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Teaching Basic Nursing Care: Nurse Preceptors' Perceptions about Changing the Teaching Context from the Clinical Setting to a School Simulation Lab

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Abstract:

Research demonstrates that basic nursing care receives less attention in clinical settings and has become visually less prominent in nursing education curriculums. While much is known about the importance of preceptorship in clinical settings, little is known about how preceptors teach basic nursing care to students in a school simulation lab. This study explores the preceptors' perceptions of teaching basic nursing care to nursing students in the school simulation lab compared to clinical settings. Data were collected through focus group interviews and participant observation and analyzed by using qualitative content analysis. Three main categories emerged: (i) Perceived advantages and disadvantages, (ii) Positive attitudes – remembering being a student, and (iii) Knowing what to do and showing how to do it. Awareness of the importance of having knowledge about basic nursing care may contribute to counterbalancing the devaluation of basic nursing care among nursing students.

Keywords: basic nursing care, preceptors, school simulation lab, qualitative content analysis

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The traditional emphasis in nursing education on acute-care clinical experiences has resulted in insufficient clinical preparation for nursing roles in non-acute-care environments (Doyle & Leighton, 2010), and students are not receiving the education required to deliver high-quality basic nursing care (BNC) to patients (Ausserhofer et al., 2014). Over time, the concept of BNC has been named and operationalized in many ways; 'essential elements' (Nightingale, 1860), 'human needs' (Henderson, 1964), or 'fundamentals' (Kitson, Conroy, Wengstrom, Profetto-McGrath, & Robertson-Malt, 2010). Kitson et al. (2010) have identified 14 basic care needs as fundamentals, or essentials of care. These needs include: care for communication and education, respiration, feeding, elimination, personal hygiene and dressing, mobility, rest and sleep, temperature control, expressing sexuality, safety, prevention and medication, dignity, privacy, respecting choices, and comforting including pain management. In this paper, BNC refers to aspects of care that are fundamental to all patients regardless of their diagnosis, cultural background, or healthcare context.

Literature review

The idea that providing BNC to patients is not important, not complicated, or not even seen as a nurse's duty has somehow influenced whether students perceive and understand BNC as important in nursing. This has subsequently resulted in negative consequences for their learning outcomes (MacMillan, 2016). Recently, results from a literature review conducted by Zwakhalen et al. (2018) showed that BNC is the most provided nursing act; however, it is the least evidence-based. One reason may be that BNC seems to be almost invisible in nursing education, especially during the theoretical educational programs at the undergraduate level (Huisman – de Waal, Feo, Vermeulen, & Heinen, 2018).

Currently, the diversity of simulations and scenarios are designed to encourage students to focus on the comprehensive picture surrounding each patient and situation, rather than focusing on singular problems through a narrow lens (Baptista et al., 2016). Nursing faculty members also have students engage in a variety of roles during simulation, including acting as the patient, the next of kin, or a nurse to keep students on their toes and approach situations from a holistic perspective (Reime et al., 2017). This training augments nurses' knowledge and standard of practice, and therefore their ability to care for their patients using their full scope of practice.

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Tappen (2016) asserted that nurses employed in clinical settings are the hands-on caregivers who know best about the patients and their basic care needs. Therefore, together with healthcare services, faculty members must find effective learning experiences that highlight and enforce the students' knowledge, skills, and attitudes needed to provide quality BNC in students. Also important for students' knowledge and skills is that faculty members and nurses from clinical field, such as preceptors, develop innovative learning opportunities, if they want to engage students and prepare them to practice the adequate BNC each patient requires (Tagliareni, Cline, Mengel, McLaughlin, & King, 2012). This means that both nursing faculty and preceptors must create safe and supportive learning environments that promote critical thinking.

The importance of a safe and supportive clinical learning environment has been recently described in three studies (Flott & Linden, 2016; Husebo, Storm, Vaga, Rosenberg, & Akerjordet, 2018; Phuma-Ngaiyaye, Bvumbwe, & Chipeta, 2017). Flott and Linden (2016) described the physical space, psychosocial and interaction factors, organizational culture and teaching, and learning components as attributes of the clinical learning environment, ones that may determine the achievement of learning outcomes and student self-confidence. However, it has been demonstrated that it is not only what students learn that is important, but, equally important is how they learn it (Nabors, 2012). For example, teaching strategies that involve 'doing' and dialogue with 'others' will promote more significant learning (Rajesh, 2017).

