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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Students experienced help from preservative care. A reflective case study of two nursing students caring from a nursing framework on good care for older people

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Abstract

Background: The practice of nursing is shaped partly by nurses' professional perspective of good care, guided by a nursing framework. An example is the framework of preservative care, which defines good nursing care for vulnerable older people in nursing homes. Currently we lack an understanding of how this framework could help nurses in training; it may be a useful developmental aid for undergraduate nursing students but so far there are no empirical data to support this.

Aim: The purpose of this study is to explore how helpful a particular framework can be in the learning journey of two undergraduate nursing students. The study draws on narrative and reflective accounts, guided by the question: 'How does preservative care as a framework of good care help two undergraduate nursing students develop their caring for older people?'

Methods: This was a reflective case study, in which two students – experienced registered nurses (non-graduates) following a part-time education programme – reflected on their practices, using preservative care as a framework for taking care of older people. They kept reflective journals and received constructive feedback from the author of the preservative care framework (the first author). Their data were analysed in three steps.

Findings: Both students reported gaining profound help from the framework in their evaluations of daily practices, although they rated the help differently in terms of demanding and rewarding experiences. The framework was particularly helpful in developing qualities in three domains: person-centredness, professional role and specific nursing competencies.

Conclusions: The results of our study indicate how using a particular nursing framework made a difference to the practice of two undergraduate nursing students. Exploring the meaning and place of particular nursing frameworks in nursing education is necessary to establish their potential benefits for students.

Implications for practice:

- Further development is needed of reflective tools to highlight specific dimensions of nursing practice and support transformation of students' learning and practice
- Nursing lecturers could determine how dominant a role a nursing framework should play in lesson content and how this would contribute to the current requirements that care recipients, care providers and health organisations have of good care

Keywords: Nursing frameworks, preservative care, reflection, case study, undergraduate nursing education

Introduction

Nurses, like other healthcare professionals, act and speak in a certain way, expressing how well they do or do not care for others and what they consider inappropriate or unwanted from their point of view (Mol, 2010). A nursing point of view stems from several sources: the personal character of the nurse; work culture; professional guidelines; personal life and work experiences; and formal nursing education. This last source, nursing education, is aimed at preparing students to meet the standards of the nursing profession. These standards are partly determined by prevailing attitudes within the profession to nursing and care. One important reference source for these attitudes is nursing theories and models (Fawcett, 2005; Meleis, 2007). These provide conceptual and thus substantive content to the how, what and why of the nursing profession. To Risjord (2010), following Uys (1987), nursing theories and conceptual models are to be understood as relatively concrete philosophies. This means the questions posed by theories and models, such as 'What is nursing?' cannot be answered empirically; rather, they remain concrete philosophical questions. Nursing philosophies articulate, among other things, what the distinctive function, purpose or role of a nurse ought to be (Risjord, 2010). A nursing philosophy can be regarded as a framework through which to see and depict the professional world. Consequently, certain aspects or dimensions of a given nursing situation come to the fore, while others move to the background (Jukema, 2011). In a nursing framework that puts the patient and nurse centre stage, the focus is on the uniqueness of the situation and less on the technical aspects of care. However, with a framework that emphasises using proven interventions and achieving standard results, the specific care interactions between nurses and patients receive less attention. Thus, the framework of nursing care that is most prominent in nurses' education makes a difference to the development of their professional identity.

Goal and research question

The first author developed a nursing framework based on the ethics of care and the perspective of person-centred care. It closely describes good daily nursing care for older people residing in a nursing home (Jukema, 2011). Called preservative care, this framework gives a description of good care in the specific context of people who are vulnerable living in a nursing home, and indicates how nurses can apply the framework. Preservative care is not a skill or a method; rather, it implies a quality, a specific way of carrying out nursing responsibilities. It is expressed by the caring behaviour of the nurse during the actual caring interaction with a particular person. Preservative care is both value reinforcing (it allows people to sustain the value of personhood) and an ethical expression (it is good to work with people who are vulnerable and dependent). The moral test of this care is 'recognising the uniqueness of the other in this particular community'. Preservative care may help nurses and nursing students provide grounded help in evaluating existing nursing practices for nursing home residents, to criticise or renew practices and to support the development of new nursing practices. This framework aims to motivate and inspire nurses to examine daily routines in nursing homes that may seem simple and dull, and allow them to regard what they are doing as meaningful and valuable, not only to the residents but to themselves (Jukema, 2011).

