

Ambiguous socialization into nursing

Discourses of intimate care

Lehn-Christiansen, Sine; Holen, Mari

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AMBIGUOUS SOCIALIZATION INTO NURSING: DISCOURSES OF INTIMATE CARE.

INTRODUCTION

Performing intimate care (IC) according to patient needs, ethical considerations and clinical guidelines is central to nursing. In Danish nursing education, learning objectives of IC, e.g. bed bath, shower assistance and basic catheter care are covered in the first year of nursing education. IC is a focus of the first 10-week clinical placement, it is taught in the clinical skills laboratory (CSL), and it constitutes a theoretical subject presented in textbooks. IC is known to pose a challenge to nurses and student nurses and the current body of literature links the challenges to issues of gender and sexuality. In this paper, we explore discourses of IC across educational practices: textbooks, a CSL session and clinical placement. By exploring how IC, as a key concept and practice in nursing, is talked about and carried out in different educational contexts, the paper contributes to the formation of future nurses' understanding of nursing. The research aims to show how different discursive practices of IC shape students' professional selves and their understanding of the nursing profession. The paper thus adds to the existing bulk of knowledge of IC by proposing that IC is understood in terms of an "ambiguous socializer", because of the shifting and contradictory establishment of IC discursive practices. The paper draws upon the definition of IC as "the nurse-patient interaction where the nurse enters the person's private zones (such as genitalia and breasts) in the provision of task-orientated care such as showering and toileting" (O'Lynn et. al., referred to in Mainey et al., 2018, p.48). We include tasks related to catheter care.

LITERATURE

IC is central to nursing (Grant et al., 2005; Lawler, 2006; Williams, 2001). And yet, it is claimed that young nurses are "too posh to wash" (Young, 2004). Students who do not want to engage in IC are not just a problem on a practical level, it also challenges the idea that students' first experience of caring for a patient's body is "a defining moment", implying that first engagements with IC bear the potential of allowing nursing students to experience the true value of nursing (Williams and Burke, 2015, p.51).

Research has mainly revolved around the well-known challenges that students experience when providing IC. Picco et al. support the conclusion that being able to improve a patient's well-being through IC is important for nurses' job satisfaction. However, they also found that nurses still develop coping and defence strategies to overcome their own avoidance or refusal reactions (Picco et al., 2010; Ruchti, 2012; Williams, 2001). Crossan and Mathew conclude that, even though IC provision is seen as inherent to the cultural mindset of the nursing student, the task causes stress, especially when caring for the opposite sex (Crossan and Mathew, 2013; O'Lynn and Krautscheid, 2014). The literature places special emphasis on gender and sexuality issues in relation to IC; male students, who feel uneasy with IC, are a recurrent research focus (Buthelezi et al., 2015; O'Lynn and Krautscheid, 2014; Prideaux, 2010; Seed, 1995). However, challenges linked to IC are not experienced solely by (male) students. Ruchti explores the link between intimacy and professionalism, pointing to IC in nursing as "a series of intimate acts that nurses purposefully and professionally perform to construct [a] feeling of naturalness" (Ruchti, 2012, p.5). Ruchti shows how IC often continues to be a struggle even for experienced nurses, including female nurses. She concludes that quality IC is not a natural, spiritual, or ethical act, but a complex competency partly structured through social and economic activities.

Most IC studies are done in a hospital context. A few studies explore students' experiences of IC in simulated learning activities. These studies are interesting because the use of simulated learning activities is on the rise internationally (Moule, 2011; Saunders et al., 2017) as well as in Denmark. CSL and other simulated learning activities are becoming more popular, e.g. due to a general acceleration in all treatments and cut-back in the number of hospital beds, causing a shortage of clinical training places. However, there are also pedagogical and patient safety arguments for increased use of CSL, considering CSL as a safe space (Hope et al., 2011; Roy, 2014). O'Lynn and Krautscheid (2014) have published an intervention study involving male nursing students, and Australian scholars have discussed the use of life-like masks (Mainey et al., 2018; McAllister et al., 2013); both studies praise the potential of the CSL as a context for learning to perform quality IC.

In general, studies of IC focus on the nurse-patient relationship and pay little attention to contextual aspects of IC. By focusing on textbooks, bedside and simulated learning practices in relation to IC, this paper contributes new perspectives on the contextual implications of learning IC.

