



Fundamentals of care in pre-registration nursing curricula: Results of a national survey

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Abstract

The Fundamentals of Care is a conceptual framework, grounded on the nurse establishing a relationship with the patient to enable the integration of physical, psychological, and relational aspects of nursing to deliver essential patient care. There is an imperative on schools of nursing to teach and assess nursing students to achieve clinical competency. The Nursing Council of New Zealand provide schools of nursing with an educational framework to guide how nursing students are educated. However, curricular content specific to fundamentals of care (FoC) is minimally researched, making areas of strength or gaps in curricula unclear. This paper provides a national overview of undergraduate pre-registration nursing curricula in Aotearoa New Zealand exploring what and how schools of nursing teach and assess FoC. This was achieved using a cross-sectional descriptive survey. Survey responses were received from 17 course coordinators and involved completing an online anonymous questionnaire. Data was collected between July 2019 and February 2020 and analysed using descriptive statistics. Data analysis revealed variations in how FoC is taught and suggests that the FoC curriculum is non-standardised. Schools appear to design their own curricula and individually decide the educational approaches they use to teach and assess FoC. Furthermore, while mouth and general skin care are commonly featured across FoC teaching, there was a limited focus on eye and perineal care. This study highlights the variance in how FoC is taught and the non-standardised design approach used by schools of nursing in Aotearoa New Zealand. Knowing this, provides schools of nursing and the Nursing Council of New Zealand with an opportunity to discuss and potentially develop a national evidenced-based FoC education strategy. Collaborating with international nursing councils could enhance the development of such a strategy.

Keywords / Ngā kupu matua: Aotearoa New Zealand; fundamentals of care / ngā akoranga taketake o te taurima; nursing curricula / ngā marautanga tapuhi; teaching and assessment / te whakaako me te armoatawai; undergraduate nursing / te tapuhi paetahi

Te Reo Māori translation

Ngā akoranga taketake o te taurima i roto i ngā marautanga tapuhi tau whakangungu tuatahi i mua i te rēhita i Aotearoa: Ngā hua o tētahi uiuinga ā-motu

Ngā ariā matua

He anga ariā Ngā Akoranga Taketake o te Taurima (Fundamentals of Care), i poua ki runga i te whakaaro kia mātua whakahoa atu te tapuhi ki te tūroro, e taea ai te haumi ngā āhuatanga kikokiko, hinengaro, hononga tangata hoki o te mahi tapuhi, hei hora i ngā taurima tūroro taketake. He mea hira kia whakaako



ngā kura tapuhi i ngā ākonga tapuhi, kia aromatawaia hoki, kia eke ki te toi o ngā pūkenga tiaki tūrora. Ko tā te Kaunihera Tapuhi o Aotearoa he hora anga akoranga ki ngā kura hei arataki i te akoranga o ngā tapuhi. Ahakoa tērā, kāore i te tino rangahaua ngā kai marautanga hāngai tika ki ngā akoranga taketake o te taurima, (FoC) nā konei kāore i tino kitea ngā wāhi pakari, ngā āputa rānei, i te marautanga. Tā tēnei tuhinga he hora aronga whānui ki ngā marautanga tapuhi tau whakangungu tuatahi i mua i te rēhita i Aotearoa, e tūhura ana i ngā mea kei roto, he pēhea hoki te whakaako a ngā kura tapuhi i ngā akoranga taketake o te taurima. (FoC). Nā te whakamahi uiuinga whakawhiti-wāhanga tēnei i tutuki ai. I tae mai he whakautu uiuinga i ētahi kairuruku kaupapa ako āhuatanga taketake 17, ko te mahi mā rātou, he whakakī i tētahi rārangi pātai ingoa-huna tuihono. I kohia ngā raraunga mai i Hūrae 2019 me Pēpuere 2020, ā, i whakamahia ngā tauanga whakamārama. Nā te tātari raraunga i kitea ai he pēhea te whakaako o ngā āhuatanga taketake o te taurima, me te mōhio iho, kāore i whakapaerewatia te marautanga āhuatanga taketake mō te katoa. Te āhua nei, kua tahuri ia kura ki te hoahoa i tāna ake marautanga me te whiriwhiri ko ēhea tikanga mātauranga ka whakamahia e rātou hei whakaako, hei aromatawai hoki i ngā āhuatanga taketake nei. Waihoki, ahakoa i kōrerotia nuitia te taurima waha, kiri whānui hoki puta noa i ngā akoranga āhuatanga taketake, he iti noa te arotahi atu ki ngā taurimatanga karu, huinga (a muri i te kiritore) hoki. Ko tā tēnei rangahau he whakakite i ngā rerekētanga o te whakaako āhuatanga taurima taketake, me te kore i whakapaerewatia ngā ara hoahoa kaupapa ako o ngā kura tapuhi i Aotearoa. Nā tēnei mōhioanga hou, kua wātea te ara ki ngā kura tapuhi me te Kaunihera Tapuhi o Aotearoa ki te whakawhiti kōrero, ki te hanga pea i tētahi rautaki akoranga āhuatanga taurima taketake ā-motu. Mā te mahi tahi me ngā kaunihera tapuhi o tāwāhi pea ka pai ake ai pea tētahi rautaki pērā.

