



‘A privilege but also a challenge.’ Nurse educators’ perceptions about teaching fundamental care in a simulated learning environment: A qualitative study

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Conflict of Interest

The author declares no conflict of interest.

Contributors

D.L. contributed to study design; data collection and analysis; and manuscript preparation.

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ABSTRACT

Aims and objectives: To explore nurse educators’ perceptions about teaching fundamental care to undergraduate nursing students in a simulated learning environment.

Background: Recent research has demonstrated that fundamental care is overlooked in nursing education, resulting in little empirical research on how to teach fundamental care within a simulated learning environment.

Design: The study has a qualitative, explorative design. The principles of consolidated criteria for reporting qualitative research (COREQ) were applied for reporting the methods and findings.

Methods: Data were collected through participant observations and focus group interviews with nursing students, clinical nurses and nurse educators. The data were analysed using the qualitative content analysis method.

Results: The core category ‘A privilege but also a challenge’ represents the overall perception of nurse educators’ perceptions about teaching fundamental care in a simulated learning environment. The core category is supported by two subcategories: ‘Fundamental care is important to nursing education’ and ‘To set a good example’, which represent the attributes and the role nurse educators have in helping students achieve their fundamental care learning outcomes.

Conclusions: Fundamental care can be taught to students by engaging them in an interplay between lectures and learning activities that are designed to enhance their skills during simulations in simulated learning environments.

Relevance to clinical practice: Nursing education should prepare students to develop the skills they will be applying when providing fundamental care in real life; thus, the students should learn how to deliver high-quality fundamental care.

Keywords: Fundamental care; nurse educators; nursing students; simulated learning environment; qualitative research

What does this paper contribute to the wider global clinical community?

- Raises awareness about the importance and relevance of teaching fundamental care during nursing education because fundamental care is the precondition for providing the highest quality of care at all levels of the healthcare system.
- Demonstrates that nurse educators must be practically and theoretically prepared and be able to use different teaching methods when teaching fundamental care to ensure that students acquire the correct levels of knowledge and master practical skills.
- Highlights the importance of teaching fundamental care throughout the whole bachelor's programme and of providing fundamental care to patients during clinical periods because these periods may positively influence how students later regard fundamental care.

1 INTRODUCTION

Worldwide, the purpose of nursing education is to create competent nurses with well-defined professional identities. This is accomplished through different learning processes, where professional socialisation is especially considered crucial (Guo, Zhao, Gao, Peng, & Zhu, 2017). To fulfil this purpose, each country sets the standards of basic nursing education, and nurses are trained in accordance with these standards. However, the availability of competent nurses depends on nursing education, which should effectively balance academic education with real-life clinical experiences (Hanson, MacLeod, & Schiller, 2018). Therefore, in compliance with the Bologna Declaration (European Ministers of Education, 1999), which aims to modernise and advance European higher education (Klemenčič, 2019), the Norwegian Ministry of Education and Research (2012) decided that nursing education should become more interactive, hence involving students in their learning. Involving students in their own education can help them achieve their learning outcomes and build their knowledge over time.

Over the years, as a result of the growing number of educational technologies, students have begun to gain knowledge through a combination of different didactical methods (Oermann, 2015), challenging nurse educators to move from traditional lectures to methods that encourage students to be proactive in gaining knowledge (Bristol et al., 2019). Practical activities in well-equipped simulated learning environments have gradually become more preferable learning activities than reading and writing (Almeida et al., 2018). Nurse educators have become learning facilitators rather than simple 'lecturers', supporting students to be active learners capable of attributing individual meanings to their personal goals, challenges and experiences (Padilha, Machado, Ribeiro, Ramos, & Costa, 2019).

However, educating nursing students - thereby ensuring the quality and safety of learning and clinical practice - has always been a challenge for governments, health educators, health managers and the students themselves (Padilha et al., 2019). In this respect, simulation within a learning environment is an effective educational tool that can be used to achieve the aims of a modern and sustainable nursing education (Eyikara & Baykara, 2017).

Simulation provides students with a safe environment to practice, where feedback is given and there is time to reflect (Bliss & Aitken, 2018). According to Lavoie and Clarke (2017), many options are available for simulation equipment, from low-fidelity anatomical models used by students to practice injections or the insertion of a Foley catheter to high-fidelity manikins that reproduce physiological functions, hence enhancing the realism and authenticity of the simulation. In addition, virtual reality applications and many software packages are available, allowing students the chance to practice without patients experiencing adverse clinical consequences and thus offering nurse educators more control over the learning environment (Olson et al., 2018). Although simulation on acute care situations has been developed strongly over the years, there is insufficient clinical preparation for nursing roles outside of acute care environments (Doyle & Leighton, 2010), with little emphasis on providing fundamental care to the recipients of long-term care or home care. However, fundamental care plays a crucial role in patients' health, safety and wellbeing. Therefore, more research focusing on teaching fundamental care to undergraduate students to prepare them for the safe and efficient management of patients is needed.

