

The perception of nursing students of providing patients with fundamental nursing care: “Both good and bad”

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Abstract

Context: Care is an integral part, and the core of the nursing profession, but fundamental nursing care maybe overlooked and neglected. Learning how to provide these types of care and emphasizing them are an important part of nursing education.

Aims: The present study was conducted to explain the perception of nursing students in providing patients with fundamental nursing care.

Setting and Designs: The present qualitative study was done with 12 nursing students in one nursing faculty in the north of Iran in the year 1397.

Materials and Methods: In this conventional content analysis study, we collected data through individual semi-structured interviews with 12 undergraduate nursing students whom had passed at least five semesters.

Statistical Analysis Used: Data collected were analyzed using an inductive approach to conventional content analysis based on the five steps proposed by Graneheim and Lundman. The interviews were promptly transcribed after they were recorded. Lincoln and Guba’s criteria were used to confirm the trustworthiness and rigor of the data.

Results: Analyzing the data extracted three categories, namely “Receiving a Rewards (subcategories consist of self-satisfaction, honor, supportiveness, helpfulness, power)”, “Paying the Costs (subcategories consist of Dichotomy and conflict, Physical and mental, annoyance)” and “Effective factors (subcategories consist of Professional trainings, familial/cultural teachings, religious teachings feedback received from others)”.

Conclusion: The nursing students perceived providing fundamental nursing care as “Receiving a reward” and “Paying the cost,” which are affected by different factors. Therefore, nursing instructors should help students balance this contrasting feeling.

Keywords: Nursing, Nursing care, Qualitative research, Student

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INTRODUCTION

Care is the essence of the nursing profession and refers to offering the assistance required based on scientific

principles in a way that it brings patients comfort and relief from suffering.^[1] According to Watson, the importance of nurses’ role in care lies in the fact that care is the core of

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the nursing profession, and the science of care is the main concept in nursing education. The purpose of care-oriented training programs in Iran and most other countries is to convey a caregiving attitude to the students, enable them as professionals to provide holistic care, and generate a sense of well-being in patients and make them feel cared for.^[2]

Instructors are therefore recommended to constantly seek to improve the students' clinical experience, those enriching the students' attitudes toward the central values of their discipline, including care with research-based information. Given that care is bilateral in nature and causes the well-being of both patients and nurses, the main duty of nursing instructors is to improve the students' learning of care.^[3] Care is important for nursing students' education, and gives them power and self-confidence and teaches them how to develop their care attitudes; nevertheless, the perception of nursing students of care has not yet been properly studied.^[4] A dimension of care is to provide patients with fundamental nursing care, including the care of the skin, the hair, the nails, and the oral and perianal area, which is significantly associated with individuals' general health.^[5] Observing the fundamental nursing care of patients as part of their dignity and respect should not be neglected in training and practice.^[6] Some clinical instructors and nurses believe that failing to provide primary care is unimportant and uncomplicated, and nurses are not actually responsible for providing this care;^[7] nevertheless, learning fundamental nursing care is an essential part of the undergraduate nursing curriculum, and the students' weaknesses and strengths can be identified and their clinical skills can be developed by investigating their perception of care behaviors.^[8] However, this subject has rarely been addressed in the literature, and a major body of literature has been devoted to the students' perception of the concept of care. Given the importance of fundamental nursing care in reference to nursing textbooks and a serious globally-reported drop in the quality of care, further attention is recommended to be paid to this matter in nursing research. Nurses often fail to prioritize the healthcare of patients. Most nurses give priority to the administration of medication, while other types of care are equally important for patients, such as changing positions and blankets. It is worth noting that patients consider these types of care the top priority.^[9] Based on our experiences, which have been trainer of nursing students for many years, students do not feel good at fundamental nursing care. Given the importance of teaching healthcare to students by the trainers and the lack of information and knowledge about the perception of nursing students of providing patients with fundamental nursing care in Iran, the present study was conducted

to explain the perception of the students of providing fundamental nursing care.

MATERIALS AND METHODS

The present study was used as an inductive approach to conventional content analysis and was funded and approved by the ethical committee of Mazandaran University of medical sciences (IR.MAZUMS.REC.1397.1230 code).

Purposive sampling was used to select undergraduate nursing students who had passed at least five semesters. Maximum variation was observed in terms of gender, age, academic semesters, and average scores of previous semesters. The students' perception was assessed using individual face-to-face semi-structured interviews. Fundamental nursing care in the present study refers to the care of the skin, the hair, the nails, and the oral and perianal area,^[5] which was performed by the students. The participants decided on the time and location of all the interviews, which were recorded using an mp3 device. The participants were asked to speak freely during the interviews and express their perception of providing the patients with fundamental nursing care. The questions posed to the participants were as follows:

1. What are your experiences of providing the patients with fundamental nursing care?
2. How do you feel when providing fundamental nursing care?

