

The meaningful encounter: patient and next-of-kin stories about their experience of meaningful encounters in health-care

Lena-Karin Gustafsson, Ingrid Snellma and Christine Gustafsson
School of Health, Care and Social Welfare, Mälardalen University, Sweden

Received for publication 10 January 2012
DOI: 10.1111/nin.12013

GUSTAFSSON L-K, SNELLMA I and GUSTAFSSON C. *Nursing Inquiry* 2012 [Epub ahead of print]

The meaningful encounter: patient and next-of-kin stories about their experience of meaningful encounters in health-care

This study focuses on the meaningful encounters of patients and next of kin, as seen from their perspective. Identifying the attributes within meaningful encounters is important for increased understanding of caring and to expand and develop earlier formulated knowledge about caring relationships. Caring theory about the caring relationship provided a point of departure to illuminate the meaningful encounter in healthcare contexts. A qualitative explorative design with a hermeneutic narrative approach was used to analyze and interpret written narratives. The phases of the analysis were naïve interpretation, structure analysis on two different levels (narrative structure, and deep structure through metaphors) and finally a dialectic interpretation. The narratives revealed the meaning of the meaningful encounter as sharing, a nourishing fellowship, common responsibility and coming together, experienced as safety and warmth, that gives, by extension, life-changing moments, a healing force and dissipated insight. The meaningful encounter can be seen as a complex phenomenon with various attributes. Understanding the meaningful encounter will enable nurses to plan and provide professional care, based on caring science, focusing on patient and next-of-kin experiences.

Key words: caring, encounters, ethics, healthcare, hermeneutic, narrative analysis

Throughout the healthcare system, patients and their families meet different professionals. As a professional nurse, one cannot always know what is meaningful in the encounter and what helps patients and their next of kin in their health process. One cannot even know for certain what is meaningful at all from the point of view of patients or families, and the meaningful encounter has to be seen as the person's subjective experience. The encounter between patient or next of kin and professionals in health-care has been problematized in different ways in previous research. According to Shattell (2004), although nurses may be seen as 'nice',

patients longed for more and deeper connections with nurses. Previous research (Berg and Danielson 2007) shows that both patients and their next of kin find it difficult differentiating between professions providing them with care and that they mean all healthcare staff together when they talk about the caring relationship. In a psychiatric nursing context, the violent encounter between patients and nurses came into focus as a problem in health-care (Carlsson et al. 2004) as well as the patient's first impressions of the nurses, which are often negative (Sjöstedt, Hällström and Lützen 2000). Studies from a patient perspective with patients suffering from chronic pain also showed staff in a negative light and showed that patients experienced that nurses did not listen to them as much as they wanted and often met them with skepticism (Säll Hansson et al. 2010). In other contexts,

Correspondence: Lena-Karin Gustafsson, PhD, RNT, Senior Lecturer, School of Health, Care and Social Welfare, Mälardalens University, Box 325, Sweden.
E-mail: <lena-karin.gustafsson@mdh.se>

'difficulty' in nurse–patient encounters (Macdonald 2007) and 'dramatic' encounters (Person and Friberg 2009) are brought to light. The encounter between nurse and patient is also brought up from the nurse's perspective, focusing on what nurses interpret as the encounter's primary aim—a pedagogic encounter to accomplish lifestyle changes (Person and Friberg 2009) or an attempt to gain control (Tuckett 2005), which is not always in line with patient expectations of the encounter. Westin, Öhrn and Danielsson (2009) showed the importance of relatives being invited into encounters with nurses, which gave them positive experiences in their role as relatives and even a sense of involvement. Holmberg and Fagerberg (2010) claim that a caring encounter in ambulance services means being there for the patient and significant others. The Jonasson and colleagues (2009) study from a next-of-kin perspective on the caring encounter showed the core category as being amenable, which means that the nurses are guided by ethical values and being there for others. This was shown in their actions in caring encounters as the nurses 'are there', both physically and mentally. Exploring knowledge about experiences of insufficient and poor caring encounters is inadequate. To create good conditions for care, we also need to explore situations experienced as meaningful encounters in health-care. Berg and Danielson (2007) study shows that nurses strive to use their competence purposely to form caring relationships and to do so they use their time to create good conditions in an often hectic care environment.