2 BACKGROUND

Norwegian nursing education is a full-time, three-year bachelor programme, wherein clinical training constitutes 50% of the undergraduate curriculum (Norwegian Ministry of Education and Research, 2008). During their first year of education, among other topics, the students are taught theoretical and practical knowledge about how to provide fundamental care to prepare

them for their clinical period in a long-term care setting. Besides lectures, students gain practical knowledge about how to perform fundamental care within a simulated learning environment; thus, the students can easily integrate their theoretical knowledge and practice it on each other or manikins within a safe environment (OsloMet, 2018).

One central concern around preparing the nurses of tomorrow is the need to clearly articulate the essential aspects of nursing practice, such as fundamental care (Feo, Donnelly, Frensham, Conroy, & Kitson, 2018). According to Feo, Donnelly, et al. (2018), over the years, fundamental care has had a wide range of interpretations, such as a person's fundamental needs (e.g., eating, toileting); aspects of nursing care (e.g., being empathic); the outcome of addressing a person's fundamental needs; and/or, as highlighted by Ball et al. (2016), the individual- and system-level factors required to address these needs.

Henderson (1964, p. 65) described the 14 activities of daily living as 'basic human needs' and the nurse as 'the authority on basic nursing care'. In their meta-narrative review, Kitson, Conroy, Wengstrom, Profetto-McGrath, and Robertson-Malt (2010), provided an understanding of how the fundamentals of care have been defined in the literature and in practice, arguing that three dimensions/elements of care, such as physiological aspects of care, self-care elements and aspects of the environment of care are central to the conceptual refinement of the term fundamentals of care. Lately, Feo, Conroy, et al. (2018) defined and conceptualised fundamental care in nursing, offering a working definition of 'the fundamentals of care framework' and distinguishing between fundamental care and the fundamentals of care. While fundamental care addresses the aspects of care considered fundamental and that focus on personal safety, human dignity, self-care and comfort within a healthcare context, the fundamentals of care involve nurses' actions that address a person's essential needs in order to ensure her or his physical and psychosocial wellbeing (Feo, Conroy, et al., 2018).

However, international evidence has indicated that nurses are not providing fundamental care consistently or adequately, resulting in poor outcomes for patients and healthcare systems (Feo, Donnelly, et al., 2018). According to Feo, Frensham, Conroy, & Kitson (2019), students and clinical nurses perceive fundamental care as 'just common sense', less important, not complicated and not requiring special knowledge or skills, which has resulted in a lack of interest in fundamental care across entire healthcare systems, including education, practice and research (Feo & Kitson, 2016; Zwakhalen et al., 2018). To reveal clinical nurses' and nurse educators' understanding of fundamental care, Jackson and Kozłowska (2018) called for innovation in the science and practical application of

fundamental care within nursing education and clinical settings. Moreover, following the successful 2018 special issue of *Journal of Clinical Nursing* on fundamental care, Kitson (2018) invited researchers to explore how to scale up, spread and sustain better fundamental care in health and social care systems. In response to these invitations, several studies have recently focused on this subject.

In their discursive paper, Granero-Molina et al. (2018) provided a theoretical discussion on the application of Habermas's theory of knowledge interests to fundamental care, arguing for a contextual understanding of key concepts that support the connection between fundamental care, knowledge interests and nursing science. Richards, Hilli, Pentecost, Goodwin and Frost (2018) conducted a systematic review to determine the effects of nursing interventions for patients' nutrition, elimination, mobility and hygiene needs. Their results highlighted the sparsity of nursing interventions for fundamental care, suggesting that, internationally, researchers in nursing must produce evidence that is reliable, replicable, and robust.

Within nursing education, Huisman-de Waal, Feo, Vermeulen and Heinen (2018) explored nursing students' perspectives on basic nursing care education. Their results demonstrated that students face challenges in identifying a patient's care needs. Although Feo, Donnelly, et al. (2018) and Voldbjerg et al. (2018) described and discussed the process of embedding fundamental care within nursing curricula, Jangland et al. (2018) presented the initiatives taken to integrate the fundamentals of care framework into a baccalaureate nursing education. Moreover, the results from a pilot study conducted by Alderman et al. (2018) offered a practical and feasible way to explicitly embed the fundamentals of care into nursing curricula. Recently, a qualitative study conducted by Author blinded (2019a; 2019b) focused on clinical nurses' teaching and students' learning the fundamentals of care within a simulated learning environment, revealing how the fundamentals of care are taught and learned. The findings demonstrated that nurses from clinical settings are capable and competently teaching fundamental care in a simulated learning environment. The students had positive feelings about being taught by clinical nurses because these clinical nurses were perceived as experts with first-hand knowledge.

As the literature review demonstrates, fundamental care has been the subject of several studies; however, none have focused on nurse educators' perceptions about teaching fundamental care in a simulated learning environment. If the aim of calling for innovation is to spark debate about this topic as theoretical and practical knowledge included in a nursing education curriculum, the voice of nurse educators, who prepare future nurses, should be

heard. The present study reflects one part of an entire study aiming to explore the nurse educators' perceptions about teaching fundamental care to undergraduate students in a simulated learning environment.

