

Original research

Embedding fundamental care in the pre-registration nursing curriculum: Results from a pilot study

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ABSTRACT

International evidence suggests nursing is not providing fundamental care consistently or adequately, resulting in poor outcomes for patients and healthcare systems. One possible reason for this inadequate care delivery is nursing education, with fundamental care often implicit or invisible in nursing curricula. To understand how best to teach fundamental care to pre-registration (pre-licensure) students, we developed and piloted a six-week intervention that incorporated into the first-year curriculum a more explicit focus on fundamental care. A conceptual fundamental care framework was used to guide students' learning, and clinical skills sessions were structured to reinforce the framework's conceptual understanding and enable students to practice delivering fundamental care in an integrated manner. The intervention's impact was explored via a pre-post survey and focus groups. The survey demonstrated that the intervention did not affect students' ability to identify patients' fundamental care needs; however, focus groups showed the intervention assisted students in understanding the complexity of fundamental care and its importance to patients' experiences. The pilot provides preliminary evidence on the importance of embedding fundamental care into nursing curricula early and explicitly, and emphasising the integrated nature of such care, particularly through structured debriefs, consistent terminology, and opportunities for students to experience care as a patient.

1. Introduction

Tertiary nursing education is facing significant policy challenges (Daly et al., 2008), with Forber et al. (2015) warning of an impending 'disconnect' between industry and health education. Central to such concerns is the need to articulate essential aspects of nursing practice, such as fundamental care, and to revisit curricula that guide the manner in which nurses are taught to deliver these core elements of nursing. Fundamental care, often referred to interchangeably as the fundamentals of care, basic nursing care, essence of care, or essential care, involves actions on the part of a nurse that address a person's essential needs in order to ensure his/her physical and psychosocial wellbeing (Feo et al., 2017).

While the nature of care is widely debated in the nursing literature, a description of how students are, and should be, taught fundamental care is less so. Within nursing education, fundamental care is often implicit or invisible, taught as part of introductory first-year courses and rarely revisited (MacMillan, 2016; Thomas et al., 2012). The nursing education literature, too, largely neglects fundamental care, focusing primarily on teaching methods such as problem- or case-based

learning (Forsgren et al., 2014; Shin and Kim, 2013) and high-fidelity simulation (Ahn and Kim, 2015; Decker, 2014; Gamble, 2017). Whilst fundamental care might be peripherally addressed in these studies, it is not the focus. Primary research papers that do exist tend to focus only on education for discrete fundamentals of care (e.g., pain management) in isolation from other fundamentals (e.g., dignity, respect) (e.g., Evans and Mixon, 2015). Hence, there exists a dearth of empirical evidence on how to teach fundamental care as a complex, multi-dimensional construct, where the emphasis is on integrating a patient's different fundamental care needs. This integration has been shown to be crucial for patients' positive care experiences (Jangland et al., 2016; Kitson et al., 2013b; Kitson and Muntlin Athlin, 2013).

The reasons for the invisibility of fundamental care within nursing education are complex. Feo and Kitson (2016) argued that fundamental care is invisible across entire healthcare systems, including in education, practice, research, and policy, due to three inter-connected factors: (1) the dominance of the biomedical model, (2) managerial frameworks that drive most healthcare organisations and cultures, and (3) the de-valuing of fundamental care by nurses. Nursing education is further hampered by its hidden curriculum – the values and practices students

