


## ORIGINAL ARTICLE

# Standing alone on the frontline. The meaning of being a nurse in the archipelago—A phenomenological hermeneutical study

Anna Lundberg RN, MSc, Lecturer, PhD-Student<sup>1,2</sup> | Regina Santamäki-Fischer RN, PhD, Associate Professor<sup>3</sup> | Lina Gyllencreutz RN, PhD, Senior Lecturer<sup>1</sup> | Britt-Inger Saveman RN, PhD, Professor<sup>1,2</sup> | Erika Boman RN, PhD, Senior Lecturer<sup>1,2</sup> 

<sup>1</sup>Department of Nursing, Umeå University, Umeå, Sweden

<sup>2</sup>Department of Nursing, Åland University of Applied Sciences, Mariehamn, Finland

<sup>3</sup>Department of Caring Science, Åbo Akademi University, Vasa, Finland

## Correspondence

Anna Lundberg, Department of Nursing, Åland University of Applied Sciences, PB 1010, Mariehamn AX-22111, Åland, Finland.  
Email: [annasofia.lundberg@ha.ax](mailto:annasofia.lundberg@ha.ax)

## Funding information

Åland University of Applied Sciences; Ålands kulturstiftelse r.s; Ålands Självstyrelse 75-års Jubileumsfond; Svenska Kulturfonden

## Abstract

**Aim:** The aim of this study was to illuminate the meaning of being a nurse in the archipelago.

**Methodological Design and Justification:** A phenomenological hermeneutical design was applied, as there is a need to understand the lifeworld and the meaning of being a nurse in the archipelago.

**Ethical Issues and Approval:** Approval was granted by the Regional Ethical Committee and local management team. All participants provided consent to participate.

**Research Method:** Individual interviews were conducted with 11 nurses (Registered Nurses or primary health nurses). The interviews were transcribed, and the text was analysed by means of phenomenological hermeneutical method.

**Results:** The analyses ended in one main theme: *Standing alone on the frontline*, and three themes: 1. *Combating sea, weather and the clock* with the sub-themes: *Fighting to give care to patients despite harsh conditions* and *Fighting against time*; 2. *Standing firm but wavering* with the sub-themes: *Embracing the unexpected* and *Calling out for support*; and 3. *Being a lifeline throughout the entire lifespan* with the sub-themes: *Having responsibility for the islanders* and *Having an intertwined private and work life*.

**Study Limitations:** The interviews may be considered few, but the textual data were rich and assessed suitable for the analysis. The text may be interpreted differently, but we deemed our interpretation as more probable than others.

**Conclusion:** Being a nurse in the archipelago means standing alone on the frontline. Nurses, other health professionals and managers need knowledge and insight about working alone and the moral responsibilities thereof. There is a need to support the nurses in their lonely work. Traditional means of consultations and support could preferably be supplemented by modern digital technology.

**KEYWORDS**

archipelago, phenomenological hermeneutical, primary health care, qualitative research, remote area, rural nursing

## INTRODUCTION

Working as a nurse in primary health care (PHC) is multifaceted with various perspectives. It is caring for a diversity of patients with complex health concerns that is all 'from the cradle to the grave' [1, 2] and combining a disease-oriented problem-focused agenda with the primary preventive agenda [3, 4].

Working in PHC in remote areas is accompanied with additional challenges, such as long travel distances, lack of accessibility and isolation [1, 5, 6]. Working in a remote area also means operating in smaller communities where the professional role and the role as a community member often are interconnected [5, 6]. Nurses in remote areas are reported to work beyond their scope of practice, for example in the medical and social domain, and are required to work autonomously, be multi-skilled and often practice on an advanced level [4, 6–8]. Feeling unprepared for the breadth and complexity of this role [4, 9, 10], especially with limited understanding and support from other colleagues [1, 7, 9] and from the management team [5, 6, 9] is reported.

Research in PHC nursing in remote areas has mainly highlighted the demanding work of nurses, obstacles and shortcomings in them, as well as in the organisations. It seems that healthcare professionals and healthcare management lack understanding of the meaning of working in this context. Thus, to gain a deeper understanding of the impact this kind of work has on the individual nurse, there is a need to understand the lifeworld and the meaning of being a nurse in these areas. To our best knowledge, there is a lack of studies illuminating the meaning of being a nurse in remote areas, and specifically from a specific remote area, that is the archipelago. Also, most of the remote area research is performed in Australia, Canada and the United States [5]. As nursing roles are shaped by the context [4], there is a need for additional research from Northern Europe where there are widespread areas with low service accessibility [11]. The aim of this study was to illuminate the meaning of being a nurse in the archipelago.