3 THEORETICAL FRAMEWORK

Over the past few decades, several models of learning have repositioned learning from being a passive, receptive, and content-driven process to one that is dynamic and active and requires learners to be reflexive. Keeping up with society's demands to educate the nurses of tomorrow, the ... University emphasises the sociocultural learning perspective, hence implementing this perspective as its educational approach towards teaching and learning. This implies that both educators and students must reconsider their role and responsibilities during the teaching - learning process. Therefore, for the current study, Vygotsky's (1978) sociocultural learning theory was chosen as the theoretical framework.

Vygotsky's theory (1978) asserts that three major factors influence learning: social interaction; *the more knowledgeable other*; and the Zone of Proximal Development (ZPD). Social interaction facilitates learning in students because social development precedes knowledge development. Vygotsky (1978) theorised that everyone's cultural development appears twice: first, between people (interpsychological) and then inside the person (intrapyschological). *The more knowledgeable other* refers to anyone who has a better understanding or a higher ability level than the learner regarding a particular task, process or concept. Usually, *the more knowledgeable other* is a teacher, coach or older adult, but it could also be peers or even computer programmes. The ZPD is the distance between a student's ability to perform a task under expert guidance and/or with peer collaboration and the student's ability to perform the task independently. Learning occurs in this zone, as the student, with some help from *knowledgeable others* moves from his or her current level of knowledge to a higher level of knowledge.

The findings from the current study are discussed in light of Vygotsky's theory because it promotes learning contexts in which students are allowed to play an active role in learning (here a simulated learning environment). The roles of the nurse educator and student are, therefore, shifted because educators should collaborate with their students to help facilitate meaning construction in students. Learning then becomes a reciprocal experience for both the student and teacher.

4 METHODS

4.1 Aim

The aim of the current study is to explore the nurse educators' perceptions about teaching fundamental care in a simulated learning environment; therefore, the following research question was formulated: What are nurse educators' perceptions about teaching fundamental care in a simulated learning environment?

4.2 Study design

The current research employed a qualitative explorative design by using participant observations and focus group interviews as data collection methods to answer the research question.

4.3 Setting and participants

The research context was the simulated learning environment at the ... University. Seven large, modern and well-equipped rooms with hospital bed stations, medical instruments, data, smart blackboards, TV screens and video cameras were the context wherein the nurse educators teach and nurse students train and perform tasks regarding fundamental care. In addition, spaces designed to serve as a kitchen and disinfection room facilitate students in performing more real-life examples of how to provide fundamental care.

To find participants who had experience with the phenomenon being studied (Graneheim, Lindgren, & Lundman, 2017), a purposeful sample was chosen. The sample for the whole study consisted of nursing students, clinical nurses and nurse educators. A total of 150 nursing students (10 groups with 15 students in each group) in their first year of the Bachelor of Nursing Science degree programme, six nurse educators employed at the same university and five clinical nurses employed at different long-term care settings were recruited. The student sample consisted of both women and men aged 20–38 years, some of whom work part time within municipality healthcare services or within other settings. It is well-known within the nursing profession that the number of women employed as nurses exceeds the number of men (Ross, 2017); therefore, the number of female students was dominant within the student sample.

All five clinical nurses invited to participate in the study were women and have a Bachelor of Nursing Science degree. In addition, one of them is a Master of Clinical Nursing. Their ages ranged from 25–59 years, and their work experience in the long-term care setting varied from 3–38 years; all had preceptor experience.

The ages of the nurse educators varied from 36–62. Although their pedagogical experiences as nurse educators varied from 1.5–12 years, their work experience within clinical settings varied from 12–23 years. Their own clinical experience varied from long-term care, home care, geriatrics, palliative care, rehabilitation, mental health, paediatrics,

oncology, or emergency room. All of them were preceptors for nurse students in their clinical period, and all had a Master of Nursing Science and had completed the basic teaching course to be qualified to teach at university. All the nurse educators had experience with teaching fundamental care at the university's simulated learning environment.

4.4 Recruitment and data collection

The criteria to be included in this project were as follows:

- For students, to be a first-year student attending the Bachelor of Nursing Science degree programme.
- For clinical nurses, work experience in long-term care and providing the fundamental care to residents on a daily basis, as well as preceptor experience.
- For nurse educators, employment at University and experience in teaching the fundamental care in a simulated learning environment.

The researcher recruited all the participants. All five clinical nurses were recruited during the summer of 2017 prior to instruction beginning. The nurses were provided with information about the project, curriculum, learning outcomes regarding fundamental care, teaching strategies and the themes that would be taught over a seven-week period. They were invited to visit the university's simulated nursing environment one week prior to the onset of the project. The students were recruited during the first week of the 2017 fall semester. The nurse educators were recruited one year later, during the 2018 fall semester. The students received verbal and written information about the project during an initial face-to-face meeting. The nurse educators were familiar with the aim of the project because it had started a year prior; nevertheless, they were formally invited to participate and informed about the project by e-mail.

