

Nurse preceptors' experiences of promoting and teaching fundamental care to undergraduate nursing students: A qualitative study

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Abstract

Aims: To explore nurse preceptors' experiences in promoting and teaching the delivery of fundamental care to nursing students during their clinical period at nursing homes.

Design: The study used a qualitative descriptive approach.

Methods: Nine in-depth, semistructured interviews were conducted with clinical nurses employed at five different nursing homes. Data collection lasted from September 2020 to April 2021. The interviews were recorded and transcribed verbatim. Inductive, qualitative content analysis was employed to analyse the data.

Results: Qualitative content analysis yielded one main category—'Fostering nursing students' knowledge and understanding of fundamental care'—supported by two subcategories: (i) 'Raising awareness of the importance of fundamental care' and 'Providing for learning through exchange and cooperation', which are interpreted as the ways nurse preceptors enable students to learn how to provide fundamental care during their clinical period at nursing homes.

Conclusion: By taking the role of nurse preceptors, clinical nurses act as enablers for students' learning of the provision of fundamental care within nursing homes as the learning context. Nurse preceptors possess the pedagogical skills to initiate and conduct nursing students' learning processes. The study reveals that nurse preceptors stress the importance of providing fundamental care to patients; hence, teaching students to provide fundamental care was also found to be important.

Impact: Within a nursing home context, nurses are responsible for providing fundamental care; therefore, they play an essential role in both providing and teaching about caregiving. The study shows that because of their preceptorship, nurse preceptors can enhance students' awareness of the importance of learning to provide fundamental care to patients. In addition, the study reveals that nurse preceptors work to enhance student's reflection and critical thinking by targeting the student's zone of proximal development, which represents a preliminary phase in students' learning.

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KEYWORDS

clinical learning, fundamental care, nurse preceptors, nursing homes, nursing students, qualitative content analysis, qualitative study

1 | INTRODUCTION

Worldwide, the goal of nursing education is to ensure an adequate health workforce that meets the present and future needs of the United Nations (UN) 2030 Agenda for Sustainable Development and its Goal 3, 'Ensure healthy lives and promote well-being for all at all ages' (UN., 2015). To achieve Goal 3, the education of nurses should focus on meeting the needs of the healthcare system and communities (da Silva & Gutiérrez, 2018). Moreover, to prepare nurses to meet the needs of a growing and ageing population, the World Health Organization (WHO) has highlighted the importance of providing nursing students with clinical learning experiences in environments where large numbers of older people are being cared for (WHO, 2016). One way to achieve this is by offering students high-quality clinical education and practice as part of the curriculum of the nursing education programme. However, learning in clinical practice requires being curriculum relevant and students being acquainted with practical situations right from the start of their studies, which can be done by incorporating daily practice into education and education in daily practice (van Vliet et al., 2018).

In Norway, as well as in other European countries, nursing education complies with the European Union's (EU) directives (EU, 2005, 2013) and is completed over a period of 3 years. Nursing education consists of at least 4600 h that include theoretical knowledge and clinical practice, in which clinical practice represents at least one-half of the student's education; therefore, clinical practice must cover a minimum of 2300 h (EU, 2005). After attending a 3-year nursing education programme, the graduated student achieves a bachelor's degree in nursing as a registered nurse (RN) with competence at the generalist level. As required by the EU (2005, 2013), several of the compulsory areas for clinical practice are hospital based with specialized units, that is, pre- or postoperative surgery, cardiology, orthopaedics, paediatrics and emergency rooms, thus resulting in insufficient clinical preparation for a nursing role in nonacute care clinical environments (Doyle & Leighton, 2010). This has subsequently resulted in negative consequences for students' learning outcomes (MacMillan, 2016), especially when it comes to learning about how to provide fundamental care to patients (Ausserhofer et al., 2014). In Norway, the knowledge and skills of how to provide fundamental care are part of the curriculum of the first year of the bachelor's programme in nursing (Kunnskapsdepartementet, 2017), and clinical placement in nursing homes has traditionally represented the first of several placements in nursing education (EU, 2005). However, although the focus of the clinical period is on students learning to provide fundamental care to nursing home residents, nursing homes as learning environments provide students with opportunities to acquire both fundamental and more specialized nursing skills (Brynildsen et al., 2014). Therefore, high standards of preceptorship

in students' clinical studies are required if students are to achieve the learning outcomes.

2 | BACKGROUND

Clinical practice is characterized by patients with complex health needs (Fraze et al., 2020). According to Maresova et al. (2019), the prevalence and number of comorbidities increase with age, resulting in people living with multiple chronic conditions. This has profound implications for healthcare systems, leading to an increasing demand to shift the focus from acute to primary care (Tan & Earn Lee, 2019). Accordingly, there is a need for skilled and competent nurses in primary healthcare settings (Miura et al., 2020). Therefore, to educate competent nurses who can meet the needs of patients with complex health situations, a greater need for highly qualified nurse preceptors and high standard of preceptorship (Aglen et al., 2018), as well as for a learning environment that facilitates students' learning and their professional identity development (Dalsmo et al., 2022), are required.

According to the Norwegian Ministry of Education (Kunnskapsdepartementet, 2017), all clinical nursing practice should be supervised by a preceptor who has the same profession as the person being supervised. Moreover, the preceptor must have relevant knowledge, and formal preceptorship education is desirable (Kunnskapsdepartementet, 2017). The literature defines preceptorship as a strategy to develop competences in nursing students in terms of knowledge, practical skills, confidence, clinical judgement and socialization into the nursing profession; this means that nurse preceptors are competent practitioners who facilitate student's learning during their clinical period (Yonge et al., 2007). The preceptor is a competent practitioner who undergoes a role change, shifting from an independent clinician to teach, demonstrate, guide and reflect with the preceptee—here the nursing student—and acting as a role model (Bohnarczyk & Cadmus, 2020). The nurse preceptor is also expected to be up to date when delivering evidence-based practice, competent in facilitating knowledge, objective when providing feedback and be aware of their role as a preceptor and the student's role as a preceptee (Martínez-Linares et al., 2019).

Over the years, several studies describing nurse preceptor-preceptee experiences within different healthcare contexts have been conducted. In the early 2000s, a study conducted by Öhrling and Hallberg (2001) revealed that the meaning of preceptorship was to reduce the risk of students' learning helplessness and empower them during their learning in clinical studies. Raines (2012) explored nurse preceptors' views of precepting undergraduate nursing students, revealing that two factors—being engaged in the educational process and acknowledging the efforts and qualities of the individual

student—may facilitate or inhibit nurse preceptors' willingness to precept prelicensure nursing students in clinical settings. Another study conducted by Giroto et al. (2019) explored how preceptors perceive their roles as educators and professionals. The findings describe preceptorship as an educational task in a clinical setting that employs active learning methods to train students.