Research regarding nursing preceptorships in practice settings revealed that a preceptor relationship facilitates nursing students' immersion in the clinical setting over an extended period of time (Oosterbroek, Yonge, & Myrick, 2017). More recent, Rodríguez-García, Medina-Moya, González-Pascual, and Cardenete-Reyes (2018) acknowledged the importance of a preceptorship in enhancing nursing students' critical thinking and encouraging them to resolve common problems that may arise in practice. Although preceptorship is a complicated process, a study conducted by Hanson, MacLeod, and Schiller (2018) demonstrated that preceptorship is important in nursing education as it socializes students to and in the profession. A preceptorship based on constant communication through practice enhances the students' knowledge and understanding, clinical reasoning and problem-solving skills (McSharry & Lathlean, 2017). Therefore, it is reasonable to believe that preceptors (referred to as preceptors in this paper) can replicate BNC in simulation labs in schools of nursing and thus, have the opportunity to influence the academic content of nursing courses, a mandate of the Norwegian Ministry of Education and Research (2017).

In other countries (Phuma-Ngaiyaye et al., 2017), as well as in Norway, the work schedule of faculty members usually consists of a combination of classroom, clinical, and school simulation lab teaching, administrative tasks, as well as research activity. Their increased workload has resulted in not having sufficient time to provide students simulation education in school lab. For this reason, the Department of Nursing and Health Promotion at the Oslo Metropolitan University invited Registered Nurses from clinical practice to teach BNC to first-year nursing students.

While a large body of nursing education research has repeatedly found the role of preceptor to be important to nursing students' learning outcomes within the clinical context (Ryan & McAllister, 2017), there are no studies that have explored the nurse preceptors' perceptions of teaching BNC to students in a school simulation lab. In a time of rapid demographic changes, financial constraints, and calls for innovation, new ideas and approaches have fertile ground in which to take root. According to Zwakhalen et al. (2018), there is a need for further research that provides a deeper understanding and expands the knowledge base of BNC, encouraging more research that focuses on it, as well as counterbalances its devaluation amongst nursing students. Nevertheless, to date, there are no studies that explore the preceptors' perceptions on teaching BNC in a school simulation lab rather than a clinical setting. Hence, the aim of this qualitative study is to explore preceptors' perceptions of teaching BNC to nursing students in the school simulation lab compared to in clinical settings.

Theoretical framework

The educational foundation at the Department of Nursing and Health Promotion at Oslo Metropolitan University is mainly based on the sociocultural learning perspective. The overarching principle is to activate students' own thoughts, knowledge, and experience to facilitate learning and understanding about how to best provide nursing within different clinical contexts. Therefore, Vygotsky's (1978) sociocultural theory of cognitive development was chosen as the theoretical framework.

Vygotsky (1978) argued that social interaction precedes development, while consciousness and cognition are the outcome of socialization and social behaviour. The theory asserts three major concepts regarding i) social interaction, ii) the more knowledgeable other, and iii) the zone of proximal development (ZPD). Social interaction and articulation play fundamental roles in the process of cognitive development. Vygotsky (1978) asserted that one's cultural development appears first on the social level, and later, on the individual level. The ZPD is

the distance between a student's ability to perform a task under guidance from an 'expert' (a teacher, coach, adult, or peers) and the student's ability to solve the problem independently. The theory promotes learning contexts in which students play an active role in learning. The students model how the 'experts' demonstrated the learning objective, followed by coaching that involves student observation and the provision of appropriate feedback.