Proper follow-up questions were used if necessary, such as "Please elaborate on this point," "Please give an example if possible," and "What do you mean by that?" The interviews continued until data saturation was reached and no new categories were emerging any longer. Data saturation means that only repeated data are obtained.^[10] The interviews were promptly transcribed after they were recorded. The individual interviews lasted 40–60 min and for a mean duration of 40 min. Although data saturation was reached with ten individual interviews, two other participants were interviewed for greater certainty. The participants' addresses and phone numbers were included at the end of the interviews with their own consent so that the researchers could contact them if necessary.

The data were analyzed using conventional content analysis and based on the steps proposed by Graneheim and Lundman. The interviews were first transcribed verbatim. Based on this method after selecting the meaning units and reviewing them several times, the initial codes, i.e., the relevant beliefs and concepts, were obtained. The similar codes were then collected in a "subcategory" and labeled.

The “Categories” were also obtained by merging the similar “subcategories” in one group and labeling them.^[11] Lincoln and Guba’s criteria were used to confirm the trustworthiness and rigor of the data.^[10] To confirm the credibility of the findings, the interviews were conducted with the students at different times. Member checking was also used to confirm the data and the extracted or merged codes. To ensure the consistency of the categories with the participants’ statements, the data were reviewed by two experts in qualitative research. Outside observers were also employed for confirming the dependability of the data and to find out whether they reached the same conclusions too or not; for this purpose, two experts received excerpts of the interview texts and examples of how the subcategories and categories were formed. To confirm the confirmability and trustworthiness of the data analysis, a number of the interviews, subcategories and categories were presented to experts in qualitative research who were not involved in the study. The interviews were conducted and analyzed for approximately 10 months from March 2018 to December 2018.

The participants were briefed on the study objectives and methods, ensured of their right to withdraw from the study at any point, of the confidentiality of their information and the private storage of the research documents and evidence in a safe place, and asked to sign an informed consent form. All participants signed an informed consent form. This study was conducted in accordance with the conventions of the Helsinki Statement.

RESULTS

Twelve undergraduate nursing students (4 males and 8 females) with a mean age of 22 years (Standard Deviation= 1/32) from one nursing school participated in the interviews in 2018. The analysis of the data led to the extraction of 256 codes, eleven subcategories and three main categories. The students explained a collection of good and bad perceptions as “Receiving rewards” and “Paying the costs,” and identified certain effective factors in their perception of providing fundamental nursing care, which were placed in the category of “Effective factors.” Table 1 shows the categories, subcategories and some of the initial codes and Table 2 shows examples of the meaning units, the condensed meaning unit, code, subcategory, and category.

- Receiving the rewards
- Paying the costs
- Effective factors.

Receiving the rewards

Self-satisfaction

According to the participants, helping the patients and meeting their needs develops their sense of self-satisfaction;

for instance, a student said, “*A CVA patient prayed for me a lot I felt really good on my way back home because of his prayers. I felt light-hearted and comfortable and had a positive sense of satisfaction for helping others*” (p9).

Honor

A sense of honor was a reward the students received for providing healthcare; for instance, a student said, “*I have a humane feeling, and I say to myself what a wonderful thing I am doing. I feel that I have done a rewarding job, and that what a great person I am* (p11).” Another student said, “*It is as if I have had such a good nature to have performed the care, which is a great honor in my life* (p8).”

Supportiveness

Being supportive is part of nurses’ roles.^[5] The students felt supportive after providing this group of care; for instance, a student explained, “*That kid felt safe at that moment, and giggled at me, and when we were done, he kept coming back around me* (p7).” Another student said, “*I do this care because I like being the savior of people. I would like patients to feel supported when they come here. Otherwise, how is it different from home? A feeling that a student has enthusiastically come here to accept and take care and respect them* (p8).”

Helpfulness

The feeling of solving a problem and helping patients was another reward the students received. A student said, “*I feel something is done, and it is not done if one doesn’t do it, which adds to the problem. In fact, performing healthcare solve a problem* (p3).”

Power

Students stated that providing fundamental nursing care gave them power: A student said, “*It was like I was powerful enough to help someone and transfer a positive feeling to others* (p7).” Another student said, “*If I feel bad when providing healthcare, I see it as my weakness. A nurse should be strong and not be disgusted by phlegm*(p6).”