In several studies, different models of learning in clinical studies have also been explored. A qualitative study conducted by Stenberg et al. (2020) aimed to describe nurse preceptors' experiences using structured learning activities as part of a peer learning model in students' clinical placement. The findings revealed that preceptors used structured learning activities as opportunities for collaboration, occasions for reflection, ways to develop new educational structures and recommendations for development. Another model is the 1-min preceptor (OMP) teaching model (Shambharkar et al., 2021). The OMP module has been shown to be effective in improving students' clinical skills in managing minor ailments, making decisions and enhancing their critical thinking. However, Irwan et al. (2021) recently conducted a systematic literature review aiming to present the effectiveness of clinical education models for nursing undergraduate programmes; the results from their literature review show that there are five clinical placement models: clinical preceptor models, clinical facilitator models, clinical education unit models, collaborative clinical placement models and arranged clinical mentor placement models. The review indicated that the preceptorship model provides a greater involvement and learning environment compared with the standard facilitator model.

Clinical placement can also affect student confidence in clinical practice and enhance teamwork and organizational skills and readiness to help the student become qualified for the profession (Stenberg et al., 2020). Several studies focusing on nurse preceptorship have been conducted in specialized units or acute care within a hospital context (Macey et al., 2021; Widiawati et al., 2021) or mental care setting (Vuckovic et al., 2019; Vuckovic & Landgren, 2021). However, with the increased need for educating competent nurses who can meet patients with complex health needs, several studies focusing on preceptorship in the context of primary care have been conducted (Frøiland et al., 2021; Gonella et al., 2019; Ong et al., 2021; Plathe et al., 2021). Although these studies convey the idea that nursing homes offer students learning opportunities, none described fundamental care as the content of the learning activities during students' first-year clinical placement.

'Fundamental care is defined as those caring actions that respect and focus on a person's essential needs to ensure their physical and psychosocial well-being' (Feo et al., 2018, p. 2295). This encompasses physical (e.g. hygiene, eating and drinking, comfort), psychosocial (e.g. communication, dignity, respect) and relational (active listening, empathy, compassion) care interventions, which are considered essential to positive patient outcomes. Given the fact that international evidence has indicated that nurses and students perceive fundamental care as 'just common sense', not important and not requiring knowledge and skills (Feo et al., 2019), the lack of interest in providing fundamental care has resulted in nursing care being left undone (Ausserhofer et al., 2014), resulting in poor patients'

outcomes (Feo et al., 2018; Zwakhalen et al., 2018). Therefore, raising awareness of the importance of learning about and providing fundamental care has recently been the subject of several studies within nursing education. The results from two studies conducted by Jangland et al. (2018) and Huisman-de Waal et al. (2018) revealed that nursing students are challenged in identifying patients' fundamental care needs, thus highlighting educators' responsibility in emphasizing these aspects of care. In their study, Voldbjerg et al. (2018) concluded that there is a need for collaborative approaches between research, practice and education to introduce the fundamentals of the care framework into the nursing curriculum, thus contributing to reducing the theory–practice gap. The reduction of the theory–practice gap regarding fundamental care has also been supported by the findings from a study conducted by Lillekroken (2019a, 2019b, 2020), which demonstrate that collaboration between students, nurse educators and nurse preceptors has a positive impact on student's development of skills and gaining knowledge about the delivery of fundamental care in a simulated learning environment. However, as the literature has shown, both fundamental care and preceptorship in nursing homes have been the subject of various studies separately, but no single study has focused on nurse preceptors' experiences with promoting and teaching the delivery of fundamental care to undergraduate nursing students during their clinical period at nursing homes; therefore, more research is needed.

2.1 | Theoretical perspective

With an increasing commitment to enhancing students' learning, most faculties have adopted multidimensional activities that encompass designing, organizing and supervising teaching activities, as well as planning and implementing delivery techniques and assessments, all of which aim to improve student learning (Helou & Newsome, 2018). However, given the current collaborative and peer teaching approaches, faculties have adopted different teaching and learning perspectives, including the sociocultural learning perspective; thus, students have been given a more active role in their learning process. At Oslo Metropolitan University, where the current study was conducted, the sociocultural learning perspective is implemented as the educational platform with the aim of activating one's own thoughts, knowledge and experiences (OsloMet, 2022). For the purpose of the current study, Lev Vygotsky's (1978) sociocultural theory was chosen as the theoretical framework. Sociocultural theory indicates that knowledge construction is a result of the social interactions between more and less knowledgeable individuals. Vygotsky (1978) suggested that there are two approaches to mediation through another individual: first, knowledge is co-constructed within the social interactions that precede development, first between people (interpsychological) and then inside the person (intrapersonal) (Vygotsky, 1978, p. 57). Language and social context are fundamental in the process of students' cognitive development. Second, the role of knowledgeable others as mediators of meaning within social settings can offer opportunities to create a zone of

TABLE 1 Characteristics of included participants provided at the time of interview

Participant number (nurse preceptor)	Gender	Age	Experience as a nurse (no. of years)	Experience as nurse preceptor (no. of years)	Formal education in preceptorship
1	F	33	8	8	Ongoing further education in mental health
2	F	32	6	2	None
3	F	44	21	10	Three-day course (offered by municipality)
4	F	51	8	3	Three-day course (offered by municipality)
5	F	50	15	11	Ongoing further education in nursing geriatric patients
6	M	61	32	30	Ongoing further education in ageing and elderly care (specialist nurse)
7	F	31	7	7	Three-day course (at a university)
8	F	27	5	5	None
9	F	25	2	2	None

proximal development (ZPD) (Vygotsky, 1978, p. 144). The ZPD is based on the idea that development is defined both by what a student can do independently and by what the student can do when assisted by a knowledgeable other (i.e. a teacher, nurse preceptor or experienced peer). Several activities can be initiated to help the student achieve a ZPD, for example instructional activities where the teacher's hints and prompts can help students during their assessment, cooperative learning with groups of students at different levels who can help each other or scaffolding, in which the knowledgeable other (i.e. teacher, nurse preceptor) provides students with prompts and hints at different levels depending on students' level of knowledge and/or previous experience. Within a clinical learning context, this means that the nurse preceptor provides scaffolding by first giving students detailed information on how to provide fundamental care before giving them brief outlines that they might use to structure learning activities and asking them to provide fundamental care entirely on their own.

3 | THE STUDY

3.1 | Aim

The aim of the present study was to explore nurse preceptors' experiences in promoting and teaching fundamental care to undergraduate nursing students during their clinical periods at nursing homes.

3.2 | Design

To achieve this aim, a qualitative descriptive design using in-depth semistructured interviews was employed. This research design is suitable when there is no previous or only limited knowledge about the subject of interest (Kyngäs, 2020); it is particularly relevant when

the required information comes directly from those experiencing the phenomenon under investigation and where time and resources are limited (Bradshaw et al., 2017).