## METHOD

### Design

To gain an understanding of the meaning of being a nurse in the archipelago, a phenomenological hermeneutical interview study was performed. The chosen method

was first described by Lindseth & Norberg (2004), and it was developed to respond to lived experiences within the healthcare context. To illuminate the meaning of a phenomenon, interviews are performed and transcribed, generating interview texts that are analysed; the essential meaning of a phenomenon may be disclosed from speech that is laid down as text and interpreted. The focus of the analysis is to, from the text, grasp possible ways of looking at different phenomena and the world, not to describe or interpret the subject [12]. The method is described as an argumentative discipline which lies between science and art; artistic talent is used to formulate a metaphoric understanding of the text (naïve understanding), and scientific talent is needed to generate trustworthy results (structural analysis). In addition, critical talent is used to come to a comprehensive understanding [13].

### Setting

The study has been carried out in a Finnish island community in the Baltic Sea. About 30,000 inhabitants live on 6050 of the 23,000 islands that make up the community. This study concerns five PHC districts, serving in total about 2000 residents in the archipelago outside the main island. Services in each district are provided by nurses who work independently every other week, 24/7. The nurse may live permanently in the community they serve or has a permanent residence elsewhere and temporary lodging for daily rest at site. The nurses are Registered Nurses (RNs) or primary health nurses (also called community, district or public healthcare nurse, PHNs) both holding a Bachelor's degree. In Finland, the RNs degree is obtained after 3.5 years of full-time studies, and the PHNs degree after 4 years of full-time studies [14, 15]. In this study, both titles are referred to as 'nurses'.

The nurse in service runs the primary healthcare clinic including health and medical reception and occupational, maternity, child and school health care. In general, the nurse also manages nursing tasks at the local nursing home and provides nursing home care. In case of an emergency, the nurse is summoned. For further description of the nurses' scope of practice, see Lundberg et al. [16]. A general practitioner (GP) is available for telephone advice during the daytime and visits each of the PHC districts 1 day per month. Besides the GP, nurse colleagues and physicians at the central hospital are available for consultations. If a patient is assessed

to need specialist care, the patient has to be transported to the central hospital positioned on the main island. The hospital on the main island can be reached by regular ferry passenger services, Sea Rescue or Coast Guard or by helicopter, ranging from approximately 30 min up to 4 h.

## Participants

To recruit participants, nurses working in the setting were informed about the study during a regular workplace meeting. All eligible nurses were invited to participate and all 11 accepted to participate. Four of the nurses were RNs, five were PHNs and two had double qualifications, that is both RN and PHN licence. The mean age was 48.6 years, and the majority were females. The nurses' work experience in the current setting varied between 5 months up to 25 years (mean = 6.2 years), and experiences of nursing in general varied between 1 year up to 40 years (mean = 17.3 years).

## Data collection

To collect data on the meaning of being a nurse, narrative interviews were performed [12]. The face-to-face, audio-recorded interviews were conducted from December 2018 to August 2019. The interviews were held, by the nurses' request, in their workplace in a space where they could talk freely. The interviews started with the question 'Can you describe an ordinary day at work?' and when needed with follow-up questions like 'What happened then?' and 'Can you tell me more?' to support their narratives about lived experiences. The average interview time was 47 min (min–max: 34–73 min). The digitally recorded interviews were transcribed verbatim shortly after the interviews, resulting in text comprising in total 67,711 words.