Nursing education programmes can employ this specific nursing framework in training nursing students to become skilled in nursing home care in particular and for vulnerable older persons in general. Currently, there are no examples of educational materials that could be used for this purpose. Knowledge is required about the meaning this framework could have for nurses in training, and this study is intended to provide an initial contribution to obtaining this knowledge. So, the aim of this explorative reflective study is to exemplify, drawing on narrative and reflective accounts, how preservative care as a nursing framework can help the learning journey of undergraduate nursing students. The study is guided by the question: 'How does preservative care as a framework of good care help two undergraduate nursing students develop their caring for older people?'

Preservative care
The framework, categorised as a specific narrative of good care, was developed from a dialectic process between empirical data and theoretical insights. Empirical data were collected through participant observations and structured interviews in various care practices. Particular attention was paid to the ways in which professionals carry out care, with the assumption that when caring for nursing home residents, nurses express in some way what, in their opinion, is morally good or not good. The theoretical insights are derived from the literature on person-centred care and the ethics of care. Both accord a central position to care, to the context of giving and receiving care, and to the interrelationships between those involved in the practice of care. In a spiralling research model, empirical data and theoretical insight are continually connected, compared and tested against each other, and then merged step by step into a coherent whole.

Preserving uniqueness
The framework of preservative care was developed in response to the observation that the vulnerability of nursing home residents demands a specific form of protection. Without protection, these residents risk losing their personhood – the unique way they lead their lives and distinguish themselves from other people; the answer to 'Who am I?' To remain and thrive as unique individuals, nursing home residents depend on the care of others. The vulnerability of their personhood requires protection.

Given that professional nurses are in the immediate vicinity of nursing home residents, day in, day out, they are well placed to offer that protection. Preservation is a dynamic process of 'continuation' and 'becoming'. In preservation as continuation, the priority lies in maintaining that which is precious and familiar to someone. This can involve certain personal, familiar habits in the daily care of body and environment. In preservation as becoming, the priority is to enable, where possible, the creation of something new in the person's life that contributes to who they are as a unique individual. Examples are new hobbies, new skills or changes in a person's character, such as from being egocentric to being more open and sociable. After all, people's lives do not have a final, rounded-off destination – well into old age, people maintain the capacity to become unique. Through interaction with others, a person can take a new direction or even add a new dimension to their identity. That is precisely the dynamic of continuity and of becoming in preserving.

Preservative care in response to human vulnerability
Preservative daily care can be described as a practice with four distinct phases. These phases follow Tronto's model for an ethic of care (1993) and each has an ethical element linked to it (see Table 1).

Table 1: Four phases of preservative care

Phase	Ethical element
1. Ascertaining the care needs (caring about)	Attentiveness to ascertaining care needs
2. Organising the care (taking care of)	Responsibility for organising the required care
3. Caregiving	Competence in giving care properly
4. Care-receiving	Responsiveness to how care is received

In phase 1 the nurse expresses the quality of attentiveness by such behaviour as listening, taking time, asking questions and making appropriate eye contact. This requires an open yet pragmatic attitude, with a focus on what is needed now, in these circumstances, for this person to flourish. In phase 2 of preservative care, responsibility is the central moral quality. The nurse is usually the closest professional, the obvious one to organise the actual care, and expresses responsibility by their

motivated choices and the results of these. Competence is the key quality required in phase 3: being competent is crucial in helping to preserve someone's uniqueness. The more competent the nurse, the larger their repertoire of actions, and the better the care can be. A sensitive attitude and the empathy to attune to the person in context play important roles in competence. Phase 4 is characterised by responsiveness – that is, the nurse's ability to respond to the way care is received. Responsiveness is necessary so that the preservative character of the care can be tested, and to answer the critical question 'Does this care meet what is needed to preserve this resident as a unique person in this specific situation?'

