



## Original research

## Professional formation through personal involvement and value integration

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## ABSTRACT

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

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

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

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

## 1. Introduction

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

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

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

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

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

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

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

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

### 1.1. Setting of the study

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

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

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

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

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

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

## 2. Method

### 2.1. Design

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

### 2.2. Participants

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

participated. The cohort consisted of five male and eighty-five female students. The age range was 22–47 years with a median of 24 years. Altogether 124 students, 77% of the graduates in 2015 and 2016 took part in this study.

### 2.3. Data collection

All graduate students had to write a mandatory reflective paper of about 750 words on their understanding and thoughts about diakonia. This took place in the students' third-to-last week before they graduated, in May 2015 and May 2016. We asked students to write their reflections related to three areas: 1) What kind of discoveries have you made? 2) What knowledge and practical experiences have you obtained? Please illustrate with examples; and 3) How can you use what you have acquired in your professional life? After the assignment was approved, all students were invited to participate in the study. Data material for this study contains 124 reflective journals totalling 235 pages.

### 2.4. Data analysis

All three authors read the reflective notes individually and coded them manually for diversity of meanings. Two of the authors are nurse educators, one of them are also an art therapist. The third author are theologian and counsellor. We met to share codes and discuss which ones belonged together. In the further analysis process, the authors travelled on a retreat and worked intensely together for a week. First, we developed six categories with subcategories. We divided the codes among ourselves and went back to the data to make sure we had acquired all the nuances for each category and to check if they were externally heterogeneous. Reading through the material again aiming us to condense the subcategories, lead us first to reduce six to five categories. Gradually, we condensed our data and grouped the codes into four categories (Graneheim and Lundman, 2004). Along the way, we discussed what the latent meaning of this study could possibly be, and we tried out different ways of expressing the theme of this study.

### 2.5. Ethics

The researchers obtained ethical approval from the Norwegian Data Protection Office (NSD no. 43402). All students received oral and written information about the study, and consent forms for the students' signature explaining that the mandatory reflective journal would be used in the study were included. We informed the students that attendance was voluntary, that their reflective notes would be anonymized and that they could withdraw their consent at any time.

## 3. Findings

The theme, which describes the latent content in this study, is *Professional formation through personal involvement and value integration*. This was consistent throughout our data. The focus on diakonia and the different themes in the first, second and third year helped students to open up for others and recognize that the values in diakonia are fundamental values in nursing. In analysing our data, we found four categories that explain how students themselves saw the professional formation unfold over the three years. The four categories are: 1) *Diakonia as a guide to professional compassion*; 2) *Awareness of one's own values*; 3) *The urge to act courageously*; 4) *Choosing to spend the time available*. Quotations from our data appear in italics with the number of the reflective journal and the year in parentheses.

### 3.1. Diakonia as a guide to professional compassion

In general, students feel alien to the concept of diakonia when they start their education. Those who already knew the concept inserted it

into an ecclesiastical context. Some had an awareness that they had been admitted as students to a Christian university and, through the educational programme, they would acquire some experience of what it means. Students who were foreign to a Christian reference frame also expressed that they had benefited from the diaconal perspective in this programme. *'Especially with the subject, I have been challenged academically, professionally and most of all personally'* (44/16), wrote a student who calls herself a non-believer. Another student with an expressed Christian faith wrote, *'I discovered that diakonia is an exciting area .... Compassion and courageous service are topics that challenge me as a Christian'*.

The story of the Good Samaritan (Luke 10; 30–37) has been a reference narrative in the lectures, and was one to which many students referred. This story inspires, seeing fellow human beings and acting for their benefit. *'The story of the Good Samaritan is a guide, my love of my fellow human beings is put to the test and I let myself be affected'* (14/16). Other students referenced compassion: You shall love your neighbour as yourself, and the Golden Rule, which states: *'What you want others to do to you, you shall do to them'*. *'Diakonia is about loving your neighbour'* (16/15). *'Diakonia is about the courage to show compassion for the patient, although it tends to cost a bit both in terms of time or effort'* (43/16). Many students formulated these perspectives.

The diaconal perspective includes compassionate care in a world characterised by techniques and procedures. The students highlighted a view of humanity that includes psychological and social aspects as well as spiritual and existential focus together with the physical and medical elements. Value words, such as *meaningful, caring, warm-hearted, confidence, respect, compassion and empathy*, are found in many notes. *'Increased awareness of how I meet people with increased empathy'* (9/15). Diaconal values also include being stretched and going the extra mile: *'... a significant diaconal aspect: to dare to be present with the patient when medication does not help'* (14/15). *'I have been prepared to stand in the conversation and talk about different topics'* (17/15).