RESEARCH DESIGN

The study forms part of a longitudinal project, taking place at XXX University Hospital (2015-2019). The project aims to enhance coherence in clinical education. An experimental class of 40 nursing students enrolled in a standard nursing degree course has been established. The program is supplemented with various experimental activities including extra CSL sessions, clinical group supervision and additional training in clinical decision-making. All educational experimental activities are carried out by clinical teachers and the authors carry out the research activities, focusing on study of the project's attempts to improve clinical education (author reference), thus developing new perspectives on the complexities of contemporary clinical education. Through this, we explore the development of the students' professional identities through their undergraduate nursing education (author reference).

During the project, we have conducted approximately 150 hours of ethnographic field studies in all three health care sectors and more than 50 interviews with the students from the experimental class, their clinical preceptors and teachers. We have conducted field observations in all but the first clinical placement. In total, we have observed 20 students in 20 different clinical settings throughout the entire programme. Each observation has been carried out over two full days with the aim of learning about the student's conduct and experiences in clinical placement.

The main methodological inspiration has been Järvinen and Mik-Meyer's interactional approach to ethnography, which emphasizes a focus on interactions and context, as well as an understanding of the organizational influence on what the actors do and say. This approach is suited to the study of social identities and different positioning in the organizational context (Järvinen and Mik-Meyer, 2005, p.97-120). We have used a combination of inquiry tools, such as reflexive field notes, on-site interviews with students

and their preceptors as well as follow-up focus group interviews with the entire class. All students, teachers and clinical preceptors consented to take part, and pseudonyms were used in reporting research findings to ensure anonymity.

MATERIALS AND METHODS

In this paper, we analyse students' accounts of their experiences of IC during their first year of study in relation to clinical placement and in the CSL. Clinical placements took place in some 20 different medical and surgical hospital units. The CSL activity lasted three hours and was conducted by clinical teachers. Students played the role of nurses and patients; the focus was on catheter care and basic IC including bed baths and washing of (replicate) lower body parts.

The data foregrounded in this paper consists of six focus group interviews (Järvinen and Mik-Meyer, 2005, p.27-48) conducted a few weeks after the end of the first 10-week clinical placement. In addition, we include material from the three standard Danish introductory textbooks used in Danish nursing education. While textbooks are conceived as important discourse producers in nursing, interview data provides insight into students' use and processing of textbook discourses, as well as insights into the prevalent discourses of CSL and in clinical practice.

Twenty-six of 32 remaining students, 5 male and 21 female, participated in the semi-structured group interviews. Students discussed IC in all interviews. Interviews were transcribed verbatim and transcriptions audio-checked by the authors. Statements relating to IC were extracted and analyzed by both authors.

Discourse analytical approach

Theoretically, this paper finds inspiration in Carla Willig's (2011) approach to discourse analysis. This approach enables an exploration of the complexities, power negotiations and subject positions available to students in relation to IC. According to this approach, the relationship between discourse and practice is

mutually constituent; practice shapes, but is also shaped by discourse (Winther Jørgensen and Phillips, 1999). The process of analysis involves working with a number of key analytical questions. Adapted to our research focus, these questions are: 1) What are the discursive constructs of IC? 2) How can the constructs of IC be distributed into distinctive discourses? 3) What are the subject positions offered in the identified discourses? 4) What is the relationship between discourses? 5) How do the relationships between discourse and subject position open up or close down different understandings of nursing?

Taking discourse analysis as our point of departure, our intention is to explore the effects that these practices, and the power structures in which they are embedded, have on students' possibilities (or lack thereof) of developing professional subjectivity. The aim is not to understand the outcome of a particular learning activity, but to explore in depth IC as a central aspect of practice in contemporary nursing education.

Findings are presented in two sections. First, the three discourses and subject positions identified are presented (analytical questions 1-3). Next, we discuss the relationship between the discourses and their impact on students' development of a nurse identity (analytical questions 4-6). We also compare our findings with existing research.

DISCOURSES OF INTIMATE CARE

We identified three distinctive discourses in students' accounts of IC: 1) the discourse of ethics, 2) the technical discourse and 3) the low status discourse. Table 1 gives an overview of the discourses, discursive constructs of IC and the derived subject positions.