Method

This study was designed and conducted by the lead author and developer of the preservative care framework (Jukema, 2011). The author's background includes more than 15 years as a lecturer and researcher in higher education for nurses, with expertise in the field of care ethics and person-centred care and a particular interest in the relational dimensions of care practices. From this involvement stems a commitment to further developing the preservative care framework for nursing education. A first step was conducting an exploratory study of students' experiences in providing preservative care. This required a reflective case study approach in line with Schön's (1983) seminal work on the reflective practitioner. Reflection is generally accepted in practice and education as an essential attribute of competent professionals (Mann et al., 2009). In addition, critical reflexivity is viewed as a research method (Freshwater and Rolfe, 2001).

This case study was made available to nursing students as an option in their training programme. The purpose was to gain experience in providing care with the framework of preservative care, to reflect systematically on the framework and to write a report about the experience. Whether and to what extent the students would succeed in giving form to preservative care was not a criterion for evaluation. The final report was evaluated for completeness and consistency. Two undergraduate students, co-authors of this study Netty van Veelen and Rinda Vonk, volunteered for this elective course lasting one academic semester in the final year of their training programme (see Box 1). They were following the four-year, part-time undergraduate programme that leads to a bachelor's degree in nursing. Both were registered nurses with considerable experience of geriatric nursing. Neither had consciously or deliberately worked from a particular framework of care provision before or been taught to do so. Before following this course, the students were informed about the research purpose of their assignment. They gave their permission for the results of their assignments to also serve as research material.

Box 1: The two student nurse volunteers

Netty, female, aged 52	Rinda, female, aged 43
A nursing student who began her career as an auxiliary nurse in a nursing home. After training as a registered nurse, she took a certificate course in cancer nursing care. Two years ago she began a part-time BSc in nursing, while working as a registered nurse in the same nursing home. Netty's main responsibility is supervising care assistants and auxiliary nurses in their daily caregiving. She is assigned to such tasks as administering medications, treatment and supervising complex care situations. The nursing home does not hold or articulate a specific philosophy on care for older persons.	A nursing student who also began her career as an auxiliary nurse in a nursing home. She trained as a registered nurse, and two years ago started a part-time BSc in nursing. She has worked for 10 years as a community nurse, mostly at weekends and nights. Now she is a case manager in community care and has special responsibility for care improvement. Rinda is not usually involved in providing daily nursing care. The healthcare organisation she works for is committed to the Planetree approach to patient-centred care as its overall philosophy of caring.

The core of Netty and Rinda's assignment was to look after their clients according to the framework of preservative care, and subsequently reflect on and document their care practices. Netty cares for older people in a nursing home, while Rinda looks after older people in the community. Both combined the roles of practitioner and researcher for the purposes of this study. The study contained five components:

1. An in-depth study of preservative care as a framework of good daily nursing care
2. Deliberate use of the framework in caring for older people
3. Keeping a structured reflective journal with the aid of a reflection tool
4. Receiving constructive feedback on the documented reflections from the author of the framework
5. To go on taking care of people, applying new or deepened insights gained from their own reflections

Reflection tool

Reflection is considered a key function in the professionalisation of nurses and the improvement of nursing care practices. In particular, the process of practice development emphasises the value of reflection and its importance in establishing practice objectives. Many, if not all, tools and methods of reflection address the different layers and dimensions of nursing practices. These tools are designed to be content-neutral. The reflection tool used in this study facilitated the data collection needed to answer the research question. That was the reason for basing the tool on the reflection phase in general and the central concepts of the preservative care framework. Each reflective question links directly to the content by referring to specific pages of the book on the framework (Jukema, 2011). The tool covers various domains of reflection as suggested by Johns (2009): description of the situation; reflection; influencing factors; different scenarios; and learning. Reflective questions were formulated as far as possible in line with the language (the same vocabulary) of preservative care (see Table 2). These questions facilitated one layer of reflection, namely a dialogue with the story (Johns, 2006). This dialogue is followed by another layer of reflection, namely a dialogue between texts with other sources of knowing (Johns, 2006). In this case, an important source of knowing comes from the author of preservative care, the first author of this paper.

