

Understanding and formation—A process of becoming a nurse

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Abstract

Nursing is a complicated and multifaceted profession that sets high demands in preparing nursing students for the profession. In today's education, the emphasis is often on knowledge and skills, that is, epistemology. In caring science another approach is sought, an approach based on human sciences in which knowledge will serve a more profound understanding, that is, the ontology. Consequently, the question of what this 'understanding' in clinical education is and how it is promoted in clinical nursing education becomes important to clarify. Therefore, the aim here is to explicate the phenomenon of understanding in clinical education as experienced by third-year undergraduate nursing students ready for graduation. This study, with a hermeneutic approach, is based on a secondary analysis of focus group interviews with undergraduate nursing students. The analytical expansion of the original material suggests three interrelated themes that illuminate the phenomenon of understanding in clinical education. These findings are deepened and enriched through philosophical abstraction. In the process of understanding, *episteme*, *techne* and *phronesis* can be viewed as inherent parts of the structure of thought in nursing. The perspective advanced in this study adds new aspects to the phenomenon of understanding and its meaning and significance in the dynamic process of formation and becoming in clinical education. The focus in clinical nursing education should be on learning reflective, critical thinking and the ways of being a nurse, rather than drilling students on particular skills. In the rapidly changing world of the 21st century, an understanding-based education is needed as a more meaningful and authentic approach. Therefore, an ontological turn in nursing education, through which the main focus shifts from a traditional epistemology to an epistemology in the service of ontology, is suggested. Further studies are needed in the development and implementation of an understanding-based, interpretative education in nursing.

KEYWORDS

becoming, clinical education, epistemology, formation, ontology, understanding

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1 | INTRODUCTION

Nursing is a multifaceted profession signifying the complex task of uniting many different aspects of patient care (Halldorsdottir, 2012). Therefore, a high standard of undergraduate nursing education is required to provide nurses with the ability to acquire and independently assimilate new knowledge, skills and attitudes (EU, 2005). Developing the ability to make ethically justified decisions and act professionally (van Graan et al., 2016) with the ultimate goal of evolving nursing students' abilities to care for patients is also desirable (Hovland, 2011). It has been argued that professional programmes have a limited scope and are inadequate in preparing students for the challenges of professional practice (Beck et al., 2015; Benner, 2015; Benner et al., 2010; Dall'Alba, 2009). The emphasis is often on model learning, focusing on components in nursing instead of integrating science and art in nursing enabling a holistic caring, denoting students show a surprising lack of responsibility for patient care (Christiaenes, 2008; O'Donnell et al., 2020). As such, the focus of education is generally on knowledge and skills, and even if necessary, they are not sufficient in themselves (Wiske & Breit, 2010). A student can never attain a full understanding of a field of knowledge only by learning the facts; s/he must penetrate the underlying patterns to discern how the areas of knowledge are linked. Thus, the most thorough form of learning lies in understanding (Gärdenfors, 2010).

2 | THE PHENOMENON OF UNDERSTANDING

Aristotle (1999) identified five intellectual virtues as a part of the process through which the soul arrives at truth. Three of these virtues are also defined as forms of knowledge: *episteme*, *techne* and *phronesis*. *Episteme* refers to knowing and includes universal and general knowledge, that is, knowledge connected to science and research (Gustavsson, 2000). *Techne* or practical knowledge refers to practical skills and the knowledge needed to create and produce something (Gustavsson, 2000). *Phronesis*, also called prudence, refers to practical wisdom, correspondingly described as moral deliberation, where thought and feeling unite. *Phronesis* is at play in the application of concrete actions as a manner of being or good judgment, that is, to do what is right in a particular situation (Aristotle, 1999). According to Zagzebski (2001), Plato's and Aristotle's ideas about understanding contain three main insights: First, understanding arises from *techne*. Thus, understanding is a kind of know-how. In other words, one gains understanding by knowing how to do something well. Second, understanding involves mastering an entire field of interrelating parts as well as seeing the relation of the parts to a whole. Third, understanding is considered to be more than propositional knowledge. It is also the ability to perceive structures of reality that cannot be expressed propositionally.

Heidegger (1996) states that, understanding is based on certain given conditions. To be able to *start* dealing with the issue at hand,

one needs to have certain forms of internal and external knowledge (Helenius, 1990). Consequently, knowledge is a prerequisite for understanding; understanding is built on knowledge and knowing. Heidegger (1996) considers understanding constitutive of our being-in-the-world, and it is inextricably linked with our existence. In other words, understanding is a part of a whole: it is not merely theoretical, it also has its purpose in practical situations. Accordingly, understanding happens through actions.