Methods

Ethical considerations

Permission was received from the leader of the Department of Nursing and Health Promotion at the Oslo Metropolitan University and from the Data Protection Official for Research, NSD – Norwegian Centre for Research Data (project number 54,974). The study followed the World Medical Association (WMA, 2013), Declaration of Helsinki principles for research ethics when involving human subjects: informed consent, consequences, and confidentiality. All participants provided informed consent. Participation in the study was voluntary and the confidentiality of the participants was protected by not mentioning their names during the focus group interviews nor including them in the field notes or the transcriptions. No benefits were given to the students for their participation. While participating in the study, the preceptors were paid for their time teaching students in the school simulation lab.

Setting and participants

The research context was the school simulation lab at the Oslo Metropolitan University, Department of Nursing and Health Promotion. Ten groups totalling 150 nursing students (15 students in each group) attending their first year of the bachelor's program, as well as five registered nurses employed in the clinical field, were study participants. To recruit nurses, the researcher provided information to and invited five nurses who had been preceptors to students at different nursing homes. Since the focus of the first clinical experience was to provide care that met the basic needs of older nursing home residents, the only inclusion criteria considered for nurses was that they have experience in working with older people at nursing homes.

Both male and female students were informed about the study and invited to participate at the first class meeting. However, as Ross (2017) indicated, nursing is a female-dominated profession; therefore, the students who attend nursing education, as well as the participants in this study, were predominantly female. Their ages ranged from 20–38 years. All five participating nurses were women from 25–59 years and who had 3–38 years of practice experience. One nurse had a master's degree in clinical nursing science and two had preceptor experience.

Prior to the beginning of the study, all the nurses were provided with necessary information about the BNC simulation themes and learning activities, expected learning outcomes for students, current syllabus, and some teaching strategies. Seven different themes that primarily focused on nursing students' skills related to BNC included: personal hygiene, elimination, dressing, mobility, nutrition, communication, and medication. Each simulation session lasted three hours for each student group. The nurses were invited to visit the school simulation lab. As the nurses were employed at different nursing homes, working 80% or a full-time position, a time schedule was needed in order to provide nurses with flexibility regarding the theme, day, time, which student group, and which activities they would employ together with students. Data collection included participant observation and focus group interviews and lasted from mid-August to the first week in October 2017.

Participant observation

Participant observation is a qualitative method for collecting data by observing people and their environments (Polit & Beck, 2014). By being an observer, the researcher had the opportunity to employ multiple and overlapping abilities, such as being fully present in the moment while at the same time observing and having informal conversations with preceptors and/or students about what happened within the simulation context. The researcher observed and documented the interactions between preceptors and students; hence, the researcher was able to have informal conversations with the participants about 'why,' 'when,' 'who,' 'how,' and 'what' happened in the simulation session. In addition, the focus of the observation was to explore how the preceptor planned teaching activities, provided information, demonstrated the skills related to the theme/area of focus of the day, used healthcare data programs, and provided feedback and debriefing.

The researcher completed a total of 105 hours of participant observations. Each observation session lasted three hours. In total, 32 pages of field notes (FN) resulted from the observations. FN were written giving a detailed description of the interaction and communication between preceptors and students.

Focus group interviews

A focus group interview is a data collection method where a group of people is assembled to provide qualitative data in a focused discussion to help expound upon the topic of interest (Polit & Beck, 2014). Focus group interviews were conducted in addition to participant observation to improve the quality of the study and to gain a deeper understanding about how the nurses perceived changing the teaching context from a clinical setting to a school simulation lab.

The researcher conducted and moderated seven focus groups interviews, six with students (six to eight students in each group) and one focus group interview with all five preceptors at the end of the observation period. All the students from all ten groups that had been observed were invited to participate in focus group interviews; however, only 44 students agreed to participate. The interviews lasted for an average of 45 minutes. The focus group interviews conducted with students were based on a semi-structured interview guide that was different from the one used during the interviews conducted with nurses. The interview guide included questions regarding students' perceptions about advantages and disadvantages of being taught BNC by preceptors at a school simulation lab, their expectations to preceptors' teaching attributes, and how they assessed their learning outcomes.

