those moments of being in wonder. Their focus seemed to be transformed somehow from being patient-oriented towards being 'being'-oriented. This pivotal change was described by one of the hospice nurses in this way:

> *"In contrast to the more psychological approach, or similar approaches, where it is more the patient, which is in focus, the focus in the wonder-based approach is different. In those wonder-moments, we are together in finding another focus, or rather we just are in a beingness. We are not supposed to get to something specific. This mode I find interesting, and it gives me freedom"* (hospice nurse 1 in Hansen, 2016, p. 263, our translation).

And another nurse described the change from the doing-mode to the being-mode, released through being in wonder, by saying:

> *"I think it is this kind of mode where you feel that you can just lean back and think: Well, I don't have to do anything right now. I don't have to explain it. It just is there. But then also the feeling: How wonderful this is somehow, that it just is as it is…Yes, that human beings do as they do, isn't that amazing?"* (hospice nurse 2 in Hansen, 2016, p. 261-262)

The important thing here, is to notice the change in focus from a psychological and patient- or person-oriented approach to a philosophical and wondrous being-oriented approach. In such a situation, both persons seem to be in resonance or dialogue with something nobody had special or higher knowledge about. To the contrary, in those beings-situations, they were in a shared moment of wonder and listening to 'something' (the phenomenon, life, the moment), which seems to call on their attentiveness.

4.3.2 From an interpersonal dyadic relation to a triadic inter-beingness

This brings us to the second insight, which has to do with the shift from approaching and understanding the nurse-patient relationship as an interpersonal and dyadic relation and to understanding it also as a 'triadic inter-beingness and dialogical resonance'.

Hansen (2016) offers different suggestions on how to create wonder-based dialogues in palliative care practices. Now we want to add how these wonder-based dialogues and wonder labs also can be experienced on hospitals or health and care settings, where FoC is taken up as a way to strengthen the nurses' core competences and professionalism. As one will see, there is a vast amount of similarities between the hospice and hospital and municipality nurses in the descriptions of what it is like to be in a philosophical and wonder-based dialogue.

The second action research project was carried out with four nurses from municipality, and the six nurses from the pain treatment and ortopedic surgery.

In the following two observations will be mentioned:

a) Wonder-based dialogues bring the nurses to the core of their professional identity and experience of the meaningfulness of their profession

The first observation, is the experience of the group (all ten nurses) with wonder-based dialogues creating a personal and professional development or transformation. A transformation that somehow brought them closer both to themselves as persons but also lead them to the core of their nurse profession.

In the group interview at the end of the action research project, one of the community nurses reported: *"It has made an impression on me that through this structured frame [the Wonder Lab] our individual personalities and perspectives on life has become very visible."* And an orthopaedic nurse added on: *"I have experienced that somehow something has moved inside of me. Because I now hear myself asking questions in a new way. (…) And when that*

happened, we [the nurse and the patient] got into a much deeper conversation." One of the pain treatment nurses added to this:
"I experience it [the wonder lab] as positive, and I experience it as very much in line with the work I already do at the center of pain treatment. It illuminates, supports and brings clarity to what we do and in what direction one should go. (...) It has strengthened – both on a professional and personal level – the core of my personality [as a pain treatment nurse]."

b) Wonder-based dialogues change what is the centre of the nurse-patient relationship
The second important observation at the centre of the nurse-patient relationship, was transformed by being in a wonder-based dialogue. The change from a skill- and patient-led problem-solving attitude (of doing the right professional and effective thing) to a being- and phenomenon-oriented and wondrous attitude (now experiencing a shared moment between the nurse and patient of wonder and a resonance with a the mystery of our lives and life as such).

One orthopaedic nurse noted that her mind-set had somehow changed through the wonder-based dialogue. It assisted her to approach her profession and the nurse-patient relation from a more creative and untraditional way: *"I think I received some tools and knowledge, that it is okay to turn things up-side-down, and that this can help opening up – both a human being and a situation, which can be locked."* And nurse from pain treatment at the hospital added: *"In the wonder-based dialogues there are no expectations that I must answer the questions or fix the problem of the patient. I only got to have the courage to enter into a community of wonder with the patients."*

When asked what they meant by a 'community of wonder' and how their relation with the patient was in those moments, another one of the orthopaedic nurses answered: "*We experience in presence of wonder-based dialogues a mutuality, we are in those moments on an equal footing, when we are standing in the open."*

A community nurse added: *"By asking the wondering questions to the patient you also show them, that you are interested in the person, you have in front of you. You are honestly in wonder and in that act, you become very attentive towards the other. (...) I experience that they in those wonder-moments feels: 'I can really feel that you are interested in hearing how I am, and what I think and what I may like or dislike."*

A second community nurse followed up with: *"To have prejudices is an issue for me personally, but having to ask these philosophical wonder-questions I realize that my senior citizens open themselves up to me in ways I have never seen them before [she*

laugh] …Thus, I have experienced the philosophizing approach as trust-giving. I have received so much back again from the senior citizens and received much more trust by asking in this way."

