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First Semester Nursing Student Perceptions of Their Knowledge of and Difficulties in Performing Supportive Caring Actions

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Introduction

Many new nurses experience difficult situations with feelings of anxiety, insecurity, and inadequacy when they begin working in their profession. The large and increased workload and expectations of in-depth knowledge in combination with feelings of increased responsibility come as a surprise when they have completed their education and start to work as registered nurses (RNs) (Duchscher, 2009; Mooney, 2007; Willman et al., 2021; Xie et al., 2021). This leads to many newly graduated nurses leaving after only a short time in the profession (Kox et al., 2020). Our aim in this study was to investigate the perceptions that nursing students had about their knowledge and the difficulties they experienced in performing supportive, caring actions when they started their nursing education. Data were collected using the questionnaire Verbal and Social Interaction for Nursing Students (VSI-NS), which has been adapted from the instrument VSI for nursing students (NS) (Albinsson et al., 2021; Rask & Brunt, 2007). Teachers and supervisors must know which skills nursing students need to develop during their clinical education to be able to enhance students' clinical nursing skills so that students can fulfil their future role as nurses. The results of the study provide knowledge about nursing students' own perceived level of knowledge and how difficult they perceive supportive, caring actions to be. This information can be a starting point for future development of nursing education to ensure nursing students receive the education they need and have the right skills to perform supportive nursing care when they have completed their education.

Background

Nursing education in Sweden is a three-year academic program and at least three years at the upper-secondary school level is required for eligibility for the nursing program. No previous experience of care is needed (Universitets-och högskolerådet, 2013). Theoretical and clinical studies are alternated during these three years, and students thus intertwine this theoretical and clinical knowledge. This intertwined knowledge can then be used to provide safe and secure care to patients in different contexts as RNs (International Council of Nurses [ICN], 2002). Whatever context nurses work in, their ability to see, meet, and support the patient is of great importance for the patient's well-being and recovery (Dahlberg & Segersten, 2010).

Nursing students gradually acquire the skills and knowledge to provide this safe and secure care through a process of alternating theoretical and clinical studies. It is, however, a challenge for students to use their theoretical knowledge with patients as they experience a gap between the science-based theory and its practical implementation in care. Students need to learn to intertwine theory and practice, which can take place during clinical studies so that they gain a holistic knowledge of the patients and their care (Ekeberg, 2007).

For students to obtain a nursing degree, they must demonstrate the knowledge and the ability required in the national goals to become an RN. These consist of three main goals: knowledge and understanding, skill and ability, and judgment and attitude. A nurse has to have knowledge of the scientific basis of the field; the connection between science and proven experience; and the planning, management, and coordination of care and health work. The skills, abilities, and values they need entail identifying care needs; administering medications; teaching and informing patients, relatives, and colleagues; and collaborating with and showing an empathetic, ethical, and professional approach to patients, relatives, and colleagues. Students must also demonstrate the ability to further develop their skills and competencies (SFS, 1993).

A caring relationship between nurse and patient is the basis for good nursing. The interaction has great significance as it is an important part of the care provided in the caring

relationship and a part of interpersonal togetherness. The caring interaction is the responsibility of the nurse, but both parties contribute to and influence the development of the interaction (International Council of Nurses, 2002). Patients' feeling of being involved, together with nurses listening to their stories, leads to experiences of a greater well-being and dignity (International Council of Nurses, 2002; Lindberg et al., 2013). Several studies have shown that many patients feel that nurses do not understand their vulnerability and thus they do not get the support they would like (Chan et al., 2018; Hildingh et al., 2008; Junehag et al., 2014; Örmön & Hörberg, 2016; Zamanzadeh et al., 2014). Health care staff need to be more observant and talk to patients about what kind of support they need (Rask et al., 2017) as there is a significant difference between what health care staff feel they do for patients and what the patients experience in terms of participation and caring actions (Brunt & Rask, 2018; Karlsson et al., 2009; Papastavrou et al., 2016).