The data were collected by the researcher through participant observation and focus group interviews. Initially, the data collection period lasted for seven weeks –from mid-August to the first week of October 2017 – and was performed to gain knowledge about the students' perceptions of being taught fundamental care by clinical nurses within a simulated learning environment, as well as to gain the clinical nurses' perceptions about changing the teaching context from a clinical setting to a simulated learning environment. Therefore, at that time, the sample consisted only of students and clinical nurses. The empirical data were generated through observations of and focus group interviews with the clinical nurses and students. These findings are presented in the earlier papers for this project (Author blinded, 2019a, 2019b). Given the lack of empirical studies that focus on nurse educators' perceptions

about teaching fundamental care within a simulated learning environment, an additional focus group interview with nurse educators was conducted in November 2018. In total, eight focus group interviews were conducted, six with students, one with clinical nurses and one with nurse educators. The current paper presents and discusses the findings generated from the focus group interview with the nurse educators.

During the data collection period, and as a part of the students' curriculum, the lectures about fundamental care were alternated with students performing low-fidelity simulation. A low-fidelity simulation offers minimal realism and uses anatomical models, case study application or role-playing and is focused on specific skill development (Olson et al., 2018). Seven different themes representing fundamental care, such as the provision of first aid, personal hygiene/dressing, supporting nutritional needs, respiration, circulation, elimination, mobility/activity, measuring vital signs and medication (OsloMet, 2018), were taught and demonstrated by the nurse educators at the university's simulated learning environment. Thus, the students learned, performed and improved their skills with each other or on torso mannequins. Some themes also needed case scenarios (e.g., supporting nutritional needs) which engaged students in acting as a 'patient' or 'nurse'. In addition, a healthcare data programme was used to help the students to visualise the techniques related to each theme, offering evidence-based knowledge about providing fundamental care in the form of short films or illustrations. Each simulation session started by informing the students about the purpose of the simulation and then ended with a debriefing focused on identifying the *who*, *what*, *when*, *why*, and *how* during the simulation in order to maximise the self-reflection process (Ryoo & Ha, 2015).

Participant observation

Participant observation is a qualitative method of data collection in which a researcher, by being a member of the setting, can inhabit and observe a specific research field (Polit & Beck, 2018). One advantage of participant observation is that the researcher can ask questions about *why* or *what* happened during the simulation, and then follow up when something interesting occurs during the observation (e.g., interactions and communication between students and the clinical nurse).

The researcher completed 105 hours of participant observations, each observation session lasting three hours. The observations focused on the interactions between the clinical nurses and students, including communication; how the nurses taught and demonstrated each procedure related to fundamental care; to what degree the students were independent when performing a procedure; which activities facilitated learning and performing fundamental

care; if and how the students used the data programme; how the nurses provided feedback; how the students responded to the nurses' feedback; and debriefing. During the observations, the researcher wrote field notes, documenting all the observed activities; this resulted in 32 pages of text.

Focus group interviews

A focus group interview is an interactive discussion of a topic of interest and is conducted with a group of participants who have experience with said topic of interest (Polit & Beck, 2018). The focus group interviews with the students and clinical nurses were conducted after the simulation period ended, at the beginning of October 2017. All 150 students were invited to participate in the focus groups; however, only 44 agreed to participate. Those students were distributed into six groups, one with six, two with seven and three with eight students. The interviews conducted with the students and nurses each lasted for 45 minutes.

Ten nurse educators were invited to participate in a focus group, but only six participated. The interview lasted for 50 minutes and was digitally recorded and transcribed verbatim by the researcher. The main topics discussed during the focus group interviews with the nurse educators were as follows: their expectations of their role as nurse educators and instructors in the simulated learning environment; their opinion of the themes taught and learning activities that provide students with practical knowledge on fundamental care; how they perceive collaboration between students during the simulation sessions; the perceived challenges they faced when teaching fundamental care; and how they overcome these challenges. A total of 18 pages of interview transcripts were generated from the nurse educators' focus group interview. These pages were supplementary to the 193 pages of transcripts from the focus group interviews with students and clinical nurses and the field notes from the participant observations.

4.5 Ethical approval

To conduct the current study, ethical approval was obtained from the Department of Nursing and Health Promotion at University in August 2017. The study is registered with the Norwegian Centre for Research Data (NSD, project no. 54974). Subsequent permission to conduct an additional focus group interview with nurse educators was given in early November 2018. Research was conducted in accordance with principles of the World Medical Association's (WMA) Declaration of Helsinki (WMA, 2013), and included: informed consent, consequences, and confidentiality. Written informed consent was obtained from all the participants prior to data collection. The participants were assured that their identities would not be disclosed under any circumstances. They were free to leave the study

at any time without explanation and without consequences to their education or employment at the university.