3.3 | Sample

A sample of nine Registered Nurses (RN) was recruited using maximum variation sampling based on the number of years of nursing experience and preceptorship. The nurses were employed at five different nursing homes. The inclusion criteria for the participants were as follows: being an RN, employed at a nursing home and having a minimum of 2 years of experience as a preceptor for nursing students. To recruit the participants, the first author formally sent an application and information about the study and data collection method by e-mail to seven different nursing homes, thus asking for permission to conduct the study and helping recruit the participants. Because of the COVID 19 pandemic and the Norwegian government's social distancing requirements, accessing the clinical field and conducting research were challenging. Although the first author sent an invitation and asked for approval to conduct the study to seven nursing homes, only five gave their approval. After approval had been given, the potential participants were recruited by the nursing homes' leaders. The potential participants' names were then given to the first author, and she contacted them by e-mail and telephone to schedule a time for conducting the interviews. From each nursing home, one nurse was recruited. In turn, each participant recruited a new participant from among their colleagues. Only one participant failed to recruit more participants; therefore, the sample for this study consisted of nine participants. This method, where the existing study subjects recruit future subjects among their acquaintances, is known as 'snowball sampling' (Polit & Beck, 2020).

The participants—eight women and one man, with ages varying from 25 to 61 years and work experience as nurses ranging from 2 to

32 years—had a wide range of experience as nurse preceptors from 2 to 30 years. Three had no formal education in preceptorship, three were under further education, and the last three had a 3-day course in preceptorship. The participants' sociodemographic characteristics are shown in Table 1.

3.4 | Data collection

Nine in-depth individual interviews were carried out between September 2020 and April 2021. In-depth interviewing is a qualitative research technique that is used when conducting intensive individual interviews with a few participants to explore their perspectives on a particular idea or their experiences (Polit & Beck, 2020). The participants were asked about their experiences in promoting and teaching fundamental care to undergraduate nursing students. Three participants were interviewed at the nursing homes where they were employed, two were interviewed online (via Skype), and four were interviewed at another location they had chosen.

Data were collected using a semistructured interview guide that was developed prior to data collection. The interviews lasted between 25 and 55 min, with each interview being conducted by the first author. After the participants' sociodemographic data had been gathered, each interview opened with an invitation to the participants to share their experience of being preceptors for undergraduate nursing students during their clinical studies, here with a focus on providing fundamental care in nursing homes. The questions posed during the interview are presented in Table 2.

TABLE 2 Interview guide

No.	Question
1	What are your expectations for your role as a nurse preceptor?
2	What aspects of your role as a preceptor may support or may hinder students' learning to provide fundamental care?
3	Can you describe a day when you have preceptor responsibility for a student?
4	Can you describe some 'teaching methods' that you use as a preceptor?
5	Can you give some examples of situations where you are aware about applying theory in practice?
6	Can you provide some examples of how you give feedback and evaluate students?
7	In your experience, what characterizes student's learning at nursing home?
8	In your experience, what may contribute to students develop professional language?
9	What experiences do you have with the collaboration with the educator from the university?
10	What other things do you want to mention that were not discussed here?

In addition to these 10 main questions from the interview guide, several follow-up questions were asked to stimulate the informants in giving details about their experiences, opinions and perceptions, while other questions were asked to clear up potential misunderstandings.

After the ninth interview was completed, the first author re-read and reflected on the data collected to gain a sense of what she was hearing within interviews and decided that new data repeat what was expressed in previous data (Saunders et al., 2018). Due to the redundancy of information gathered during the last two interviews, the authors agreed that no new information occurred; therefore, conducting further interviews were unnecessary.

The interviewer had no prior relationship with the study participants.

3.5 | Ethical considerations

The present research project was approved by the Norwegian Centre for Research Data (NSD) in September 2020 (Project number 391556) and by the leaders of nursing homes. The study was conducted under the principles of the Declaration of Helsinki of (WMA, 2013), including informed consent, consequences and confidentiality. Participation was voluntary and was assessed as not having any negative consequences for employment or private life. All the participants received written and verbal information about the study, how the researcher would ensure their confidentiality and that they had the right to withdraw from the study without negative consequences for their employment. Written consent was obtained prior to data collection. The participants did not receive any financial or other benefits from participating.

3.6 | Data analysis

All nine interviews were transcribed verbatim by the first author and anonymised. In total, the transcript data consisted of 88 pages (29,040 words). The transcriptions generated from the interviews were manually analysed using qualitative content analysis (Kyngäs, 2020). According to Kyngäs (2020), qualitative content analysis describes human experiences and perspectives, thus providing meaningful descriptions of people's experiences and perspectives in the context of their personal life, which here is clinical nurses' experiences of being preceptors for undergraduate nursing students within the context of nursing homes.

During the analysis process, the researcher approached the data openly and followed loosely defined themes. This approach is suitable when the phenomenon under study has not been previously explored or when prior knowledge is fragmented (Elo & Kyngäs, 2008). To the best of the researcher's knowledge, no previous studies have explored nurse preceptors' experiences of promoting and teaching fundamental care to undergraduate nursing students; therefore, the researchers assessed that inductive

content analysis was the most suitable for creating codes and categories.

Qualitative content analysis includes three phases: (i) data reduction; (ii) data grouping by identifying the codes, analysing them to form subcategories and then organizing them into categories and (iii) reporting the results (Kyngäs, 2020). No software was used for content analysis.

As part of the first phase, the first author listened to the audio records, read and reread through the raw data sentence by sentence and then consulted with the second author to determine whether each sentence was related to the research questions. Any related sentence was classified as an open code. This process of reading raw data sentences and marking instances of open codes led to data reduction.

The second phase consisted of comparing the similarities and differences between open codes in the content and determining which codes could be organized together. Some of the open codes identified from the text are shown in Table 3. Before the researchers grouped these open codes, they returned to the raw data and checked that the issues included were discussed in the context of nurses' preceptorship within the nursing home context and that they answered the research question. Once this had been confirmed, the researchers gathered the open codes together and labelled a subcategory by giving an appropriate name, for example 'Learning practical skills by seeing' or 'Learning practical skills by doing'.

During the third phase, the abstraction process continued until the subcategories were organized into categories based on similarities in the content and about each other. Table 3 details the initial codes that emerged from the interviews, which informed the development of the category 'Providing for learning through exchange and cooperation'. A similar analysis process was employed to develop the category 'Raising awareness of the importance of providing fundamental care'. The Consolidated Criteria for Reporting Qualitative Research checklist (COREQ) (Tong et al., 2007) was used to report the findings.