The main theoretical assumptions about the caring encounter underlying the present study and providing a point of departure were that the foundation in the caring encounter involves an open invitation and the invitation contains an affirmation that the other is always welcome. The encounter between the nurse and patient also includes a relation where the nurse cares with altruistic love. Ethical caring is what we make explicit through our approach in the nurse–patient relationship (Lindström, Lindholm and Zetterlund 2006). The caring encounter is a complex and multidimensional process that contains this ethical dimension that requires expanded understanding (Backe and King 2000). The relationship between nurse, patient and/or next of kin occurs on a continuum ranging from the clinical, that symbolizes short treatment-oriented encounters, to an overly involved nurse who over-identifies herself with patient or next of kin (Morse 1991). Additionally, Morse states that there are no rules defining where an optimal encounter should be on the continuum; each encounter has to be formed in the unique situation. The concept of meaningful encounter is not theory based on the same terms as the caring encounter but can be seen as important

moments in which some part of an encounter was experienced as meaningful for their life. In this study, we are interested to focus on what patients or next of kin to patients experience as meaningful in encounters within health-care.

Morse, Havens and Wilson (1997) claim that the patient's perspective has been relatively ignored when nurses have conducted research about the nurse–patient relationship and that it is urgently needed. The present study focuses on the meaningful encounters from the perspective of patients and their next of kin. In it, we aim to identify attributes of the meaningful encounter that are important in obtaining increased understanding for care. This knowledge may expand upon earlier forms of knowledge about encounters between caregivers, patients and their next of kin, contributing to the insights available from other studies to strengthen a body of knowledge, as meaningful encounters may be among the most important topics in caring science and the nursing profession. Theoretically, nurses make a difference to patient health outcomes and there cannot be enough evidence supporting that claim (Tarlier 2004). Such research can be used as an evidence base that encompasses the true, the beautiful and the good (Eriksson 2004). Nurses with an awareness and understanding of the meaningful encounter can create encounters that tolerate validation and secure caring quality, for it is through the encounter that the nurse has the opportunity to participate in the creation of a healing environment for the patient and their family (Backe and King 2000).

METHOD

The study comprised an investigation of narratives from patients and next of kin who had experience of meaningful encounters with healthcare staff within the healthcare system related to different circumstances in life and with many different medical diagnoses.

Setting and participants

Data were collected in the first instance by a journalist, Catharina Ronsten. In 2003, a national campaign was conducted, using advertisements requesting narratives of meaningful encounters in Swedish health-care from patients, next of kin to patients and healthcare staff. Represented healthcare occupations were not defined in the invitation and could include registered nurses, assistant nurses, physicians, physiotherapists or others. The campaign resulted in 400 narratives, and some (62) selected narratives were worked through and resulted in a book, *Meaningful Encounters: People*

as *Prescription* (Ronsten 2004, 2008). Early in 2011, one of the authors (CG) met Ronsten and was offered the unpublished narratives for research.

A group of researchers was gathered (L-KG, IS and CG), and Ronsten was assigned the task of collecting informed consent formulated by the research group for research on this topic, from the narrators. Of the total of 338 unpublished narratives from 2003, 97 were oral narratives. These narrators were asked to write their stories. Sixty-three narrators had changed email address and could not be contacted. The result was that 275 letters requesting informed consent to use the narratives from the 2003 campaign were sent in the spring of 2011. From this, Ronsten received 128 signed informed consents and the related narratives were coded with numbers, sorted into groups of patients, next of kin and caregivers' stories. These were delivered to the researchers. The reasons for dropout included: not received because of unknown address; time constraints to transcribe an oral narrative; and that the narrator was dead.

The inclusion criteria for narratives selected in the present study were that the narrative contained a story of meaningful encounters between a patient or a relative/next of kin and healthcare staff narrated by patient or a relative/next of kin over 18 years old. Consequently, the caregivers' stories (n=66) from the previous data collection were excluded in this study. Some of the narrators contributed with more than one narrative about separate meaningful encounters (see Table 1).