The overall impression from these nurses was, that they were in the moments of wonder in a fundamental different mode and way of being with their patients and with themselves, than they were used to. Continuously, they described it as different from being in a 'doing mode' and a 'problem-solving mode' or being in 'psychological-informed interpersonal helping relations'. In those moments they first and foremost experienced a new form of community or shared experience with the patient where both were in wonder and in a kind of listening and resonating mode with a phenomenon, that their dialogue dwelled into.

4.3.3 Strengths and limitations

During our action research project, we worked with the nurses' ability to having a wondrous attitude to be in wonder-based dialogue, we have not in a sufficient degree focused on the participation of patients and relatives in order to hear their voices. This is of course one of the limitations of this particular action research. Clearly, next steps in further developing a wonder-based clinical practice approach calls for hearing how patients and relatives engaging in such practices, how they experience the dialogues, and how they are met in their needs for care.

On the other hand, the strengths of solely prioritizing focusing on the healthcare professionals is to examine how a wonder-based dialogue approach may evoke a precondition, preparation and disposition for being in 'the openness', that is, getting into that specific philosophical and wondrous attentiveness that we discussed. In short, if the nurses themselves are not able to get into a wonder and a dialogical community of wonder about their own professional concepts, assumptions and existential experiences of meaningfulness that they see as central for the work – then they will neither be able to be in 'the openness' with their patients (and the relatives of the patient). The empirical inquiry shows that wonder-based dialogue approaches can create a new form of existential and philosophical attentiveness, a kind of 'slow wondrous listening', to the core values of what Kitson et al. (2013) and Uhrenfeldt et al. (2018) have called the ontology of the fundamentals of care (FoC).

5 CONCLUSION

Uhrenfeldt et al. (2018) point to the need in the future for deepening the philosophical roots of FoC.

They contribute by suggesting that the ontology of FoC can unfold through the philosophical hermeneutics and existential phenomenology of especially Heidegger and Løgstrup.

In this article we follow their attempt to qualify what can be understood by health as an "existential homecoming". However, when following Heidegger and Løgstrup, and especially the phenomenology of wonder that Heidegger and Løgstrup has developed, we argue that being in a philosophical wonder calls for another way of understanding the nurse-patient relation.

When being in wonder-based dialogues the shift happens from a psychological, interpersonal and dyadic helping relation ('lifeworld-led and person-oriented health care') – to a philosophical, transpersonal and triadic interbeingness ('being- and phenomenon-oriented health care').

We also show, through two examples of action research projects, in what way this shift is experienced by the hospice and hospital and community nurses. Finally, we show how two nurses at the hospital have created a model on how to connect in practice the value clarification process of FoC with a wonder-based approaches.

6 RELEVANCE FOR CLINICAL PRACTICE

Now, one thing is to show that the phenomenology of wonder and wonder-based dialogue may contribute to understanding the ontology of Fundamental of Care (FoC), and that these approaches have showed a need to differ between being in a dyadic and interpersonal relation, and being in a triadic trans-personal and wondrous resonance with a phenomenon.

Another thing, however, is to show how nurses in practice can apply these suggested changes in the practices of FoC in their work. As we mentioned before, there were two nurses in the second action research project, who pursued connecting the wonder-based dialogue approach with the FoC practices. Shortly summarised, the way they described their practical attempt to create that connection was as following:.

Once a month, a Development nurse currently facilitated a reflection and case workshop with orthopaedic ward staff, based on a chosen value from FoC (such as "trust"). The two nurses then tailored a short half-and-hour Wonder Lab at their orthopaedic department of fast track surgery.The topic of the Wonder Labs should then corresponds with the monthly topics of the reflection and case workshops. In this way the Wonder Labs

deepened the reflections that the development nurse responsible for the learning of FoC had started on. Sometines the development nurse also participated in the Wonder Labs, which helped the development nurse to chose in co-operation with the two nurses of the Wonder Lab the next value or 'care phenomenon' to be investigated for the next month. In this way they together designed a model that intertwined FoC and their Wonder Lab version.