According to Gadamer (2004), understanding begins when something 'speaks' to us. This something, whether a situation or an experience, is up to that point unfamiliar to us and forms an unfamiliar horizon. This unfamiliar horizon meets the previously achieved, established horizon and they come into dialogue. This dialogue or movement between the new and the established horizon is called a hermeneutic spiral (Gadamer, 2004). In this spiral, one's prejudices, the already known and the understood, encounter the new and unknown. This encounter between horizons eventually ends up in a fusion of horizons; the 'old', 'established' understanding is fused with the unfamiliar, and a new horizon emerges. This fusion of horizons is what Gadamer calls understanding. Our understanding is revealed in the ability to accomplish tasks successfully, with grace, under pressure and with tact (Gadamer, 2004).

An *understanding* is the successful result of trying to understand, an inference that makes meaning out of many discrete elements of knowledge (Wiggins & McTighe, 2005). Chinn and Kramer (2018) see understanding as an integrated comprehension of what is 'known' in a personal sense and as a collective sense of 'knowledge' that includes taking in the significance, background meanings, facts and experiences as a whole. Understanding implies having an open and dynamic perspective by asking and reflecting on questions such as 'Do I know what I do?' and 'Do I do what I know?' (Chinn & Kramer, 2018, p. 117). The process of forming understanding and personal knowing, originally described by Carper, begins with critical questions and reflection with others. It is a dynamic process of growth in becoming a more genuine self in contact with professional core values and understanding what it means to be a nurse (Thorne, 2020).

Understanding implies moving beyond mere routine learning and recall (Wiggins & McTighe, 2005). Therefore, it is only through understanding that it is possible to make sense of the learned knowledge and skills. A shift from superficial, descriptive knowledge is needed (Benner, 2015). One can have knowledge and skills, but understanding is required to know *which* knowledge and skills matters, and *when*. Understanding is also a precondition for *the ability to adapt* what we know to address the challenge at hand (Sandberg & Targama, 2013; Wiggins & McTighe, 2005). Consequently, undergraduate education should not be about teaching nursing down to the very last detail, but should focus instead on preparing students for a lifelong learning process (Kaulback, 2020). It is suggested that education should focus on facilitating students' understanding of key concepts, 'big ideas' and core processes that are transferable to other contexts (McTighe & Seif, 2011; Wiggins & McTighe, 2005).

Grimm (2012) argues that leading philosophers have grown increasingly dissatisfied with the contemporary focus on knowledge in epistemology and have attempted to 'recover' the notion of understanding. Since philosophers have considered understanding to be more valuable than knowledge, a shift in epistemological focus is suggested. Understanding is claimed to be the genuine meaning of *episteme* (Grimm, 2012; Kvanvig, 2017), and it should consequently be the starting point for identifying, describing and developing in various occupations and professions (Sandberg & Pinnington, 2009).

Thus, these insights serve as a prompt for new ways of looking at knowledge, understanding and epistemology. The traditional, rationalistic epistemology perceives competence as a set of properties of knowledge and skills used in performing a particular task. In this approach, competence development is the acquisition of knowledge and skills (Sandberg & Pinnington, 2009). In caring science, another, more human scientific approach is needed in which knowledge is used to establish a more profound understanding (Benner & Sutphen, 2007; Högström & Tolonen, 2004). An understanding-based epistemology is advocated (Sandberg & Pinnington, 2009). Teaching for understanding calls for a fundamental shift from an approach focusing on content 'coverage'—teaching facts and discrete skills—to an approach that emphasizes the 'uncovering' of important, transferable ideas and processes (i.e., Benner, 2015). Accordingly, contemporary education must shift from an emphasis on knowledge acquisition to preparing learners to understand ideas and processes that they can use and apply flexibly and autonomously (McTighe & Seif, 2011).

Wiggins and McTighe (2005) have identified six facets of understanding. *Explanation* involves the ability to express concepts, principles and processes in one's own words and show one's own reasoning. Specifically, one can exhaustively explain how things work, what they imply, where they connect and why they happen. *Interpretation* means making sense of data, texts and experiences and thus providing meaningful clarifications, narratives and translations. *Application* implies the ability to use and adapt knowledge in new and complex situations and contexts. In *having perspective*, one must see the big picture critically and be able to recognize different points of view. *Empathizing* involves sensitive perception and the finding of value in the unfamiliar. Finally, in *having self-knowledge*, one must exhibit an awareness of both the understood and not understood by reflecting on one's own understanding and factors affecting it, including preunderstandings and prejudices. The facets reflect different nuances of understanding, offering various indicators of understanding. Ideally, a complete and mature understanding involves the full development of all six facets.