Ethical considerations

The conducted research has been carried out in accordance with the Declaration of Helsinki (1964; 2008). Voluntary participation in the study was emphasized. Subsequently, all included persons were given verbal and written information and participated after giving informed consent. All persons were informed and guaranteed anonymity toward the researchers and in the publication. The only person informed of the narrators' identity was Ronsten. The narratives were assigned a code number by Ronsten; these were

stored in a locked cabinet at Mälardalen University, and the code number list was stored in another locked cabinet at Ronsten's office.

Narratives

The written narratives were created at the participants' homes, work or other places chosen by the participants. The participants were prompted by two written questions. As Riessman (2008) says, it is more important to encourage the narrative than provide detailed planned questions. The starting question in the present study was: Can you narrate about an encounter in health-care that you found meaningful? This was followed by: Can you tell about your experience of that encounter? The participants did not receive any definition of the meaningful encounter, as we did not want to reduce their expressions of the experiences according to our own preunderstandings. Every participant chose their own way to understand and express the meaningful encounter. The narratives ranged from a half A4 side up to 10 A4 pages depending on the way the participants chose to narrate. According to Ricoeur (1976, 1991), a research story loses its reference to the world in which it was created when it has been written down and fixed as text. This means that when the written narratives were treated as text, the analysis focused on what the text contained and not on the narrator's implicit intentions.

Analysis

A hermeneutic narrative method inspired by Ricoeur (1976, 1991) and further described by Wiklund, Lindholm and Lindström (2002) and Gustafsson (2008), Gustafsson, Wiklund and Lindström (2011) was used to interpret the written narratives. Ricoeur (1976) claimed that a narrative not only includes the linear dimension but also a non-linear dimension where specific meanings that can be hard to illuminate using other types of data are revealed. This dimension in the narratives can help us bring light to the meaningful encounter. We used three phases of hermeneutic analysis. The first was naïve interpretation, including reading all the written narratives as a whole to obtain a first understanding of the meaning of the meaningful encounter. During this first phase, the process focused on grasping the meaning of the text as a whole to obtain a spontaneous sense of what the text talks about. This focus also means a decontextualization from the world of the participants to the common world of experience.

In the second phase, we conducted structure analysis on two different levels. In the first level, we conducted an analy-

Table 1 Data

Participant	Persons		Sum of narratives
	(n)	Sex	
Next of kin	19	4 men/15 women	20
Patients	43	7 men/36 women	63
Total	62	11 men/51 women	83

sis of narrative structure, analyzing and interpreting *how* the patients and next of kin construct their narratives because this gives some indication of what is important and meaningful to them. This analysis focused on explanations in the text itself, thereby taking the process of decontextualization further. These kinds of explanations are not causal, but inherent in the text and were revealed when analyzing its narrative structure. Analysis of narrative structures focusing on *how* the narrative is told, or structured round a plot, is called 'explanation by emplotment' (Wiklund, Lindholm and Lindström 2002, 119). The second level we used was an analysis of deep structure focusing on *what* the meaningful encounter expresses through metaphors found in the written narratives. Head metaphors that express a meaning that symbolizes every deep structure and a variety of metaphors from the narratives expressing similar meaning were illuminated. This phase strived to underpin a new understanding of the whole through the use of metaphors in the narratives. By metaphors, we could reveal something essential in the narratives that may be hard to express in traditional interview answers. Metaphors point to what Ricoeur (1995) describes as the 'sense' of the phenomenon, in contrast to its narrative structure.

Finally, we searched for possible interpretations and confronted them in a dialectic interpretation to promote a deeper understanding of the meaningful encounter. This final phase was a recontextualization of the text, taking it back from its own world to the world of human experiences. This final interpretation of different possible understandings opened up by the text is critical in Ricoeur's (1991) hermeneutic and stretched beyond merging the earlier interpretation into a unit.

FINDINGS

The presentation of findings follows the order in the methodological approach, naïve interpretation, structural analysis and dialectic interpretation. Thus, the process of interpretation will be made visible together with the findings.

Naïve interpretation

The narratives described the meaningful encounter as a warm, safe experience of encounters that carried the potential of life-changing moments. The meaningful encounter also means a healing force that could give a dissipative insight. There was no unanimous meaning to the meaningful encounter, but several meanings point toward some kind of nourishing fellowship, which can be seen as a possible overall interpretation in this initial phase.