3.7 | Rigour

To ensure the trustworthiness of the current study, measures were taken to verify credibility, dependability, transferability and confirmability (Lincoln & Guba, 1985). Credibility is achieved through audio-recording the interviews and transcribing the content verbatim and by the authors analysing the data first independently and then jointly discussing the coding process and developing the categories until consensus is achieved. An example of the coding tree is given to enable readers to follow the analysis process at each phase. Credibility was also established by selecting the most appropriate excerpts from the participants' statements that support the findings. Dependability was achieved by the first author using the same interview guide and posing the same questions to all participants. A detailed description of the research process is given; hence, readers can follow and assess the quality of the research process at all stages. Transferability was achieved by giving information about the sample and the context of the study; hence, the readers can easily recognize and assess the relevance of the findings to their own research and clinical context. Confirmability was secured by the researchers choosing data that accurately mirror the participants' statements, thus indicating that the interpretation of the data was accurate. Moreover, an audit trail consisting of the interview guide, transcripts from the interviews, notes from the coding process and development of the categories contributed to ensuring confirmability.

In qualitative research, the researcher's position may impact the construction of the research process and findings (Barrett et al., 2020); to avoid this, the researchers had to reflect on their position relative to the participants and research context. During the data collection, the first author was attending a Master Programme in Health Sciences at Oslo Metropolitan University and working as a nurse at a nursing home and had experience as a preceptor for undergraduate nursing students. By addressing certain follow-up questions during the interviews, the first author could influence the

TABLE 3 Coding tree for the category 'providing for learning through exchange and cooperation'

Open codes	Subcategories	Categories	Main category
'What do you want to learn today?' (NP1)	Planning the day		
'Demonstrate how' (NP5)	Facilitating dialogue		
'Using professional language' (NP5)	Socialization		
'I step back and let the student to take over' (NP3)	Learning practical skills by seeing	Providing for	
'Finding her own way to provide personal hygiene' (NP8)	Learning practical skills by doing	learning through exchange and cooperation	Fostering student's knowledge and understanding of fundamental care
'Give student some degree of freedom ...' (NP9)	Giving necessary time Create confidence in student		
'To reflect on their own practice' (NP6)	Confidence		
'Learning a lot by verbalizing their thoughts' (NP6)	Clinical judgement		

quantity and quality of the data. Likewise, she could take the participants' experiences and their answers for granted, thus risking overlooking some details that might enrich the data. The second author has a professional background as a nurse educator with extensive clinical and research experience from long-term care facilities and as a preceptor. As a nurse educator, she is familiar with the first-year curriculum of the bachelor programme. Both authors were aware that their clinical experiences with teaching fundamental care to undergraduate nursing students could influence the analysis process, thus posing a risk of bias during analysis. Therefore, to avoid shaping the findings of the research study and in accordance with Barrett et al.'s (2020) recommendation, both authors maintained constant awareness of their preunderstanding at each stage of the research process.

4 | FINDINGS

Data analysis generated one main category, 'Fostering nursing students' knowledge and understanding of fundamental care', interpreted as the nurse preceptors' overall purpose of their preceptorship, thus conveying an overall idea of what the current study is about. Two subcategories—'Raising awareness of the importance of fundamental care' and 'Providing for learning through exchange and cooperation'—are interpreted as the strategies the nurse preceptors employed to enable students to learn how to provide fundamental care during their clinical period at nursing homes. In the following section, the findings are presented with excerpts from the participants' statements. Each statement ends with a number representing the code each nurse preceptor (NP) was given before conducting the interviews.

4.1 | Raising awareness of the importance of providing fundamental care

The first emerging subcategory related to NPs' responsibility to raise students' awareness of the importance of providing fundamental care as part of the nursing process. Some participants meant that the practice of fundamental care includes a mission guided by values and goals, forms of social interaction and communication in the context of nursing homes. Most participants stated that awareness will enable students to identify their strengths and weaknesses and that students should have a guiding awareness of their values and goals that will help them transfer into caring activities. One participant said the following:

In practice, students learn the importance of meeting patients' fundamental needs. They must begin to learn early the importance of seeing the person behind the illness or disability ... that person has the same needs as themselves [students] have ... I think that raising the students' awareness and understanding of their

own values would have a positive influence on fundamental care delivery.

(NP1)

Moreover, the knowledge about the fundamental care students gained in class must be confronted with personal perceptions, attitudes and prejudices about nursing older people and, in general, ageism. The participants experienced that many students had challenges with nursing older people because of their young age and a lack of life experiences and that these students need more time to adjust to the idea of helping people meet their fundamental needs. One participant shared an experience she had with one student some time ago:

I do remember one student who was very young and inexperienced ... she felt uncomfortable with helping an old man with toileting ... The student told me that she never did this for another person ... and she was feeling unskilled and unprepared to do it ... I didn't force her to do it, I gave her some days to overcome the feelings of fear and embarrassment.

(NP8)

All the participants agreed that students need to learn to apply theory into practice. The NPs felt it was reasonable to make the students aware of the theoretical knowledge and find strategies to demonstrate how theory makes sense in practice. One of the participants said the following:

I think that we have a responsibility to make them [the students] aware of the value of theory they learned at school as being essential for the mastery of fundamental care skills. Nevertheless, nursing is to provide care that meets the patients' fundamental needs; that is why it is fundamental to a person in need. I brag of this side of nursing ... good nursing starts here. I say to students that this is a good opportunity to know the older person and what is important to them.

(NP3)

The participants stated that they had the opportunity to build further expertise in clinical and procedural skills typically learned by students in a laboratory or simulation. They also agreed that students' appropriation of fundamental care skills takes place when facing real-world situations during their clinical period. However, some participants stated that it is important that students understand that to provide fundamental care, they need to have appropriate knowledge about it. One of the participants recounted the following:

Students understand how to provide fundamental care when they combine the theoretical knowledge and skills learned at school. The appropriation of knowledge is a process ... it needs time to mature and opportunities to practice if the student should be able

to express this knowledge in practice when they meet the patients' needs. The appropriation of knowledge creates awareness; therefore, knowledge is important, I think ...

(NP6).

One participant spoke about raising awareness about the importance of providing fundamental care by making the student reflect on the consequences that may have on the patients if they do not provide fundamental care. She stated that being aware of the negative consequences, the student will reflect about the benefits:

I ask the student: 'Think about ... if you don't meet the patient's need for nutrition and hydration ... what will happen with the patient? If not you, who has the responsibility? He is sick and not able to eat by himself ... you have to help him ... it's your responsibility'. I can see that after a while, the student begins taking more responsibility helping the patient ...

(NP7).

Stimulating students to reflect on their wishes and goals when they choose to study and become nurses also contributed to raising awareness about the value of providing fundamental care to patients. One participant stated that from time to time, she needed to remind the students of the altruism nature of nursing:

I ask them to think back and reflect on why they want to become a nurse, and all of them answered that they want to help people ... then I say to them, 'You can help people in many ways ... one way is to help them to meet their fundamental needs'.

(NP4)

Another participant expressed her frustration when students were interested in tasks other than those related to fundamental care:

I say to students that this clinical period is about them developing knowledge and skills about fundamental care ... 'Be patient, you will gradually learn to carry out other procedures and nursing tasks ...'. But of course, I ask students and invite them to observe different other procedures such as wound care or stoma care ... however, these procedures are also a kind of ... fundamental care.