## Data analysis

The textual data (the transcribed interviews) were analysed in concordance with the phenomenological hermeneutical method described by Lindseth and Norberg [12, 13]. In the first step, *the naïve reading*, the text was read through several times to grasp its meaning and reach an initial naïve understanding. During this step, the authors used their contextual preunderstanding. The second step, *the structural analysis*, aimed to validate the naïve understanding and to explain the text. For this purpose, the first and second authors sought for meaning units that corresponded to the aim. The meaning units were thereafter condensed to express their essential meaning and sorted regarding similarities and differences. All steps in the structural analysis were thereafter discussed among all authors in relation to the naïve understanding until a main theme, three themes and six sub-themes was formulated (illustration of structural analysis in Table 1). The main theme is seen as a thread of meaning that penetrates the themes and sub-themes formulated in a way that discloses meaning [12], that is the meaning of being a nurse in the archipelago. The presentation of the findings was structured according to the method and presented with quotes and in an everyday language as close to lived experience as possible. The quotes were chosen to express the meaning in everyday language and to increase trustworthiness [12]. In presenting the results, it is even emphasised to involve poetic expressions and metaphors 'to make the words mean as much as they can' [12]. In the third step, a *comprehensive understanding* was arrived at by critically reflecting on the interview texts, the naïve understanding, findings, our preunderstanding and relevant literature [12].

## Ethics statement

Approval to perform the study was granted by the Regional Ethical Committee in April 2018 (No. 3/2018) and from

**TABLE 1** Example of structural analysis of the first theme, 'Combating sea, weather and the clock'.

Meaning unit	Condensation	Sub-themes
A challenge to find all the places... someone calls and says I'm there and there but I don't know where they are... there are maps but still... Someone has fallen outside and has an open fracture in their leg. You have to try to put a cannula out there, it's cold, the patient is shaking and you're chilled.	Challenging to find the patient location. Struggling to insert a cannula when it is cold, and the patient is shaking.	Fighting to give care to patients despite harsh conditions.
I always need to consider how quickly I can receive help for the person in question... it is quite challenging being here in the middle of the sea.	Challenging being in the middle of the sea and not knowing when help will arrive.	Fighting against time.
A mum came running... 'you have to help me, it's urgent' and then the child came jumping on one leg, and yes, we were in a hurry because the ferry (to the mainland) were leaving soon.	Stressing to adjust work to ferry timetables.	

the leading managers. The study was performed in line with the principles of the Declaration of Helsinki [17]. All participants received oral and written information about the study, and the nurses were informed on the possibility of withdrawal without stating any reason. All participants provided written consent to participate, and there were no dropouts.

## FINDINGS

### The naïve understanding

The meaning of being a nurse in the archipelago is to represent a vanguard, the first on site to handle the situation no matter what, while awaiting the following troops when further help is needed. It is fighting an inner sense that things can go wrong, while simultaneously having a confidence, and pride, to take on the task to preserve the health of the islanders, of which one can have not only a professional, but also a personal relationship.

### The structural analysis

In the structural analysis, a main theme was formulated, illuminating the meaning of being a nurse in the archipelago as *Standing alone on the frontline*. In addition, three themes with two sub-themes each were formulated, presented in Table 2.

### Combating sea, weather and the clock

Standing alone on the frontline is to combat the sea and weather and the clock. It means *fighting to give care to patients despite harsh conditions*. It is to fight against the weather, especially in autumn and winter when there is little daylight and weather may be rough. Driving and finding the way to the patient's home can be hard. Not all places are easily accessible. Some places can be accessed only by boat, and even if there are roads the directions and road maps can be vague and stressful. 'Not finding all the places is my biggest fear I think...'

Fighting is also to stand by oneself with a patient in need of more advanced care or even in emergency distress, and simultaneously plan and solve the challenges with the transportation over the sea to the main island. In more urgent situations the harsh conditions demand the nurse to be quick and decisive in assessing the situation. Almost subconsciously, with a quick look out of the window and up to the sky, a review the weather conditions and make a decision on how to act. Accordingly, bad weather could knock out the helicopters. 'The helicopter does not work in fog, it does not work in strong winds. There are many times they do not work...'. Then, the Sea or Coast Guard may be of help, but they can be on another mission and not be available.

Fighting to give care to patients despite harsh conditions is also to assess and treat patients in unfavourable environments, sometimes in surroundings with meagre amenities, in the dark, in the cold with freezing and shaking fingers. At times, there are other persons at site helping, 'I had a lot of people helping with blankets and pillows...', but one is still the one responsible. Fighting to give care to patients can also mean to care for a patient during transportation at sea. Available nursing equipment may not always be up to date and can be placed where they are unreachable. The weather, strong winds and the waves rock the boat makes it hard to perform actions '... it is not so easy to give any medication when they run at 40 knots'.