Table 2: Reflection tool

	Reflective questions based on Jukema (2011)
Description of the situation from the perspective of preservative care	*Phase 1 of preservative care* • How did I notice the need for care? • What was the basis of this? (p 110) • What sort of attention was this in concrete terms? *Phase 2 of preservative are* • How did I organise the actual care? • What decisions did I make? And what motivated my choices? (p 114) • What was my responsibility in concrete terms? *Phase 3 of preservative care* • How did I actually give the care? • What knowledge, expertise, emotions, experience and habits did I use? (p 117) • How competent was I in concrete terms? *Phase 4 of preservative care* • How did the patient respond? • How did I react? • Did these reactions (patient/mine) affect the care in any way? • What did my responsiveness look like in concrete terms? (p 122)
Evaluation	• How did I know that I gave the patient due respect as a unique person, and what were the grounds for my evaluation (p 145)? • What was the context of my care for the patient? How did it affect me? (p 124) • Did I experience any dilemma in caring for this patient? If so, what? • How did I cope with it? • Which choices did I make? Why did I make them? (p 131) • What effort did I make to cope with the dilemma(s)? • How did I respond? (p 132)
Personal experience	• What did I feel? • When was that? • How did I experience it? • How did I react to it?

Data collection and analysis

At the start, before the actual period of reflection, Netty and Rinda independently studied and summarised the Dutch nursing framework *Bewarende zorg* (preservative care), followed by critical conversations with its author. Then, for a period of five weeks, the students reflected at least once a week on one of their own randomly chosen care situations in which they had been primary actors. Netty wrote six reflections on care situations and Rinda five. During the process of reflection, the two students kept in close touch by email (26 times) and telephone (twice), acting as each other's critical sounding board (Titchen, 2003; Wright and Titchen, 2003). In addition, Netty and the supervisor emailed each other (six times) and met in person (five times). Rinda and the supervisor emailed nine times and met twice. In some cases Netty and Rinda decided in advance to give care as much as possible in line with preservative care, while in other cases they did not. In all cases, each student reflected afterwards whether and how the care she had provided had been given from the framework of preservative care, and what that meant to her. Both students took notes immediately after the caring situation to ensure they would remember the actual experience. These notes were subsequently used to inform their reflective journals. Reflections on the experience were written on the same day or at the latest the following day.

Each reflection was emailed to the supervisor for constructive feedback. The feedback was not about marking practices as right or wrong, but aimed at increasing awareness and enhancing self-reflection by raising critical questions, as a form of 'reflective conversation' (McIntosh, 2010), with both backward- and forward-looking questions. These questions partly addressed methodological aspects, for example, 'What exactly do you mean by…', while others concerned the specific care repertoire of a student, for example, 'How sure were you of choosing this way of caring?' Other questions addressed

the impact or meaning of the particular framework of preservative care on the students' own working experience of caring for older people, such as 'How did this make a difference to you?'

Analysis

The reflection reports were then analysed, following three steps. First, each student concretely and carefully analysed their own work to determine what could constitute support generated by the framework. The second step was to get both students to review each other's reflection reports. The third step was to discuss this review in a joint meeting, where the three of us finally reached consensus on the labels.

Ethical considerations

Rinda and Netty's participation in this study was voluntary. They received clear, detailed information about the study's purpose and method, as it counted as an elective course for them. The required final product of the course was a portfolio that included reports of the method used, their reflections and their learning experiences. After the study ended, the two students and supervisor (the three authors) came up with the idea to publish their findings. They agreed to use their own names in the published article, as they viewed the study as an important turning point in their careers. The university's consent was not necessary given that the study was an approved teaching assignment.

Findings

The central question of this study is 'How does preservative care as a framework of good care help two undergraduate nursing students develop their caring for older people?' We present first a personal, detailed account of how Netty and Rinda experienced caring for older people from the framework, and their experiences of the process of reflecting on this. This is followed by a description of specific skills and qualities that, according to these two students, they developed during the reflection period.