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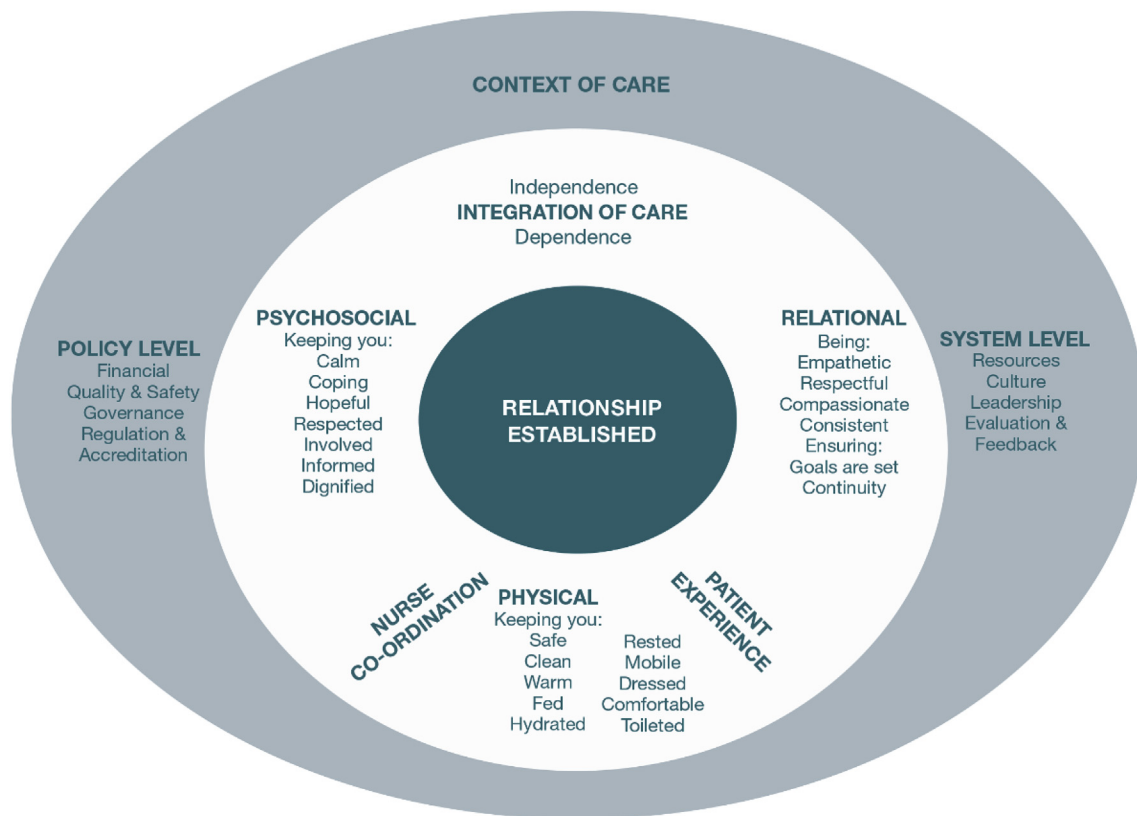


Fig. 1. The Fundamentals of Care Framework (Conroy et al., 2016).

learn but which are not explicitly taught (Darbyshire and McKenna, 2013; MacMillan, 2016). Through language, lecture content, assigned readings and role modelling, educators might convey that fundamental care is unimportant and uncomplicated and can be delivered by anyone; not necessarily a nurse (MacMillan, 2016). This is often reinforced during clinical placement where, due to the increasing delegation of fundamental care to healthcare assistants, students regularly observe Registered Nurses undertaking technical or administrative work and are paired with healthcare assistants to deliver fundamental care (Allan and Smith, 2009; Chapman and Clucas, 2014). Together these factors are seen to contribute to a perception that fundamental care involves simple tasks that require little skill to execute and which have minimal impact on patient outcomes (Feo and Kitson, 2016). Perhaps unsurprisingly, research suggests that some nursing students are beginning to devalue fundamental care, rejecting it as central to the Registered Nurse role and perceiving the delivery of such care on clinical placement as limiting opportunities for learning (Al Awaisi et al., 2015; Allan and Smith, 2009; Darbyshire and McKenna, 2013; Thomas et al., 2012). Feo and Kitson (2016) argued that, to improve care delivery and patients' experiences of fundamental care, a substantial shift in the conceptualisation, prioritisation and valuing of fundamental care is required, beginning with more explicitly embedding such care in healthcare education, research, practice and policy.

This paper explores how we might begin re-conceptualising, re-prioritising and re-valuing fundamental care within nursing education. It describes the outcomes of a pilot intervention designed to explicitly embed fundamental care within first-year pre-registration (or pre-licensure) nursing curriculum. Given the limited existing evidence, we undertook a pilot to understand how best to deliver pre-registration fundamental care education, prior to wider-scale implementation. The aims of the pilot were to: (1) implement the intervention in two accredited pre-registration nursing programs; (2) explore the impact of the intervention; and (3) generate preliminary evidence on how to teach fundamental care at the pre-registration level. This paper

therefore addresses some of the gaps in knowledge relating to fundamental care education.

2. Methods

2.1. Design

Mixed methods approach using a pre-post survey and focus group interviews.

2.2. Pilot intervention

The six-week intervention was piloted at (name removed for anonymity). Whilst the School's curriculum has always focused on fundamental care, supported by a research stream on the topic, we identified a need to undertake this teaching more explicitly, focusing on the integrated nature of fundamental care delivery. That is, how nurses must address a range of patient fundamental care needs simultaneously (e.g., ensuring dignity whilst undertaking assisted feeding). The intervention took place at the beginning of the academic year in two pre-registration programs: Bachelor of Nursing (for students without a prior University degree) and Master of Clinical Nursing (for students with a prior University degree, in any discipline). In both programs, first-years students undertake clinical placement eight weeks after the start of first Semester. The intervention involved two components, outlined briefly below: (1) using the Fundamentals of Care Framework to guide teaching and provide for students a way to shape their conceptual understanding of fundamental care, and (2) restructuring clinical skills sessions to reinforce this conceptual understanding. For an in-depth description of the intervention, including facilitators and challenges of implementation, see (Alderman et al., forthcoming).

The first component of the intervention involved introducing students to the Fundamentals of Care Framework, a conceptual framework developed via a consensus-generating approach from the expertise of

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