Introduction

Caring for patients is core to nursing and essential to ensure fundamental care needs are met and safely provided. Fundamentals of care (FoC) are essential aspects of nursing which involves providing bodily care that meets the patient's physical, social and psychological needs, and include hygiene, feeding and toileting (Feo et al., 2018). Ensuring nursing students can provide such care is an academic, clinical and professional responsibility. Some of the responsibility lies with schools of nursing to graduate nursing students that are knowledgeable and competent to provide safe FoC. This requires a curriculum that is comprehensive, in depth and honest about the realities of providing FoC and guided by care values reflective of the profession. However, little is known about the teaching of FoC by schools of nursing, both in terms of the scope and approach. Hence this national study aims to provide an overview of undergraduate pre-registration nursing curricula using a cross-sectional descriptive survey in one national context.

There is ongoing concern about missed and sub-standard care in healthcare, with nursing education being, in part, blamed for the poor standard of FoC in clinical practice (Darbyshire & McKenna, 2013; Muraraneza & Mtshali, 2021). For example, a recent study by Nowell et al. (2022) found undergraduate nursing students had limited knowledge about the components of FoC. This suggests that it is important

to understand the content of FoC curriculum in Aotearoa New Zealand and how it is taught.

One of the important roles schools of nursing play is to graduate work-ready registered nurses (National Academies of Sciences, Engineering, and Medicine, 2021). In Aotearoa New Zealand, this means new graduate nurses who have the knowledge, skills and competency of a new graduate registered nurse (Nursing Council of New Zealand, 2020). Internationally, as well as in Aotearoa New Zealand, preparing nurses to be work ready is achieved by providing both theory and clinical practice (Ryan et al., 2021). The pre-registration nursing programme of study is described in each school of nursing's curriculum. The nursing curriculum represents the formalised learning and activities aimed at developing graduate nurses to be critical thinking, research informed, clinical decision-makers who are responsive to the patient group they serve and the overall health needs of society (Keating & DeBoer, 2018). Such a curriculum is also underpinned by philosophical values, goals and policies.

Fundamentals of Care

Historically, various labels were inconsistently assigned and used interchangeably to describe FoC. Examples being, 'basic care', 'essentials of care', 'foundational skills', 'physical care needs' (Alderman et al., 2018; Feo, Donnelly et al., 2018). The



International Learning Collaborative describes FoC as:

The actions on the part of the nurse that respect and focus on a person's essential needs to ensure their physical and psychosocial wellbeing. These needs are met by developing a positive and trusting relationship with the person being cared for as well as their family/carers. (Feo et al., 2018 p. 2295)