4.6 Data analysis

A qualitative content analysis, as described by Elo and Kyngäs (2008), was employed to analyse the transcripts from the focus group interview with the nurse educators. According to Graneheim et al. (2017), a qualitative content analysis comprises descriptions of the manifested content and interpretations of the latent content. While the descriptions of the manifested content are close to the text, the interpretations of the latent content are distant from the text yet are close to the participants' lived experiences.

The qualitative content analysis included three steps: preparation, organising, and reporting the findings. During the first step – preparation – the researcher read through the text to get an overall idea of the content of the text as a whole and to select units of analysis that could potentially answer the research question. The second step – organising – was a process of open coding, where the researcher searched for units that had the same coded manifest content. The researcher continued to search for the latent content until no new codes could be found within the data. These codes were gathered together and through interpretation, were synthesised into a higher level of analysis, resulting in categories (Graneheim et al., 2017). Then, through abstraction, each category was labelled into a core category. The researcher considered saturation as being reached when no additional data led to any new emergent category (Saunders et al., 2018). In the last step of the analysis – reporting the findings – two subcategories and one core category emerged and are reported as findings in the current paper. An example of the analysis process is provided in Table 1.

[Table 1 to be inserted here]

4.7 Rigour

The guidelines described by Noble and Smith (2015), including credibility, dependability, confirmability, transferability and reflexivity, in addition to member checking were employed to ensure the trustworthiness of the study.

To achieve credibility, the researcher described all the phases of the research process, from recruiting the participants to analysing the data and presenting the findings. To establish the dependability of the findings, the researcher determined whether all the interpretations and conclusions and the final categories were consistent with the raw data collected.

Confirmability has been supported by providing quotes from the participants' statements when presenting the findings.

Member checking determines the accuracy of the raw data and findings through confirmation with participants by letting the participants read the categories and confirm their statements with the final results (Polit & Beck, 2018). The researcher provided the nurse educators with a copy of the final analysis and findings to make sure the researcher was true to their perspectives and solicited feedback within a week. None of the participants had any further comments about the suggested categories. The researcher concluded that the categories were confirmed, and that a consensus has been achieved. Comprehensive descriptions of the context and sampling facilitated transferability, because other researchers can assess how well the research context fits in other contexts.

Reflexibility was achieved by the researcher being aware of her own preconceived notions and how or if her clinical and research background and her pedagogical experience impacted the research process from data collection to analysis. In addition, Tong, Sainsbury, and Craig's (2007) 32-item checklist of consolidated criteria for reporting qualitative research (COREQ) was used to ensure rigour when providing information about the study, such as the methods, context of the study, findings, analysis, and interpretations (Supplementary File 1).

5 FINDINGS

The core category that emerged following coding was 'A privilege but also a challenge', representing the overall perceptions of nurse educators regarding teaching fundamental care in a simulated learning environment. The core category is supported by two subcategories: 'Fundamental care is important to nursing education' and 'To set a good example', which refer to the attributes and the role that nurse educators may have in students achieving the learning outcomes.

To ensure the trustworthiness of the findings, as Graneheim et al. (2017) recommended, the categories will be presented along with nurse educators' statements that emerged during the focus group interview. Each statement ends with a number representing the code each nurse educator (NE) was given during the focus group interview.

5.1 'Fundamental care is important to nursing education'

This subcategory captures the nurse educators' perceptions about fundamental care as a mandatory course within nurse education, which is taught and demonstrated by nurse educators in a simulated learning environment. The simulation of providing fundamental care was perceived as an effective pedagogical approach for helping the students acquire the needed knowledge about fundamental care. The participants emphasised that the students must understand that fundamental care is central to nursing as a discipline and profession

because they cannot advance in their education without understanding how to perform fundamental care. One nurse educator explained the following:

Many students believe that fundamental care are something you perform at a nursing home, to old people; therefore, we have to explain to students that the more the patient is sick, the more you have to perform fundamental care, whether you work in an intensive care unit [ICU] or in a long-term care setting. Knowledge about fundamental care and how to provide it is important to nursing education throughout all three years [of the programme]. They [students] construct their knowledge based on what they learn now, during the first year! (NE5)

The participants felt that students were generally positive and accepting towards simulation as a learning activity, preferring to be active when learning because they could enhance their skills by practising on each other, thereby both providing and experiencing fundamental care (i.e. brushing teeth or giving a bedpan). One nurse educator stated the following:

I feel that they [students] prefer learning activities at a simulated learning environment more than long days with lecturing...Most of them are active and really improve their psychomotor skills after they train and perform fundamental care in the simulated learning environment. (NE1)

Although the students preferred simulations as a learning method to gain knowledge, all the nurse educators agreed that the students must familiarise themselves with the professional language (i.e., concepts) of fundamental care through lectures and by reading the syllabus so that they could link the terminology to practical learning activities in the simulated learning environment. All seven themes performed within the simulated learning environment cover the practical knowledge first-year students must acquire during the fall semester. According to one of the participants, students should understand that:

Providing fundamental care is performing nursing at its best...is not just applying techniques...it helps you to observe and to develop the clinical gaze. During the simulation, I emphasise the aspects of caring when I demonstrate how to perform fundamental care. (NE1)

The nurse educators agreed that simulating fundamental care within simulated learning environments prepared the students for their first clinical period at a nursing home. They further reported that simulating fundamental care creates a basis for students' critical thinking. By linking theory to practice, making a comparison between theoretical knowledge

and possible clinical situations, the nurse educators helped the students with their reasoning processes and reflections about how they can best provide fundamental care to patients.