Nurses can become more aware of and gain a greater understanding for the patients and their relatives by focusing on the patients' life stories in their communication. When nurses are attentive and communicate with patients about the patients' personal experiences, it can make patients feel safe and cared for (Johnsson et al., 2018). The relationship between patient and nurse is strengthened through communication, which can improve the patient's health, physically, emotionally, and socially. A good caring relationship between the nurse and the patient also strengthens the patient's own resources to maintain health (Strandås & Bondas, 2018). The patients in a study by Chan et al. (2018) in a palliative context did not expect nurses to talk to them about their existential problems and expected only good somatic care. Many nurses understand that patients are affected by their illnesses, but they feel that they do not have the knowledge and cannot take the time to talk about it. An additional topic that nurses find difficult and do not take time to discuss with the patients is their sexuality and any sexual problems connected to their illness. In Saunamäki et al.'s (2010) study it appeared that over 90% of nurses understood how diseases and treatments affected patients' sexuality, but that 80% of nurses did not take time to talk to patients about sexual problems. In Wang et al.'s (2019) study, 91% of nurses felt that sexuality was too private to talk about with patients. The nurses stated that they felt uncomfortable, had feelings of embarrassment, were afraid of offending the patients, and had a lack of knowledge.

Nurses' caring actions can mature through development, discernment, and experience. The concrete application of knowledge, in contrast to the general knowledge of things, cannot be learned (Gadamer, 2003) but nurses must gradually develop their caring actions. Nursing students often have an idealized and naive picture of the role of the nurse at the beginning of their education (Marcinowicz et al., 2016; Wood, 2016), which is challenged in the theoretical and practical aspects of their education. Nursing students develop both professionally and personally through the intertwining of the theoretical and practical aspects of the education, which also lays the foundation for successful preparation to become a nurse and is important for safe and high-quality care (Démeh & Rosengren, 2015; Fröberg et al., 2018; Güner, 2014; Wood, 2016).

Patients and relatives who have experienced shortcomings in care can submit complaints to the Swedish Health and Social Care Inspectorate (Inspektionen för Vård och Omsorg, 2019). Twenty percent of the complaints concerned the staff-patient encounter. The conversation between the two is important, but according to Bonander and Snellman (2007), the length of the conversation does not matter as long as the nurse listens, has knowledge, and is familiar with the problem. Furthermore, the most important thing for patients in the care relationship is to be seen as a person and taken seriously. Patients wanted to feel unique and empowered and be treated as individuals (Bonander & Snellman, 2007).

Several studies have shown that there are deficiencies in communication and that patients do not receive or cannot absorb the information provided by nurses (cf. Benwell & McCreddie, 2016). There are also deficiencies in nurses' ability to listen to patients and to identify patients' needs (cf. Adé et al., 2020; Mjøsund et al., 2019). Many patients also feel that nurses do not address their need to talk about sensitive matters, such as anxiety or existential issues, and at the same time, nurses feel that they have insufficient knowledge or preparation to deal with these issues (cf. Browall et al., 2010). Where supportive actions are concerned, there is a difference in the amount of support patients feel they receive and the support staff feel they provide. The support the patients desire also differs from the support the staff perceive patients need (cf. Brunt & Rask, 2018; Karlsson et al., 2009).

Aim

The aim of this study was to investigate the perceptions of first-semester Swedish nursing students about their knowledge of supportive, caring actions and their difficulties in performing these.

Methods

Design

The present study had an exploratory design focusing on nursing students' perceptions of their knowledge of and their difficulties in performing verbal and social interactions (VSI) during their first semester.

Materials

Students from one university in southern Sweden were asked to complete the VSI-NS. The first part of the questionnaire contained background questions about their age, sex, previous nursing education, and previous experience of working in nursing.

The second part contained 31 statements addressing four areas of verbal and social nursing interaction skills: (a) inviting to talk about feelings and thoughts, (b) building a caring relationship, (c) encouraging social and practical aspects in daily life, and (d) caring towards health and well-being. Students were asked to assess their knowledge of the nursing interaction skills and their difficulties in performing these on a Likert-like scale (1 = *not at all*, 2 = *to some degree*, 3 = *high degree*, and 4 = *very high degree*). A total of 123 (91%) of the sample of 135 students answered the VSI-NS. Their mean age was 25.1 years, and 105 were female and 18 were male (Table 1).