The following main topics were the subjects of the discussions within the focus group interview with the nurses: nurses' perceptions about advantages and/or disadvantages of changing the teaching context, their expectations of students, and their experiences of teaching and demonstrating BNC. The researcher asked some follow-up questions to give a deeper understanding of the nurses' statements, such as the role simulation may have on improving the students' skills when practising BNC, and whether the themes that are taught in the simulation school lab express the clinical reality. The focus group interviews have been digitally recorded and transcribed verbatim by the researcher after completion. The transcriptions from all seven focus group interviews amounted to 161 pages.

Data analysis

Data analysis was performed by using an inductive qualitative content analysis as is described by Elo and Kyngäs (2008), including three steps: preparation (reading through data to select units of analysis), organizing (open coding, creating categories and abstraction), and reporting the findings (presenting findings by describing the content of the categories). Although the data were analysed as a whole, the findings presented in this paper were generated only from analysis of the data collected from observations and the focus group interviews conducted with preceptors.

An inductive qualitative content analysis may be applied when there is not enough former knowledge about the phenomenon of interest or if this knowledge is fragmented (Elo & Kyngäs, 2008). There is no former knowledge about preceptors' perceptions about teaching nursing students BNC in a school simulation lab; therefore, the inductive qualitative content analysis was chosen. The analysis was considered complete when theoretical saturation was reached, and when the researcher could not identify any new codes or themes (Saunders et al., 2018), which in the current study led to three main categories.

Rigour

Several strategies were employed to ensure study rigour. By being a participant, the researcher had the opportunity to observe and to have informal discussions with both students and preceptors. Additionally, observation provided a basis for the discussions during the focus group interviews, as the researcher had the opportunity to clarify, follow up, and ask questions about 'why,' 'when,' 'who,' 'how,' and 'what' happened during the simulation session. To prevent losing important data, focus group interviews were transcribed immediately after they were performed. The researcher was aware of her preconceptions and their impact on the process of the data collection, data analysis, and on the findings (Elo & Kyngäs, 2008). The researcher was involved in all stages of the research process: planning, conducting the study, and analysis of the data. Therefore, to provide credibility, the participants, data collection, and data analysis are presented as thoroughly as possible (Elo & Kyngäs, 2008).

Findings

In this paper are presented the findings that reflect preceptors' perceptions about teaching BNC in a school simulation lab. Three main categories emerged from this study: (i) perceived advantages and disadvantages, (ii) positive attitudes – remembering being a student, and (iii) knowing what to do and showing how to do it. In order to give a reflexive and credible reproduction of the quotations, each quotation ends with a number representing the code each preceptor received as a study participant.

Perceived advantages and disadvantages

This category emerged when the nurse participants compared the similarities and differences in their roles as a 'teacher' for students in a simulation lab. The preceptors perceived the similarities as positive factors that could contribute to the students having an easier time of entering the healthcare setting. They agreed that it was advantageous for students to wear white uniforms and to see the simulation lab had equipment like what they may encounter in actual practice settings. These things might contribute to an increased awareness of their role and the responsibility they will have within clinical settings.

The preceptors also referred to the advantages and disadvantages between teaching in a simulation lab and a clinical setting. One advantage was being able to focus solely on the students and not simultaneously having responsibility for patients. Another, was that they could update their former knowledge and get more information about what the students have been taught because:

We can adjust the knowledge they gain here to fit the environment of a nursing home, or we can add additional knowledge to what they already know ... so, this period at the school lab was important to me to improve myself as a preceptor (3)

The preceptors also saw some disadvantages of teaching BNC in a simulation lab. Although many of the scenarios within the simulation of BNC demands solving cases or students playing roles as 'patients' or 'nurses,' the lack of real situations to relate to when teaching some skills could contribute to less understanding of how to perform the skill and possibly delay the development of the students' skills:

The students are young, and they never have been in a position of needing to help someone get dressed ... They understand that the patient needs help, but when it is not a real patient but another colleague, it feels like faking, and I think this is the reason that many of them do not take it seriously ... (1)

Lacking the necessary time to teach and simulate each theme was perceived as a disadvantage. Due to the time reserved for each simulation topic, not all students had the opportunity to play the 'nurse' role, resulting in a lack of learning opportunities. The quote that follows from a FN, described the interaction between one nurse and her students:

Preceptor 5 is providing information about the importance of observing the patient and why, and possible complications that may occur ... She answers some questions, goes from one 'patient' to another and assesses what the students playing the 'nurse' role are doing and provides feedback. This takes time and the last student from the group of three that was the 'patient' has no time to play the role of 'nurse.' (FN – theme 4: Providing personal hygiene)

Positive attitudes – remembering being a student

This category emerged when the preceptors reflected on the importance of their willingness to share knowledge, as this may influence the students' learning outcomes regarding BNC. They supported and encouraged the students not give up when they struggled to perform a procedure:

It has not been easy for me either ... I tried many times until I have mastered [it] ... You don't have to be afraid to fail here ... you are here to learn from your or others' failures ... (2)

The preceptors revealed that they were proud to be asked to teach students BNC at a simulation lab and they did not want to be perceived indifferent to the students' learning needs. Therefore, they wanted to transmit positive feelings and help students understand that it was alright to ask questions:

I told them that they can ask me everything and I hoped to be able to answer. If I cannot, we shall find the answer together ... 'What [does] the syllabus say?' or 'What VAR (evidence-based healthcare procedures online) show us?' 'Maybe other students know the answer?' ... We can find the correct answer together ... (5)

The preceptors asserted that, for students, their very first experience in the clinical field is important, as it may support the idea and prove that they made a good career choice. If their preceptor is one who does not like teaching or is unhappy with providing BNC to patients, then the students' learning of what BNC is about can be tainted. Therefore, nurses' positive attitudes were important, since they might empower student self-efficacy. One of the nurse preceptors asserted: "... BNC still matters, although the clinical setting is a nursing home context or an acute ward ... If they see us giving a bedpan, they will also do it ... (1)".

The preceptors also recalled that during the simulation sessions, the students were eager to learn and develop skills related to instrumental procedures such as inserting an intravenous line, venipuncture, or intramuscular injections. One of the participants said:

I remember how eager I was to learn 'interesting' things, but my preceptor said that I have to start on the ground ... and now I say the same to these students: 'You have to learn to provide personal hygiene to the patient before you can insert an intravenous line'" (2)

Participants perceived their teaching more like a reflection of their own nursing practice. Some of them felt that they had to justify their own nursing actions by giving some examples from their clinical experience:

Providing personal hygiene to a patient usually starts with face washing and continues down to the body. However, in a clinical setting, you must adjust your theoretical knowledge to patient's situation, not do what you always do ... you have to think, rethink, and sometimes do things different ... (4)

Knowing what to do and showing how to do it

This category reflects the preceptors' perceptions about their expectations as well as the students' expectations of them. Knowledge regarding how to provide BNC was perceived by the preceptors as important knowledge, as it can contribute to improved functioning, patient comfort, and patient safety, regardless of the healthcare context. Prior to the study, the students were provided with theoretical knowledge during a lecture about nursing activities related to BNC. The students were encouraged to read the syllabus related to the topic for the day and to watch the procedures described in the VAR healthcare program online. Due to the restricted time to perform each procedure, it was expected that students would come to the school simulation lab prepared by being theoretically knowledgeable about nursing activities related to BNC. In this way, time could be used properly, focusing on training and improving the students' skills. The preceptors perceived that most of the students were prepared and were active during the simulation sessions. However, not all the students were prepared.

Some of them seem to not be receptive to what I have to say and usually they are passive within the group or make jokes and trivialize almost everything ... rather than learn more, they remain somehow at the beginner level ... (5)

The preceptors shared a common perception that the students had expectations of them, as they currently worked in the clinical field and were perceived as 'the experts.' One of them mentioned that:

The students expect you to know what to do and what to say ... not only regarding practical and motor skills, but also how you provide information and instructions about how they may proceed. They also expect you to demonstrate how the procedure should be done before they will perform it on their own (3)

For another preceptor, it was important that the students could demonstrate their ability to integrate knowledge gained from previous BNC themes:

They have to show accuracy during the simulation ... for example, if the students train on the activity of feeding, you have to remind them that they have to ensure adequate hand hygiene, assess the patient need for nutrition, ask about their food preferences, assess the patient's resources, and choose the right type of equipment to use (1)

The statement was also confirmed by some field notes: 'the students, one by one, washed their hands before their approached the 'patients''. (FN – theme 5: Eating help and toothbrushing).