When diakonia is a recurrent theme, the students have the opportunity to discover the values of the nursing profession. *'You have to sit down and think about things that you might not have done normally. The school's focus on diakonia has made me conscious'* (18/16). *'The subject of diakonia has given me motivation to continue—joining forces to help disadvantaged people in the best possible way'* (4/16). Although several students did not quite understand the meaning of diakonia in the first year, the reiteration in the second year and the summary in the third year provided a comprehensive perspective. *'After three years it dawned upon me, courageous service as a key, the diaconal focus has helped me to see'* (36/15). The explicit recurring diaconal perspective throughout the three-year programme seems necessary for many students to grasp the depth of it. *'I discovered the meaning of the first year in aftermath—it was in the third year of diakonia, focusing on courageous service, I understood diakonia and benefited from it'* (39/16). Students summarised this in the context of teaching topics, such as spiritual care, ethics and more. These topics help the students' personal and professional development. *'The values that underlie the diaconal work are values I consider important. They are helpful for increased awareness'* (17/16).

Group discussions where students shared experiences from the diaconal days and presented in plenaries are highlighted as important venues for reflection and deeper understanding. Even writing the reflection journal as part of the third-year diaconal work project was part of the learning process. *'It is only now when we write about it, that we see how much we have learned ... it is all about how we meet other people'* (15/16). The assignment was helpful to have students reflect on the various elements of the programme and see it as an educational journey. *'It's like an educational journey: Who will I be as a professional and fellow human being? I recognize the importance of empathy and holistic view of humanity'* (23/15).

### 3.2. Consciousness of one's own values

Many of the participants in the study experienced that when they met people who were very different from themselves, they were surprised to discover their own attitudes and prejudices, which they had not been aware of, for example, *'I noticed that I had to confront my own prejudices'* (55/16). By being conscious and reflecting on their thoughts and attitudes, many students expressed that they could choose to change. One said, *'I have discovered that when I am conscious of my own prejudices and reactions, I might as well do something with them. I can stop, feel my feelings and make conscious choices'* (15/15). Sometimes students discover this by themselves, while others refer to discovering this during the reflection groups in the diakonia programme. *'Diakonia make us more reflective of patient situations, I believe it will strengthen us now when we will start working as nurses. Key words such as prejudice, action and courage are key topics I will take with me'* (15/15).

Several students expressed that by listening to people with another background, who live under different conditions and who have made other choices than the students themselves, gave them a new perspective on their own lives. Some felt the encounters with strangers were frightening and evoked emotions such as anxiety, discomfort, frustration and insecurity and feelings of unfairness, fear and vulnerability. However, having these experiences and reflecting on making acquaintances with strangers promote confidence. These experiences led students to reflect on prejudices and stigmatization of different patient groups, and the reflective process opened students up for greater empathy when dealing with diverse patient situations. Students discovered the stranger as a person and they realised that they had many things in common with the person who initially appeared very different from themselves.

Many of the students focused on human dignity and realised that all people are of equal worth. Because of this point of view, many students were concerned with the importance of seeing and determining the uniqueness of each individual. They pointed out the importance of not dwelling on the first impression of a person, but trying to see the person within. Many students used the term: *to see the other*. *'I feel reminded that every human being is unique and has his own value'* (4/15). *'I have learned the principle of neighbourly love thought that it could have been me'* (29/16). Behind the different expressions, the students were talking about seeing the person as a fellow human being.

Many of the students expressed that, as humans, we are all vulnerable. To understand people in vulnerable situations, you need to be willing to explore your own vulnerability. Dare to see and to be engaged. They underlined the importance of being honest and showing their own uncertainty and vulnerability. Students mentioned that they learned a lot about themselves. When they met vulnerable patients in the hospital, they paid particular attention to the attitudes they carried with them. Students described addicts and the psychiatric-afflicted patients as particularly vulnerable, where they needed to have high awareness of their own prejudices. *'My attitude meeting with the addict has changed and I have become more conscious of my prejudices'* (3/15).

### 3.3. The urge to act courageously

Students used their senses during diakonia assignments and in clinical practice by observing and listening to others. Students came to a halt as they pay attention to people who were in the throes of challenging life situations, such as grieving, being afraid to die, uncertainty about afterlife, struggles with addictions or experiencing severe pain. Such situations awoke feelings in the students, such as anxiety, discomfort, frustration, uncertainty, injustice, intimidation and vulnerability. Through this process, they became aware of their own vulnerability and felt challenged to go beyond their comfort zone. One student said:

*To see humans suffer, gave me a feeling of discomfort and injustice. I*

*have tried to use what I have learned about to listen, observe and feel into clinical practice and I believe it is important to understand where you stand as a nurse* (22/15).