TABLE 1: Discourses, discursive constructs and subject positions related to intimate care in clinical nursing education

The discourse of ethics

In all textbooks we have identified a strong ethical discourse related to IC. The fundamental tenet of this discourse is the vulnerable patient and the need for ethically based care. E.g: “It might be unpleasant and transgressive to need help and to be touched by others, even when they are professionals” (Lawler, 1996). “Touch, also of the patient’s private parts, is often unavoidable when patients are in need of care. Research shows that IC can feel very intimidating and carries a risk that the patient feels violated” (Jastrup and Helvig Rasmussen, 2014 p.210).

Charlotte reflects the understanding of IC as a precarious practice, when she is relating to her experience of practical learning of IC in the CSL:

I worked with another student, who I feel very confident with. We talked a lot about this and it felt safe. I found it very interesting to lie in that bed. It really helped me see it from the patient’s perspective. I’ve never been in a hospital bed before. I’ve never been a patient.(...) But I guess it can be very intimidating to have IC if you don’t know the person who’s doing it.

The quote illustrates that the ethical discourse of IC is also at work among the students in the context of CSL. Within this discourse, IC is constructed as the ability to care for patients with empathy and respect for their personal integrity and bodily modesty in order to avoid an experience of violation. The CSL context invites students to position themselves as patients to gain insight into the experience of being vulnerable and dependent on others. Charlotte accepts this invitation without hesitation: “I really enjoyed it. Of course, it depends on your personality. I mean, I’m very open, and I learn a lot.”

The quote illustrates the discourse-theoretical point that discourses and subjectivity are closely connected (Willig, 2011, p.107); it is the unfolding of the ethical discourse in the context of the CSL that allows students like Charlotte to perceive herself as “open” and good learners. In other words, Charlotte is offered

a subject position as “a competent student”, when stating that the CSL session enabled her to experience IC “from the patient’s perspective”.

Other students position themselves differently, e.g. Nina, who, like Charlotte, played the role of a patient:

It really went beyond my personal boundaries. I really didn’t like lying there with this dummy between my legs, being washed by someone else. If I went to hospital, it wouldn’t be anything like that. It didn’t make any sense to me.

Nina also draws upon the ethical discourse, but appears not to gain insight into what it implies to be a patient; she fiercely rejects that her experience resembled that of a patient (“If I went to hospital, it wouldn’t be anything like that.”). Nina feels violated. Neither Nina’s nor Charlotte’s experience cover the entire group of students playing the role of patients in the CSL. In fact, most students are more preoccupied with the experience of acquiring the right IC techniques than with the role-play, as we will see below.

Eric’s fears of IC almost ruin his first clinical placement because he dreads the moments when he will face patients requiring IC: “I was really afraid of IC (...) this whole thing about touch, nudity and issues like that. It’s completely new to me to see people I don’t know naked.”

The discourse of ethics sees IC as the ability of nurses to mentally cope with patients’ or their own discomfort in order to ensure patients’ integrity. Eric says: “I thought a lot about the patients’ experience – how would they feel? But I knew the patients needed the job done. (...) And if I didn’t do it to them, nobody else would.”

Eric expresses his fears to the nurses in the unit and they offer to supervise him closely. The supervision provides him with access to the subject position of the competent student: someone who can “do the job”.

The technical discourse

The technical discourse sees IC as procedural skills and knowledge, and in line with the discourse of ethics, it is richly represented in all textbooks, e.g. with illustrations of how to wash different body parts as well as written procedures (e.g. Suhr and Winther, 2011, p.125). Within this discourse, IC becomes a matter of knowing the relevant procedures and of training. One might say that Eric's conceptualization of IC as "a job" that "needs to be done" suggests that the technical discourse can be used as a coping strategy by transforming connotations of intimacy into connotations of a "job". Cecilia describes her experience in the CSL: "I think I know how to do IC by now. I didn't have complete control of the techniques. But after CSL I've got it under control."

Another student says:

It's something you learn (...) It was a fantastic feeling once I'd done it for the first time by myself. I felt confident. I thought 'I can do this! This is what I'm supposed to do!' I got a new self-understanding.

This experience of getting the techniques "under control" also provides students with access to a subject position of being the competent student. The discourse carries the potential to change the way students perceive themselves; it evokes a highly appreciated "kick" of feeling like a professional. However, although the idea that IC can be mastered through the right knowledge and acquisition of technical skills is quite dominant among the students, they also question it. E.g. when Peter says:

When you insert a catheter in a woman with a BMI of 43, it's a completely different situation than in the CSL. There's so much skin, so much body. You cannot train for that. You need to be there. It's so physical! The patient needs to be positioned in a certain way, and it can be really hard to navigate.