Table 1*Demographic Characteristics of 123 Nursing Students During Their First Semester*

Sex	(n)		
Female	105		
Male	18		
Previous education in the nursing sector	(n)		
Female	37		
Male	4		
	Mean (y)	Range (y)	
Age	25.1	19–46	
Female	24.7	19–46	
Male	27.2	20–44	
Previous experience of working in the nursing sector	(n)	Mean (y)	Range (y)
Female	69	3.7	0.1–17
Male	11	4.3	0.5–10

The questionnaire Verbal and Social Interactions (VSI) has its roots in caring science and was originally developed in a psychiatric context to investigate the views of patients and nurses on the frequency and importance of nursing interactions (Rask & Brunt, 2007). The questionnaire used in the present study, VSI-NS, has been modified for investigating nursing students' views on nursing interaction skills. VSI-NS has previously been validated in a study by Rask et al. (2018), who investigated the construct validity of the questionnaire with an explorative factor analysis. The content validity, construct validity with four distinct factors, and internal consistency showed satisfactory psychometric properties. Cronbach's alpha for the four factors varied between 0.81 and 0.89 and alpha for the entire scale was 0.93 (Rask & Brunt, 2007). The internal consistency within each category of actions in the present study measured with Cronbach's alpha varied between 0.84 and 0.91 for the items in perceived knowledge, and the homogeneity of all the items was high (Cronbach's $\alpha = 0.95$). Cronbach's alpha varied between 0.78 and 0.87 for the items in perceived difficulty, and the homogeneity of all the items was high (Cronbach's $\alpha = 0.93$).

Statistics

Descriptive statistics have been used for analyzing and presenting the results of all 31 items and the four factors. The mean value for each factor was calculated by adding the responses for the items belonging to the same factor divided by the number of items in the factors and are presented in Table 2. The percentage of affirmative answers has been calculated for each item in the questionnaire, and a mean percentage value was calculated for each category by adding the responses belonging to the same category divided by the number of items included in each category, presented in Table 3. Furthermore, to show whether students perceived the actions as not difficult or they do not have any knowledge about them, the values 1 = *not at all* and 3 + 4 = *high degree–very high degree* are also presented in Table 3. Mann-

Whitney U-test was used to analyze differences between female and male nursing students and for those with and without previous experience working in the nursing sector. The statistical software used was SPSS for Windows version 25.0 (SPSS Inc., Chicago, IL, USA).

Table 2

Comparison between the Perceptions of Female and Male Nursing Students Concerning Level of Knowledge and the Difficulty of Factors in the Verbal and Social Interactions (VSI), Mean Values (SD)

Factors of verbal and social interactions	Knowledge mean (SD)				Difficulty mean (SD)			
	Total sample	Female	Male	<i>p</i> value	Total sample	Female	Male	<i>p</i> value
Inviting to talk about feelings and thoughts	2.65(.6)	2.66(.6)	2.57(.5)	ns	2.52(.5)	2.54(.5)	2.40(.6)	ns
Building a caring relationship	3.0(.5)	2.98(.5)	2.86(.5)	.046	2,14(.6)	2.09(.5)	2.41(.7)	ns
Encouraging social and practical aspects in daily life	2.90(.6)	2.90(.6)	2.89(.7)	ns	2.10(.6)	2.07(.5)	2.27(.7)	ns
Caring towards health and well-being	2.94(.6)	2.96(.6)	2.81(.5)	ns	2.06(0.5)	2.03(.5)	2.26(.4)	ns

ns = not significant.

Table 3

First-Semester Nursing Students' Sense of Knowledge and Perceptions of Difficulty of Verbal and Social Interactions (VSI). Percentage of Affirmative Answers for Value 1 = Not at All, 2 = To Some Degree, and 3 + 4 = High Degree–Very High Degree.