Netty's experiences

Based on an analysis of her own reflections, Netty summarised her experience of caring for older people from the preservative care standpoint as follows:

> *'Preservative care helped me to observe and listen better to a particular resident, as well as to other residents and to my colleagues taking care of them. Preservative care resulted in my focusing on looking and listening to the care needs of the resident; to see what the 'hidden' question or need of this unique person is. It took heaps of mental and physical energy to provide preservative care in a nursing home that didn't work with this specific framework. It demanded my orientated commitment and effort to notice the need for preservative care, to organise and subsequently apply it. And this asked for my utmost best to escape from my usual daily routines and habits. The satisfaction I gained from providing preservative care set against the context in which I had to apply this quality of care confronted me with a dilemma. It threw me off balance because deep down I want so badly to give good care, but [in my circumstances] it is virtually impossible to do so. I feel inhibited and limited in this setting, because I can't work to my full potential. It means also that I'm not flourishing, which is not a pleasant discovery.*
>
> *'Giving preservative care brought me in touch with something beautiful, a deeply felt intention of doing well for the other. That's what I want to do, feel, experience and enjoy more often. When I succeeded in giving preservative care, I was bursting with positive energy. That gives a nurse job satisfaction. The residents' responses gave me valuable moments of satisfaction, made me content and happy as a person. Through the deliberate use of preservative care, I experienced what good care is, in my opinion, and what happens to me when I don't give preservative care. When I do, I am untouched by moral tensions because the context is no longer an imposition. The positive responses of the residents meant I did my work with more pleasure. I received energy and became energised. I felt acknowledged in my own uniqueness. I can't undo what I've learned from this study, and it will*

have a positive effect on how I deal with dependent people and my performance as a role model for healthcare workers in the nursing home.'

To Netty, the process of taking care of older people from the preservative care perspective and reflecting on what she was doing was both very demanding and rewarding. After three of her five reflections, it became painfully clear to her that she now regarded her former way of caregiving – prior to gaining expertise in giving preservative care – as an unconscious and unintentional act of hurting, adding to the existing suffering of the nursing home residents. This experience had a huge impact on her. She took a break for a week and, after consulting her supervisor, gradually took up her assignment again. She ended her learning journey by stating:

'Some hidden moral tensions were broken through caring from this framework. Today there is room for awareness and professional growth... Applying the framework of preservative care challenged me to think about my profession, my work in general, who I am, what I stand for and how I let my context influence me.'

Rinda's experiences
Based on an analysis of her reflections, Rinda summarised her experiences in caring for older people from the preservative care standpoint as follows:

'It helped me to consider the uniqueness of each client. I adjusted my actual caring based on what was necessary at a particular moment, regardless of the mutually agreed nursing care plan. In many cases, my care departed from the official nursing care plan. Working with preservative care helped me give the client a central place in my caring. It encouraged me to deepen my way of communication and observation. By taking a bit more time, I really enjoyed being with my clients. My work deepened, and clients basked in my attentiveness and care. I experienced their joy and gratitude as rewarding. Some days were marked by a golden touch! I was challenged far more to rely on my ability to improvise. I was challenged to find out what a client really needed at a particular moment. More than that, I had to find new ways of meeting those particular needs at that moment. I cared more calmly and with more awareness, and really took time for people. It supported my giving a "little bit extra". Working with this framework helped me to face my own "negative" feelings and emotions in caring. And facing them has helped me to realise I'm an ordinary human too. Even if I have these "negative and bad" thoughts and feelings, I'm still a good nurse.

'This particular way of caring takes more time and I had to deal with new tensions arising because of that, although it didn't cause me any dilemmas maybe because I can organise my own caring in my community. My clients expressed their gratitude very clearly to me; they gave compliments. They were happy to see me again. If I was away for a couple of days, they asked my colleagues what had happened to me. This raised my self-esteem, and made me enjoy my job so much more. It made me feel proud and really happy. It is so nice to give sincere attention and care. As a matter of fact, it helps me build a real bond with my clients. To me, preservative care helps preserve a person's uniqueness. In short, it helps me give better care. The positive response of clients gives more joy in my work, and I'm paid more respect as a nurse. This joy shines from me, as it were, and it has a good effect on my colleagues as well. Even after this assignment ends, I'm going to continue my preservative care as well as possible.'