Using this description of FoC, this paper focuses on analysing Aotearoa New Zealand derived data and how it compares with the definition provided by International Learning Collaborative and the educational preparation nursing students receive. The description puts the patient at the core of nursing and implies that they should be central in nursing curricula. However, how and what schools teach for FoC has raised issues about its position and importance in curricula. According to Feo, Donnelly et al. (2018), teaching FoC is inadequate; competing against other curricular content and risks becoming invisible in an already condensed and overloaded curriculum. Curricular relegation is further evident by its positioning in programmes with FoC confined mainly to the first year of nursing programmes and seldom returned to later in the programme (MacMillan, 2016). As a consequence, FoC has become devalued by nursing education, has lost status, and is not perceived as an educational priority (Darbyshire & McKenna, 2013). This criticism has been confirmed by the findings of a descriptive study undertaken by Huisman-de Waal et al. (2018) in the Netherlands. The authors used questionnaires to explore the opinions of nursing students (n = 256) about learning FoC in their nursing programme. Participant feedback suggests their nursing programme contained insufficient theory in relation to FoC nursing and was viewed as being mostly invisible. In support of these findings is literature suggesting nurse teachers' have negative attitudes towards FoC and a lack of knowledge, value, interest or awareness in the subject (MacMillan, 2016).

Curriculum

Comparing nursing curricular across the globe, Deng (2015) suggests pre-registration curricula vary in depth, breadth, and time devoted to theory, skills teaching and placement hours. The Nursing Council of New Zealand (NCNZ) is responsible for the accreditation, monitoring and auditing of pre-

registration programmes (NCNZ, 2020). Pre-registration nursing degrees are offered at 19 schools of nursing in Aotearoa New Zealand, of which 18 are undergraduate and eight graduate-entry programmes.

Curricular design is the responsibility of nurse lecturers/faculty within the schools of nursing. Yet, there is minimal empirical evidence to inform nurse lecturers of the most effective and efficient method to teach and assess FoC (Alderman et al., 2018). A review of education standards documentation from a selection of international nursing councils/associations identified FoC was not explicitly included in their standards (American Association of College of Nurses, 2021; Nursing and Midwifery Board of Ireland, 2016; NCNZ, 2020). The United Kingdom's Nursing and Midwifery Council Standards for Proficiency for Nurses (2018) briefly refer to various aspects of FoC, though not collectively as a core education module. Despite such differences, Hajhosseini and Nazari (2020) suggest acquiring knowledge and competency to provide safe FoC should be a prerequisite for graduation as a nurse. Additionally, Feo, Donnelly et al. (2018) recommend FoC be embedded in all nursing curricula.

Understanding what and how patient care is taught in schools of nursing across one country may indicate areas of strength or gaps in curricula that may inform schools of nursing internationally. A thorough search identified no previous studies that provide a national picture of the inclusion of FoC in curricula. Therefore, a national nursing education survey was devised as part of a larger study to investigate how undergraduate nursing students learn to care physically for their patients' bodies.

Methods

This survey aimed to provide a national overview of what and how schools of nursing teach and assess FoC in undergraduate pre-registration nursing curricula in Aotearoa New Zealand.

Study design

This was a cross-sectional descriptive survey. The survey used an anonymous online questionnaire delivered via Qualtrics^{XM} (see Qualtrics.com). Survey data were collected between June 2019 and January 2020. Ethical approval to undertake this survey was given by the University of Auckland Human Participants Ethics Committee (No: 018959).



Completion and submission of the survey was taken as consent.

Recruitment and sample

At the time of recruitment, 17 schools of nursing were offering pre-registration undergraduate nursing courses and were approached for participation. Information about FoC was sought from the nurse teacher coordinating the FoC paper. To achieve this, an email containing a Qualtrics questionnaire was sent to all the heads of the 17 schools of nursing. The questionnaire link was then shared with the FoC course coordinator. Consent to participate was assumed on completion of the questionnaire.

The questionnaire

In the literature, no previously validated questionnaire that reflected the survey's aim was found, therefore, an exploratory questionnaire comprising nine questions was created (Figure 1). The decision to use nine questions was a balance between generating sufficient respondent data and making the questionnaire less onerous to complete. Questionnaires that respondents deem as too long have a higher risk of not being attempted or completed (Kost & da Rossa, 2018).

The questionnaire centred on finding out the curricular content and methods schools of nursing use to teach and assess FoC. Questions were created based on the teaching experience of the lead author (MC), nursing textbooks, and the FoC literature. Data were nominal. Formats for answering questions included tick-box, 'yes'/'no' and free text-boxes. To add validity, the questionnaire underwent an iterative review process. Two nurse educators independently critiqued the questionnaire twice, providing constructive feedback.