Items in VSI	Knowledge			Difficulty			
	Not at all	To some degree	High degree–very high degree	Not at all	To some degree	High degree–very high degree	
<i>Factor 1: Inviting to talk about feelings and thoughts</i>							
1:1	You talk to the patients about how they perceive their personal problems and difficulties	2.3	32.1	65.6	10.1	47.9	42.0
1:2	You talk to the patients about their feelings	2.5	25.2	72.3	11.9	38.0	50.1

1:3	You talk to the patients about situations they have experienced earlier in life	5.0	29.4	65.6	17.2	45.7	37.1
1:4	You show interest in the patients' social situation in general	1.7	28.3	70.0	24.1	57.0	18.9
1:5	You talk to the patients about how they think and feel about other people	3.3	43.8	52.9	8.4	53.8	37.8
1:6	You talk to the patients about things/situations that they seem to experience as frightening	6.6	40.1	53.3	4.2	33.1	62.7
1:7	You talk to the patients about how they perceive themselves	4.1	41.8	54.1	11.0	45.8	43.2
1:8	You talk to the patients about things/situations that they experience as unpleasant and seems to make them feel sad	7.4	45.1	47.5	2.5	32.2	65.3
1:9	You talk to the patients about possible difficulties they have when being with other people	5.8	39.7	54.5	14.4	55.1	30.5
1:10	You talk to the patients about things/situations that they seem to be embarrassed about or feel bad about	6.7	50.8	42.5	5.9	24.6	69.5
1:11	You talk to the patients about things/situations that they seem to experience as unpleasant to talk about	2.5	55.8	41.7	2.5	26.3	71.2
1:12	You talk to the patients about their sexuality	13.3	49.5	37.5	16.2	29.1	54.7
	<i>Mean total score of the factor</i>	<i>5.1</i>	<i>40.1</i>	<i>54.8</i>	<i>10.7</i>	<i>40.7</i>	<i>48.6</i>
<hr/>							
<i>Factor 2: Building a caring relationship</i>							
2:1	You show the patients that you are honest	0.8	14.0	85.2	34.2	32.3	33.5
2:2	You show the patients that they can trust you	0.8	20.3	78.9	20.8	45.9	33.3
2:3	You show the patients that you are there for them	0.8	28.4	70.8	17.9	56.5	25.6
2:4	You show the patients that you care about them	2.4	16.3	81.3	22.5	55.0	22.5

2:5	You show the patients that you want to get to know them	0.8	26.8	72.4	16.0	54.6	29.4
2:6	You show the patients that you have time for them and want to make contact with them	0.8	34.2	65.0	12.5	48.3	39.2
2:7	You remind the patients about positive experiences from their past	4.1	29.2	66.7	20.0	55.6	23.4
	<i>Mean total score of the factor</i>	<i>1.5</i>	<i>24.2</i>	<i>74.3</i>	<i>20.6</i>	<i>49.8</i>	<i>29.6</i>
<hr/>							
<i>Factor 3: Encouraging social and practical aspects in daily life</i>							
3:1	You encourage/support patients in coping with daily life through routines and keeping things in order that they need	0.8	32.9	66.3	15.4	57.3	27.3
3:2	You encourage the patients to do things together with other people	3.3	24.5	72.2	26.9	48.7	24.4
3:3	You encourage the patients to keep in contact with their relatives and friends	2.5	25.6	71.9	23.9	41.9	34.2
3:4	You encourage the patients to take part in group activities	2.5	26.4	71.1	28.6	50.4	21.0
3:5	You encourage the patients to learn new practical skills	4.1	37.7	58.2	16.9	52.6	30.5
3:6	You talk to the patients about their experiences of being together with other people	4.1	34.7	61.2	20.2	58.8	21.0
	<i>Mean total score of the factor</i>	<i>2.9</i>	<i>30.3</i>	<i>66.8</i>	<i>22.0</i>	<i>51.6</i>	<i>26.4</i>
<hr/>							
<i>Factor 4: Caring towards health and well-being</i>							
4:1	You talk to the patients about how they/you can together find solutions to enhance their well-being	3.3	25.4	71.3	19.5	50.0	30.5
4:2	You support patients to do physical exercise that benefits their health and well-being	0.8	34.9	64.3	23.5	53.3	20.2