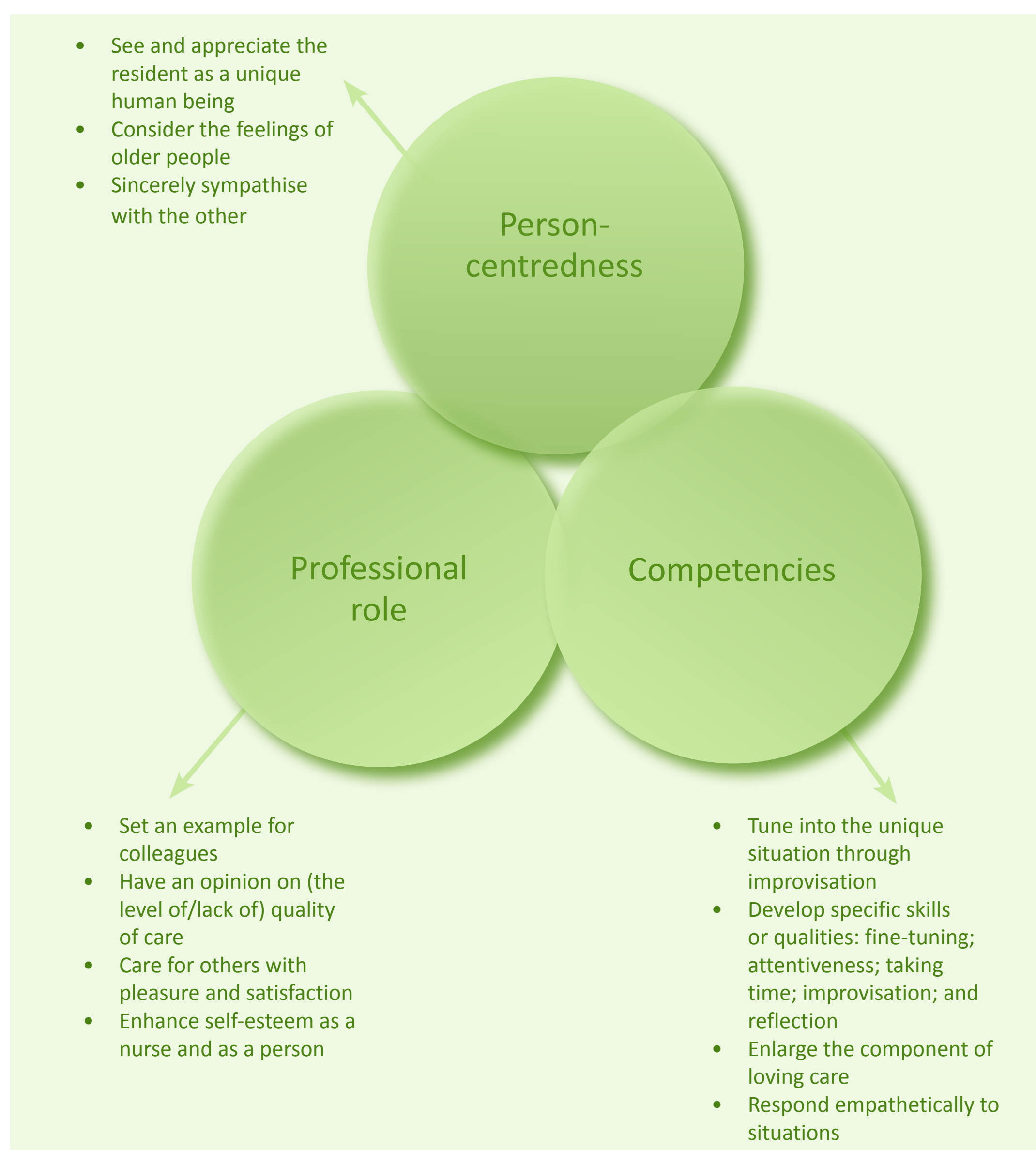
For Rinda, the changes in her nursing care evolved more gradually. A possible explanation might be the current climate of her healthcare organisation. This organisation promotes the delivery of care and services described by Planetree, which has several commonalities with preservative care. However, Rinda also reported a meaningful, positive change in her practice. She experienced a sense of liberation that came about through her acknowledging and writing up her irritation at certain moments in caring for others:

'It gave me a sense of freedom, writing down my irritations too. In my opinion, it gave me a more "human face" as a nurse. It [nursing] is not only about irritations, it's also a matter of compassion and commitment.'