Combating sea, weather and the clock also includes *fighting against the time*. It is to be one step ahead and try to solve different situations that arise suddenly. Knowing that transportations to the main island may be limited is always present. In severe situations, to not lose valuable time, almost subconsciously the nurse creates a plan, assesses what kind of further care is needed, plans the next step, orders the transportation, and handles the situation while waiting for transportation. It is a constant fight against time, to single-handedly deal with the situation with every passing hour awaiting transportation, and transportation can even be delayed. 'It takes at least an hour, an hour and a half before an ambulance is here. Sometimes it can take two to three hours'.

Fighting against time also includes less dramatic situations. The distance and centralisation of the healthcare

**TABLE 2** Main theme, themes and sub-themes from structural analysis.

Main theme	Standing alone on the frontline		
Themes	Combating sea, weather and the clock	Standing firm but wavering	Being a lifeline throughout the entire lifespan
Sub-themes	Fighting to give care to patients despite harsh conditions	Embracing the unexpected	Having responsibility for the islanders
	Fighting against time	Calling out for support	Having an intertwined private and work life

services to the main island demands multitasking while fighting against time. The schedule for everyday work is threatened to be overturned by unexpected situations. Not only the patients' needs, but also the post and ferry timetables must be considered. Requisition of medication, delivering blood samples and acquiring materials by post come and go with the regular ferries. If the blood samples are delayed to the post, the blood samples are at risk and may be spoiled due to the extension of the pre-analysis time, which may spoil the actual analysis of the blood samples. Meaning that new blood samples must be taken, which means new appointments with the patient at the primary healthcare centre or driving to the patient's home again. This means that fighting against time is always an issue. '... it is a lot of logistics that really becomes a big part of my working day'.

### Standing firm but wavering

Standing alone on the frontline is to stand firm but wavering, in decisions and in actions. It means *embracing the unexpected*, to have faith in oneself and to take on any situation, knowing that one stands alone at the scene and the situation can become overpowering. 'It is constant stress throughout the working week... for the unexpected'. Embracing the unexpected is also to have the guts to do the unconventional, to make things work and to gain patients' trust even though wavering. Being able to handle the challenges means growing '... I will be grateful for these challenging years... (I) learn to know myself'.

Being a nurse in the archipelago means to work in a small community. The islanders are few, friends and families live close by and 'everybody knows each other'. The unexpected can be to suddenly have a significant other, a close friend or a relative as your patient. Having a firm professional approach may be hard when one is acquainted. The risk for this to happen leaves a constant 'knot in the stomach' and often a sense of fear for how to stand firm and how to handle such a situation. 'That scares me sometimes, but I push it away... that you become emotional, you know... affected'.

Embracing the unexpected also means to act alone in violent and threatening situations when being alarmed to something that on the main island would concern the Police force. It means to stand firm to help a victim but also waver, feeling insecure and knowing that support could be several hours away and that nobody knows where to start looking if something bad happens. 'There can be weapons, there can be anything in the cabins, we are very exposed'.

When wavering and needing back up to stand firm, there is a need to *call out for support*. It means consulting other professionals on the main island to provide confidence in the decision-making. 'If I am doubtful, I can call... I really want to be confident in what I am doing'. This requires that the consultant grasp the situation. To be questioned and told to wait till the next day when there is a patient in an unclear situation is to be abandoned. 'I told him that you must understand that I am out on an island in the middle of the sea'.

Not having colleagues nearby and wanting to call out for support means to face loneliness. Occasionally, supportive discussions with nurse colleagues take place '... after a working day like that... I went home considerably more satisfied than I usually am'. However, normally there is no exchange of experiences and no opportunity to support each other, to discuss together. It means to carry the unreflected situation by oneself. To stand firm but waver. 'Everyone goes home with their own experiences, and I have understood that there are many who have experienced tough times'.

