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Promoting intimate care facilitation in Nursing Education Institutions in South Africa

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ABSTRACT

Background: Basic nursing care includes intimate care that requires a nurse and a patient to be in close physical and psychological proximity. The patient's body parts are exposed, and his/her fragile body is seen and touched by a nurse, who is a stranger. The nurse and patient need to establish a relationship based on respect and trust. In South Africa, nursing education institutions use simulation to teach intimate clinical procedures. However, intimate care is not effectively facilitated, and nursing students are not supported when providing such care to diverse patients.

Purpose: Explore nurse educators' understanding and experiences of the teaching of intimate care to undergraduate nursing students.

Method: A qualitative phenomenology research approach and a social interactionism theory were merged to explore nurse educators' understanding and experiences of teaching intimate care to undergraduate nursing students. Eleven nurse educators working in the selected Nursing Education Institutions in Gauteng Province were purposively sampled. Data were collected using individual in-depth interviews and a focus group. Data were analysed using Moustakas' (1994) phenomenological data analysis method.

Results: Four major themes emerged: the care provided by nurses, facilitation of intimate care, intimate care guidance and support, and intimate care challenges.

Conclusion: Intimate care should be promoted in NEIs and should form part of the curriculum that promotes caring. It must be facilitated using reality simulation to allow nursing students to experience intimate care realities in a safe environment. This will empower them to be competent, comfortable and confident in providing intimate care to diverse patients.

1. Introduction

The core of nursing and its practice revolves around interaction with the patient and caring for someone's body. The nursing routines/tasks are aimed at ensuring that the patient's vital functions are adequately maintained, and basic human needs are met. A nurse-patient relationship has to be established for a nurse to understand the frailty of the human body and the difficulties of close contact (Picco, Santoro & Garrino, 2010). Intimate care and many nursing routines involve physical closeness and touch (O'Lynn, Cooper & Blackwell, 2017); therefore, nurses need to be confident in their ability to provide human touch and create a therapeutic, supportive relationship with the patient in order to speed up healing (Ruchti, 2012). Intimate care is classified as closeness at a physical, psychological and spiritual level. It involves crossing social boundaries and challenges both the carer and the recipient (Crossan & Mathew, 2013). Gender-based violence and child abuse are on the rise in South Africa, and male nursing students are expected to provide intimate care. In the 21st century, men are choosing nursing as a career of choice. However, the social stigma of men as sexual perpetrators places male nurses in a vulnerable situation when providing intimate care (Zang & Liu, 2016). Majority of them are afraid to provide intimate care, and others refrain from caring for female patients (Buthelezi, Fakude, Martin & Daniels, 2015). Nevertheless, nursing students are not provided with appropriate guidance on delivering professional intimate care and touch to diverse patients and are compelled to learn it only during clinical placement and from their peers.

Simulation, a teaching strategy used by NEIs, provides a safe teaching, learning and practice environment in which clinical procedures are simulated in order to improve nursing students' clinical competency. However, in South Africa, there is no evidence that intimate care is taught to nursing students in simulated situations to assist them to be knowledgeable and skilful in providing such care (O'Lynn & Krautsheid, 2014). Intimate care is not valued as knowledge or a skill

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that needs to be taught to nursing students and further mastered during the period of training. Nursing students get no intimate care support during their training (Crossan & Mathew, 2013). In the 21st century, a Mask-Ed™ simulation is used to simulate intimate clinical procedures such as hygiene care, elimination, etc. This is a humanistic form of simulation where a nurse educator becomes immersed in the teaching session by putting on a silicone mask and realistic body parts to engage with the students through the character of a patient. This allows the educator to interact with students spontaneously and authentically, drawing on their knowledge of the syllabus and knowledge of the profession (Mainey, Dwyer, Reid-Searl & Bassett, 2018). Based on the nature of intimate care, Crossan and Mathew (2013) recommend preclinical simulated intimate care training experiences for nursing students.

The study of Mainey et al. (2018) confirm that simulating intimate care using Mask-Ed™ improves students' competence in performing intimate care and increase their knowledge of social norms around nakedness. It helps the nursing students to know how to perform intimate care and to focus on the patient as the centre of the care. In sub-Sahara Africa, there is an increased enrolment of nursing students, lack of material resources and infrastructure. These place a strain to nurse educators and clinical learning environment (Bvumbwe & Mtshali, 2018). Nurse educators are challenged to create a realistic learning environment that can stimulate intimate care experiences with a large group of students and limited resources.