Analysis of narrative structure/surface structure

Among the narratives, four different forms of describing the meaningful encounter were found. These different narrative structures say something about the ontology of the meaningful encounter, as the patient and next of kin experienced it. Where the narrators found themselves in the encounter varied. The structures that could be recognized were the gratification story, the revelation story, the documentary story and the altruistic love story. All four story forms were narrated from the common plot of the meaningful encounter; what differed was how the informants chose to illuminate the plot and how it related to the meaningfulness in the encounter.

THE GRATIFICATION STORY

In the gratification story, the encounter between patients or next of kin and the caregivers was clearly experienced as asymmetric, where the caregivers were honored by their excellence and the participants were thankful for something that the caregiver had or had given to them. The gratification story was told as a gift back to the caregiver, as a bunch of roses that could reflect and be a reminder of their gratitude. In many of these stories, the caregiver was mentioned by name, something that was most uncommon in the other stories. One can see that as a way of really pointing out and giving good examples of an excellent caregiver. Below is an example of a short gratification story told by a next of kin to a patient with myocardial infarction:

One meaningful encounter I can tell you about is an encounter I had with a nurse that worked in the intensive care unit when my mother had a cardiac infarction. He looked me straight in the eyes and asked me if I understood how bad and serious the situation was. He was a very wise human being! I got a chance from him not to neglect the three days my mother had left. I was prepared to listen to what she wanted to say and I didn't try any nonsense or whitewash about such things that she would probably jump up from bed any minute fresh, well and healthy. We experienced a good closure together. Thank you, excellent human being who opened up my eyes! (next of kin 233).

THE REVELATION STORY

These stories were narrated as a revelatory ontology, in a way that reveals the 'truth' as the longlasting consequences of action. This type of story carried an attribute of uncovering something that lies in the person's potential and shows how important every single word is in the vulnerable patient or next of kin's world. There was a wide spectrum in this story structure, depending on the degree to which the encounter was experienced as life changing. These stories could narrate

the meaningful encounter as a life-changing experience or as an awakening for what is important in life. Below is a revelation story where the patient narrated the plot as a positive life-changing encounter:

I was nursed in a psychiatric clinic for an acute psychosis. After the psychosis I said to an older female nurse that in my psychosis I thought that society had become hostile during the 1990's. She said to me that you don't have to be psychotic to experience that society has become more hostile. For the first time someone in psychiatric care gave me ownership of my own views. I felt satisfied from the encounter. (shortened version)

THE DOCUMENTARY STORY

Although every narration is a documentary in its broader meaning, this type excels at being very descriptive in its form. These stories illuminate the meaningful encounter by showing a photograph of the current situation. The narrators in these stories were anxious to reproduce the exact facts of the event, without interference of their own reflections. One can anticipate an intention to see the participant's own responsibility and role in the encounter in these stories. The participants have taken the role as a witness in these narratives and have the intention of being as objective as possible. The narratives were told as if looking at the encounter from the outside but with the ability to zoom in on the story. The plots in these narratives were shown as the meaningful encounter suggesting common responsibility.

August 2002 at night I broke my back in a car accident. The first encounter that I remember that was meaningful to me was with an assistant nurse. She washed away the worst blood from my forehead and started to plait my long hair. We talked and laughed and I could move my one leg and we decided that I would be okay again. (Shortened version, patient 32)

THE ALTRUISTIC LOVE STORY

In the altruistic love stories, the participant related to the caregiver as a fellow human being in an idealistic way but without any hierarchy, such that the interference of professional power was not visible. These narrations often resembled ordinary love stories: we met and it was like beautiful music played. Surprisingly, many patients and next of kin witnessed still having ongoing relationships with the caregiver but now in a more private way, not specifically love relationships but as a close altruistic important person to the family. The plot in these stories was about the meaningful encounter as sharing.