Particular help of preservative care

The two students felt that the preservative care framework was instrumental in their development and in the deepening of specific skills and qualities. As a nursing framework, preservative care strongly addresses the reasons for concrete nursing practices for a particularly vulnerable group of care-dependent people. This framework refers to a specific quality of nursing care that arises from the specific competencies, attitudes and intentions of nurses. Analyses of the available reflective accounts revealed that the help these two nursing students experienced enabled them to act in a specific way in three domains: person-centredness, professional role and competencies. Each domain represents a number of skills and qualities (see Figure 1).

Figure 1: Nurses' experienced help in different domains



Discussion
In this reflective case study we explored the help two nursing students gained from a particular nursing framework in their education. Two mature, experienced nurses revitalised their practice by applying a highly moral, value-laden framework to nursing care. The help it gave them, formulated as concrete nursing activities and competencies, supports McCormack and McCance's (2010) view that holistic care also includes psychical and technical aspects. The help from preservative care that Netty and Rinda experienced provides an integrated view on actual caregiving, directly considering the contextual, relational, narrative and embodied dimensions of care practices. We address three issues:
- The impact of reflection on the personal development of Rinda and Netty
- The meaning of their experiences for the position of frameworks in nursing education
- The study's methodological approach and its implications for nursing education and for estimating the value of the presented results

Reflection and personal development
For both students, this study counted as an elective course for their BSc in nursing. Although Netty and Rinda already had several years' professional experience in caring for older people, they both experienced a sense of enrichment and actual improvement in their practice through their reflections. They each went on their own journey in caring using a nursing framework and in reflecting on that. Netty and Rinda found this study a significant and powerful learning situation; in fact, to them it was one of the most powerful assignments during their training. As students and practitioners commonly experience (Mann et al., 2009), keeping a reflective journal further enriched the course. Describing the situations they experienced turned their previously more detached, technical way of recordkeeping into a more personal way of reflecting on situations, including specific facts, feelings, thoughts and considerations in detail. Their experiences, reflections and mutual discussions, and the feedback and support from their supervisor, not only encouraged them to deepen their current practice, it facilitated the adding of new dimensions to their professional nursing roles. To be more precise, they experienced their habitual practice changing in a new, positive way, as a challenging and enriching experience. They learned to re-evaluate a number of specific skills and capabilities, and to deepen (enrich/intensify) those that lie within the framework of preservative care.

However, for Netty especially, this achievement was an intense process. After a couple of weeks of working on her reflections she felt high levels of stress that may be construed as expressions of moral distress (Jameton, 1984; Burston and Tuckett, 2013). She blamed herself for the 'poor' quality of care she used to deliver, now viewing her past practices through the fresh lens of preservative care. To Netty and her supervisor – the author of preservative care – this was an unexpected reaction to her reflections on the past, as was the depth of Netty's examination of and feelings about her care. Consequently, Netty was unable to work for a short while but after supportive consultation with the supervisor, she was able to proceed with her work and her reflections. In the end, this learning experience turned out to be very powerful and meaningful for her professional and personal development.

Although nursing education research does pay attention to causes of moral distress (Ganske, 2010), we did not find any studies on a negative relationship between reflection and moral distress. Following Netty's experiences, we recommend explorative research on the negative and positive associations of reflection with moral distress. A wider study on the experienced help of preservative care is currently under way. It aims to explore whether this nursing framework would be helpful for a larger group of novice and young undergraduate full-time nursing students.

Nursing frameworks in education
This reflective case study, although small in scale and descriptive, opens a discussion on the meaning and value of studying and applying nursing philosophies to daily nursing practice. For Netty and Rinda, this nursing framework became real, not something 'theoretical' or 'abstract', as is commonly said of nursing philosophies and other theoretical approaches (Duff, 2011). Both students experienced that

working with a nursing framework directly influenced their work and deepened their identity and competence as professional nurses. This supports the view that nursing theories and models may help students focus on specific actions for skilful practice (Johns, 2006) and help them develop and deepen their role as professional nurses (Grace and Perry, 2013; Naldahl et al., 2012).