One nurse educator said that, during their clinical period, many students acknowledged the importance of learning how to provide fundamental care in a simulated learning environment, because it enabled them to provide fundamental care to real patients like ‘we learned at school’ (NE5).

Several challenges about teaching clinical skills regarding fundamental care were also mentioned. One concerned the complexity of some of the themes that are taught, especially when the students need assistance performing them. One of the nurse educators explained the following:

It is not always easy to teach how to make a bed! The students are overwhelmed by the strict hygiene principles and the order they must follow; pillows, bedsheets, blankets and so on. The students have to make the bed while they must observe the patient, provide safety and prevent harm. It is a complex activity, and many of them need help. Nevertheless, when it comes to learning how to provide patient hygiene, the students practice these skills on each other! I feel that some of the students are slightly reluctant at the beginning, but this reluctance is overcome if we help them... (NE3)

For some students, it was necessary to provide individualised support to bridge any learning gaps between what students have learned and what they are expected to know and be able to do at the end of the simulation. As one of the nurse educators stated, this may help improve the students’ ability to build on prior knowledge:

When I see that a student gets frustrated, intimidated, or discouraged when she attempts a difficult task, I ask questions: ‘Why are you doing in this way’?, ‘It is possible to do it in another way’?, ‘Remember what you learned last week’. I think I help her to reflect on finding alternative strategies and methods to perform those complicated tasks. (NE1)

Another challenge that arose during the focus group interview was the educators’ awareness of the importance of maintaining students’ practical knowledge of fundamental care during the second and third years of nursing education. Because the focus of the themes that are performed in the simulated learning environment changes from fundamental care to procedures linked to acute and critical care, such as inserting a central venous catheter, wound care or measuring the oxygen saturation, the students might think that fundamental care is less important, so they will not link it to nursing anymore. Therefore, the nurse

educators reinforced the relevance of fundamental care in nursing, as one of the participants asserted:

It is important how we convey knowledge about how to perform fundamental care in an integrated manner and not just teaching in drops...Continuous feedback and positive support may maintain students' interest in performing them; hence, they may acknowledge the relevance of fundamental care to nursing. (NE4)

5.2 'To set a good example'

This subcategory identifies the overall perceptions of nurse educators' role in the simulated learning environment. All six participants had clinical experience from different healthcare settings, and they felt prepared and comfortable using simulation as a pedagogical approach when teaching fundamental care. One of the participants stated:

Fundamental care applies to all patients in all settings, regardless of their age or illness. I worked at an ICU and I performed fundamental care every day. (NE5)

However, the feeling of being prepared and comfortable with teaching fundamental care in a simulated learning environment was not spontaneous; all of them admitted to preparing in advance, such as reading the syllabus, the guidelines or teaching instructions for each theme they had to demonstrate to the students, as depicted in the following quote:

Although I have experience with teaching fundamental care, every year is something new and it comes with unfamiliar content. I need to prepare myself to avoid the feeling of not being able to answer the questions the students might ask...I must have knowledge and manage what I will teach before I will teach and demonstrate...I need to have control over the situation. (NE6)

The choice to become a nurse educator was, for all of the participants, characterised by idealism and positive thoughts. The participants agreed that the simulated learning environment gave them the opportunity to be together with students, what they considered 'a privilege', which was their main motivation for becoming nurse educators. Some of them asserted that being preceptors and their meetings with students while they were working in clinical settings sparked their interest in teaching. One participant recollected the following:

It is not that I did not like to be a nurse ...As a preceptor, I had the responsibility for one student at the time...I thought that instead to teach fundamental care to only one student...here at university, I could teach fundamental care to as many as possible and prepare them to be nurses. (NE4)

One participant was motivated to become an educator because she was concerned with the quality of the nursing:

I wanted to improve students' skills...contribute with my clinical experience and to set a good example. I wanted to bring nursing there where belongs, at the patient... (NE1)

Another wanted to do the following:

... meet the students before they attend their clinical period... I have the opportunity to influence their process of becoming good nurses. (NE4)

The participants were content with being educators; however, some considered teaching fundamental care as not only a privilege, 'but also a challenge'. Such difficulties included the short time they spent with the students in the simulated learning environment. A high student-to-nurse educator ratio (15:1) limited the time spent with each individual student. The lack of time to teach each theme was expressed as a common concern by several participants:

We should have more time to demonstrate how to bridge theory to practice...After a three-hour session, the students barely learn the basic concepts...We need more time to teach thoroughly the complexity of *why* and *how* a patient should be helped to eat. (NE2)

During the focus group interview, the participants also discussed the ways around how to overcome these challenges and how best to use the three-hour simulation sessions for the students. Although one participant believed educators should stick to teaching the theme according to the curriculum teaching guidelines to avoid individual didactical differences emerging, another valued the opportunity for flexibility when teaching fundamental care. She emphasised the idea that an educator should be a good storyteller, providing students with stories that spark their curiosity and engagement in learning. She felt that the students were good listeners, asked questions and gained answers, thereby having the opportunity to enhance their critical thinking. By giving some examples from her previous clinical experience, the participant felt that she could reach the students better than when just explaining how to provide patient hygiene or other procedures regarding fundamental care. She engaged students in a dialogue to communicate meaning:

I am glad to use my work experience and provide students with examples from patient situations or explanations of *why* you have to do it in this way and not in another way...With some concrete examples, the students will easily understand *why* and *how*, as they can ask questions and thus become active when gaining knowledge. A short story about experiences with real patients will benefit students, as they can understand that all they learn about fundamental care will eventually apply it in real life. (NE3)

6. DISCUSSION

The aim of the current study was to explore nurse educators' perceptions about teaching fundamental care in a simulated learning environment. The study's identified findings are discussed in light of Vygotsky's (1978) sociocultural learning theory.

One important aspect that became apparent was that fundamental care is the basis of nursing, and nurse educators are aware of their role and the importance of engaging the students in meaningful learning experiences of how to provide fundamental care. The simulation learning content was also important in helping the students familiarise themselves with the professional language. Within a simulated learning environment, the students have the opportunity to project themselves into real-world activities, providing fundamental care and 'rehearsing' their roles and values, thus preparing themselves for their first clinical period and professional lives as future nurses. Simulation of fundamental care, then, is at the vanguard of development, for in this manner, students begin to acquire the motivation, skills and attitudes necessary for their social participation and can 'become good nurses', as one of the participants stated.

The simulated learning environment is a well-equipped, special unit that facilitates social interaction. Prior to mastering their own behaviour when providing fundamental care, the students begin to master their surroundings with the help of speech. By speaking the professional language acquired through lectures and reading the syllabus, students become aware of their knowledge. When interacting with students, the nurse educators help students not only to learn how to perform practical tasks regarding fundamental care and achieve the learning outcomes, but also to reflect on how the caring aspect may be emphasised while providing fundamental care, as one of the participants stated.

According to Vygotsky (1978), social interaction plays an important role in students' learning. This is facilitated by nurse educators' speech. The students learn first through speech, in person-to-person interactions, and then individually, through an internalisation process that leads to gaining a deep understanding. Vygotsky (1978) asserted that there are three different types of speech. The first is the social speech, which here refers to the information given by educators to students during simulation. The second is private speech, referring to when students process the information given by educators and then try to apply it to similar situations. Third, is internal (or inner) speech, which occurs when the student forms thoughts as a result of social speech becoming private speech, hence leading to higher order thinking. It will be both natural and necessary for nurse educators and for students to speak while they act; thus, the students can solve practical tasks regarding fundamental care using

their speech, as well as with their eyes and hands. This unity of perception, speech, and action will produce internalisation within students, generating a behaviour. As is stated by one of the participants, by using words, the nurse educators and the students can plan together how to make a bed while they observe the patient, provide safety, and prevent harm. The students will then carry this out through overt activity.

According to Vygotsky (1978), the most important moment that leads to student development and learning is when speech and practical activity converge. This is supported by the findings of the current study when nurse educators emphasised the importance of linking theory to practice and asking questions because it can help students with the reasoning and reflection processes. Initially, the simulation of *how* to give a bedpan or *how* to provide assistance with personal hygiene and dressing re-enactments real situations. In this sense, as Vygotsky (1978) argued, the rehearsals lead to development. This is supported by one of the participants, who stated that the students recognised the importance and benefits of learning of how to provide fundamental care in a simulated learning environment before they attended their clinical period at long-term care facilities.

Social participation can be fully achieved only with the assistance of the nurse educators (the more knowledgeable others). As some of the participants stated, they became teachers because they wanted to share their own clinical experience and knowledge with students. Thus, they became role models, the experts, because their clinical experience made them more knowledgeable. When imitating their expert educators in culturally patterned activities (e.g., providing fundamental care in a simulated learning environment), the students generated opportunities for learning and, hence, forward development. Through social interaction, the nurse educator can assist the student; hence, the student can complete the task with assistance.

