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Issues for Debate

"It's just common sense": Preconceptions and myths regarding fundamental care

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ABSTRACT

Fundamental care has come under increased scrutiny due to high-profile reports globally of poor nursing care. The reasons for these documented care failures are widely debated, with some scholars identifying issues with how fundamental care is valued within healthcare systems and by nurses. During focus groups designed to evaluate a fundamental care education intervention, we identified a perception commonly held by first-year pre-registration (pre-licensure) students that appeared indicative of a de-valuing of fundamental care: students routinely described fundamental care as 'common sense' and doubted that such care should form a key part of their education. In this paper, we explore this perception and its potential consequences for nursing education, clinical practice, and research. We argue that a perception of fundamental care as 'common sense' is a myth; it undermines the inherent complexity of providing such care to a consistently high standard and has negative implications for nursing education and continuing professional development, patient experiences and outcomes, and the advancement of nursing science. It is a perception that must be challenged.

1. Introduction

The 'common sense' nature of core nursing concepts, including empathy and compassion, have long been debated, with varying views on whether such attributes are innate, can be taught, or both (Lown, 2015; Richardson et al., 2015). Fundamental care is subject to similar debate. Fundamental care refers to nursing care that addresses patients' essential physical, relational, and psychosocial needs to ensure their wellbeing, quality of life and, if possible, recovery and survival (Feo et al., 2018a). As part of an evaluation of a fundamental care education intervention, we conducted a series of focus groups with first-year nursing students in which they routinely articulated a perception of fundamental care as 'common sense' (Feo et al., 2018b). Fundamental care was seen by students simply as a natural response to human suffering and hence something they (and indeed anyone) could do naturally without thought or training. Students therefore questioned to what extent such care should be prioritised in nursing education and articulated a concern that it had been 'overemphasised' within their curriculum. Such concerns arguably demonstrated the relatively lower value that students placed on fundamental care compared to other, more 'technical', aspects of nursing practice.

The focus groups were not designed to explore students' perceptions of fundamental care, therefore the regularity with which students reported this opinion was striking and warranted further exploration. This paper aims to spark debate about the perception of fundamental care as 'common sense', including its genesis and its impact. We argue that this perception, and its implication that fundamental care is simple and can be delivered by anyone, has multiple, deleterious consequences and must be challenged.

2. Where does this perception stem from?

Whilst the student focus groups provided the catalyst for this paper, the perception of fundamental care as 'common sense' is not unique to this cohort. Internationally, evidence suggests that student nurses across all year levels perceive care tasks as existing in a hierarchy of complexity, with fundamental care positioned at the bottom (Holland, 1999). Some students have begun to equate nursing with technical rather than caring work, even lamenting that delivering fundamental care on clinical placements (e.g., providing a bed pan to a patient) limits opportunities for learning (Allan and Smith, 2009). Nurses themselves often hold similar opinions, viewing fundamental care as involving simple tasks that require little skill to execute, and affording this care relatively little value in comparison to other aspects of nursing (Adamsen and Tewes, 2000; Heaven et al., 2013). Highly specialised and technical forms of nursing are instead seen as more prestigious,

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with nurses who practice in these fields afforded higher-level status (Flatley and Bridges, 2008). Nutrition, for instance, a physical fundamental of care, is often conceptualised as one of the most elementary tasks in hospitals (Heaven et al., 2013). The only time nutrition might receive elevated status is when patients have difficulties swallowing or are at risk of choking; the act of assisting with food intake then becomes seen as highly technical and therefore valued (Heaven et al., 2013).

So why, then, do students and nurses hold this perception? 'Common sense' implies a basic ability around a given activity, particularly an everyday, mundane activity. It describes an ability that applies to nearly all people and which does not require specialised training. A key reason that students and nurses alike might view fundamental care in this way is because many fundamentals (e.g., hygiene, toileting, mobility, nutrition) constitute self-care activities that one would typically undertake for themselves on a daily basis. Addressing these needs is therefore part of everyone's repertoire of skills. Attending to such needs for another person, then, might not be seen as sufficiently different to providing this care for oneself. Hence, delivering fundamental care might be viewed as a relatively simple task, something that does not require specialised knowledge or skill. Other nursing care activities, such as managing an IV, however, are not typical self-care activities and might not therefore be part of everyone's skill set, hence falling outside the realm of 'common sense'.

Regardless of where this perception stems from, viewing fundamental care as 'common sense' can have significant, negative impacts across healthcare systems.

3. What are the consequences of this perception?

The notion that fundamental care is 'common sense' devalues the inherent complexity and advanced skills associated with delivering such care to a high standard, and has deleterious consequences for education, clinical practice, and research. We explore these consequences through a series of "If x, then y" propositions.

3.1. Education

If fundamental care is common sense, then there is no motive to emphasise such care in nursing curricula or to teach it in an explicit, systematic manner; it is something that all students can deliver naturally and unthinkingly. This consequence is evident in the way in which nursing programs around the world are structured. Fundamental care is typically 'invisible' in nursing curricula, taught only in first-year introductory courses and rarely revisited (MacMillan, 2016; Thomas et al., 2012). This perpetuates the assumption that such care involves simple, uncomplicated tasks, meaning students need only learn them once and do not have to continually advance their knowledge and skills in this area.