Bedside experiences of this nature pose a threat to the experience of being “competent”. Students discover that procedures are multiple and that real-life patients do not resemble the replicas in CSL. They realize that the competencies they need cannot be acquired “once and for all”. IC in the CSL thus offers a welcome, but often superficial, position of being competent, shattered by the diversity in clinical practice.

The low status discourse

The view of IC as “a job that needs to be done” is a fair description of students’ accounts of their experiences with IC in the clinical context. Surprisingly many students talk about bedside IC as boring. Tina says: “I got sick of them [the nurses in the unit] saying ‘You can start by doing the morning wash’. Then they could do something else, because morning wash isn’t very exciting.”

Maria had a similar experience:

Of course it’s personally satisfying to do something that makes patients feel good. When you sense that they’re enjoying it. Still ... It was the first time ever that I felt ‘That’s really boring’. Until then I’d really looked forward to every day. It was actually a bit frightening. I had to learn to accept that there was a part of nursing I found boring.

Maria begins by saying that “of course” she finds satisfaction in providing IC. However, IC has also turned out to be partly boring. The discourse of IC as low status only appears in textbooks as a very brief discussion of the delegation of basic IC to low-skilled female workers due to the lack of trained nurses (Suhr and Winther, 2011 p. 116). It is not surprising that textbooks do not refer to IC as something that is delegated as a matter of routine care as low status or boring. This deeply contradicts the idea that “IC is not just

instrumental. It is also an opportunity to establish a relationship with the patient. The situation and the context of IC are experienced as emotional and intimate” (Hundborg et al., 2013, p.370).

The low status discourse contradicts the discourse of ethics. However, negative accounts of IC in the clinical setting are far from unusual. In fact, many students refer to IC as “slave work”. Ebba says: “For the first time during this course, I felt like I do want to be a nurse, but this part of nursing... I got so tired of showering patients. I really found it very boring.”

The students express feelings of exploitation and that the amount of IC exceeded what they found reasonable. Hannah states:

I felt exploited. Instead of being a student. It got boring. Because they told you to do what nobody else wanted to do. The more experienced we get, the more we’re allowed to do, and then there will be less room for washing patients. Maybe one bed bath a day. But if you’re going to do four of them, and I’ve tried that, then.... I know that’s also the way you learn, but...”

Hannah is reconciled with the fact that she, a first-year student, has a great amount of IC work during her first clinical placement; repetition does hold a learning potential (“that’s also the way you learn”). Tina equates IC with tidying up the unit or emptying the dishwasher. “That’s not what I came for,” she says, thus putting into words a key finding: nursing students learn to perceive IC as trivial work to be delegated to student nurses or low-skilled carers.

DISCUSSION: IC AS DEFINING OF NURSING

In the following, we explore the relationship between the discourses of IC and discuss the possibilities and constraints for students in terms of the development of a subjectivity of a future nurse and an understanding of nursing.

In the analysis, we have identified three discourses that consider IC in contemporary Danish nurse education. The analysis illustrates a hierarchical discourse order: the low status discourse is the most dominant, followed by the technical discourse and, finally, the discourse of ethics. Below, we argue that IC is in fact very central to the formation of a nurse identity, but not in the understanding suggested by Williams and Burke (2015), where it is the actual performance of IC that evokes the students' feeling of being a nurse. Our analysis points to IC as a more complex resource of subjectivity.

In their first year of education, students learn important lessons of nursing through their experience with IC in textbooks, in CSL and in clinical practice. They experience that the practice of IC, and what is demanded of them in relation to IC, changes according to context. In the words of Willig, the different IC discourses are "bound up with institutional practices" (2011, p.107).