### Being a lifeline throughout the entire lifespan

Standing alone on the frontline means being a lifeline throughout the entire lifespan. It may be to engage in maternity and palliative care on the same day. Or when an accident or a serious medical situation occurs, to handle emergency care situations. *Having responsibility for the islanders* and carrying out comprehensive care, means having 'the door open' every day of the year, 24/7. People come with various issues: wanting to lose weight, needing birth control or having blood samples taken. The nurse seems to be the one they turn to in all that comes with life, being their lifeline through the lifespan 'and there really is no one else here. ... I am their only lifeline'. Being the only one in place means having caring relationships built on continuity and trust. Offering help in all kinds of circumstances that may arise on the islands is highly appreciated by the islanders. 'They think it's fantastic that they can get an appointment and help quickly...' and is a source of pride for the nurses 'so I think we are useful to society'. The appreciation from the islanders is the reward.

The reciprocity between the islanders and their nurses, which is expressed as appreciation from them and a sense of pride of the nurses, also means *having an intertwined private and work life*. This means being a nurse as well as a parent or a friend in a small community and acting depending on the relationship in different roles. This challenges the ability to distinguish between private and working life and requires finesse and instinct. 'One must be quite aware



of the risks... that we simply judge people differently depending on whether we perhaps know them (or not)'.

Having an intertwined private and work life also means confronting situations that are ethically challenging. One may be asked all kinds of medical questions and advice in local shops between the milk and bread aisle, or during the child's graduation ceremony at the local school. Questions that are not appropriate to discuss at that time and place. 'It does not matter if it is a gynecological matter, if it is a parent who wants to discuss their daughter's birth control pills or if it is time to take a prostate blood sample test...'.

Not knowing how to act in various situations and at the same time risk being gossiped about behind one's back if something goes wrong may challenge relationships. Situations involving children's health may result in a hostility with the family that may question the nurse's competence and decisions. A strategic move is to avoid being friends with the islanders as this may result in not knowing what side to take in the community. This complicated role, being a nurse in the archipelago, standing alone at the frontline and being a lifeline throughout the lifespan, burdens both private and working life many times. 'You become too familiar with people, maybe I've deliberately tried to stay away from that, I'm not on Facebook... for me they are patients and local residents and some good friends...'.

## COMPREHENSIVE UNDERSTANDING AND REFLECTIONS

The illuminated meaning of being a nurse in the archipelago is *Standing alone on the frontline*. Being alone is comparable to isolation and/or solitude and refers to the social environment and to the objective, quantitative, characteristics of loneliness [18, 19]. Our interpretation is that standing alone on the frontline is not only about aloneness, that is being alone doing one's work. It is also about loneliness. In contrast to alone, lonely is value-laden and contains emotional dimensions that alone does not necessarily possess [18].

Loneliness is a common human phenomenon that affects all [18], also in the working context. In the working context, loneliness is understood as a 'negative discrepancy between actual and desired relationships at work, and the inability to rectify this imbalance' ([18], p. 60). Thus, loneliness in the workplace can be interpreted as an expression of powerlessness. Standing alone on the frontline can even be interpreted as a risk of alienation, a phenomenon that has been used interchangeably with loneliness but also as a separation from social institutions and to feelings of powerlessness and normlessness [20].

Standing alone on the frontline is to work alone, lack professional support, and having an intertwined private and working life affecting personal relationships negatively. A strategy is to not even establish relationships outside the professional role to avoid ending up in ethically demanding situations. It is understood that standing alone on the frontline may be associated with both social and emotional loneliness (lack of social integration and close relationships) [21]. The lived experience of standing alone should be paid attention to as loneliness is known to affect health and well-being negatively [18, 22].

Loneliness and responsibility, when standing alone on the front line and being a lifeline for the islanders, can be understood from Levinas ethical imperative, meaning that we as humans, in an encounter, have the person's life in our hands [23]. His key concepts 'responsibility', 'the Other' and 'the face' are crucial. Being a lifeline is thus challenging as 'the face' demands courage to see 'the Other'. It is a responsibility, but also a vulnerability that arises in the relationship. 'The face' speaks and invites a relation between humans, and opens to a new dimension [23]. Being a nurse in the archipelago is to be an advocate in decisions that affect life and health of others, but also take responsibility for the integrity of the other, for example when inhabitants invite to conversations about sensitive issues in inappropriate contexts, for example discussing health issues of relatives in the grocery shop. 'Responsibility' contains thus an ethical response to 'the Other' and contains having an open mind. Levinas means that 'responsibility' comes naturally, and should neither be chosen, nor given, and it will not begin in a commitment or as a decision. Communication and transcendence are cornerstones in the relationship with 'the Other' and will contain a respectful and open dialogue and with recognition for 'the Other' [24].