4:3	You talk to the patients about how they experience their illness	2.5	28.7	68.8	14.4	54.2	31.4
4:4	You talk to the patients about how they can manage their medication	9.1	25.6	65.3	22.7	53.8	23.5
4:5	You inform and support patients to eat and drink healthily	2.4	25.3	72.3	25.2	55.4	19.4
4:6	You talk to the patients about how they sleep	3.3	22.1	74.6	29.2	57.5	13.3
	<i>Mean total score of the factor</i>	<i>3.6</i>	<i>27.0</i>	<i>69.4</i>	<i>22.4</i>	<i>54.5</i>	<i>23.1</i>

Ethical Considerations

This study was conducted during the first five weeks of nursing students' education at a university in the south of Sweden. The data collection was carried out by the first author (MCB) of this study. None of the authors had any teaching assignment with the nursing students who participated in the study. When students were asked to participate in the study, they received both written and oral information about the purpose of the study and the research process. Before giving their written consent, they were also informed that participation was voluntary and that they could withdraw at any time when completing the questionnaire. Student confidentiality was guaranteed and no names are mentioned in the text.

The study was conducted in accordance with the research ethics guidelines of the Helsinki Declaration (World Medical Association, 2013). The four main requirements: information, consent, confidentiality, and use were taken into consideration throughout the research process. The study is part of the project Transition to Future Healthcare in Nursing Education, which is conducted at a university in southern Sweden. The project has been reviewed by the Ethics Committee Southeast, who found no ethical obstacles to the implementation of the study (EPK no. 381-2016).

Findings

The results show that most of the students in their first semester believe they have a high level of knowledge about supportive, caring actions. The perceived knowledge for all the items was rated by a larger proportion of students to a "high and very high degree" than for "not at all." The perceived level of difficulty of performing the verbal and social interaction skills differed to a greater extent, with 22 of the 31 items rated as being difficult to perform to a "high and very high degree" by at least 21% of the students, and 7 items were rated "not at all" difficult by 22.2% of the students. The greatest difference of perceived difficulty was in the factor *inviting to talk about feelings and thoughts* (Table 3). The only significant difference between male and female students was for the factor *building a caring relationship*. The male students rated that they had less knowledge in performing these caring actions than the female students did (Table 2).

Building a caring relationship was the factor the nursing students rated having most knowledge about as measured with the VSI-NS (Table 2). There were no significant differences between male and female students' ratings of perceived level of knowledge about *Building a caring relationship*. *Inviting to talk about feelings and thoughts* was rated as the most difficult

factor, while there were no significant differences between the male and female students, nor between those with and without any previous nursing education or previous experience of working in the nursing sector.

Level of Knowledge at the Factor Level

A closer study of students' ratings of their knowledge of the items in the four factors (Table 3) reveals that the items "you show the patients that you are honest" and "that you care about them" and "that they can trust you" in the factor *Building a caring relationship* were rated highly by most students. Only 1.5% of the students assessed their knowledge as low for this factor.

The greatest difference between the ratings of having a high or very high level of knowledge compared to not having any knowledge at all for the individual items is found in the factor *Inviting to talk about feelings and thoughts* (Table 3). A high percentage of the students rated having high or very high level of knowledge about "You talk to the patient about their feelings" (72.3%) and "You show interest in the patients' social situation in general" (70%), while only a small number of students said they had no knowledge about this item (1.7%). Less than 40% of the students rated having a high or very high level of knowledge about "You talk about their sexuality" (37.5%), and this item in this factor was rated by the largest number of students as having no knowledge about. The item "You talk to the patients about things/situations that they seem to experience as unpleasant to talk about" was rated by a minority of the students as having a high or very high level of knowledge about.