The preceptors emphasized the importance of students performing all the activities BNC requires with respect and by taking into consideration the patient's needs and resources.

I told the students that caring is the most important thing ... you must be humble when you meet the patient ... Direct contact with the patient is caring in practice ... other 'interesting' procedures require just your ability to use medical instruments ... (2)

Discussion

The aim of this study was to explore the preceptors' perceptions of teaching BNC to nursing students in the school simulation lab compared to a clinical setting. In a school simulation lab, the nurses simulate how to provide BNC on students playing the role of 'patient' or on a mannequin, then run different scenarios. Although the context is different, the findings from this study support, to a greater or lesser extent, the findings from previous qualitative studies that revealed that preceptorship is challenging (Oosterbroek et al., 2017; Rodríguez-García et al., 2018). This study revealed that whatever the teaching context may be, the preceptor role is complex and multifaced. Within a clinical setting, preceptors are overwhelmed by the burden of responsibility they have for their students during their clinical period at hospitals (Hanson et al., 2018). For the nurse participants of this study, the burden of responsibility was intensified by the fact that, even though the school simulation lab is designed and equipped to look like a real clinical setting, they faced a new context of clinical teaching while having to meet nursing education expectations when teaching BNC. In addition, the large number of the students and the lack of the time necessary to properly demonstrate each procedure were perceived as challenges.

Teaching and quality assessment concerns regarding supervising large groups of students during their clinical period have also been identified by DeMeester, Hendricks, Stephenson, and Welch (2017). Usually, in a clinical setting, a nurse is the preceptor for one or two students during an eight-week clinical period, thus having multiple opportunities to teach, explain, and demonstrate BNC practices in a real clinical setting. At the school simulation school lab, preceptors had to explain, teach, and demonstrate to a group of 15 students with each simulation session lasting three hours. This led to a perceived lack of opportunities to create the space for learning with regard to the pace of demonstrating, and time to reflect about 'why,' 'when,' 'who,' 'how,' and 'what' happened during the simulation session.

In a school simulation lab, it is assumed that attributes such a safe and supportive learning environment, and organizational culture would be present. However, in addition to a well-equipped physical environment, for the preceptors, as they stated, it was important to show positive attitudes, to create opportunities to empower the younger, less experienced students. This is underpinned by results from an integrative review conducted by Perry, Henderson, and Grealish (2018), where the context of the included studies was different clinical settings. The results of their review demonstrated that, although the tasks of care were thoroughly described in the syllabus, they did not entirely correspond with the reality of how students gained knowledge. One reason may be that many young students, in their first year of study, disregard learning opportunities during their clinical period. As findings in this study demonstrated, younger students seemed to not be receptive to preceptors' teaching BNC at the school simulation lab. This requires more nurturing and support from preceptors, encouragement to assume greater responsibility for their own learning and independence in clinical practice as well as in school simulation labs. However, to prepare the students for their clinical period at the nursing homes, the preceptors participants in the current study took advantage of and reflected on the theoretical knowledge gained during their own student period and clinical experience. They created meaningful and positive illustrations of providing BNC, such as giving a bed bath, offering a bedpan, or feeding patients, to help nursing students see that these tasks of care have the same importance as inserting an intravenous line. This process is congruent with Anderson (2018) who suggested that 'the littlest tasks are often the most important' (p. 60).

The core idea in Vygotsky's (1978) theory of cognitive development is to help the student to reach a higher level of knowledge, or the ZPD. The findings presented in this paper underpin Vygotsky's concept of appropriate assistance (scaffolding) or giving students enough of a 'boost' to improve their skills and gradually become able to complete the task on their own. Vygotsky (1978) also asserted that others with the knowledge (i. e. the experts), may influence the students' ZPD. When the nurses answered the questions and went from 'patient' to 'patient,' from one student group to another demonstrating procedures, they acted as the 'experts.' The preceptors provided students with appropriate assistance; hence, the students had the opportunity to move from their current level of knowledge to the next and expect an improvement in their skills.