According to Levinas, the ethics of 'responsibility' can be described as a primary fundamental ethical code that is essential for the caring of 'the Other' and that cannot be shared or given away [23]. In the text, it was revealed that standing alone and having an intertwined work and private life could mean to isolate oneself from the islanders, to not come in difficult ethical situations. Perhaps, this could be understood through what Levinas [24, 25] describe as a complexity in the caring relationship were 'the Other' demands a 'responsibility' and a power to help, but that this relationship at the same time requires the 'helper' to be a 'hostage' and powerless, which can be related to previous reflections on loneliness and powerlessness.

Thorup et al. [26] describe further how nurses are forced to take a stand with both ethical and existential questions, for example lack of anonymity leading to ethical dilemmas even off duty. It means wanting to do good, to cherish the patient's and own integrity and do a good

job despite bad circumstances. Jameton [27] means that 'moral distress' arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action, for example while standing firm and wavering. According to Hamric [28], moral distress is both powerful and destructive to the moral agency and integrity of healthcare providers. 'Experiences of moral distress compromise providers' core values or duties, which are the fundamental ingredients of their moral integrity. Over time, these compromises can have negative and long-lasting effects that can lead healthcare providers to become desensitized to the moral dimensions of their work or even to leave their profession' [28], p. 47. Thus, standing alone with moral distress is understood to be unfavourable. Results from intervention studies to alleviate moral distress are inconclusive [29]. However, reflective activities and education interventions, having the possibility to reflect on and learn more about moral distress together with others, show promising results [29].

Standing alone on the frontline can also challenge confidence. Professional confidence is interrelated with competence [30, 31]. Previous studies have emphasised the need of education to grow competence (e.g. [4, 9, 10, 32]). However, Ulrich [31] means that competence without confidence is insufficient; nurses' ability to fully demonstrate their competence is completely dependent on their confidence to preserve in demanding situations. Professional confidence is a maturing process supported by collegial cooperation, reflection in practice and receiving feedback [30]. Standing alone means lost opportunities to be able to reflect with someone else on ethically challenging situations, to learn and grow and to stand even firmer in similar situations later.

## Methodological considerations

A phenomenological hermeneutic method is well suited for uncovering a lifeworld phenomenon [12, 13]; the meaning of being a nurse in the archipelago. The interviews may be considered few, but the textual data was deemed rich and suitable for the analysis. However, a variation in gender, age and years of work among the participants could have added additional nuances to the interviews with consequences for the interpretation. The analysis was carried out, in close collaboration between all authors, individually and in frequent group meetings over a long period. This was done so that interpretation of the text would take place in accordance with the method. This process also gave room for scientific accuracy and artistic creation, which is the method's characteristic [13]. To further enhance rigour the themes are supported by descriptive quotes.

The interpretation was influenced by the preunderstanding of the authors. All had work experience from and/or research experience in remote area nursing, that is a contextual preunderstanding. The text has been reflected on repeatedly during the process and we found our preunderstanding as a valuable resource in the research process. The preunderstanding has guided us, but also been challenged, in the process of disclosing the essential meaning of being a nurse in the remote archipelago setting. Based on various experiences, associations and imaginations different images have been painted in front of us, but in the end, we have landed in one interpretation that we deem as plausible. The findings concern a universal human phenomenon and together with a carefully described research process the findings may be transferred to similar situations and settings in health care which finally must be judged by the reader.

## CONCLUSION

The findings show that standing alone on the frontline is about responsibility, aloneness and loneliness and challenge nurses as professionals and persons. Standing alone on the frontline may even endanger health and well-being of nurses. Thus, there is reason to address the challenges on several levels. Nurses who choose to work in remote areas need knowledge and insight about working alone. The content in basic and complementary education of nurses need to also include knowledge about working alone. Employers and organisations need to counteract dangerous loneliness and give support to maintain good relationships and communication with colleagues and the management team. Existing technology could be used more and developed specifically for nurses' work in remote areas. Contemporary research on quantifying the prevalence of loneliness among healthcare workers in remote areas would clarify the scope and magnitude of the impact of working alone.