In these situations, students felt they were put on the spot to choose how to handle what they saw. They could either avoid discomfort and escape situations they felt were too demanding or dare to be in situations where they experienced a lack of control, tolerated their own discomfort and faced what could be frightening and sometimes intimidating. Students gave examples of how they defied their own negative thoughts and feelings to meet the patient where he or she was. They dared to be in silence, dared to look and be present for the other person and recognized themselves as helpless and frustrated. One student put it this way: *'I felt small and weird by sitting there, but it was worth it, being a little vulnerable for a moment. I had many good conversations and had encounters with people I will never forget'* (24/16).

Many students described a feeling of compulsion to act when they met with people in vulnerable situations. The choice to act is based on who you are as a person. Some actions can be brave for one, but easy for another. The more they practise, the stronger they become. The student's desire and expectation to choose to enter challenging circumstances makes him or her stronger and braver. This is about building competence and preparedness to cope with difficult situations. They also described how the focus on diakonia throughout their education gradually gave them the courage to act.

To act often demands that students be willing to go outside their comfort zone. This can be related to becoming a better advocate for patients, which sometimes requires the courage to speak up against colleagues and fight for what they think is right. This includes speaking up against backbiting and foolish talk about patients in the nursing station or advocating for patients when they are not receiving the health care they are entitled to. Students also highlighted admitting to feeling insecure or disclosing that they had done something wrong as a courageous act. Furthermore, students saw innovation and applying different approaches as courageous. By thinking creatively, they had different options for approaching what it is important for the patient. Examples of actions included playing PlayStation with a young patient and facilitating an elderly patient to dance to familiar music. Students stated that creative pedagogical methods and the use of mindfulness exercises in the diakonia course provided an awareness of being present for others.

### 3.4. Choosing to spend the time available

In nursing, you work within set limits such as time, place and surroundings, and decisions provide guidelines for how to act. Students reflected on how they thought and chose to act in relation to the time frame they had and how professional values guided them in their choices. When students recognized situations that were hurtful for patients, they felt that the deadlines were too cramped. Students experienced the importance of using the available time well and they realised that how they spend time is related to their values. One student wrote:

*It is important to show that you are present and have time, even if you only have 10 minutes, you are present those 10 minute and do not think that you are busy and need to rush to the next person* (18/15).

In our data, we have many examples of how students spent time with patients who were facing difficult times and were poorly treated. Students found their way by listening to demanding or stigmatized patients. Some discovered that even short amounts of time and small things can be meaningful for a patient, and students realised that they can mean something to someone, and that a little attention is better than none. Here is one example:

*When I came to the patient to help with the support stockings, I could choose just to help with the stockings and rush off. I knew his wife had just died and he looked very sad. I took the time to sit down and talk with*

him (18/15).

Students experienced that time constraints could make them stressed and prevent them from going deeper with patients, thus ignoring what might be of significance to patients. The students also questioned the extent to which students and nurses use limited time as an excuse not to discuss priorities. One student said:

*In a busy workday, it can be challenging to feel the pressure of time and all the tasks we fear might come up while we are on duty. It is than we have to prioritize vigilant, weighing for and against what action might be in the best interest of the patient (20/15).*

#### 4. Discussion

We have presented our findings in four categories under the main theme *Professional formation through personal involvement and value integration*. Our university has a Christian foundation that inspires, motivates and provides a basis for how we interpret our social mission. The diaconal perspective of compassionate care gives us a framework to understand humanity and guidelines for how to work with vulnerable people.

This programme aims to integrate values. Central values in nursing are compassion, care and respect for the human life and rights without any form of discrimination. Individuals who are most in need of help are calling for a special interest. It is about seeing the other person as more than a diagnosis or a case. This way of approaching diakonia opens our perspective and helps us to see compassion and care as an integral part of nursing.

Value integration implies personal involvement. The main philosophy of this pedagogical programme is the focus of the students' own experiences and discoveries, and how they interpret the situation. Students need to be guided and acquire the tools to notice and deal with their experiences. In order to do so, we facilitate learning situations build on frames that are closely connected to the written curriculum. (Van Manen, 2012). In the pedagogical programme and under faculty guidance, students are asked to reflect on and be aware of their own reactions. This is done by giving them assignments to write their life stories, to reflect in journals, to discuss in groups and to make creative group presentations. They learn by reflecting and listening to fellow students' experiences and perspectives, which sheds light on their own experiences, stimulates reflection and provides, in some cases, new and different insights.