Paying the costs

Dichotomy and conflict

Perceiving the dichotomy and conflict between good and positive feelings after providing fundamental nursing care, i.e., the rewards, and bad and negative feelings it caused were the costs that the participants believed they had paid for providing these types of care. A student said, “*And I really felt disgusted at that moment, although I was feeling compassionate as well. I was therefore stuck in the dichotomy between compassion and disgust, and obligation and the like nevertheless, I helped as much as I could* (p12). It was both a very good and a very bad feeling (p3).” Another student said, “*I had to strive to control myself and yet carry on with my duties in a way that avoid reacting to patients’ bad breath or their smelly cloths* (p9).”

Table 1: Categories, subcategories and examples of the codes

Category	Subcategory	Example of the codes
Receiving rewards	Self-satisfaction	Feeling good due to patient trust
	Honor	Feeling honorable owing to performing these tasks
	Supportiveness	Making the patients feel safe
	Helpfulness	Helping the patients and solving the problems
	Power	Feeling powerful as a result of helping others
Paying the costs	Dichotomy and conflict	Being compassionate while feeling bad
	Physical and mental annoyance	Being annoyed by the patients' need for fundamental care Feeling nauseous due to the patients' malodor
The effective factors	Professional trainings	Having professional attitudes towards fundamental nursing care
	Familial/cultural teachings	Fundamental nursing care provision inspired by familial-cultural teachings
	Religious teachings	Providing fundamental nursing care in line with religious teachings
	Feedback received from others	Receiving positive feedback from patient accompaniments as the reason for providing Fundamental nursing encouragement by the family

Table 2: Example of the meaning units, the condensed meaning unit, code, subcategory and category

Meaning units	Condensed meaning unit	Code	Subcategory	Category
When I do this (fundamental care), I feel the patients trust me	Trusting the patient to the student because of the fundamental care and creating a good feeling in the student	Feeling good due to patient trust	Self-satisfaction	Receiving rewards
I was stuck in the dichotomy between compassion and disgust	Stuck in the dichotomy between compassion and disgust	Being compassionate while feeling bad	Dichotomy and conflict	Paying the costs
I see providing fundamental care in line with my religious thinking and teachings	Matching religious teachings and providing fundamental care	Providing fundamental nursing care in line with religious teachings	Religious teachings	The effective factors

Physical and mental annoyance

Physical and mental annoyance was a major problem the students complained about when performing nursing healthcare. The participants found providing these types of care to cause their physical and mental annoyance. A student said, "The way that patient is annoys me, Why should a patient require these types of care? (p2)." Another student said, "What annoys me the most is the malodor and smell of the patients' sweat ... catching bad smells turns my stomach. Naturally, it bothers me (p11)."

Effective factors

The participants found the following factors to affect their perception of providing fundamental nursing care:

Professional trainings

Fundamental nursing care is integral to the routine care and is emphasized in nursing principles and techniques textbooks.^[5] The students stressed that these professional trainings in nursing schools encourage them to provide patients with fundamental care and that care is a major part of their professional duties; for instance, a participant said, "According to our curriculum on healthcare, we should never pay attention to patients' race or beliefs, and should see them as human beings (p2)." "A set of frameworks defined in nursing should be observed when coming into this profession (p3)."

Familial-cultural teachings

The students found familial and cultural teachings to both positively and negatively affect their perception of healthcare. A student said, "My family have taught me to do things for the good of people. When I do these things (fundamental care), I ask myself how in

line this task is with my family's goals. This is what my family want us to do. My family greatly affect my attitudes (p3)." However, another participant said, "I was brought up in a family that considered these tasks disgraceful, and did not like me doing them (p4)."

Religious teachings

All the interviewees were Muslim, and according to the teachings of Islam, caring for patients is rewarding, and satisfies God. A student said, "This task contents both God and people. I see this job in line with my religious thinking and teachings ... (p5)."

Feedback received from patients/others

Receiving both positive and negative feedback from patients/others was an effective factor in the students' perception of providing fundamental care. The majority of the participants received positive feedback from the patients/others after providing care, which encouraged them to continue providing the care for the patients. A student said, "The positive feeling conveyed by the patients is so good, and it is as if they are happy with you and your kindness, for which the only thing they can do is to pray for you wholeheartedly, which is nice and lovely (p5)." In contrast, negative feedback caused a negative perception of performing fundamental nursing care. A student argued, "The patients deride us by asking to change their sheets. Well, these things are already available, and these requests annoy me (p1)."

DISCUSSION

The present study was conducted to explain the perception of nursing students of providing patients with fundamental

nursing care. The students explained their perception in three categories, namely rewards (good feelings), costs (bad feelings), and effective factors.