Teaching for understanding is needed and should be given the highest priority in education (Blythe, 1998). First, though, it is important to ask what understanding is in clinical education, and how it is perceived by nursing students in undergraduate education. This study takes on the task of investigating the phenomenon of understanding as a catalyst for learning and the process of becoming as perceived by nursing students. In this article, we use the concept of understanding to refer to the students' ability to create meaning

and a manner of being as prospective nurses. Such creation is based on the act of discerning patterns in knowledge and skills in nursing care that comprise the ability to transfer and apply the acquired knowledge in clinical situations.

3 | OUR STUDY

Inspired by a hermeneutic approach (Gadamer, 2004), a secondary analysis of data originally collected to answer another research question was performed (Thorne, 2013). The original study is reported elsewhere (Sandvik et al., 2015). In this article, we explicate the phenomenon of understanding and its significance in developing knowledge and personal knowing in clinical education, as experienced by nursing students ready for graduation. The theoretical basis for this study is grounded in the humanistic tradition of caring science (Eriksson, 2002, 2013; Lindström et al., 2017), implying that the human being is to be seen as a constantly changing whole in close fellowship with others. Students' learning is thus seen here as a process of becoming, through which students construct and shape their knowing and doing as an ongoing and never-ending formation (Vu & Dall'Alba, 2011).

The empirical data included in this study were collected at three universities, including two in Western Finland and one in Northern Sweden. Twenty-four purposefully selected students (17 female and four male) participated in the study. Data were generated by conducting one focus group interview at each university. Participants were asked to share their thoughts and experiences of understanding in clinical nursing education. Data were analysed according to what Thorne (2013) calls an *analytical expansion*, meaning that previously-used data is reanalysed to answer new questions as the theory base increases or as questions are pursued at a higher level of analysis. This implies that the analysis goes beyond the terms of the primary work, focusing on other aspects of the data. Specifically, analytical expansion transcends the focus of the primary study by examining new empirical, theoretical or methodological questions.

In the present study, the researchers strived to deeply examine a new empirical question to reach a higher level of analysis, that is: nursing students' understanding and becoming.

The findings from the previous study were set aside, and the data were re-examined with a new research question using an open-minded hermeneutic approach inspired by Gadamer's (2004) philosophy of understanding and interpretation. According to Gadamer, the process of interpreting a text involves an attempt to capture the meaning of the whole. This interpretative process is a continuous dialectical movement between the parts and the whole, the so-called hermeneutic *circle* or *spiral* of understanding. This process continues until the interpreters' horizon of understanding and the horizon of the text blend in a fusion of horizons, so that a common meaning emerges. With the new aim as a search light, the interviews were read several times to obtain a picture of the whole. As the interviews were read and reread, conceptions were re-evaluated and eventually a new understanding of the text grew. This reading and dialogue in

form of questions and answers with the text comprised a dialectic movement between the parts and the whole. The themes that emerged from the interpretative process were discussed among the authors to confirm that the findings were in congruence with the data.

In secondary analysis, it is of fundamental importance that the researchers are ethically aware and can make decisions according to the participants wishes (Grinyer, 2009). According to Beck (2019) secondary analysis raises ethical matters regarding informed consent and confidentiality. Informed consent was obtained from the participants of the primary study. The new research question that gives rise to a secondary analysis is seldom apparent when obtaining participants' informed consent for the primary study (Thorne, 2013) and therefore it is not possible to inform participants of the exact path that their data will take. Consequently, it is always important to consider the range and scope that the obtained informed consent imply. Since the primary study, in this case, was part of a large international study, the informed consent was obtained with general statements about how data might be used. When planning the secondary analysis, it was ensured that the objective and the use of data were in alignment with the informed consent received for the primary study.

Confidentiality can be another ethical concern in secondary analysis. It is important that the researchers of the secondary analysis retain to represent the perspectives of the participants and to be thoroughly familiar with both the original data but also to earlier published findings in relation to those data (Thorne, 2012). In this case, this secondary analysis is conducted by researchers using their own self-collected data (Heaton, 2008). Thus, it was the same researchers that conducted both the primary study and the secondary analysis. Consequently, the researchers are privy to all aspects of the data sets and have strived to honour the promise of confidentiality to the participants and to balance it with the use of the anonymized data.