Furthermore, in the weekly newsletter, the the nurses of the Wonder Labs raised the same philosophical questions about the chosen value (in this example: what trust is) and posed provocative quotations. At the same time, the staff were encouraged to collect drawings, sayings or poems from philosophers, artists or practical wisdom traditions and insert these in two golden picture frames, to be hung in the outpatient clinic and ward. At the end of the month, the two nurses facilitated a Wonder Lab with normally five to six nurses around the chosen value or life phenomenon, and use the golden picture frames as inspirations for their wonder-driven dialogues.

They have now been doing that several times at their department. The development nurse in charge of the FoC workshop responded with positive feedback. She said that by participating in these Wonder Labs she learned "a new kind of slow thinking". This highlights the value of reflection, also for the FoC workshop and supervision sessions. The two nurses reported, that participants of the short half-and-hour Wonder Labs, also have responded positively to this approach of "stopping-and-think-together". They experienced, that they went into deeper understandings of the chosen values of FoC, not only in the half-hour wonder lab but throughout the whole month, during which the value of living a phenomenon wass in focus.

The short version of the Wonder Lab is basically designed as a dialogue that runs in three steps: 1) connecting to one lived experience of a chosen FoC-value (first 10 minutes), 2) critical and a shared Socratic reflection and wonderments to the tacit assumptions connecting to chosen lived experience (next 10 minutes) and 3) a shared 'phronetic' reflection on possible practical wisdom that the group may learn from these wonderments (last 10 minutes).

They run two different Wonder Labs every month, each time with the same topic or phenomenon, but with different nurse colleagues. What the two nurses find difficult, though, are especially three things:

a) to keep the problem-solving and quick effective thinking out of the room of their Wonder Lab (nurses find it challenging to shift from a doing-mode to a being-mode.

This is also due to the structure and work culture at the hospital that does not encourages for a Wonder-based slow thinking and a being-mode),

b) to make it clear for nurses who have not yet experienced a Wonder Lab, that this is not yet another therapeutic and "navel-gazing" offer, but quite the reverse as participants have confirmed, and

c) to cultivate their own ability to facilitate and raise authentic wonder-based and philosophical questions to the chosen phenomenon. This, according to them, is necessary philosophical handcraft, which, they said, they wanted to learn more about.

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TABLE 1: Classical version of five chronological steps in Wonder Lab

Step 1	Connecting to a lived experience of a chosen phenomenon (*the Phenomenological step*). The group chooses a lived experience of, say "trust", and the storyteller provides a detailed description of the moment, when the phenomenon of trust showed itself to the nurse or patient or them both in their relation.
Step 2	Reflecting critically and Socratic on the tacit assumptions and values that are taken for granted in the lived experience of the phenomenon (*the Hermeneutic step*). What values and philosophical assumptions of what trust, and a human being or good human relation are taken for granted in the story? These values and assumptions are then discussed in the group in a Socratic way.
Step 3	Creating a 'Community of Wonder' between the participants in the Wonder Lab through philosophizing dialogues around and listenings of Great Works of Art and Philosophy, which connects to the lived experience and wonderments in the group (*the Dialectical and Dialogical Step*). Now, each group member returns with a novel, a poem, a philosophical quotation, or an art painting or a piece of music, which for them resonates with the theme and wonderment of this story. By reflecting on these great pieces of resonating art and philosophy the group members will slowly get into a community of wonder, and sense the depth of mystery of the phenomenon of trust.
Step 4	Getting back to the existential ground of the participants in the Wonder Lab: 'Who and why am I in all these great thoughts and ideas?'(*The Existential Step*) Great art and philosophy helps the group members to elevate and get out of their own narrow horizons and into a shared and wisdom-seeking questioning. But in the fourth step of the Wonder Lab each member are now ask to existential ground these high thoughts and ideals into their own personally lives and thinking. Contemplative and bodily and aesthetical exercises are often used here.

Step 5	Finding the Practical Wisdom of the phenomenon: 'What can I and we learn from our wonderments on this phenomenon? How will we change practices in our daily work-life?' (*The Phronetic Step*). This is the innovative and developing step in the Wonder Lab. The group members are now asked to focus on what they see as the practical wisdom they have learned about the phenomenon of trust. From there they are asked to relate this new insight to their daily work. They reflect upon how they might change structures and routines in their work life in order better to give space for moments and relations of trust between the nurses and patients/relatives.