This structuring of nursing programs internationally reflects, and reinforces, a 'hidden curriculum' around fundamental care. 'Hidden curriculum' refers to the values and practices students learn but which are not explicitly taught (Darbyshire and McKenna, 2013; MacMillan, 2016). Through the language commonly used within curricula, most notably the term 'basic'; and the prioritisation of procedural tasks (e.g., medication administration) within lecture content, assigned readings and clinical skills sessions, educators can convey that fundamental care involves unimportant, uncomplicated tasks that can be delivered by anyone; and not necessarily a nurse (MacMillan, 2016). These assumptions have arguably been internalised by some students who are rejecting fundamental care as central to the Registered Nurse role, perceiving it as less important than other aspects of nursing practice (Al Awaisi et al., 2015; Allan and Smith, 2009).

3.2. Clinical practice

If fundamental care is common sense, then nurses and healthcare systems do not need to articulate, monitor and reflect on its delivery and its impact on patients; it is assumed nurses know how to deliver fundamental care, they do it well, and they do it consistently for all patients. This is in direct contrast, however, to international evidence showing that the delivery of fundamental care is highly variable in quality and often absent altogether, with numerous instances of unsafe and dehumanising patient experiences globally (Francis, 2013; Kalisch et al., 2014). For instance, in the UK in 2016, malnutrition, dehydration, pressure injuries and falls – all outcomes of poor-quality fundamental care – were the underlying cause of, or a contributing factor in, more than 9,000 hospital deaths (Office for National Statistics, 2017).

This empirical evidence begs the question: If fundamental care is common sense, why is it not common practice? If it is something that anyone can do naturally and unthinkingly, why is it missed so frequently? This is because, by dismissing fundamental care as simply 'common sense', we have underestimated how complex it is to deliver this care well and to do so consistently. High-quality fundamental care involves a sophisticated interplay of activities designed to meet a person's unique physical, psychosocial and relational needs, all whilst developing and maintaining a trusting relationship with the patient and working within (and often against) the context in which care is being delivered (Kitson et al., 2013). It is this relationship-centred, integrated care that is missing in our healthcare systems. Whilst it might be 'common sense' to provide someone a bed pan when they require toileting and are unable to walk, recognising when someone requires assistance and attending to this need in a way that is safe, both culturally and physically; maintains the person's dignity and privacy; and fosters a relationship of mutual trust and respect is hardly a simple matter, nor something that anyone can do by default. Delivering this type of care requires clinical reasoning, specialised knowledge and honed skills, not common sense. However, if this care delivery is not being modelled in clinical practice, not only are patients suffering, students undertaking clinical placement are not being taught to prioritise and deliver fundamental care in this way.

3.3. Research

If fundamental care is common sense, then there is no motive to fund or undertake research on such care; empirical evidence is not needed because nurses do not require specialist skills or expertise to deliver it. This consequence is evident in the dearth of empirical evidence on how to teach fundamental care at pre- and post-registration levels, and how to deliver this care in clinical practice. Whilst we are starting to see some improvement, notably through the research efforts of organisations such as the International Learning Collaborative (https://intlearningcollab.org/), there still exists limited empirical evidence to guide practice. For instance, a systematic review on the effectiveness of nursing interventions for nutrition, mobility, hygiene and elimination concluded that the available evidence "*is sparse, of poor quality and unfit to provide evidence-based guidance to practising nurses*" (Richards et al., 2018, p.2179). There is even less evidence on how to deliver fundamental care in a relationship-centred, integrated manner, where patients' physical, psychosocial and relational needs are all taken into consideration in a given care encounter.

This limited empirical evidence begs the question: how and what are we teaching students about fundamental care and is it sufficiently evidence-based? A lack of empirical evidence to guide fundamental care education only reinforces the assumption that this evidence is not needed, and that fundamental care can be delivered without specialist knowledge.

Given these consequences, it is crucial to challenge the perception that fundamental care is common sense.

4. How do we challenge this perception?

We need to embed throughout healthcare systems a perception that

delivering *high-quality* fundamental care is complex – it is not simple nor something that anyone can do by default. This paper is not intended to provide an exhaustive list of suggestions for how this can be achieved, but to act as a catalyst for much-needed critical reflection and discussion. Hence, we pose the following questions to educators, researchers and clinicians:

1. How does your curricula value and prioritise fundamental care and how can you demonstrate this?
2. How should nursing curricula be structured to enable students to value, and develop skills to deliver, relationship-centred, integrated fundamental care?
3. How can we ensure student preceptors and mentors model this type of care delivery?
4. How should fundamental care be measured and evaluated in nursing education and in healthcare organisations?
5. What role do clinical nursing leaders, policy-makers and funding bodies have in ensuring fundamental care is valued and prioritised within healthcare systems?

5. Conclusion

The perception of fundamental care as 'common sense' devalues the considerable knowledge and skills required to deliver this care to a consistently high standard, and has negative consequences for nursing education, research, and practice. It is a perception that must be changed. Educators can play a major role in changing this perception, reinforcing for students the inherent complexity and vital importance of providing fundamental care in a relationship-centred, integrated manner. Changes in nursing education, however, must be accompanied by commensurate changes in research, practice and policy, otherwise students will be taught to prioritise and deliver care that is undervalued by the systems within which they work.

Conflicts of interest

None.

Ethical approval details

The study was approved by the University of Adelaide HREC (approval number: H-2017_013).

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