(NP1)

Nearly all the participants spoke passionately about being role models, so they started the workday by providing fundamental care to patients, thus demonstrating for students that they prioritize meeting patients' fundamental needs. One asserted that speaking up about fundamental care during interactions with students contributes to raising awareness of the importance of providing fundamental care:

They see me as a role model; thus, I have to act like one. The students do what they see me doing, they speak the words I speak ... that's why is important to speak positively about this part of nursing and nevertheless showing in practice the beauty of it.

(NP2)

4.2 | Providing learning through exchange and cooperation

This subcategory related to NPs creating possibilities for the ongoing exchange of experiences and views through dialogue with students during their clinical period at nursing homes. The possibilities for such exchange were provided during different structured learning activities, thus giving NPs the possibility of exploring different teaching methods to work meaningfully with students. Exchanging experiences and views with students offered nurse preceptors the possibility of being acquainted with the student's level of knowledge and expected learning outcomes, thus facilitating the planning of learning activities accordingly.

Most of the participants stated that successful supervision presupposes good communication with students. They agreed that by encouraging students to hold a dialogue, the students could reveal their knowledge deficits and further needs for knowledge and learning needs. One of the participants said that they should encourage the student to verbalize their need for knowledge and that the supervision should always start by asking the student from the beginning of the day, 'What do you want to learn today, or what do you want to become better at?' (NP1).

The participants stated that teaching how to provide fundamental care encompasses both demonstrating *how* and explaining *why*. Some participants emphasized the salience of professional language as a tool allowing students to interact, communicate and exchange views, thus contributing to a better understanding of the *how's* and *why's*. They agreed that students learn best when language supports demonstration. One of the participants stated the following:

While I demonstrate, I also explain by using professional language ... I hope that I help students to clearly visualise concepts ... it is in vain talking to students and showing a bedpan if you don't demonstrate how to use it and in which situations

(NP5)

An opportunity to guide students into the provision of fundamental care was when the nurse preceptor and student cooperate to provide fundamental care to a patient. The participants stated that they used to demonstrate how they would provide personal hygiene to a patient, first with the student as an observer and then asking the student to provide personal hygiene to the same patient while observing what the student did. One participant said the following:

Sometimes, I have to lead the provision of fundamental care. When I see that the student manages the provision of fundamental care, I step back and let the student take over and I just observe ... However, this depends on the student's degree of independence and a thorough assessment of the patient situation. At the same time, I let the student know that I am available if she or he needs me.

(NP3)

The participants also encouraged the students to find their own way to provide fundamental care and gave students responsibilities according to their competence. One of the participants shared the following experience:

I remember a student who asked for my permission to carry out independent personal hygiene tasks to a patient after only two days of observing me. I was positively impressed about her finding her own way to provide personal hygiene to a patient. The patient was content with the student's skills, despite her young age and lack of experience. Some of them [students] just have it in their fingers ... I still remember this student. She was eager to learn and asked a lot of questions ...

(NP8)

Nurse preceptors prioritizing taking time to reflect with the students on their achievements and/or failures contributed to enhancing the students' understanding of their actions when performing fundamental care. To enhance students' understanding of their actions, some participants argued for letting students try on their own by giving them the necessary time and freedom to learn the provision of fundamental care in their own way. The participants emphasized the need to allow students some degree of failure when providing fundamental care, as long as they did not compromise the patient's life and well-being. Some participants mentioned that letting students 'learn by doing' and reflecting over *how* and *why* will contribute to the students' learning in practice. One of the participants conveyed this idea as follows:

After a while, I give students some degree of freedom to practice the provision of fundamental care on their own when I am sure that the student is confident with it and will not compromise the patient's life and safety. It is important that students learn by doing and learn from their mistakes ... If I always say what they have to do or demonstrate how they should do, they will never reflect and learn to improve their skills.

(NP9)

These moments facilitated students in reflecting on and identifying their learning needs and strategies to improve their knowledge development. By posing questions, talking, thinking out loud, explaining and

listening to the students' learning needs, nurse preceptors supported students in developing their clinical competences regarding the provision of fundamental care. One of the participants explained this in the following way:

Early in the morning, I ask the students to tell me how they plan to provide fundamental care to a patient they have the responsibility to follow during their clinical period ... When the students verbalise their plans, I have the opportunity to assess their own communication competences, if they are capable of reflecting on their own practice and if they possess the necessary skills to perform the caring act. The students learn a lot by hearing themselves verbalising their thoughts, by asking questions and by gaining feedback from me. As a preceptor, my goal is to help the student become an autonomous professional, be more reflective and learn to take responsibility for his or her actions.

(NP6)

5 | DISCUSSION

The aim of the current study was to explore nurse preceptors' experiences with promoting and teaching the provision of fundamental care to undergraduate nursing students during their clinical periods at nursing homes. Although the present study was carried out with only nine nurse preceptors, it offers a variety of descriptions of their experiences with promoting and teaching fundamental care; consequently, the focus of this discussion is on the teaching methods the nurse preceptors employed to promote and support nursing students' learning about the provision of fundamental care to nursing home residents.

At the beginning of the interviews, when the aim was presented, all the participants agreed that it is their responsibility to promote the idea that fundamental care is important to patients; therefore, teaching fundamental care to undergraduate nursing students is also important. The findings suggest that the nurse preceptors' role within the context of nursing homes is, among other things, to teach students to reflect on and apply theoretical knowledge about fundamental care into practice and help them develop practical skills. However, to do so, the nurse preceptors employed a variety of teaching methods to train students and make learning happen, a finding that is also confirmed by Giroto et al. (2019). Moreover, the findings illustrate how nurse preceptors attempted to create awareness in students about the importance of learning to provide fundamental care, in which exchange and cooperation formed a foundation for the teaching methods that enhanced students' learning. As stated by the participants, students' awareness of the importance of fundamental care increases when they are encouraged to appropriate knowledge of fundamental care during the provision of it. Through a continuous process of precepting that involves strategic planning

and the use of different teaching methods, the nurse preceptors were found to invite students to an open dialogue about their learning needs. This demonstrates that nurse preceptors engaged themselves in the students' educational processes, which aligns with the findings from a previous study conducted by Raines (2012). By starting the day asking the student what they wanted to become better at, the nurse preceptors were showing their interest in adjusting and structuring learning activities to the students' learning needs. This is also supported by Stenberg et al. (2020), who highlighted the positive experiences of nurse preceptors employing structured learning activities during students' learning in clinical practice.

The findings also illustrate the importance of an open dialogue as a way to create a feeling of fearlessness and trust in students, thus forming the foundation for cooperation between the nurse preceptor and student. In fact, the importance of cooperation for successful communication between nurse preceptors and students is given attention throughout the findings, which is in line with Vygotsky (1978), who stated that learning is a social endeavour, and that language will facilitate the acquisition of practical knowledge—a key tenet of Vygotsky's (1978) ZPD. Cooperation has a crucial role in effective student learning because the nurse preceptor and student communicate over the fundamental care delivery process.