Vygotsky's central part of his theory is the ZPD, which utilises social interaction with more knowledgeable others. This relates to one of the participants' assertions about several of the themes being more complicated to teach and for students to perform compared with other themes. As the findings from the current study revealed, the role of nurse educators in the simulated learning environment when demonstrating how to perform practical tasks regarding fundamental care was to explain and model for students in order to improve their skills. The nurse educators engaged students in a dialogue, an activity that gave the students a boost of knowledge, or what Vygotsky (1978) defined as 'appropriate assistance' (scaffolding). As educators ask questions, the students can pause and reflect on *how* and *why*. Thus, the students can enhance their critical thinking and develop better skills, moving from

their current level of knowledge to a higher level. In addition, as one of the participants asserted, when being ‘a good storyteller’, the nurse educator can spark students’ curiosity and engagement in learning more. According to Vygotsky (1978), this facilitates students in moving from their current level of knowledge to a higher level, which implies that they are acquiring knowledge about fundamental care and developing a clinical gaze. However, if nursing students are to become nurses with ‘*the* authority on basic nursing care’ (Henderson, 1964, p. 65), both nurse educators and students should acknowledge the relevance of fundamental care to nursing.

6.1 Limitations of the study

The current study has some limitations. First, the findings represent only six nurse educators’ perceptions about teaching fundamental care in a simulated learning environment from one university. The number of participants was small and context-specific, which may impact the findings’ generalisability. However, although the sample was small and lacked diversity, the informants’ homogeneity was seen as a strength. The participants generated sufficient interaction, particularly because of their clinical and teaching experiences with simulation; indeed, they were able to provide rich descriptions. On the other hand, one may think that the group’s homogeneity may be seen as a limitation regarding diversity in the interviewees’ opinions, which might lead to a consensus. This was not the case. During the interview, there was some controversy amidst the participants regarding being loyal to the curriculum teaching guidelines to avoid didactical differences when teaching or whether they should value the opportunity for flexibility. The researcher was not looking for a consensus but instead aimed to open a dialogue about knowledge. Another limitation was the qualitative nature of the current study. Qualitative research can provide a diversity of meanings; therefore, the findings should be considered with caution. The study was conducted within a simulated learning environment where the focus was to teach students to perform practical fundamental care tasks. This may have decreased the diversity of meanings. A larger and more diverse sample constituted from educators teaching at more advanced courses in the second and/or third year of a bachelor’s programme could provide important differences in the findings; this could be a possible starting point for a future study. Another limitation was the lack of evidence and information in the literature on the best practices for teaching fundamental care in simulated learning environments. Further research on teaching strategies for how to improve students’ fundamental care skills in simulated learning environments with larger samples of educators and students may broaden the knowledge in this area.

7 CONCLUSION

The current study has explored nurse educators' perceptions about teaching fundamental care in a simulated learning environment. Currently, the literature offers few studies featuring the use of simulation of fundamental care in student preparation. The current study reveals that teaching fundamental care to undergraduate students in a simulated learning environment is perceived as a privilege but also a challenge. When teaching, nurse educators stressed the idea that fundamental care is important to nursing education and practice. To support students' learning, the nurse educators need to design teaching activities that motivate the students to gain knowledge about fundamental care. It was also vital that the right professional attitude when teaching is maintained to enhance the students' awareness about the importance of fundamental care to nursing. Considering various learning theories in relation to simulation, Vygotsky's (1978) theory of sociocultural learning provides a useful medium through which simulation and its potential as an effective pedagogical approach towards teaching fundamental care, can be applied. Through a combination of approaches, where speech and practical activity converge, nurse educators used social interaction to enable students to develop fundamental care skills. However, to be effective, teaching fundamental care needs to be part of a broader picture, supporting and linking with actual clinical practice and having a solid theoretical foundation.

8 RELEVANCE TO CLINICAL PRACTICE

Nurses from different clinical settings must be aware of the importance of providing fundamental care because this can contribute to maintaining, restoring, and promoting patient independence. Moreover, patients may experience improved functioning, comfort, and safety. Prioritising fundamental care, both in education and in clinical practice, may counterbalance its devaluation and enhance the quality of care provided to patients; therefore, nursing education should provide students with a variety of teaching methods that engage them in active learning. When nurse educators use Vygotsky's theory to guide their instructions, they will engage students in scaffolding, small groups, cooperative learning, or several other learning strategies. These strategies can actively assist and promote learning so that students can develop the skills they need for applying and providing the fundamental care to real patients. With adequate preparation, the students – future nurses – will deliver the best fundamental care.

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Table 1. Sample of the analysis process

Codes	Subcategories	Core category
‘Fundamental care is the basis of nursing’		
‘Fundamental care is nursing at its best’	‘Fundamental care is important to nursing education’	
‘Fundamental care it’s not just applying techniques’		
‘Simulation of fundamental care is the core of learning nursing’		‘A privilege but also a challenge’
‘Bridge theory about fundamental care to practise’		
‘Meet students’ needs for learning’		
‘Supporting students in linking theory to practice’	‘To set a good example’	
‘Try to reach every student’		
‘Help them to achieve learning outcomes about fundamental care’		
‘Raise awareness about the importance of providing fundamental care’		