The students are encouraged to open up and to be honest about their own prejudices and vulnerability; this requires an open and safe learning environment, based on learning on multiple levels, and acceptance by faculty. In addition to cognitive learning, we also give emphasis to using emotions, imagination, bodily sensations and other ways to ask questions, as described by several studies (Grendstad and Sandven, 1990; Allgood and Kvalsund, 2005; Benner and Sutphen, 2007; Benner et al., 2008, 2010; Rogers, 2011).

The importance of learning in a realistic environment with real people cannot be underestimated. Learning does not happen in just any context, it needs feedback from faculty and an opportunity to articulate and reflect on students' own experiences (Dunne, 1993; Dewey, 2007). Thus, both the individual teacher and the educational institution should focus on helping each student to discover the humanity of the individual person they are involved with, and to develop attitudes and actions that are conducive to promoting the person's dignity.

When the students see themselves in people whom they initially thought to be very different from themselves, they experience a recognition of themselves in the other. By meeting the humanity of the other person, they also experience reciprocity. They experience being vulnerable and recognize again their own vulnerability in the other person. As human beings, they discover they have more in common than what separates them. This has also been found in other research

(Haugland, 2016; Haugland and Giske, 2016). As shown by several studies (Delmar, 2004; Stenbock-Hult and Sarvimäki, 2011; Thorup et al., 2012; Gustin and Wagner, 2013; Rudolfsson and Berggren, 2012), recognising and admitting their own vulnerability can be a recourse and an important factor for the caring person in developing courage (Stenbock-Hult and Sarvimäki, 2011). By applying their vulnerability as a resource, students can experience maturation and growing courage. Students acquire the opportunity to see how courage is a part of their caring actions when they meet with different patients in various situations.

Professional formation is an ongoing process, including maturation over several years. Reflection, reiteration and progression have been important aspects of the programme. As students reflect on the issues they could not comprehend in the first year, they come to understand them after three years. Students do not always understand the meaning and significance of participation in 'intangible' educational programmes before the programme is over. To reassure professional formation and value integration, we argue that participation and fulfilling assignments in programmes such as this has to be mandatory.

Although diakonia is based on the church's caring ministry, this pedagogical programme has been established as an exploration of universal existential/humanistic values that most students are able to identify with.

#### 5. Conclusion

We recognize that this programme has provided professional formation through personal involvement and value integration. By stimulating the students to reflect on their own reactions in meeting with people who are different from themselves, they become aware of their own vulnerability and courage. A prerequisite for a conducive learning environment is for faculty to make a safe and open climate for this experience. Mandatory participation in this programme, and the reiteration and progression in different ways during the three years, is important for the formation of nurses and their integration of values. Different pedagogical methods have contributed to the process. We highly recommend a similar kind of programme in nursing education that can promote an awareness of own prejudices, conscious of own vulnerability which can lead to courage to make a difference.

#### Conflicts of interest

The authors declare that there is no conflict of interest.

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#### References

- Allgood, E., Kvalsund, R., 2005. Learning and Discovery for Professional Educators: Guides, Counselors, Teachers: an Interactive Experiential Approach to Practice and Research. Tapir Academic Press, Trondheim.
- Benner, P., Sutphen, M., 2007. Learning across the professions: the clergy, a case in point. *J. Nurs. Educ.* 46 (3), 103–108.
- Benner, P., Sutphen, M., Leonard-Kahn, V., Day, L., 2008. Formation and everyday ethical comportment. *Am. J. Crit. Care* 17 (5), 473–476.
- Benner, P., Sutphen, M., Leonard, V., Day, L., 2010. Educating Nurses: a Call for Radical Transformation. Jossey-Bass, San Francisco, Calif.
- Bevis, E., Watson, J., 1989. Toward a Caring Curriculum. National League for Nursing, New York a new pedagogy for nursing.
- Church of Norway, 2007. Church of Norway plan for diakonia. Retrieved from. <https://kirken.no/nb-NO/church-of-norway/resources/plan-for-diakonia>.
- Clarke, N.M., 2014. A person-centred enquiry into the teaching and learning experiences of reflection and reflective practice: Part one. *Nurse Educ. Today* 34 (9), 1219–1224.
- Del Prato, D., 2013. Students' voices: the lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. *Nurse Educ. Today* 33 (3), 286–290. <http://dx.doi.org/10.1016/j.nedt.2012.05.030>.
- Delmar, C., 2004. Development of ethical expertise: a question of courage. *Int. J. Hum. Caring* 8 (3), 8–12.