## AUTHOR CONTRIBUTIONS

All authors made substantial contributions to conception and design. AL contributed to the acquisition of data. AL and RSF made primary analysis and interpretation of data that later were discussed in several meetings in the research group as a whole. All authors have taken on the main responsibility for drafting the manuscript. All authors have revised it critically for important intellectual content and have given final approval of the version to be published. Each author has participated sufficiently in the work to take public responsibility for appropriate portions of the content and have agreed to be accountable for all aspects of the work in ensuring

that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

## ACKNOWLEDGEMENTS

The authors would like to thank the nurses in the archipelago for their contributions with their narratives.

## FUNDING INFORMATION

Funding has been received from the Swedish Cultural Foundation in Finland, Ålands kulturstiftelse r.s, Ålands Självstyrelse 75-års Jubileumsfond and Åland University of Applied Sciences.

## CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest to declare.

## DATA AVAILABILITY STATEMENT

Collected data is on a coded list in a locked vault, only available for the first author according to the Declaration of Helsinki. A request from the publisher to first author is needed if necessary to read collected data.

## ORCID

Erika Boman  <https://orcid.org/0000-0002-3989-609X>

## REFERENCES

- Farrelly T, Flaherty S, Healy H. The challenges to public health nurse practice in rural Ireland. *Public Health Nurs.* 2019;36(3):341–7. <https://doi.org/10.1111/phn.12595>
- Tange Larsen A, Bonde Klausen M, Højgaard B. Primary health Care in the Nordic countries: comparative analysis and identification of challenges. The Danish Center for Social Science Research. 2020 [cited 2022 Jan 20]. Available from: [https://pure.vive.dk/ws/files/4892725/301661\\_Primary\\_Health\\_Care\\_in\\_the\\_Nordic\\_Countries\\_TG.pdf](https://pure.vive.dk/ws/files/4892725/301661_Primary_Health_Care_in_the_Nordic_Countries_TG.pdf)
- Misund Dahl B, Clancy A. Meanings of knowledge and identity in public health nursing in a time of transition: interpretations of public health nurses' narratives. *Scand J Caring Sci.* 2015;29:679–87.
- Argent J, Lenthall S, Hines S, Rissel C. Perceptions of Australian remote area nurses about why they stay or leave: a qualitative study. *J Nurs Manag.* 2022;30(5):1243–51. <https://doi.org/10.1111/jonm.13603>
- Barrett A, Terry DR, Lê Q, Hoang H. Factors influencing community nursing roles and health service provision in rural areas: a review of literature. *Contemp Nurse.* 2016;52(1):119–35. <https://doi.org/10.1080/10376178.2016.1198234>
- Hounsgaard L, Jensen AB, Wilche JP, Dolmer I. The nature of nursing practice in rural and remote areas of Greenland. *Int J Circumpolar Health.* 2013;72:10. <https://doi.org/10.3402/ijch.v72i0.20964>
- MacLeod MLP, Stewart NJ, Kosteniuk JG, Penz KL, Olynick J, Karunanayake CP, et al. Rural and remote registered nurses' perceptions of working beyond their legislated scope of practice. *Nurs Leadersh (Tor Ont).* 2019;32(1):20–9. <https://doi.org/10.12927/cjnl.2019.25851>
- Muirhead S, Birks M. Roles of rural and remote registered nurses in Australia: an integrative review. *Aust J Adv Nurs.* 2020;37(1). <https://doi.org/10.37464/2020.371.5>
- Hunt S, Hunt E. Barriers to practice of rural and remote nursing in Canada. *ESJ.* 2016;12(36):56.
- Whiteing N, Barr J, Rossi DM. The practice of rural and remote nurses in Australia: a case study. *J Clin Nurs.* 2022;31(11–12):1502–18. <https://doi.org/10.1111/jocn.16002>
- Slätmo E, Bogason A, Vasilevskaya A, Salonen H. Essential rural services in the Nordic region – challenges and opportunities. *Nordregio Report 2022:1*; 2022 [cited 2022 May 10]. Available from: <http://norden.diva-portal.org/smash/get/diva2:1645502/FULLTEXT02.pdf>
- Lindseth A, Norberg A. Elucidating the meaning of life world phenomena. A phenomenological hermeneutical method for researching lived experience. *Scand J Caring Sci.* 2021;36(3):883–90. <https://doi.org/10.1111/scs.13039>
- Lindseth A, Norberg A. A phenomenological hermeneutical method for researching lived experience. *Scand J Caring Sci.* 2004;18(2):145–53. <https://doi.org/10.1111/j.1471-6712.2004.00258.x>
- Health Care Act (2010/1326). [Internet]. Helsinki: Ministry of Social Affairs and Health. 2010 [cited 2022 Jan 10]. Available from: <https://www.finlex.fi/sv/laki/ajantasa/2010/20101326>
- European Commission, Directorate-General for Education, Youth, Sport and Culture, ECTS users' guide 2015. Publications Office; 2017. <https://doi.org/10.2766/87192>
- Lundberg A, Gyllencreutz L, Saveman B, Boman E. Characteristics of nursing encounters in primary healthcare in remote areas: a survey of nurses' patient record documentation and self-report. *Nord J Nurs Res.* 2020;41(2):84–91. <https://doi.org/10.1177/2057158520973165>
- World Medical Association. Declaration of Helsinki: ethical principles for medical research involving human subjects; 2013. [cited 2022 Jan 10]. Available from: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>
- Svendsen L. A philosophy of loneliness. London: Reaktion Books; 2017.
- Wright SL, Burt CDB, Strongman KT. Loneliness in the workplace: construct definition and scale development. *N Z J Psychol.* 2006;35(2):59–68.
- Bell RA. Conversational involvement and loneliness. *Commun Monogr.* 1985;52(3):218–35. <https://doi.org/10.1080/03637758509376107>
- Weiss RS. Loneliness: the experience of emotional and social isolation. Cambridge: The MIT Press; 1973.
- Hawkey LC, Cacioppo JT. Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Ann Behav Med.* 2010;40(2):218–27. <https://doi.org/10.1007/s12160-010-9210-8>
- Levinas E. Totality and infinity: an essay on exteriority. Pittsburgh: Duquesne University Press; 1969 [1961].
- Levinas E. Otherwise than being, or, beyond essence. Pittsburgh: Duquesne Univ. Press; 1998 [1974].
- Levinas E. Time and the other. Pittsburgh: Duquesne University Press; 1987 [1974].