Analysis

Data was collected and collated using Qualtrics. Qualtrics supports simple descriptive statistical analysis. Text answers were collated and are reported below.

Results

Sample size

Seventeen questionnaires were commenced online. Fifteen questionnaires were fully or near-fully completed. One respondent answered only one of the nine questions in their questionnaire, while another respondent only answered two. All questionnaires

Figure 1: Outline of questionnaire

1. In your school of nursing's undergraduate curriculum, how are fundamentals of care taught: integrated or modularised?
2. What aspects of body care are taught in your undergraduate curriculum: eye, mouth, skin, perineal-genital, feeding, toileting, dressing and undressing, grooming? Please add additional content if not listed above.
3. Is teaching of fundamental body care underpinned by any philosophical beliefs, concepts or values?
4. In your undergraduate curriculum are students taught any theory or philosophical concepts about the human body?
5. In your undergraduate curriculum are students taught any theory or philosophical concepts about the human touch?
6. What educational methods does your school use to fundamentals of care: lectures: small group tutorials; large group tutorials; simulation (peer practice); simulation mannequins; simulation (actor patients); nurse teacher demonstration (patient bedside)?
7. What assessment is used to assess nursing student competency: formative or summative?
8. Please indicate the method(s) used to assess nursing students' knowledge of fundamentals of care: multiple choice questions; written assignment; group project; poster presentation; no assessment?
9. Please indicate the method(s) used to assess nursing student's competency to provide fundamentals of care: ward-based assessment; simulation suite assessment; no assessment?

were included in the results. The denominators used below relate to the numbers of respondents to a particular question.

Mode of teaching

This survey found schools of nursing predominantly integrated their teaching of FoC through the whole of their nursing programmes (n=14/15, 93%), with only one school using a stand-alone teaching module.

Specific FoC content in curriculum

Respondents were asked to indicate which physical care options they included in their curriculum, using a list (Table 1) and free text box for additional care components. Mouth and skin care were the only two care practices universally taught. Additional care practices such as patient handling, hair and nail care, showering, shaving, and bed-bathing were also included, but not consistently. One school did not teach patient toileting and dressing and put the responsibility onto ward staff to teach students these aspects of care.



Table 1: Types of physical care schools of nursing teach students in their undergraduate curriculum

Types of physical care	Number of respondents who answered (N=16)	Frequency of care components taught (N=16)	Percentage (%) frequency taught in curriculum
Eye	11	8	73%
Mouth	16	16	100%
Skin	16	16	100%
Perineal/genital	12	8	67%
Feeding	16	15	94%
Toileting patients	15	13	87%
Dressing/undressing	14	11	79%
Grooming	16	15	94%

Philosophical concepts and the human body

Thirteen schools indicated that philosophical concepts about the human body were included in their curriculum (n=13/15, 87%), with two stating they discussed issues of power and power imbalance in the nurse-patient relationship, while two others referred to loss of body function and what this meant for patient care. One school included the need for nursing students to be ‘self-aware’ when caring for patient’s bodies but did not elaborate on this. The role of cultural safety and the use of communication strategies were also mentioned, though not expanded upon. One school’s content about the human body was described as informally taught, adding that its teaching of philosophical concepts could be more systematic and broadened in their curriculum. Respondents were asked if philosophical or theoretical concepts about human touch were included in their curriculum, with eight (n=8/15, 53%) responding “yes”. Additional free-text responses included: “Students are taught the physical and emotional role of touch in patient care”; and “we provide a Māori cultural perspective around tapu [sacred/restricted] and noa [safe and unrestricted]”. The remaining responses centred on touch as a therapeutic intervention as opposed to exploring the philosophical concepts of touch. One school said: “Touch is not taught as a stand-alone topic but is integrated into communication lectures.”