Previous studies (Frøiland et al., 2021; Gonella et al., 2019) have shown that as clinical settings, nursing homes are an exceptional learning context providing learning situations that vary in complexity. The findings from the current study suggest that social interactions within the learning context of nursing homes contribute to nursing students' learning to provide fundamental care. The learning context creates opportunities for students to apply classroom knowledge and, thus, appropriate theoretical knowledge into practice to build further experience. Further, the findings suggest that in addition to a social context, optimal learning is also facilitated by role modelling and the nurse preceptors' assistance. As revealed in the current study, the nurse preceptors assisted students in their learning by employing different teaching methods such as scaffolding because, according to Vygotsky (1978), scaffolding triggers learning. Here, a number of scaffolds were integrated into the nurse preceptors' teaching methods, such as role modelling, guidance, prompts and guided reflection. These teaching methods help students move from their current level to a higher level of knowledge and competences, with the nurse preceptor facilitating the transition process, which is consistent with Vygotsky's (1978) explanation of the ZPD. First, this zone comprises the space between the developmental level determined by students' independent problem solving and the potential developmental level they might achieve under guidance or through collaboration with others (Vygotsky, 1978).

Scaffolding was initially used as direct instructions when the nurse preceptors demonstrated and explained to students how they should provide fundamental care to patients and when students were allowed to 'learn by doing'. In this way, the nurse preceptors helped students recall theoretical knowledge and apply it at a given moment; the student was encouraged to verbalize and act upon theoretical knowledge without support from 'knowledgeable others',

here being the nurse preceptors. As experience of the fundamental care skills grew and nurse preceptors assessed that the students could start to make decisions regarding planning and providing fundamental care, they expected students to become independent. This means that the students were able to apply previous knowledge and experience and evaluate their own choices; hence, the students entered the ZPD and had moved to a higher level of knowledge.

Associated with scaffolding is also nurse preceptors' questioning, which aims to assist students in learning. This contributed to enhancing students' critical thinking related to 'why' and 'how' they provide fundamental care. Moreover, nurse preceptors' questioning contributed to helping students with the interpsychological co-construction of knowledge, an ongoing process between themselves and nurse preceptors. When the students demonstrated responsibility and took the initiative to provide fundamental care independently, the nurse preceptors' scaffolding gradually subsided. This demonstrates that the students developed confidence and assumed greater responsibility, which means that the students developed intrapsychological knowledge, a process that happens inside themselves.

Overall, in the current study, the nurse preceptors stressed the importance of providing fundamental care to patients and while teaching it to the nursing students. In line with previous studies (Lillekroken, 2019a, 2019b), the findings from the current study position nurse preceptors as important facilitators for teaching fundamental care to undergraduate nursing students. This illustrates that nurse preceptors' professional role extends beyond their clinical experience and practical knowledge, but also as knowledge facilitators that enable students to achieve learning outcomes regarding fundamental care. According to Vygotsky (1978), this makes nurse preceptors 'knowledgeable', offering students 'first-hand' knowledge and rich opportunities to work with experienced professionals and enabling them to develop skills and practical knowledge about how to provide fundamental care.

5.1 | Limitations

The present study has several limitations that need to be considered. One limitation may be related to its qualitative nature. As is common in qualitative research, the participants revealed their experiences, and the findings reflect the researchers' analysis of the data. However, data describing people's experiences always involve multiple meanings that depend on subjective interpretations; therefore, the data may be subject to alternative interpretations.

Because the study was limited not only to a Norwegian context, but also to a small sample of nine nurse preceptors working in nursing homes, no general conclusions can be drawn. Because of the COVID-19 pandemic, two of the participants were interviewed online. This could influence our analysis of the data because attention during the interview was also focused on the technical procedure, so relevant information could have been missed. Because of the Norwegian government's social distancing requirements, to meet the participants again to conduct member checking was not

possible. However, during the interviews, the participants confirmed and reinforced their statements, and at the end of the interview, they suggested that there was nothing more to add.

Discussing the findings by drawing on Vygotsky's theory of sociocultural learning may be seen as a limitation because this theoretical perspective could influence the analysis process in a certain direction. Other researchers employing another theoretical perspective would likely develop a different understanding of the findings.

6 | CONCLUSION

The current study contributes new knowledge about how nurse preceptors promote and teach undergraduate nursing students about the provision of fundamental care during their clinical period at nursing home. Throughout the present study, it was identified that by taking the role as nurse preceptors, clinical nurses have much to offer students. In the present study, they appeared as enablers for students learning how to provide fundamental care within the nursing home as the learning context. The findings reveal that the nurse preceptors stressed the importance of providing fundamental care to patients; thus, teaching students to provide fundamental care was also important. The findings indicate that the nurse preceptors possessed the pedagogical skills to initiate and conduct nursing students' learning processes. Drawing on Vygotsky's theoretical perspective, the current study has attempted to draw attention to scaffolding as a reliable teaching method in clinical practice. Having an open dialogue and cooperation seem to be important for how fundamental care is mediated by nurse preceptors to students. A need for reflection and critical inquiry towards fundamental care as part of the curriculum in nursing education, as well as towards its application in clinical practice, should be further studied.

ACKNOWLEDGEMENTS

The authors express their gratitude to all the nurses, participants in this study, for their interest, willingness and time to share their experiences and thus made this study possible.

FUNDING INFORMATION

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

CONFLICT OF INTEREST

No conflict of interest has been declared by the author(s).


PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1111/jan.15372>.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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REFERENCES