26. Thorup CB, Rundqvist E, Roberts C, Delmar C. Care as a matter of courage: vulnerability, suffering and ethical formation in nursing care. *Scand J Caring Sci.* 2012;26(3):427–35. <https://doi.org/10.1111/j.1471-6712.2011.00944.x>
27. Jameton A. *Nursing practice: the ethical issues.* Englewood Cliffs: Prentice-Hall; 1984.
28. Hamric AB. Empirical research on moral distress: issues, challenges, and opportunities. *HEC Forum.* 2012;24(1):39–49. <https://doi.org/10.1007/s10730-012-9177-x>
29. Morley G, Field R, Horsburgh CC, Burchill C. Interventions to mitigate moral distress: a systematic review of the literature. *Int J Nurs Stud.* 2021;121:103984. <https://doi.org/10.1016/j.ijnurstu.2021.103984>
30. Holland K, Middleton L, Uys L. Professional confidence: a concept analysis. *Scand J Occup Ther.* 2012;19(2):214–24. <https://doi.org/10.3109/11038128.2011.583939>
31. Ulrich B, Krozek C, Early S, Ashlock CH, Africa LM, Carman ML. Improving retention, confidence, and competence of new graduate nurses: results from a 10-year longitudinal database. *Nurs Econ.* 2010;28(6):363–76.
32. Stewart NJ, MacLeod MLP, Kosteniuk JG, Olynick J, Penz KL, Karunanayake CP, et al. The importance of organizational commitment in rural nurses' intent to leave. *J Adv Nurs.* 2020;76(12):3398–417. <https://doi.org/10.1111/jan.14536>

**How to cite this article:** Lundberg A, Santamäki-Fischer R, Gyllencreutz L, Saveman B-I, Boman E. Standing alone on the frontline. The meaning of being a nurse in the archipelago—A phenomenological hermeneutical study. *Scand J Caring Sci.* 2023;37:1048–1056. <https://doi.org/10.1111/scs.13178>