The level of knowledge concerning the factor *Encouraging social and practical aspects in daily life* was rated as high or very high by almost 67% of the students; only a few assessed their level of knowledge as "not at all" (2.9%) (Table 3). The item "You encourage/support patients in coping with daily life through routines and keeping things in order that they need" in this factor is one item that was rated by only a few students as not having any knowledge of (0.8%). The highest level of knowledge rated by the students was for the items "You encourage the patients to do things together with other people" (72.2%), "keep in contact with their relatives and friends" (71.9%), and "to take part in group activities" (71.1%). A low percentage of the students rated that they did not have any knowledge about these items (2.9%).

Most of the students rated themselves as having a high level of knowledge for the factor *Caring towards health and well-being* (69.4%) (Table 3), and the highest level of knowledge was for the item "You talk to the patients about how they sleep" (74.6%). The highest rating of not having any knowledge at all in this factor was for the item "talk to the patients about how they can manage their medication" (9.1%).

Perceived Difficulty at Factor Level

The factor *Inviting to talk about feelings and thoughts* was rated as most difficult to perform by the students (48.6%). Half of the items were rated as difficult to a "high and very high degree" by a majority of the students (Table 3) and only 11% of students rated them as "not at all" difficult to perform. The items "You talk about things/situations that they seem to experience as unpleasant to talk about" (71.2%) and "You talk about things/situations that they seem to be embarrassed about or feel bad about" (69.5%) were rated as most difficult to perform. The item "You show interest in the patients' social situation in general" was rated as not difficult at all (24.1%) by more students than those who rated it as difficult to perform to a "high and very high degree" (18.9%).

The item that was rated as most difficult to perform in the factor *Building a caring relationship* was "You show the patients that you have time for them and want to make contact with them" (39.2%), closely followed by the items "You show the patients that you are honest"

(33.5%) and “You show the patients that they can trust you” (33.3%). The items “You show the patient that you care about them” and “You show the patients that you are honest” were rated as difficult to perform to a “high and very high degree” (22.5% and 33.5%, respectively) by a similar percentage of students who rated them as “not at all” difficult to perform (22.5% and 34.2%, respectively).

The item “You encourage the patients to keep in contact with their relatives and friends” was rated as difficult to perform by the largest percentage of students (34.2%) in the factor *Encouraging social and practical aspects in daily life* (Table 3). The items “You encourage/support patients in coping with daily life through routines and keeping things in order that they need” and “You encourage the patients to learn new practical skills” were rated as “not at all” difficult to perform by the largest percentage of students in this factor (16.9%).

Only small differences were found between the percentage of students who rated the items in the factor *Caring towards health and well-being* as difficult to perform to a “high and very high degree” and those who estimated them as “not at all” difficult (Table 3). The items “You talk to the patients about how they experience their illness” (31.4%) and “how they/you can together find solutions to enhance their well-being” (30.5%) were rated as difficult to perform to a “high and very high degree” by the largest percentage of students. The item “You talk to the patients about how they sleep” was rated as not being difficult by the highest percentage of students, with more than twice the percentage of students rating it as not being difficult (29.2%) as those rating it as difficult to perform (13.3%) to a “high and very high degree.”

Discussion

The students perceive they have knowledge about supportive, caring actions and that these are not difficult to perform. However, some supportive caring actions are perceived as being difficult to perform, even though the students maintain they have knowledge about them. This is shown by the nursing students in their first semester who perceived that they had knowledge of creating a caring relationship with patients but that it was difficult to create it regardless of age or previous experience of working in care. The male nursing students perceived themselves as having somewhat less knowledge about creating a caring relationship than the female nursing students did, but it was not at a significant level and most of the nursing students perceived that they had knowledge about it. What was considered to be the most difficult to talk about was “You talk to the patients about things/situations that they seem to experience as unpleasant to talk about,” despite the fact that “You talk to the patients about feelings” received one of the highest ratings of high and very high level of knowledge. Most nursing students perceived that they had knowledge about “You show the patients that you are honest,” but almost as many perceived it as not being difficult as perceived it as difficult/very difficult to show that they were honest. This shows that the knowledge about supportive, caring actions can be found in the nursing students’ first semester, but they still rate supportive actions as difficult to perform.