According to the participants, providing fundamental nursing care can have “good” aspects and be rewarding. They identified the rewards as self-satisfaction, honor, supportiveness, helpfulness, and feeling powerful. These positive aspects and rewards can compensate for the negative aspects.^[12] Similarly, Begum and Slavin explained the perception of nursing students in Pakistan as “a helpful attitude,” “a source of power and development” and “a maternal relationship” including support.^[4] Integrating care into nursing education can cause trust, motivation, personal satisfaction, and the development of care-giving attitudes in both the instructor and student. Meeting patient needs, feeling helpful, and receiving patients’ admiration are the best rewards.^[12]

Self-satisfaction was a reward reported by the participants. Moreover, given the bilateral nature of care, a mental feeling of “well-being” when providing care was reported by nurses in literature. According to Watson, nurses providing care feel personal and professional satisfaction and love for nursing.^[12] Garner *et al.* explained nurses’ experiences and found those in charge of providing feminine services such as maternal ones to feel inner satisfaction for establishing strong interpersonal relationships and helping others.^[13] These consistencies in the findings can be explained by the fact that the nursing profession requires not only knowledge and its clinical applications but also philanthropy.^[14]

The present study nursing students revealed that they had been respected by others for providing healthcare. As a positive feeling, this reinforces the students’ behavior and encourages them to re-perform these types of care. Garner *et al.* also found the feeling of professional honor to be a rewarding experience for nursing students for being a nurse. Honor is an inner feeling of having or presenting an inner trait that is admired by others or rewarded by God.^[13]

Another aspect cited as a reward by the participants was the fact that they considered providing patients with primary healthcare a kind of helpfulness, which is consistent with a qualitative study by Karaöz, who explained the perception of Turkish nursing students of the concept of care, and determined the professional/helping relationship (respect, concern, and empathy) as a theme.^[15] The students studied by Garner *et al.* also identified the opportunity to physically and mentally help others as a reward.^[13] In addition, Begum and Slavin explained the care as a helpful attitude.^[4]

Reinforcing their sense of power was another reward received by the participants for providing fundamental care. Begum and Slavin also explained the experience of Pakistani students of care as a source of power and development.^[4]

Although the studies cited were conducted in different socio-cultural contexts from that of the present research, all generally suggested a reward received by nurses for performing their duties, as nursing students benefit from lifelong “Inner rewards” and “Learning” for being a nurse.^[13]

The experiences of the study students suggested that a sense of conflict, tension, dichotomy, and physical and mental annoyance were the cost they paid for providing the patients with fundamental care. They found the provision of these sorts of care to cause negative feelings such as conflict, dichotomy, and physical and mental annoyance. Watts and Davies (2014) also reported a feeling of conflict and dichotomy in senior nursing students who were responsible for the care of older adults with dementia. These negative feelings can be explained by the contradiction between care and their familial/cultural teachings.^[6] According to Henriksson *et al.*, students have numerous problems with integrating their personal values into the professional definition of care and have been upset by the physical and mental annoyance caused by providing care.^[12] Nursing instructors are, therefore, recommended to support and understand students in these circumstances.

The present findings suggested that certain factors affect the perception of the participating students of providing these types of care, including professional training. Furthermore, nursing schools play a key role in the clinical teaching of fundamental nursing care to the students,^[9] and how these schools prepare the students for gaining the knowledge, attitude, and performance necessary for providing the care through combining theoretical and practical learning experiences^[14] can affect the students’ perception of providing fundamental nursing care. The importance of teaching healthcare methods to students has always been emphasized in literature,^[4] and nursing instructors are responsible for highlighting different dimensions of care.

Familial and cultural teachings were another factor affecting the students’ perception of providing fundamental care. Providing certain types of care can be originated from the cultural background of the people involved. Being committed and responsible to the family and others,

which one learns from early childhood, can constitute a cause of providing care.^[12] Given that all the participating students were Muslim and that Islam emphasizes helping one another, the students were willing to provide patient care and therefore felt rewarded.

The participating students revealed that the feedback received from others affected their perception of providing care in a way that they received both positive and negative feedback from the patients and their accompaniments after providing these types of care. This encouraged and motivated them, or conversely, caused their boredom and indifference toward the care.

CONCLUSION

Providing fundamental nursing care by students develops their perception as “Receiving rewards” and “Paying the cost,” and this perception is affected by certain factors. The awareness of nursing instructors and the authorities of nursing schools of this perception and the effective factors can make up a guidance for improving learning levels and encouraging students to assume the role of caregivers. The present study limitations included selecting the students from a single department for conducting the interviewing, although generalizability is not an objective of qualitative research. Recommendations for further studies include reviewing strategies for improving fundamental care in patients and new teaching-learning methods in caring education.

Conflicts of interest

There are no conflicts of interest.

Authors' contribution

Fatemeh Hajihosseini: acquisition of data, analysis and interpretation of data, study supervision.

Roghieh Nazari: acquisition of data, drafting the manuscript, critical revision of the manuscript for intellectual content (Corresponding contributor).

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