4 | UNDERSTANDING—A PROCESS OF FORMATION

The analytical expansion suggests three interrelated themes that illuminate the phenomenon of understanding in clinical education as experienced by third-year undergraduate nursing students ready for graduation: Preunderstanding—a prerequisite for seeing and achieving insight, Interweaving knowledge and actions—a fusion of horizons, and Becoming in personal and professional prudence—an ongoing formation.

4.1 | Preunderstanding—A prerequisite for seeing and achieving insight

To be able to understand, the students have to have already seen and understood which implies different aspects of seeing. In other words,

pre-understanding is required. This preunderstanding is the students' current horizon of understanding. It constitutes their starting position for learning and is a prerequisite for further understanding. The nursing students expressed that understanding is realizing and achieving insight, and making sense of universal and general knowledge (cf. Aristotle, 1999; Gustavsson, 2000). By seeing and realizing, one encounters reality, senses it, interprets it, and understands it (Chinn & Kramer, 2018; Martinsen, 2009). The nursing students emphasized the significance of understanding previous knowledge and personal knowing (cf. Helenius, 1990) as prerequisites for further comprehension (cf. Heidegger, 1996). Cognitive apprenticeship (Benner et al., 2010) refer to what students need to learn to use science and theory that is required to think like a nurse. This can be connected to Aristotle (1999) view of *episteme* as a learned and appropriated conviction on matters of fact or 'knowing-that' knowledge, which refers to an understanding of how matters stand. By gaining a breadth of experiences, students understand as they realize the complexity of the field of learning regarding nursing and patient care. With increased experience, they also realize the range of knowledge they still lack and need to acquire. As such, understanding also implies the awareness of the limitations of one's own knowledge and understanding. Self-knowledge is a key facet of understanding because it enables one to see the limits of one's understanding and reflect on the meaning of one's learning and experience (Wiggins & McTighe, 2005).

The more that your know-how has increased, the more you realize how much there is to know, and how much there is still to learn. There will always be something new [to learn].

However, understanding is not limited to propositional knowledge. It includes understanding achieved through earlier experiential learning. Our prejudices, the questions one asks and the answers one already has are not barriers to understanding, as the already known allows one to understand more (Gadamer, 2004). When students obtain an understanding of what being a nurse means, they experience an at-homeness that brings a decidedness for the matter at hand and an inner manner of being, which can be related to personal knowing (Chinn & Kramer, 2018; Hilli & Eriksson, 2019).

Seeing things from new angles broadens the vision of the subject at hand. As such, knowledge facilitates an understanding of how the world is constructed and how it works (Aristotle 1999; Gustavsson, 2000), and such understanding is a prerequisite for being able to see things in a different way. This is a demonstration of perspective, as it involves seeing the big picture, recognizing different points of view and being able to establish a distance from habitual beliefs and experience (Wiggins & McTighe, 2005).

[Understanding means] that you start seeing things in a new way that can help you to know that you are doing it right in the future.

4.2 | Interweaving knowledge and actions—A fusion of horizons

The nursing students expressed that understanding in clinical education underpins knowing and acting, which can be connected to Aristotle's (1999) idea of *techne*. The students perceived knowing how and why as essential in the process of understanding. Knowing how also presupposes knowing why. Action without knowing why is considered to be inadequate.

Knowing how implies a form of *techne* that involves having the skills to perform actions and understand what one does. This echoes the practice apprenticeship (Benner et al., 2010), implying students learning to effectively practice the discipline, structure use of technology and skilled know-how. Thus, by knowing how, students can make meaningful interpretations of the data at hand and act accordingly (Wiggins & McTighe, 2005). Knowing why implies that one's actions are not random but are instead deliberate (Aristotle, 1999; Gustavsson, 2000). Students reported that they know why to act in a certain way and have the ability to explain their reasoning (cf Chinn & Kramer, 2018; Wiggins & McTighe, 2005). Reflecting with others on how and why while having the tools for action exemplifies nursing students' understanding as connected to performance and production, or knowledge and personal knowing (cf. Aristotle, 1999; Chinn & Kramer, 2018; Gustavsson, 2000). The understood can be used in different ways and thereby provides a variety of possibilities for performance in caring for patients. In this respect, understanding is considered to be something to rely on, or a mainstay to lean on that guides the students in nursing. According to Heidegger (1996) understanding can be created by using tools in action, and this was confirmed by the students in this study. The students expressed that understanding gave them tools for action as the understood could be manifoldly used in various ways in different situations. However, tools are not ends in themselves but are always used in context, having meaning and being beneficial only when related to others (Heidegger, 1996). Zagzebski (2001) asserts that understanding involves mastering an entire field of interrelating parts and seeing the relation of parts to a whole. This implies that students possess different pieces of knowledge and skills, and that these different pieces come together through understanding; they become interwoven. Thus, understanding gives the students a better picture of nursing as a whole:

In the placement ... you get a better understanding ... you can more effectively ... put together the theory in practice. You get like an even better picture of the whole thing, and put it together with your past experiences. So ... you take advantage of the full range of knowledge from various sources.

Wiggins and McTighe (2005) use the term 'application' to describe the ability to use and adapt knowledge in new and complex situations and contexts. Accordingly, one's understanding is revealed in how *techne* is implemented in the application of knowledge and

understanding (Gadamer, 2004). Interweaving can thus be seen as an encounter between the already understood and the new and unknown; as such, a fusion of horizons occurs (Gadamer, 2004). Thus, understanding, interpreting and acting happen at the same time; this process is a way of being-in-the-world, and through understanding, we are tuned in to what we are doing (Martinsen, 2009).

4.3 | Becoming in personal and professional prudence—An ongoing formation

Achieving and developing understanding moulds and matures the students. Through a deeper understanding, students become wiser, and this affects what they do, how they act, how they behave and who they are becoming. The nursing students described how understanding in clinical education had influenced them personally and professionally. In other words, a becoming in prudence had occurred, a formation referred to as *phronesis* (i.e., practical wisdom), which includes moral deliberation, good or well-considered judgments in action and doing what is right (Aristotle, 1999). The formation (*Bildung*), implies a development of a comprehensive, mature personality with the ability to think and act independently in a moral way (Gadamer, 2004). This ethical formation implies that students learn to perceive and practice the notions of good and the best practice in actual situations (Benner et al., 2010). Practical wisdom is obtained through one's own long-lasting and practical experience (Aristotle, 1999; Gustavsson, 2000), and is acquired through the experience of life itself. In the view of formation, students are constituted by experiences; the practice itself gives them new content, a sense of identity and artfulness (Benner & Sutphen, 2007).

The students emphasized how understanding in clinical education had influenced their professional being and behaviour, not only through the provision of bookish and technical knowledge, but also through experiences providing self-knowledge, security and confidence in nursing. Students expressed that by developing a deeper understanding, they had grown into becoming nurses. The gained understanding had influenced their professional identity to become more assured and confident. It had also given them insight into nursing as a profession, and they felt that it had given them the readiness to being a nurse and handle things as nurses.

As understanding occurred, their professional development changed, and so did their being-in-the-world (cf. Chinn & Kramer, 2018; Heidegger, 1996). Students became attuned to *respond* as nurses; that is, *being* a nurse, rather than just *acting* like a nurse by following procedures and performing (Dall'Alba, 2009). Thus, they developed senses of salience, that is, they recognized the significance in clinical situations and the ways to respond, relate and perform according to the situation (Benner & Sutphen, 2007). The ability to see when something was not right cannot be acquired only through the literature and evidence provided by randomized controlled studies rooted in natural science (Delmar, 2017). Delmar (2017)

highlights the necessity to recapture *phronesis* with its context-dependent knowledge in the human sciences. Propositional knowledge may provide a general orientation, but the 'mastery of seeing' (Josefson, 1991) and understanding is acquired in practice and begins with critical questions and reflection with others (Chinn & Kramer, 2018), as this study also shows.

The nursing students expressed that expanded understanding during their time in clinical education had affected their attitudes to nursing and life, and that a personal becoming had occurred. Gaining understanding also had an impact on the students as persons. They felt altered and that the gained understanding had moulded their self-knowledge into the persons they were at that time:

Sure, I believe I've had empathy as well as sympathy for fellow human beings, but now I have it in a different way ... it feels like there is something that has evolved in me.