The results of the study show that there are no differences in the level of knowledge and degree of difficulty about caring, supportive actions between the students who have previous experience of working in care and those who do not during their first semester of their nursing education. Several studies show that assistant nurses support patients in many different contexts and perform patient-centred care (Holmberg et al., 2019; Loft et al., 2017). However, even if students have nursing experience, this study shows that caring, supportive actions can be perceived as difficult to perform. The study by Holst et al. (2003), in a palliative context shows that nurses’ age, professional experience, and further education are of great importance as they make nurses feel safer in their performance of care. Aiken et al. (2014) found that if

nurses have an academic degree, an increased workload is compensated, and the probability of survival and health of the patients increases. A comparison of the level of knowledge between nurses, nursing students, and assistant nurses about pressure ulcers by Gunningberg et al. (2015) showed that both nurses and nursing students had a higher level of knowledge about the etiology than the assistant nurses had. According to Albinsson et al. (2021), nursing students who had worked together with nurses as assistant nurses had not given much thought to how nurses interact with their patients or create a caring relationship. The nursing students were, however, aware of the importance of a caring relationship and wanted to learn how to build a natural and trusting relationship with patients and their loved ones, even if they thought it would be difficult. The nursing education is both an academic and scientific and a practical and vocational education that aims to benefit the health of individual patients in the best way. According to Dahlberg and Segersten (2010), a bridge is needed to transform the theoretical part of the education into useful evidence-based care for knowledge to be practically useful in nursing. The transformation will contribute to RNs being able to fulfil the obligation to acquire and use the best current knowledge to provide patients with good care. This thus suggests that education is of great importance for the performance of care.

The only significant difference between female and male students in this study was found in the assessment of caring, supportive actions in terms of *Building a caring relationship*, with male nursing students rating themselves as having less knowledge about creating a caring relationship than did the female nursing student. A contributory reason for this may be that women and men have different ways of communicating. According to Ekstrand (2005), male nurses prefer more direct communication with and talking to other men than female nurses do, and Christensen et al. (2018) states that male nursing students tend to be more sincere and objective, while female nursing students want to negotiate closeness and support and maintain solidarity. According to Cottingham (2015), male nurses deal with emotional conversations by distancing their own emotions and emphasizing knowledge and education as a strategy for managing patients' stress and anxiety, while female nurses involve their emotions and are more present.

Nursing students rated that they have the most knowledge for "show the patients that you are honest" and that they have the least knowledge for "show the patients that you have time for them and want to make contact with them." There was no difference in this aspect between the students who had worked in health care before they started their nursing education and those who had not. The results of the present study show that honesty is seen by the nursing students in their first semester as the most difficult to show patients, even if they perceive that they have a relatively high level of knowledge about it. Honesty and its importance have been highlighted in several studies (Caldwell et al., 2007; Slort et al., 2011), which show that patients want to know the truth about their diagnosis. Patients want an honest answer, to know about their prognosis, to understand how the disease is expected to develop, and what help they can receive. There is also, however, an ambivalence among both patients and doctors about talking about a poor prognosis. This is thus one of the duties that is perceived as difficult to perform by health care professionals (Slort et al., 2011).

Communication is important for creating a caring relationship and takes place by talking, interacting, coaching, and motivating (Jones et al., 2015; Travelbee, 1971; Watson, 2008; World Health Organization [WHO], 2021). Nursing students rated it as difficult to talk to patients about existential aspects, such as feelings and thoughts. The most difficult was "talk to the patients about things/situations that they seem to be embarrassed about or feel bad about." "Showing interest in the patient's social situation in general" was considered the least difficult, and the level of knowledge in this aspect was also rated as high. A high level of knowledge was also found for "talking to patients about their feelings," but half of the nursing students

rated that as difficult to talk about. Students rated as the skill they had the least level of knowledge about “talking to patients about their sexuality.” The WHO (2021) regards sexuality as an essential and integrated part of being human, and there is a clear link between sexuality and health according to WHO, which makes it an important topic for nurses to be able to talk to patients about. It emerged in the study by Saunamäki et al. (2010) that the nurses who were uncomfortable when talking to patients about their sexuality also thought it was too private a matter to talk to patients about. They also found that the nurses who thought it was important to talk to patients about sexuality had a greater understanding of how treatment and illness could affect patients’ sexuality. In the study by Albinsson et al. (2021), nursing students in the first semester said that it was difficult to talk about death, sexuality, and conversations that aroused feelings of anger, frustration, and sadness, and studies also show that trained health care professionals find it difficult to talk about death (cf. Beck et al., 2012; Lanceley & Macleod, 2013; O’Neill et al., 2016; Tjernberg & Bökberg, 2020; Wadensten, et al., 2007) and about patients’ feelings (Aubert & Bakke, 2020; Hafskjold et al., 2018).