One day a physician came to my bed. He looked at me a long time and said: You have had a very hard time and you don't have to answer a lot of difficult questions. I will sit

down and read your journal, and then I'll be back to you. He came back two hours later. We talked and talked and for the first time I met someone who listened, he could comfort me when I was sad. He gave me his home telephone number, his mobile telephone number and the number to his summer cottage, so that I could call him whenever I wanted! (patient 178)

Analysis of deep structure

In this phase, the meanings were illuminated by the metaphors the participants chose to use when narrating about the meaningful encounter. One 'head metaphor' symbolizes each deep structure of meaning expressed in the narratives, and metaphors found in the narratives are presented in the deep structures that symbolize similar meanings. These metaphors illuminate variations within the expressed meaning.

STEADY ROCK IN THE STORMY OCEAN

In this deep structure, the 'plot within the plot' of the meaningful encounter was identified as something bringing confidence, safety and security to patients or next of kin. Experiences of the caregiver were expressed as a 'steady rock in the stormy ocean' (next of kin 221). This steadiness was meaningful for narrators, with experience of the situations related to illness likened to being on a stormy ocean where survival was uncertain. The caregiver was experienced as someone to trust, standing steady in that storm, not being affected or rocked personally but someone to lean on. A next of kin to a patient expressed the caregiver as being 'a secure point in existence' (next of kin 16), which lies very close to the head metaphor about the steady rock. Even this metaphor illuminates the next-of-kin's experience as being totally exposed and in need of an encounter where the caregiver acts with trustworthiness and confidence. One patient expressed the meaningful experience of the caregiver as someone to trust in an all-embracing way as 'I left myself totally in his hands' (patient 23). This indicates an experience where the caregiver wants what is best for the patient, acting in an unselfish professional way. Belonging to this deep structure, there were also metaphors involving secure motherhood. One patient expressed the caring act in the meaningful encounter, 'as a mother holding her frightened child' (patient 188). Another patient that used a similar metaphor wrote: 'she gave safety like a mother' (patient 13). To sum up the deep structure, even though there were many narrators that chose to express the meaningful encounter by using the motherhood metaphor, this metaphor was predominant in patients. The steady rock, or similar metaphors that expressed the experience of leaning

on someone safe, was exclusively narrated by the next of kin.

IT WAS LIKE A WARM WAVE

This deep structure showed the 'plot in the plot' of the meaningful encounter as something bringing warmth and compassion. The encounter was expressed as 'it was like a warm wave' (next of kin 186) and often narrated in a way by using metaphors with physical sensations such as warmth, smell or lovely sound. This metaphor gives an understanding of the meaning of the meaningful encounter as an experience of a warm community. One patient expressed the experience as 'That moment made me warm in my heart and still does up to this day' (patient 45). Often the narration with a message about this theme talked about a nourishing atmosphere created in the encounter. Someone expressed the atmosphere: 'like beautiful music and a flavor of coffee' (patient 33). This warmth does not have a specific addressee but was experienced as a pleasurable touch between the persons involved in the encounter. The deep structure about warmth and compassion as the meaningful part of the encounter could also be experienced with the caregiver as addressee. One patient expressed the nurse's warmth toward the patient as 'She was like a fragrant spring sun' (patient 33). The meaning was also expressed metaphorically by a family member as 'the never ending supply of compassion' (next of kin 221). In this deep structure, we could not recognize any differences in the way of using metaphors between patients and next of kin, but warmth and compassion were narrated with a similar structure.

WE BECAME AS ONE

This deep structure, illuminated with the head metaphor, 'We became as one' (next of kin 165), describes the meaningful encounter as a close fellowship. The metaphor describes the meaning as being close and the experience shared in a community with the caregiver. The meaningful encounter can be understood as a connection that brings coherence in the difficult situation. The closeness to the caregiver was also expressed as 'we were like a family' (next of kin 208) or 'She was like a friend or a sister' (patient 13). Those last metaphors show an experience of the encounter as being equal that everyone found themselves worthy in relation to each other. Understanding the meaningful encounter as fellowship also brought into light the sense of feeling at home. Both patients and next of kin expressed metaphors such as 'coming home' (patient 45) showing the meaningful encounter as a very close connection, unlike many other relationships in life outside the family.