The content of nursing curricula is often based on core concepts from particular nursing philosophies or theories and models (Lewis et al., 2006; Waller-Wise, 2013). The approach presented in this study can be added to existing teaching methods such as those by Hernandez (2009), which support students in developing their own philosophy on good nursing care, and Knowles' adult learning theory (McMillan et al., 2007).

Every educational programme or training course consciously or unconsciously establishes a certain vision or framework of good care as the basis and content of the education. Nowadays, these are usually competencies and concepts (Foret Giddens et al., 2012) and the perspective of evidence-based practice. This choice has implications for the development of the professional identity of nurses. On the job, they attach importance to gaining qualities such as effectiveness and efficiency. Because students are not systematically trained in the relational and contextual dimensions of care in a professional sense, they may attach less importance to this. An undervaluation of these dimensions of care contrasts with the importance that patients attach to personalised care (Anderberg and Berglund, 2010; Nakrem et al., 2011). An evidence-based practice approach does not make nurses proficient in philosophical understanding and analyses of nursing practice, both of which are necessary to address such matters as the purpose and meaning of practice. Answers to these questions are essential to shaping practices that meet excellence as conceptualised by Magnet Hospitals (Joseph et al., 2011).

Methodological considerations

The strength of this small-scale study is its precise, careful execution. The three people involved jointly gave form to the study. Data were collected carefully and analysed systematically. At the same time, the insights obtained should be evaluated in the light of at least three issues. First, the specific backgrounds of those involved. Both students are highly experienced caregivers so they were not representative of the full-time nursing student who has not worked as a caregiver. The person who set up the study and supervised the reflections also designed the preservative care framework. His knowledgeable involvement and interests may have influenced the content of the subsequent reflections. A second issue is the question of the source of the experienced support, such as Netty and Rinda described. Does it come from reflection as such, or through the substantive issues? Did the perceived support come about through the contribution and enthusiasm that the supervisor offered? In other words, to what extent can the support be attributed to the preservative care framework? This last question requires further study with different groups of students reflecting on their work from the standpoint of different frameworks.

A third issue is that we worked with self-reported support. We do not know if fellow nurses noticed any changes in Netty or Rinda. Although both nurses' descriptions of their experiences suggest some knowledge of the positive effect on care recipients, we do not know directly from the recipients themselves if they experienced any changes in the caregiving of Netty and Rinda. Research is needed to investigate whether others notice the (effects of) perceived support.

Conclusion

The results of our study indicate how caring from a particular nursing framework made a difference in the practices of two undergraduate nursing students. The honest reflections of both students depict their demanding learning journeys and shed light on the enrichment and transformative meaning they gained on the way. Deliberatively caring from a particular nursing framework helped transform both nurses' 'routine daily care' of older people into 'unique encounters'. More than that, care provision in terms of this framework brought to the fore particular aspects of nursing and caring for older people that neither nurse had seen, valued or experienced. Basing our findings on their reflective

accounts and following Holt (2014), we suggest further exploring the meaning and place of particular nursing frameworks in nursing education. No matter which framework stands at the centre of a nursing education, teachers should be aware that the chosen framework will place certain dimensions of nursing in the foreground and move others back. We hope that this awareness contributes to a discussion on determining content of nursing education that meets the current and future professional standards and public demands.

Implications for practice

This novel framework on good care seems not only to have reinforced the students' professional identity, it also seems to have helped enrich their own lives and the lives of the older people in their care. In this respect, the significance of our findings for undergraduate nursing education is twofold. First, it gives input into the development of reflective tools that highlight specific dimensions of nursing practice. Many reflective methods and tools used in nursing education present a neutral approach to nursing practices. They are intended for use in various learning situations, regardless of the specific context of patients, learning needs of students or the particular aim of the nursing care. Our findings suggest that a content-laden reflection has a powerful transformative effect on specific aspects of learning and nursing care. It would be interesting to develop this method by, for example, ensuring the guidance of the reflections was not dependent on the original author of the particular nursing framework. Second, nursing lecturers could determine whether and, if so, how much a framework should dominate its own lesson content and how this would contribute to the current demands of care recipients, care providers and health organisations. The results of this analysis could suggest a need to strengthen or even reconsider the deployment of a particular framework of nursing care.

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