Teaching methods

Schools of nursing were asked to describe the educational methods they use to teach FoC. The number of responses ranged from 12 to 16, with some schools including more than one answer (Table 2). Teaching FoC theory via large class lectures was the most common method used (n=12, 75%). Small and large group tutorials were also used as teaching methods, with small groups more common. Simulation was consistently used as a teaching tool. All participants stated their school used peer practice as a means to teach FoC (n=16;100%). Schools also used tutorials to teach FoC, though not consistently, with most favouring a small group approach (small: n = 9/14; large: n=5/12; 42%). The majority of schools (n=15/16, 87%) use low fidelity mannequins to facilitate student learning. To generate a more realistic nursing student-patient interplay, a smaller number of schools used volunteer actors (n=4/13, 31%) to replicate practicing providing FoC.

Table 2: Overview of teaching methods used to teach fundamentals of care (FoC) (N=16)

Education Method	Education method used to teach FoC (%; n)
Lectures	75% (n = 12)
Small group tutorials	56% (n = 9)
Large group tutorials	31% (n = 5)
Clinical skills simulation:	
Nursing students practice on each other	100% (n = 16)
Nursing students practice on volunteer “actor” patients	25% (n = 4)
Nursing students practice on mannequins	81% (n = 13)
Nurse teachers demonstrate FoC in clinical practice	50% (n = 8)

Student assessment

This question aimed to identify the methods schools use to assess student nurse competency to provide FoC. The results showed schools use both formative and summative assessments, though only half the schools answered this question. Schools were given a selection of assessment methods and were asked to indicate the type(s) of assessments used to assess students’ knowledge and understanding of FoC and these results are summarised in Table 3. Multiple choice questions were the most common assessment method used (63%), with written assignments (50%)



the next most common. Four schools (25%) did not use any assessment methods to test FoC knowledge.

Table 3: Summary of methods used to assess nursing students' knowledge of fundamentals of care (FoC) from 16 respondents

Assessment method	Methods used to assess knowledge of fundamentals of care (%; n)
Multiple choice quiz	63% (n = 10)
Written assignment	50% (n = 8)
Group project work	25% (n = 4)
Poster presentation	6% (n = 1)
No assessment	25% (n = 4)

Assessing competency

Respondents were asked to choose the primary area(s) where nursing student competency on the FoC was assessed. The clinical environment was the most common area for assessment (n=15/17, 88%), following by the simulation suite (n=10/13, 77%). One respondent indicated that there was not an assessment of student competency in FoC provision.

Discussion

The result of this survey provides a national curricular overview of how FoC is taught and assessed by schools of nursing in Aotearoa New Zealand. The survey's findings, whilst not necessarily generalisable to other contexts, did identify that schools individually decide the FoC content and assessment methods in their curricula, resulting in variance and inconsistencies about what and how FoC are taught. According to Feo and Kitson (2016) significant factors influencing curricular design are the values and attitudes schools of nursing make overt to FoC content and the teaching of the subject. This is evident in this survey as only one third of respondents said their school's teaching of FoC was underpinned by any care values. This raises a red flag for nursing education as valuing FoC is essential to nursing and patient care (Jackson & Kozłowska, 2018). This also highlights the 'hidden curriculum'; the unwritten values student nurses acquire during their pre-registration education (Akçakoca & Orgun, 2021). MacMillan (2016) also suggests nurse teachers may unwittingly imply FoC are simple cares, easy to provide and not really within nursing's care remit, which further supports the hidden curriculum argument. Feo and Kitson (2016) suggest that overall, FoC in nursing practice and pre-registration curricula

have become devalued, as a result of their invisibility, again emphasising the lack of prioritisation to FoC. The absence of values and prioritisation could also be linked to why a lack of standardisation exists in how FoC is taught and assessed, as found in this survey. A lack of standardisation can lead to an inconsistent approach taken towards how FoC are taught and therefore the care standards student's develop. Leaving nursing students to create their own practice standards could be potentially unsafe. Additionally, the ongoing trend of reports highlighting missed or omitted patient care gives credence that educational gaps may exist and standardisation of teaching and assessment of FoC could minimise this (Health & Disability Commissioner, 2022; Royal Commission into Aged Care Quality and Safety, 2021). Tavares et al. (2021) also argue standardising provides a consistent approach to student education, particularly when care for older people, who are the most common recipients of FoC in practice.