This *Bildung* is the result of an ongoing internal process where knowledge is integrated with the personality, that is, is incorporated and made one's own, and thus it changes them as human beings. A personal becoming is a kind of self-knowledge or an integrated comprehension of what is 'known' in a personal sense (Chinn & Kramer, 2018; Wiggins & McTighe, 2005), as awareness enables a perception of one's own personal style, prejudices and patterns of thought. This prudence, or practical wisdom (Aristotle, 1999), entails a disposition to act in conjunction with thoughtful, ethical reasoning about what is good for the patient and the family. Good conduct is an end in itself and an extension of consideration and judgement (Aristotle, 1999), through which one acts as an ethical human being (Gustavsson, 2000). Thus, understanding in clinical education affects the students' ethos, which becomes evident in their ethical conduct and manner of being (Eriksson, 2003; Hilli & Eriksson, 2019). When something 'speaks to us' (Gadamer, 2004), it is a beginning of a change in understanding and, consequently, in actions. What one has seen and understood, one becomes responsible for in one's actions (Eriksson, 2009; Hilli & Eriksson, 2019). The growth of becoming a more genuine self in contact with professional core values and understanding what it means to be a nurse is a dynamic process (Thorne, 2020).

The findings presented here are supported by Dall'Alba and Barnacle (2007), who argue that achieving knowledge or acquiring skills is not enough for becoming a professional nurse. A focus on deep learning, accentuating why, how and when, is more relevant than superficial learning of a lot of descriptive facts (Benner, 2015). Benner (2015) emphasizes that educators' primary role is to guide and coach students towards an understanding and a sense of professional responsibility (cf. Hilli & Sandvik, 2020; Kilminster & Jolly, 2000). As such, in the process of understanding the culture is a prerequisite and a promoting factor. Consequently, Dall'Alba and Barnacle (2007) call for educational approaches that engage students as whole persons in terms of what they know, how they act and who they are. They suggest an understanding-based nursing education

implying an ontological turn in higher education is needed, as they argue that epistemology must be in the service of ontology. This implies addressing epistemology but placing emphasis on ontology. If a strong theoretical and philosophical grounding in the core constituents of nursing is bypassed in clinical education, there is a risk of losing what it means to be a nurse (Thorne, 2020). Instead, there is a need to reorient the focus of higher education by helping students to integrate knowing, acting and being. Benner et al. (2010) suggest an integration of the three apprenticeships. In so doing, the emphasis is placed on learning and its enhancement, not on knowledge acquisition itself. Instead of perceiving knowledge as information accumulated in the mind, learning becomes understanding, and knowledge becomes embodied as a way of being (Dall'Alba, 2009; Hilli & Sandvik, 2020). For students, it is not only what they know, but rather what and who they are becoming. In this view, understanding involves the integration of learning through ways of seeing, realizing, knowing, acting, being and becoming.

5 | LIMITATIONS OF THE STUDY

A high standard of credibility in all aspects of a study is an essential criterion of quality in qualitative secondary analysis (Thorne, 2013). Since it may be methodologically challenging to conduct a secondary analysis, the data interpretation must be well considered and performed with caution (Beck, 2019). A hermeneutic approach (Gadamer, 2004) was seen as applicable for exploring the data and deriving themes. Characterizing for the interpretation was an ongoing reflection between pre-understanding, theoretical perspective and data. Our hermeneutic circle of interpretation; exploring the data back and forth, first separately, then in relation to each other, and finally as a whole, enabled us to move beyond previous insights and preconceptions, towards a new and deeper understanding of the phenomenon. The understanding achieved may have resonance internationally, but the transferability of the findings needs to be considered with caution, as they may not represent the conceptions of nursing students in other countries.

6 | CONCLUSION

The findings presented here suggest an ontological turn in nursing education that shifts the main focus from a traditional epistemology to an epistemology in the service of ontology. In other words, the focus in clinical nursing education should not be on drilling particular skills, but rather on learning reflective, critical thinking and ways of being a nurse, that is, to develop a 'mastery of seeing'. In the process of understanding, *episteme*, *techne* and *phronesis* can be viewed as inherent parts of the structure of thought in nursing as a whole. This study adds new aspects to the phenomenon of understanding and provides insight into its meaning and significance in the dynamic process of formation and becoming in clinical education. The findings may be of relevance especially to educators and preceptors at

different levels in nurse education by promoting ways of being that integrate knowing, acting and becoming. Understanding-based education is suggested as a more meaningful and authentic approach in the rapidly changing world of the 21st century. Further studies are nevertheless still needed to continue the development and implementation of an understanding-based, interpretative education in nursing.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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How to cite this article: Sandvik, A.-H., & Hilli, Y. (2022). Understanding and formation—A process of becoming a nurse. *Nursing Philosophy*, e12387. <https://doi.org/10.1111/nup.12387>