- Aglen, B., Louise Sørø, V., Orvik, A., & Haugan, G. (2018). Preceptorship during health personnel students' clinical studies in nursing homes-an institutional perspective on an intervention. *Nursing Open*, 6(1), 144–154. <https://doi.org/10.1002/nop2.197>
- Ausserhofer, D., Zander, B., Busse, R., Schubert, M., De Geest, S., Rafferty, A. M., Ball, J., Scott, A., Kinnunen, J., Heinen, M., Strømseng Sjetne, I., Moreno-Casbas, T., Kózka, M., Lindqvist, R., Diomidous, M., Bruyneel, L., Sermeus, W., Aiken, L. H., & Schwendimann, R. (2014). Prevalence, patterns and predictors of nursing care left undone in European hospitals: Results from the multicountry cross-sectional RN4CAST study. *BMJ Quality & Safety*, 23(2), 126–135. <https://doi.org/10.1136/bmjqs-2013-002318>
- Barrett, A., Kajamaa, A., & Johnston, J. (2020). How to ... be reflexive when conducting qualitative research. *The Clinical Teacher*, 17(1), 9–12. <https://doi.org/10.1111/tct.13133>
- Bohnarczyk, N., & Cadmus, E. (2020). Preceptor Criteria Revisited. *The Journal of Continuing Education in Nursing*, 51(9), 425–432. <https://doi.org/10.3928/00220124-20200812-08>
- Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research*, 4, 2333393617742282. <https://doi.org/10.1177/2333393617742282>
- Brynildsen, G., Bjørk, I. T., Berntsen, K., & Hestetun, M. (2014). Improving the quality of nursing students' clinical placements in nursing homes: An evaluation study. *Nurse Education in Practice*, 14(6), 722–728. <https://doi.org/10.1016/j.nepr.2014.09.004>
- da Silva, F. M., & Gutiérrez, J. F. G. (2018). Transforming health professions education to advance toward universal health. *InterAmerican Journal of Medicine and Health*, 1, e-201801006. <https://doi.org/10.31005/iajmh.v1i1.45>
- Dalsmo, I. E., Brodtkorb, K., Laugaland, K. A., Slettebø, Å., & Ekra, E. M. R. (2022). Learning in nursing home placement: A phenomenological study of student nurses' lived experience. *Journal of Clinical Nursing*, 1–13. <https://doi.org/10.1111/jocn.16262>
- Doyle, J. J., & Leighton, K. (2010). A curriculum for the pre-licensure nursing program. In W. M. Nehring & F. R. Lashley (Eds.), *High fidelity patient simulation in nursing education* (pp. 387–404). Jones & Bartlett.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=31321822&site=ehost-live>
- EU. (2005). Directive 2005/36/EC of the European Parliament and of the council of 7 September 2005 on the recognition of professional qualifications. *Official Journal of the European Union*, 255(22), 22–142. Retrieved from <https://eur-lex.europa.eu/eli/dir/2005/36/oj>
- EU. (2013). Directive 2013/55/EU of the European Parliament and of the council of 20 November 2013 amending directive 2005/36/EC on the recognition of professional qualifications and regulation (EU) no 1024/2012 on administrative cooperation through the internal market information system ('the IMI regulation'). *Official Journal of the European Union*, 354(132), 132–170. Retrieved from <https://eur-lex.europa.eu/eli/dir/2013/55/oj>
- Feo, R., Conroy, T., Jangland, E., Muntlin Athlin, A., Brovall, M., Parr, J., Blomberg, K., & Kitson, A. (2018). Towards a standardised definition for fundamental care: A modified Delphi study. *Journal of*

- Clinical Nursing, 27(11–12), 2285–2299. <https://doi.org/10.1111/jocn.14247>
- Feo, R., Frensham, L. J., Conroy, T., & Kitson, A. (2019). "It's just common sense": Preconceptions and myths regarding fundamental care. *Nurse Education in Practice*, 36, 82–84. <https://doi.org/10.1016/j.nepr.2019.03.006>
- Fraze, T. K., Briggs, A. D. M., Whitcomb, E. K., Peck, K. A., & Meara, E. (2020). Role of nurse practitioners in caring for patients with complex health needs. *Medical Care*, 58(10), 853–860. <https://doi.org/10.1097/mlr.0000000000001364>
- Frøiland, C. T., Husebø, A. M. L., Akerjordet, K., Kihlgren, A., & Laugaland, K. (2021). Exploring mentorship practices in clinical education in nursing homes: A qualitative mixed-methods study. *Journal of Clinical Nursing*, 1–14. <https://doi.org/10.1111/jocn.15943>
- Giroto, L. C., Enns, S. C., de Oliveira, M. S., Mayer, F. B., Perotta, B., Santos, I. S., & Tempiski, P. (2019). Preceptors' perception of their role as educators and professionals in a health system. *BMC Medical Education*, 19(1), 203. <https://doi.org/10.1186/s12909-019-1642-7>
- Gonella, S., Brugnolli, A., Terzoni, S., Destrebecq, A., Saiani, L., Zannini, L., Dimonte, V., Canzan, F., Mansutti, I., & Palese, A. (2019). A national study of nursing homes as learning environments according to undergraduate nursing student's perspective. *International Journal of Older People Nursing*, 14(3), e12245. <https://doi.org/10.1111/opn.12245>
- Helou, M. M., & Newsome, E. (2018). Application of lev Vygotsky's sociocultural approach to Foster students understanding and learning performance. *Journal of Education and Culture*, 2(4), 347–355. <https://doi.org/10.22158/jec.v2n4p347>
- Huisman-de Waal, G., Feo, R., Vermeulen, H., & Heinen, M. (2018). Students' perspectives on basic nursing care education. *Journal of Clinical Nursing*, 27(11–12), 2450–2459. <https://doi.org/10.1111/jocn.14278>
- Irwan, M., Najamuddin, N. I., Risnah, Musdalifah, Rauf, S., Amal, A. A., & Muthaharah. (2021). Preceptorship model for nursing undergraduate students: A systematic review. *Indian Journal of Forensic Medicine & Toxicology*, 15(3), 3751–3757. <https://doi.org/10.37506/ijfmt.v15i3.15879>
- Jangland, E., Mirza, N., Conroy, T., Merriman, C., Suzui, E., Nishimura, A., & Ewens, A. (2018). Nursing students' understanding of the fundamentals of care: A cross-sectional study in five countries. *Journal of Clinical Nursing*, 27(11–12), 2460–2472. <https://doi.org/10.1111/jocn.14352>
- Kunnskapsdepartementet. (2017). Norwegian Ministry of Education and Research. Regulation on a common framework for health-and social studies. (Forskrift om felles rammeplan for helse-og sosialfagutdaninger) (In Norwegian). Retrieved from <https://www.regjeringen.no/no/dokumenter/horing/id2527734/>
- Kyngäs, H. (2020). Inductive content analysis. In H. Kyngas, K. Mikkonen, & M. Kääriäinen (Eds.), *The application of content analysis in nursing science research* (pp. 13–21). Springer Nature. <https://doi.org/10.1007/978-3-030-30199-6>
- Lillekroken, D. (2019a). Nursing students' perceptions towards being taught the fundamentals of care by clinical nurses within a simulated learning environment: A qualitative study. *Nurse Education in Practice*, 36, 76–81. <https://doi.org/10.1016/j.nepr.2019.03.010>
- Lillekroken, D. (2019b). Teaching basic nursing care: Nurse Preceptors' perceptions about changing the teaching context from the clinical setting to a school simulation lab. *International Journal of Nursing Education Scholarship*, 16(1), 10. <https://doi.org/10.1515/ijnes-2018-0033>
- Lillekroken, D. (2020). "A privilege but also a challenge." Nurse educators' perceptions about teaching fundamental care in a simulated learning environment: A qualitative study. *Journal of Clinical Nursing*, 29(11–12), 2011–2022. <https://doi.org/10.1111/jocn.15177>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
- Macey, A., Green, C., & Jarden, R. J. (2021). ICU nurse preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role: A mixed-methods study. *Nurse Education in Practice*, 51, 102995. <https://doi.org/10.1016/j.nepr.2021.102995>
- MacMillan, K. (2016). The hidden curriculum: What are we actually teaching about the fundamentals of care? *Nursing Leadership*, 29(1), 37–46. <https://doi.org/10.12927/cjnl.2016.24644>
- Maresova, P., Javanmardi, E., Barakovic, S., Barakovic Husic, J., Tomsone, S., Krejcar, O., & Kuca, K. (2019). Consequences of chronic diseases and other limitations associated with old age – A scoping review. *BMC Public Health*, 19(1), 1431. <https://doi.org/10.1186/s12889-019-7762-5>
- Martínez-Linares, J. M., Parra-Sáez, C., Tello-Liébaná, C., & López-Entrambasaguas, O. M. (2019). Should we be trained to train? Nursing Students' and newly qualified Nurses' perception on good lecturers and good clinical preceptors. *International Journal of Environmental Research and Public Health*, 16(24), 4885. <https://doi.org/10.3390/ijerph16244885>
- Miura, M., Daub, K., & Hensley, P. (2020). The one-minute preceptor model for nurse practitioners: A pilot study of a preceptor training program. *Journal of the American Association of Nurse Practitioners*, 32(12), 809–816. <https://doi.org/10.1097/jxx.0000000000000300>
- Öhrling, K., & Hallberg, I. R. (2001). The meaning of preceptorship: nurses' lived experience of being a preceptor. *Journal of Advanced Nursing*, 33(4), 530–540. <https://doi.org/10.1046/j.1365-2648.2001.01681.x>
- OsloMet. (2022). Oslo Metropolitan University. Bachelor programme in nursing. [In Norwegian]. <https://student.oslomet.no/bachelor-sykepleie-pilestredet>
- Ong, S. L. E., Ang, W. H. D., Goh, L. J., & Lau, Y. (2021). Understanding nurse preceptors' experiences in a primary health care setting: A descriptive qualitative study. *Journal of Nursing Management*, 29(5), 1320–1328. <https://doi.org/10.1111/jonm.13272>
- Plathe, H., Solheim, E., & Eide, H. (2021). Nursing Students' and Preceptors' experiences with using an assessment tool for feedback and reflection in supervision of clinical skills: A qualitative pilot study. *Nursing Research and Practice*, 2021, 1–9. <https://doi.org/10.1155/2021/5551662>
- Polit, D. F., & Beck, C. T. (2020). *Nursing research: Generating and assessing evidence for nursing practice* (11th International ed.). Lippincott Williams & Wilkins.
- Raines, D. A. (2012). Nurse preceptors' views of precepting undergraduate nursing students. *Nurse Education Perspectives*, 33(2), 76–79. <https://doi.org/10.5480/1536-5026-33.2.76>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Shambharkar, M., Sawarkar, A., Khandar, J., Sakharwade, P., & Kolhekar, S. (2021). Effectiveness of one minute preceptor teaching in improving clinical skills of nursing undergraduate students. *Journal of Evolution of Medical and Dental Sciences*, 10(13), 920. <https://link.gale.com/apps/doc/A657699868/HRCA?u=anon-b3908312&sid=googleScholar&xid=1748de59->
- Stenberg, M., Bengtsson, M., Mangrio, E., & Carlson, E. (2020). Preceptors' experiences of using structured learning activities as part of the peer learning model: A qualitative study. *Nurse Education in Practice*, 42, 102668. <https://doi.org/10.1016/j.nepr.2019.102668>
- Tan, K. B., & Earn Lee, C. (2019). Integration of primary care with Hospital Services for Sustainable Universal Health Coverage in Singapore. *Health Systems & Reform*, 5(1), 18–23. <https://doi.org/10.1080/23288604.2018.1543830>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for

- interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <http://intqhc.oxfordjournals.org/content/19/6/349.abstract>
- UN. (2015). *Transforming our world: The 2030 agenda for sustainable development*. United Nations. Retrieved from: <https://sustainabledevelopment.un.org/post2015/transformingourworld>
- van Vliet, K., Roodbol, P. F., Chorus, A. M. J., & Ossebaard, H. C. (2018). Education for future health care: A radical shift in perception, learning and action. *International Journal of Healthcare*, 4(1–4), 1. <https://doi.org/10.5430/ijh.v4n1p1>
- Voldbjerg, S. L., Laugesen, B., Bahnsen, I. B., Jorgensen, L., Sorensen, I. M., Gronkjaer, M., & Sorensen, E. E. (2018). Integrating the fundamentals of care framework in baccalaureate nursing education: An example from a nursing school in Denmark. *Journal of Clinical Nursing*, 27(11–12), 2506–2515. <https://doi.org/10.1111/jocn.14354>
- Vuckovic, V., Karlsson, K., & Sunnqvist, C. (2019). Preceptors' and nursing students' experiences of peer learning in a psychiatric context: A qualitative study. *Nurse Education in Practice*, 41, 102627. <https://doi.org/10.1016/j.nepr.2019.102627>
- Vuckovic, V., & Landgren, K. (2021). Peer learning in clinical placements in psychiatry for undergraduate nursing students: Preceptors and students' perspective. *Nursing Open*, 8(1), 54–62. <https://doi.org/10.1002/nop2.602>
- Vygotsky, L. S. (1978). In M. Cole, V. John-Steiner, S. Scribner, & E. Souberman (Eds.), *Mind in society. The development of higher psychological processes*. Harvard University Press.
- WHO. (2016). *Health workforce for ageing populations*. Retrieved from <https://www.who.int/ageing/publications/health-workforce-ageing-populations.pdf>
- Widiawati, S., Buhari, R., Sari, R. M., & Febliandika, V. (2021). The relationship between preceptor role and student knowledge with triage skills in emergency department. *KnE Life Sciences*, 6(1), 333–343. <https://doi.org/10.18502/cls.v6i1.8622>
- WMA. (2013). World medical association declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA*, 310(20), 2191–2194. <https://doi.org/10.1001/jama.2013.281053>
- Yonge, O., Billay, D., Myrick, F., & Luhanga, F. (2007). Preceptorship and mentorship: Not merely a matter of semantics. *International Journal of Nursing Education Scholarship*, 4(1), 1–15. <https://doi.org/10.2202/1548-923X.1384>
- Zwakhaleh, S. M. G., Hamers, J. P. H., Metzeltin, S. F., Ettema, R., Heinen, M., De Man-Van Ginkel, J. M., Huisman-De Waal, G., Vermeulen, H., & Schuurmans, M. J. (2018). Basic nursing care: The most provided, the least evidence based. A discussion paper. *Journal of Clinical Nursing*, 27(11–12), 2496–2505. <https://doi.org/10.1111/jocn.14296>

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How to cite this article: Stănesu-Yadav, D-N, & Lillekroken, D. (2022). Nurse preceptors' experiences of promoting and teaching fundamental care to undergraduate nursing students: A qualitative study. *Journal of Advanced Nursing*, 00, 1–13. <https://doi.org/10.1111/jan.15372>

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