The main aim of nursing education is to develop nursing students' abilities to consolidate and apply a body of knowledge and skills to promote safe competent practice (Aldridge & Hummel, 2019). Yet, the findings from this study identified schools of nursing use different and inconsistent methods to teach and assess FoC. Didactic lectures were the most common method to deliver theory. However, 20% of schools provided no theory about FoC in their nursing programme. Huisman de Waal et al. (2018) found nursing students learned more about FoC in the clinical environment than in the classroom. Yet, Ousey and Gallagher (2007), argue that nursing students need to understand the relevance of patient care theory to support the care interventions they provide.

This survey found that simulation was the preferred teaching method, especially in comparison to teaching in the clinical environment. The decision to choose simulation may be driven by multiple factors including safety issues, cost and lack of staff to support students (Breymer et al., 2015). The benefits of using simulation as an education tool are well established (Fey & Kardong-Edgren, 2017). However, for nursing students to achieve competency is only possible when they apply their FoC knowledge and skills with patients in the clinical environment (Aldridge and Hummel, 2019).

In the questionnaire coordinators from the schools of nursing were given a list of physical care components



and asked to indicate if any were included in their curriculum. While mouth and skin care were consistently taught, more challenging aspects such as feeding and perineal care were less commonly taught. Why this is the case was not explored in this study. Patient feeding needs, for example, should be an educational priority in healthcare, especially when up to 35% of patients are malnourished or at risk of malnutrition on admission to hospital (Griffin et al., 2020). One of the most challenging and intimate aspects of FoC for nursing students is learning to provide perineal care to patients, with its linkage to issues of gender and sexuality (Lehn-Christiansen & Holen, 2019). The inconsistent teaching of perineal care within undergraduate curricular has direct implications for students to confidently provide perineal care, particularly as they may feel inadequately prepared and supported in clinical practice to do this (Shakwane & Mokoboto-Zwane, 2020). A further concern is nursing students may feel there is a difference or disconnect between the skills learned in clinical practice versus what they learned in their school of nursing (Leach & Tucker, 2018).

Recommendations

Our findings lead us to make two recommendations. The first recommendation is that NCNZ review its 'Handbook for Pre-registration Nursing Programmes' (2020) and reflect on its content, values and the need to prioritise FoC in pre-registration nursing curricula; and how NCNZ is informed and decides its national curriculum. This would give NCNZ the opportunity to collaborate with schools of nursing from universities and Te Pūkenga¹ and nursing registration bodies internationally to come to a consensus about developing a FoC education programme. This would allow an approach about what and how schools of nursing teach, assess and evaluate FoC in their curricula. We recommend that a co-design approach embraces Te Tiriti o Waitangi obligations, including seeking feedback from student nurses, clinical stakeholders, patients and family/whānau.

The second recommendation is for the use of an active learning lens and to integrate analysis of

complaints upheld by the Health and Disability Commissioner² regarding sub-standard FoC provided to patient/family into pre-registration nursing curricula. This would give students a learning forum to analyse complaints and discuss strategies to prevent them. Related topics such as professional accountability, delegation, personal practice standards and patient care values could also be integrated.

Limitations

The survey was limited to Aotearoa New Zealand, which impacts the generalisability of the results to other countries. However, by comparison Aotearoa New Zealand has similar education and health systems to other countries in which FoC forms part of pre-registration nursing education. Using a survey did not allow a comprehensive exploration of FoC curricular content. Additionally, questions were not compulsory. Repeating the survey with enforced answering of questions could strengthen this work, but might also have caused more respondents to curtail responses. For further depth, focus group interviews with each school of nursing would allow nurse teachers to discuss their FoC curriculum and any associated issues. Amalgamating findings from a mixed-methods approach could produce a template to support teaching, learning, and resourcing of FoC education. Finally, this was an anonymous survey and who answered may have impacted responses that are not necessarily indicative of that school of nursing.

Conclusion

This survey provides evidence about what and how fundamentals of care are taught in undergraduate pre-registration nursing curricula in Aotearoa New Zealand. The survey found that the theory and methods schools of nursing use to teach and assess FoC are individualised, inconsistent and non-standardised. This finding provides both NCNZ and schools of nursing with the opportunity to jointly discuss and develop a FoC education strategy. Doing so also allows FoC to be explored through a new, and wider curricular lens, allowing its true value to patient care to be realised.