AS A FRESH AND HEALING HAND

The metaphor 'as a fresh and healing hand' (patient 77) expresses the meaningful encounter as a healing force. Sometimes, this healing force was described in a manner of almost unnatural proportions that did not have anything to do with a helping hand. The meaning was mostly expressed by metaphors that involved hands or handicraft. One patient wrote she 'has helping hands' (patient 178) when he wanted to express the essence in the encounter. Thus, it was not something experienced solely as a conversation, but rather a creative action. This healing was expressed in metaphors such as 'she put back together my divided soul' (patient 188) or 'build it brick by brick' (patient 188). Understanding the meaningful encounter as a healing force also included mostly patient descriptions of the encounter as healing something that had been broken by illness or suffering.

SHE MADE ME DEFROST

The deep structure symbolized by the metaphor 'she made me defrost' (patient 99) describes the meaningful encounter as a dissipated insight. This metaphor recalls something that has been 'frozen' by illness or suffering and could be defrosted in the meaningful encounter. The experience can be understood as removing bindings, as one informant narrated: 'he unlocked me' (next of kin 186). The same participant symbolized the meaningfulness as being like 'a filled dam' and that the encounter 'opened up every floodgate'. While this last metaphor might seem like a frightening experience to some, the narratives conveyed this phenomenon as something positive and meaningful that made them move forward in a freer way. The meaningful insight could be assisted by the caregiver in the encounter and was symbolized as 'a human that opened up my eyes' (next of kin 233). Still, patients had to see for themselves to become aware of the meaningful insight.

Dialectic and final interpretations

By confronting earlier interpretations through naïve interpretation, narrative structure analysis and deep structure analysis, a new understanding was possible in the present study. Different plots illuminated the significance of the meaningful encounter in the different phases of interpretation. In the naïve interpretation, the meaningful encounter appeared as a nourishing fellowship and was interpreted as the plot. In the narrative structures, the plot was about mutual responsibility, as sharing and life-changing moments. In the analysis of deep structure, the encounter was illuminated as something bringing safety, warmth, fellowship, a healing force and a dissipated insight. These meanings are

not conflicting, but can be seen as different attributes of the meaningful encounter as a complex phenomenon. In all of the three phases of interpretation, the caregiver was seen as poster and patient or next of kin as addressee of something meaningful in the encounter. Although there were no patterns of specific actions containing meaningfulness, a possible overall interpretation is that it was the caregivers' way of being, not what they did, that became meaningful in the patient and next-of-kin's perspective. It was also crucial that the experience of meaningfulness emerged some time after the encounter, and this took longer for some informants than for others. This means that the patient or next of kin could not confirm to the caregiver what, when or how the encounter was experienced as meaningful.

While nothing in these different phases of interpretation disqualifies earlier interpretations, the illumination becomes more detailed during the steps in the analysis. In the dialectic interpretation, three different dimensions of the meaningful encounter emerged, based on confrontation of interpretations in different phases of analysis. The first dimension illuminates what the meaningful encounter is: it is a nourishing fellowship, mutual responsibility, sharing and a coming together. The second dimension illuminates how the meaningful encounter is experienced as safety and warmth. The third dimension illuminates what the meaningful encounter gives in a prolonged sense: life-changing moments, a healing force and dissipated insight. These meanings have their differences and therefore cannot be seen as synonymous; they bring light to the complexity of the meaningful encounter.

DISCUSSION

The findings show that the patients or next of kin experience meaningfulness in the encounter without explicitly showing/telling the caregiver what or when something became meaningful in the current moment. It was often shown that the meaning in the encounter was a unique subjective experience, which appeared more or less a long time after the encounter for the participants. A conclusion and new understanding in this study is that an attitude guided by ethical reflections promotes the prerequisites for a meaningful encounter. It has to be seen as a way of being, as the narratives do not show any sole defined act that predicates shaping meaningfulness in healthcare. Related to Morse's (1991) thoughts about the continuum of short treatment-oriented encounters to an over involved nurse who over-identifies herself with patient or next of kin, the new empirically based understanding in this research points out the importance of human fellowship

based on equality more than treatment-oriented authority as prerequisites for meaningful encounters. No patient or next of kin even mentioned an over involved nurse or anything similar.