- Dewey, J., 2007. Experience and Education. Simon and Schuster Retrieved from. [https://books.google.es/books?hl=en&lr=&id=JhjPK4FKpCcC&oi=fnd&pg=PA17&dq=Dewey,+J.++\(2007\).+Experience+and+Nature&ots=D9AJ0tJGla&sig=m4ANncAKuuMK3pq3sgL7M95DP1o&redir\\_esc=y#v=onepage&q&f=false](https://books.google.es/books?hl=en&lr=&id=JhjPK4FKpCcC&oi=fnd&pg=PA17&dq=Dewey,+J.++(2007).+Experience+and+Nature&ots=D9AJ0tJGla&sig=m4ANncAKuuMK3pq3sgL7M95DP1o&redir_esc=y#v=onepage&q&f=false).
- Dunne, J., 1993. Back to the Rough Ground: “Phronesis” and “Techne” in Modern Philosophy and in Aristotle. University of Notre Dame Press, Notre Dame, Ind.
- Graneheim, U.H., Lundman, B., 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ. Today* 24 (2), 105–112.
- Grendstad, N.M., Sandven, G.J., 1990. Å Lære Er Å Oppdage: Prinsipper Og Praktiske Arbeidsmåter I Konfluent Pedagogikk (To Learn Is to Discover: Principles and Practical Working Methods in Confluent Education). Didakta, Oslo.
- Gustin, L.W., Wagner, L., 2013. The butterfly effect of caring: clinical nursing teachers' understanding of self-compassion as a source to compassionate care. *Scand. J. Caring Sci.* 27 (1), 175–183. <http://dx.doi.org/10.1111/j.1471-6712.2012.01033.x>.
- Haugland, B.Ø., 2016. Learning dignity by involvement. In: Tranvåg, O., Synnes, O., McSherry, W. (Eds.), *Stories of Dignity: Research, Narratives and Theories*. M&K Publishing, Keswick, UK, pp. 137–149.
- Haugland, B.Ø., Giske, T., 2016. Daring involvement and the importance of compulsory activities as first-year students learn person centred care in nursing homes. *Nurse Educ. Pract.* 21, 114–120.
- ICN, 2012. Code of Ethics for Nurses. ICN, Geneva.
- Ministry of Education and Research, 2008. Rammeplan for sykepleierutdanning. (National curriculum regulations for nursing programmes). Retrieved from [https://www.regjeringen.no/globalassets/upload/kd/vedlegg/uh/rammeplaner/helse/rammeplan\\_sykepleierutdanning\\_08.pdf](https://www.regjeringen.no/globalassets/upload/kd/vedlegg/uh/rammeplaner/helse/rammeplan_sykepleierutdanning_08.pdf).
- Notland, A., 2009. Exposure: Diakoni Som Søker. (Exposure: Diakonia that Searches). Diakonhjemmet Høgskole, Oslo.
- Rogers, C.R., 2011. On Becoming a Person. Constable, London.
- Rudolfsson, G., Berggren, I., 2012. Nursing students' perspectives on the patient and the impact of the nursing culture: a meta-synthesis. *J. Nurs. Manag.* 20 (6), 771–781.
- Schon, D., 1987. *Educating the Reflective Practitioner*. Jossey-Bass, San Francisco.
- Schwind, J.K., Beanlands, H., Lapum, J., Romaniuk, D., Fredericks, S., LeGrow, K., Crosby, J., 2014. Fostering person-centered care among nursing students: creative pedagogical approaches to developing personal knowing. *J. Nurs. Educ.* 53 (6), 343–347. <http://dx.doi.org/10.3928/01484834-20140520-01>.
- Starke, P., Björklund, K., 2010. Exposure: Som Synsätt, Förhållningsätt Och Arbetssätt. (Exposure: the Approach, Attitude and Practices). Stiftelsen Bräcke Diakoni, Lund Arcus.
- Stenbock-Hult, B., Sarvimäki, A., 2011. The meaning of vulnerability to nurses caring for older people. *Nurs. Ethics* 18 (1), 31–41.
- Thorup, C.B., Rundqvist, E., Roberts, C., Delmar, C., 2012. Care as a matter of courage: vulnerability, suffering and ethical formation in nursing care. *Scand. J. Caring Sci.* 26 (3), 427–435. <http://dx.doi.org/10.1111/j.1471-6712.2011.00944.x>.
- Van Manen, M., 2012. *The Tact of Teaching*, fifth ed. The Athlone Press, London, Ontario.