¹ Te Pūkenga¹ is the newly established New Zealand Institute of Skills and Technology formed from the merger of the Aotearoa New Zealand's 16 Institutes of Technology and Polytechnics, effective from 1 January 2022.

² Health and Disability Commissioner: Is responsible for independently promoting and protecting the rights of people using health and disability services in New Zealand. The Commissioner manages complaints and holds health care providers accountable.



References

- Akçakoca, B., & Orgun, F. (2021). Developing a measurement tool for evaluating the hidden curriculum in nursing education. *Nurse Education Today*, 97, 104688. <https://doi.org/10.1016/j.nedt.2020.104688>
- Alderman, J., Kastelein, C., Feo, R., Frensham, L., Salamon, Y., & Kitson, A. (2018). Prioritizing the fundamentals of care within the prelicensure nursing curriculum. *Journal of Nursing Education*, 57(8), 498-501. <https://doi.org/10.3928/01484834-20180720-09>
- Aldridge, M., & Hummel, F. (2019). Nursing students' perceptions of skills learning: A phenomenological study. *Nurse Educator*, 44(3), 170-174. <https://doi.org/10.1097/NNE.0000000000000569>
- American Association of Colleges of Nursing. (2021). The essentials: Core competencies for professional nursing education. <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- Bremier, T. L., Rutherford-Hemming, T., Horsley, T., Atz, T., Smith, L., Badowski, D., & Connor, K. (2015). Substitution of clinical experience with simulation in prelicensure nursing programs: A national survey in the United States. *Clinical Simulation in Nursing*, 11(11), 472-478. <https://doi.org/10.1016/j.ecns.2015.09.004>
- Darbyshire, P., & McKenna, L. (2013). Nursing's crisis of care: What part does nursing education own? *Nurse Education Today*, 33(4), 305-307. <https://doi.org/10.1016/j.nedt.2013.03.002>
- Deng, F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96-98. <https://doi.org/10.1016/j.cnre.2015.11.001>
- Feo, R., Conroy, T., Jangland, E., Muntlin Athlin, Å., Brovall, M., Parr, J., Blomburg, 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., Donnelly, F., Frensham, L., Conroy, T., & Kitson, A. (2018). Embedding fundamental care in the pre-registration nursing curriculum: Results from a pilot study. *Nurse Education in Practice*, 31, 20-28. <https://doi.org/10.1016/j.nepr.2018.04.008>
- Feo, R., & Kitson, A. (2016). Promoting patient-centred fundamental care in acute healthcare systems. *International Journal of Nursing Studies*, 57, 1-11. <https://doi.org/10.1016/j.ijnurstu.2016.01.006>
- Fey, M., & Kardong-Edgren, S. (2017). State of research on simulation in nursing education programs. *Journal of Professional Nursing*, 33(6), 397-398. <https://doi.org/10.1016/j.profnurs.2017.10.009>
- Griffin, A., O'Neill, A., O'Connor, M., Ryan D., Tierney A. & Galvin R. (2020). The prevalence of malnutrition and impact on patient outcomes among older adults presenting at an Irish emergency department: A secondary analysis of the OPTI-MEND trial. *BMC Geriatrics*, 20(1), 455. <https://doi.org/10.1186/s12877-020-01852-w>
- Hajihosseini, F., & Nazari, R. (2020). The perception of nursing students of providing patients with fundamental nursing care: 'Both good and bad'. *Journal of Nursing and Midwifery Sciences*, 7(3), 180. <https://link.gale.com/apps/doc/A634851083/AONE?u=learn&sid=bookmark-AONE&xid=4b6d2f5a>
- Health & Disability Commissioner. (2022). Decision 19HDC00763. <https://www.hdc.org.nz/decisions/search-decisions/2022/19hdc00763/>
- 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>
- Jackson, D. & Kozłowska, O. (2018). Fundamental care—the quest for evidence. *Journal of Clinical Nursing*, 27, 2177-2178. <https://doi.org/10.1111/jocn.14382>
- Keating, S. B. & DeBoor, S. (2018). Overview of nursing education: History, curriculum development and approval processes, and the role of faculty. In S.B. Keating & S. DeBoor (Eds), *Curriculum development and evaluation in nursing education* (4th ed., pp. 1-3). Springer. <https://www.springerpub.com/curriculum-development-and-evaluation-in-nursing-education-9780826174413.html>
- Kost, R. G., & da Rosa, J. C. (2018). Impact of survey length and compensation on validity, reliability, and sample characteristics for ultrashort-, short-, and long-research participant perception surveys. *Journal of Clinical and Translational Science*, 2(1), 31-37. <https://doi.org/10.1017/cts.2018.18>
- Leach, M. J., & Tucker, B. (2018). Current understandings of the research-practice gap in nursing: A mixed-methods study. *Collegian*, 25(2), 171-179. <https://doi.org/10.1016/j.colegn.2017.04.008>
- Lehn-Christiansen, S., & Holen, M. (2019). Ambiguous socialization into nursing: Discourses of intimate care. *Nurse Education Today*, 75, 1-5. <https://doi.org/10.1016/j.nedt.2019.01.002>
- 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>
- Māori Dictionary (n.d.). Whānau, Tapu and Noa. In *Māori dictionary*. <https://maoridictionary.co.nz/>
- Muraraneza, C., & Mtshali, G. (2021). Planning reform to competency-based curricula in undergraduate nursing and midwifery education: A qualitative study. *Nurse Education Today*, 106, 105066. <https://doi.org/10.1016/j.nedt.2021.105066>
- National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. The National Academies Press. <https://doi.org/10.17226/25982>
- Nowell, L., Davidson, S., Gospodinov, J., Laing, C., Shajani, Z., Dewell, S., Conroy, T., Button, D. (2022). Evaluating fundamental care knowledge to inform educational leadership. *Journal of Advanced Nursing*, 1- 15. <https://doi.org/10.1111/jan.15279>