The analysis points to the conclusion that, to some extent, learning IC in CSL encourages students to position themselves and their IC practice within the discourse of ethics. However, it may be considered a two-edged sword; on the one hand, it provides (some) students with the experience of the need for ethical considerations and an opportunity to acquire the techniques. On the other hand, some students feel intimidated by the experience. This finding contradicts the much-appraised safety of CSL as put forward by, e.g., Hope et al. (2011) and Roy (2014). In addition, CSL seems to strengthen students' conceptualization of IC as an essentially procedural practice, and the idea that IC can and must be "controlled". Consequently, students face discouragement and fear of being professionally incompetent, because they face a practice much more complex and demanding than proposed to them by CSL. Considering the growing use of CSL, our findings point to a need for critical discussion on how to better integrate and embrace the complexity of IC in this context, without overemphasizing 1) the technical aspects of IC at the expense of the ethical

aspects, 2) the idea that CSL can in fact provide students with a “patient perspective”, and 3) that CSL leads to development of an ethical IC practice. An important question is whether current efforts to make CSL as authentic as possible, e.g. by creating life-like masks, are the best strategy, or different approaches are needed to develop CSL to provide students with IC competencies.

The analysis supports the finding from existing research that some male students have issues around IC regarding acts of touching and intimacy, as found by Buthelezi et al. (2015), O’Lynn and Krautscheid (2014), Prideaux (2010) and Seed (1995). However, our study indicates that maybe too much emphasis has been placed on explanations rooted in gender and sexuality. We suggest that students’ experience of IC as low-status work and their experience that real-life patients are often complex, thus demanding knowledge and skills not predicted by the procedural knowledge, pose a bigger challenge. In this respect, the paper can be seen to support the arguments put forward by Ruchti regarding IC as “a social event ... shaped by specific ideologies, practices, values, and beliefs” (Ruchi, 2012, p.162). What this study adds is the finding that the struggles experienced by students are to be perceived as a profound duality in the formation of their understanding of nursing.

Delegation of IC as a strategy of professionalization

Students experience being delegated IC by qualified nurses (“Then they could do something else”). This practice becomes formative of their idea of what it implies to become a nurse. Students learn to anticipate the moment when they can act like their professional co-workers and pass this work on to the ones further down the hierarchy. The institutional practice of IC in the hospital contradicts textbooks’ praise of IC as important and valuable, and students soon learn what the sociology of professions documented decades back: the important and valuable tasks of a profession are the object of competition and trusted to the most competent professionals (Abbott, 1988), and thus not delegated to newcomers.

The discrepancy between clinical practice of IC and the theory of IC in textbooks shapes the ideas and values of future nurses. The experience that IC is predominantly delegated to students (and only subjected

to professional supervision if problematic, as in the case of the male student fearing the sexual aspects of IC) leads students to understand that the more competent they become, the less IC they will provide. In this sense, there is no straightforward connection between IC and the feeling of being a nurse; IC is, rather, to be understood in terms of an ambiguous socializer. Therefore, the idea that students are “too posh to wash” (Young, 2004) is only partly right. Students do fight shy of IC, but it is not out of poshness as suggested by Young (2004). More likely, it is because clinical practice has taught them this professionalization strategy from day one.

Our finding of the co-existence of an ethical and a low status discourse is new. However, it relates to the well-known discussion of “theory versus practice”, e.g. McGill et al. (2014). The discourse analytic approach reframes the dichotomy as an ideological conflict. It raises questions such as: What are in fact the values of nursing? Is the main value care, based on empathy and patient relations? Or care based on technical procedures? Or the administration of care? The easiest answer is that these are all important aspects of nursing, and that nurses need to begin by learning the basic elements. However, our analysis indicates the need for a comprehensive discussion that acknowledges that new nurses are trained to perceive IC as low-status work delegated to undergraduates, while at the same time they are taught to talk about this work as particularly significant to nurses. Students are left to juggle the co-existence of contradictory discourses. The findings point towards the conclusion that contemporary nursing education produces nurse subjectivities based on double standards.

CONCLUSION

The paper identifies three hierarchically ordered discourses related to student experiences of learning IC in clinical placement and in a CSL and from textbooks: 1) The discourse of ethics, 2) The technical discourse and 3) The low status discourse.

The paper illustrates how these discourses form an ambiguous socializer and it is thus suggested that students’ anxiety about intimate care can be conceived not just as a phenomenon related to gender and

sexuality, but also as a profoundly educationally produced, socially negotiated and power-embedded tension. Hence, the paper argues that IC constitutes a core competence in nursing in a way that is profoundly different than that illustrated by previous research, by pointing to the finding that becoming a professional nurse implies the practice of delegating IC to lower-ranking carers. The paper thus invites further discussion of the value base of nursing, clinical practice and nursing education.

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