However, students develop at different rates, react differently to knowledge, and develop variability in how they develop skills from one week to another. Within ZPD, there are three aspects that may influence whether a student reaches a higher level of knowledge: the use of whole, authentic activities, the need for social interactions, and the process of individual change (Moll, 1990). In the current study, whole, authentic activities, related to the topic of the day, were planned prior to the actual simulation session. These activities had nurs-

ing students apply their theoretical knowledge and skills about different activities for BNC, such as bathing, turning and positioning, feeding, or dressing. This knowledge was constructed within a process that, through discussion between students and preceptors, is not limited to students' or preceptors' perspectives. This is underpinned by the preceptor's willingness to share their knowledge with students and mutually agree what is best to do in that situation to create meaning and significance within the learning activities.

The need for social interactions refers to specific collaborative activities that lead to interaction between students and/or preceptors, who are more experienced. However, the preceptors experienced difficulties in changing from an expert mindset to instead feel as a novice again (Benner, 1984). This might speak against their role as preceptors having knowledge at the expert level. Therefore, it is important to heighten the sense of vigilance about 'why,' 'when,' 'who,' 'how,' and 'what' happens during a simulation session.

Lastly, the process of individual change refers to a student's ability to perceive individual growth within themselves, a process that is a result of social interaction, which stimulates cognitive development. This leads to relevant behaviour, such as students becoming fully self-sufficient when properly positioning a bedpan for a patient.

The findings in this study position the nurses from the clinical field as important facilitators for teaching BNC in a school simulation lab. As the political ambitions of the Norwegian government are to establish evidence-based practice at all healthcare levels, as well as in education, the current education program at the Department of Nursing and Health Promotion at Oslo Metropolitan University demands that all nursing education be evidence-based. Therefore, by inviting nurses from the clinical field to teach nursing students BNC in a school simulation lab, the students gained 'first-hand' knowledge of evidence-based practice. This has positively influenced the students' learning outcomes regarding BNC's theoretical knowledge and practical skills.

Limitations

Although the number of the students in this sample was robust, the number of preceptors was small and context specific; therefore, the findings are limited to the participants and their personal perceptions. As is common in qualitative research, the data may be subject to alternative interpretation, and the findings should be considered cautiously. The findings are elicited in relation to the preceptors' perceptions about changing the context of teaching. Because of the lack of studies conducted in a similar context, the findings in the present study are discussed in relation to findings from previous studies conducted within a clinical context. Discussing and highlighting only similarities in relation to findings from previous studies can be seen as a limitation of the diversity of meanings. However, preceptors may recognize the description of the context and the findings, and by linking these findings to their own work experience, transferability may be possible.

Conclusions

The acquisition of the necessary nursing practical skills related to BNC is important for the development of the nursing students' critical thinking and clinical judgement. The students can apply knowledge and skills in the process of analyzing, assessing and re-assessing patients' needs for BNC, therefore helping them in the problem-solving and decision-making process. Findings presented in this paper showed that preceptors possess the pedagogical skills to initiate and guide nursing students throughout different learning activities related to BNC. However, although general feedback from the preceptors was positive, and most preceptors felt the experience was beneficial to their future clinical preceptorship, the findings also revealed the complexity of the pedagogical competencies required for the preceptor's role regardless of the teaching context. Adapting current preceptor courses to include national standards for preceptor preparation in clinical teaching and learning is needed to enhance preceptors' effectiveness and minimize their frustration. Greater collaboration between faculties and clinical settings may facilitate the development of real-life scenarios and learning activities contributing to students achieving BNC learning outcomes.

Although the simulation-based training of BNC takes place in modern school simulation labs, it will always be secondary to real-life practice. Therefore, there is a need for further research that will develop and implement models of preceptorship with clear guidelines and different learning activities that can improve theoretical and practical knowledge in relation to the BNC training students receive during the process of becoming professional nurses.

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