The findings about what promotes meaningful encounters in this study are in line with Lindström and colleagues (2006) and their thoughts about the importance of our approach in the caring encounter. The understanding in this study confirms previous research (Holmberg and Fagerberg 2010; Jonasson et al. 2009) that describes the meaningful encounter as being there for patients and their next of kin, guided by ethical values. Findings in this study also point out the importance of what Lindström and colleagues (2006) call an invitation to an encounter where the nurse cares with altruistic love. According to this, one can ask if it is possible to plan meaningful encounters.

In addition to the many similarities, one can identify some differences in what patients and next of kin experience as important in the meaningful encounter. The group of next of kin often focused on the caregiver as someone to lean on and someone that invited them into a relationship. That can confirm the research of Westin, Öhrn and Danielsson (2009), which shows the importance of relatives receiving a sense of community on the ward when visiting the patient. The research of Holmberg and Fagerberg (2010) and Backe and King (2000), claiming the importance of being there for both the patient and significant others, is also confirmed, while patients often focused on the importance of being in good hands. Trust, which had more motherly attributes, can be recognized as the altruistic love that Lindström and colleagues (2006) describe.

In this study, we deviated from the descriptions in Wiklund, Lindholm and Lindström (2002) by not having a deductive framework for the analysis of narrative structure. This is motivated by the fact that, even at the time of collecting the written narratives, it was apparent that their ways of narrating about the meaningful encounter were distinctive. This standpoint is based on a wish to be as adaptable as possible to the material and has also been used by other researchers (Gustafsson, Wiklund and Lindström 2011).

Limitations of the study could be that it illuminates the meaningful encounter in health-care as a phenomenon, and the informants were predominantly women. One question is why mostly women agreed to join the study when invitations were addressed to both genders. We can give no direct answer to that question as we mostly received answers from those who showed an interest in participation in the study and received no information about those who chose not to

participate. This awakens a curiosity for further research focusing on the caring encounter with men as informants and thereby determining if there are gender differences in contemplating the meaningful encounter.

The present study illuminates the meaningful encounter on the basis of narratives from patients and next of kin with experiences from many different healthcare contexts. One can ask if this illumination can serve as an understanding for the meaningful encounter related to specific kinds of contexts, for example, psychiatric care or pediatric care. The answer would be that an awareness of the meaningful encounter can help us understand the meaningful encounter in a broader way; however, just as every person is unique, every encounter is also unique and has to be seen as new. It would be interesting in further research to find out if there are specific contextual attributes or attributes connected to different kinds of suffering that nurses can be aware of when facing the unique patient.

CONCLUSIONS

The meaningful encounter can be seen as a complex phenomenon that has different attributes and dimensions. Therefore, the meaning of the meaningful encounter cannot be seen as singular. One conclusion from these findings is that the nurse can never decide beforehand that it shall be a meaningful encounter. It is always the patient or next-of-kin's individual experience that shows, in the end, what in the encounter is experienced as meaningful and when that will occur. The findings offer a possibility to expand previous knowledge formulations about the encounter between caregiver and patient. These kinds of illuminations do not seek to serve new truth or propose a new thesis, but rather offer a new kind of illumination. The illumination has implications for helping readers understand something new about the phenomenon, so that their appreciation for it serves as a foundation for decisions and attitudes related to caring for the patient and their next of kin, as well as a framework for planning patient care.

ACKNOWLEDGEMENTS

The authors would like to thank all narrators with experiences of meaningful encounters participating in this study, journalist Catherina Ronsten for helping administrate the data collections, Mälardalens University for valuable support during the process of the study and also Simon Dyer for professionally edited the English text. Finally, they also thank the foundation Rekarne Sparbankstiftelse for financial support.