At the same time, nursing students in their first semester did not find that it was frequently occurring or especially important (Lindqvist et al., 2022). Nursing students receive only a little education in talking on a more profound level about sensitive things with patients, according to the current curriculum in the nursing program. The results of this study show that more education is needed in talking about both sexuality and other topics that patients can find unpleasant or uncomfortable to talk about.

The nursing students perceived that they have extensive knowledge in the encouragement of patients to be engaged in social and practical activities. However, they rate the performance of this as more difficult. Nursing students have the opportunity to develop their skills in practical activities at a Clinical Training Centre (CTC) during their education so that they are prepared when they will be in clinical practice. It is only “You encourage the patients to do things together with other people” and “encourage the patients to take part in group activities” that are not perceived as difficult; other items are perceived as difficult. “Supporting health and well-being” was a skill nursing students perceived they had a high level of knowledge about and found easy to perform, apart from the two items: “You talk to the patients about how they/you can together find solutions to enhance their well-being” and “You talk to the patients about how they experience their illness,” which were seen as being difficult to perform. It can be difficult for students to gain a holistic perspective at the beginning of their education, particularly if emotions are involved and there is a risk that they only see one perspective (Aubert & Bakke, 2020). For the students to develop professional skills and be able to understand what happens in the encounter they need, according to Ahmad et al. (2015), both theoretical and practical preparation, since knowledge does not necessarily lead to action.

According to Merleau-Ponty (1945/2002), an interpersonal dialogue can arise in the caring space when the focus is on the patients’ and relatives’ experiences and needs. It is important for nurses to be sensitive and meet the individual since health care staff can touch patients and relatives through their supportive, caring actions. It is during clinical studies that students must intertwine the theoretical and practical knowledge so that a caring encounter that supports patients’ health processes can take place (International Council of Nurses, 2002). A caring encounter is described by Javer (2017) as one with a wise caregiver who has a feeling for the patient and dares to meet a frightened person. This means that students need to develop an approach so they can be calm, take time, and be curious in a friendly way during their education. They also need to learn how to show patients that they are interested in the patients’ experiences so that the patient can feel that the nurse wants the best for them and can be trusted.

Limitations

There was a low number of male participants in the present study, which is a possible weakness, and a comparison between the responses of the male and female nursing students should thus be interpreted with caution; however, the sample could be seen as representative since most nursing students identify as female. There were students from only one university in the present study, which could limit the generalizability of the results to a broader population. However, it is a strength that 91% of the first-year nursing students participated in the study.

Conclusion

The results of the study show that nursing students perceive that they have knowledge of supportive actions but find it difficult to implement these actions in practice. The most difficult to perform was talking about feelings and thoughts. The research shows that many nurses feel uncomfortable talking about these topics. During their education, nursing students thus need to practise talking about what is perceived as difficult and sensitive.

The research also shows that it is important for patients to talk about feelings and existential issues. This indicates that nursing education needs to include teaching that gives students ways to develop both theoretical and practical knowledge in conversation techniques so they can and will talk to patients about feelings and existential questions. Their ability to see, meet, and support patients is of great importance for patients' well-being and recovery, regardless of the context in which the nurses work.

The nursing students in this study who completed the VSI-NS questionnaire had only recently begun their first semester of nursing education. A longitudinal follow-up study would be beneficial for identifying students' progression in their development of caring, supportive actions. A qualitative interview study would also provide knowledge about how teaching in the nursing program needs to be designed to improve the nursing students' caring and supporting abilities.

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