- Nursing and Midwifery Board of Ireland. (2016). Nurse registration programmes standards and requirements. <https://www.nmbi.ie/Education/Standards-and-Requirements>
- Nursing and Midwifery Council. (2018). Future nurse: Standards of proficiency for registered nurses. <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>
- Nursing Council of New Zealand. (2020). *Handbook for pre-registration nursing programmes*. https://www.nursingcouncil.org.nz/Public/Education/Schools_Handbook/NCNZ/Education-section/Schools_Handbook.aspx?hkey=b87ad94a-4819-43bf-9019-ed9c587d5ab7
- Ousey, K., & Gallagher, P. (2007). The theory–practice relationship in nursing: A debate. *Nurse Education in Practice*, 7(4), 199-205. <https://doi.org/10.1016/j.nepr.2007.02.001>
- Phelan, A. & Kirwan, M. Contextualising missed care in two healthcare inquiries using a socio-ecological systems approach. *Journal of Clinical Nursing*, 29: 3527–3540. <https://doi.org.ezproxy.auckland.ac.nz/10.1111/jocn.15391>
- Royal commission into aged care quality and safety. (2021). Final report: Care, dignity and respect. <https://agedcare.royalcommission.gov.au/publications/final-report>
- Ryan, L., Jackson, D., Woods, C., East, L., & Usher, K. (2021). Preregistration nursing students' provision of safe care-Are we leaving too much to chance? *Journal of Clinical Nursing*, 30: e10-e12. <https://doi.org.ezproxy.auckland.ac.nz/10.1111/jocn.15494>
- Shakwane, S., & Mokoboto-Zwane, S. (2020). Promoting intimate care facilitation in nursing education institutions in South Africa. *International Journal of Africa Nursing Sciences*, 13, 100226. <https://doi.org/10.1016/j.ijans.2020.100226>
- Tavares, J., de Lurdes Almeida, M., Duarte, S. F. C., & Apóstolo, J. (2021). Older adult care in nursing education: How have curricula been developed? *Nurse Education in Practice*, 50, 102947. <https://doi.org/10.1016/j.nepr.2020.102947>

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