REFERENCES

- Backe A and D King. 2000. A fundamental aspect of supportive care delivery: The nurse's opportunity to shape the caring encounter. *Journal of Paediatric Oncologic Nursing* 17: 182–7.
- Berg L and E Danielson. 2007. Patient's and nurse's experiences of the caring relationship in hospital: An aware striving for trust. *Scandinavian Journal of Caring Science* 21: 500–6.
- Carlsson G, K Dahlberg, K Lützen and M Nyström. 2004. Violent encounters in psychiatric care: A phenomenological study of embodied caring knowledge. *Issues in Mental Health Nursing* 25: 191–217.
- Eriksson K. 2004. *Trojanska hästen 2: Utvecklande av evidensbaserade vårdande kulturer*. [The Trojan horse 2: Developing evidence based caring cultures]. Åbo Akademi, Finland.
- Gustafsson L-K. 2008. *Försoning: Ur ett vårdvetenskapligt perspektiv*. [Reconciliation: From a caring perspective]. PhD diss., Åbo Akademi, Finland.
- Gustafsson L-K, L Wiklund and UÅ Lindström. 2011. The meaning of reconciliation: Women's stories about reconciliation with suffering from grief. *Scandinavian Journal of Caring Science* 25: 525–32.
- Holmberg M and I Fagerberg. 2010. The encounter with the unknown: Nurses lived experiences of their responsibility for care of the patient in the Swedish ambulance service. *International Journal of Qualitative Studies of Health and Well-being* 5: 5098.
- Jonasson L-L, P-E Liss, B Westerlind and C Berterö. 2009. Ethical values in caring encounters on a geriatric ward from the next of kin's perspective: An interview study. *International Journal of Nursing Practice* 16: 20–6.
- Lindström U Å, L Lindholm and J E Zetterlund. 2006. Katie Eriksson: Theory of caritative caring. In *Nursing theorists and their work*, 6th edn, eds A Marriner Tomey and M R Alligood, 191–223. St. Louis, Missouri, USA: Mosby Elsevier.
- Macdonald M. 2007. Origins of difficulty in the nurse-patient encounter. *Nursing Ethics* 14: 510–21.
- Morse JM. 1991. Negotiating commitment and involvement in the nurse-patient relationship. *Journal of Advanced Nursing* 16: 455–68.
- Morse JM, G A Havens and S Wilson. 1997. The comforting interaction: Developing a model of nurse-patient relationship. *Scholarly Inquiry for Nursing Practice: An International Journal* 11: 321–43.
- Person M and F Friberg. 2009. The dramatic encounter: Experience of taking part in a health conversation. *Journal of Clinical Nursing* 18: 520–8.

- Ricoeur P. 1976. *Interpretation theory: Discourse and the surplus of meaning*. Fort Worth: Christian University Press.
- Ricoeur P. 1991. *From text to action: Essays in hermeneutics II*. London: The Athlone Press.
- Ricoeur P. 1995. *Hermeneutics & the human science*. Cambridge: Cambridge University Press.
- Riessman C. 2008. *Narrative methods for the human sciences*. London: Sage.
- Ronsten C. 2004. *Betydelsefulla möten i vården*. [Meaningful encounters in healthcare]. Göteborg: Förlagshuset Gothia.
- Ronsten C. 2008. *Betydelsefulla möten: Människor som recept [Meaningful encounters: People as prescription]*. Eskilstuna: Betydelsefulla möten & förlag.
- Säll Hansson K, B Fridlund, D Brunt, B Hansson and M Rask. 2010. The meaning of the experiences of persons with chronic pain in their encounters with the health service. *Scandinavian Journal of Caring Science* 25: 444–50.
- Shattell M. 2004. Nurse-patient interaction: A review of the literature. *Journal of Clinical Nursing* 13: 714–22.
- Sjöstedt E, T Hällström and K Lützen. 2000. The first nurse-patient encounter in a psychiatric context: An initial study in an action research process. *Journal of Psychiatric and Mental Health Nursing* 7: 143–51.
- Tarlier DS. 2004. Beyond caring: The moral and ethical bases of responsive nurse-patient relationships. *Nursing Philosophy* 5: 230–41.
- Tuckett A. 2005. The care encounter: Pondering caring, honest communication and control. *International Journal of Nursing Practice* 11: 77–84.
- Westin L, I Öhrn and E Danielsson. 2009. Visiting a nursing home: Relatives experiences of encounters with nurses. *Nursing Inquiry* 16: 318–25.
- Wiklund L, L Lindholm and U Å Lindström. 2002. Hermeneutics and narration: A way to deal with qualitative data. *Nursing Inquiry* 9: 114–25.