The purpose of this study was to examine the nurse educators' understanding of intimate care and to explore techniques that are used in teaching intimate-care practices to undergraduate nursing students in South Africa.

2. Theoretical framework

Intimate care requires touch. The nursing student (care provider) and a patient (recipient of care) have different understanding of or orientations towards the recipient of intimate care. They interact as individuals who have set symbolic interpretations of the body and touch, based on their culture, gender, age and sexual orientation. Symbolic interactionism is a perspective that explains social order and changes in society. This theoretical approach assists the researcher to understand the relationship between humans and society. The basic notion of symbolic interactionism is that human action and interaction are understandable only through the exchange or interaction of meaningful communication or symbols (Liamputtong, 2013; Rehman, 2018).

3. Research design

This paper forms part of a larger phenomenological design study. It discusses nurse educators' understanding and experiences of teaching intimate care. Phenomenology is a theoretical perspective that attempts to generate knowledge about how individuals experience things (Liamputtong, 2013). Husserl, whose philosophy first described descriptive phenomenology in 1962, emphasises the description of individual events as experienced by people. The lived experiences give meaning to each person's perceptions of a particular phenomenon. The four steps of descriptive phenomenology, namely bracketing, intuiting, analyses and describing, were followed (Christensen, 2017; Polit & Beck, 2012; Rehman, 2018). A literature control was conducted after data analysis, and the findings were compared to the literature. The researchers also used reflective journals to record personal experiences of and values about the topic. This exercise assisted researchers to maintain bracketing and remained open to emerging meanings. Data were analysed using Moustakas' (1994) phenomenological data analysis, and the findings were presented and described using thick descriptions. Using both descriptive phenomenology and symbolic interactionism assisted the researchers in creating meaning from the phenomenon as experienced by the people and to analyse societal behaviour (Rehman, 2018). Phenomenology and symbolic interactionism were merged to assert that nurse educators interact with nursing students during teaching sessions and that they will only assign meaning to intimate care phenomenon through their encounters with the students and experiences in teaching intimate clinical procedures to undergraduate nursing students.

4. Methods

4.1. Sampling

Purposive sampling was used to enrol participants. This sampling method enables the researcher to recruit participants who have experience or knowledge of the phenomenon (Creswell, 2013). Nurse educators in the Gauteng Province (Department of Health) who were involved in the education and training of undergraduate nursing students enrolled for the diploma or degree in the comprehensive nursing training programme (R.425) were purposively selected to participate in the study. Thirteen (13) nurse educators voluntarily participated in the study, of which six (6) participated in the focus group and seven (7) took part in individual in-depth interviews.

4.2. Trustworthiness

The participants were studied in their natural environment, and they provided subjective experiences, understanding and interpretation of intimate care. Lincoln and Guba's framework of credibility, transferability, dependability and confirmability was used to judge the trustworthiness of the study (Liamputtong, 2013; Polit & Beck, 2012). Only nurse educators who had experience in teaching undergraduate nursing students were purposively sampled. Prolonged engagement, as well as consultations and consensus discussions held with an independent co-coder who is a qualitative research expert, demonstrated the credibility and authenticity of the study. For dependability, the researchers documented in detail, the research design, methods and established a logical connection between the data and reported findings. The transferability criterion was satisfied by providing sufficient descriptive data (i.e. using thick descriptions) to present the findings of the study. This allowed the reader(s) to evaluate the applicability of the data to another similar context. By using direct quotes when presenting the findings, thus representing the voices of the participants satisfied the criterion of conformability.

4.3. Ethical issues

Ethical clearance was obtained from a university in South Africa, permission was also received from the Gauteng Department of Health's ethics committee and the NEIs. A summary of the study was given to participants. They were informed about confidentiality, voluntary participation and freedom to withdraw from the study at any time. Before commencing with the interviews, participants signed informed consent forms. Participants also consented to the recording of the interviews. One of the researchers and the nursing educators in the selected NEIs had a professional relationship, which was based on nursing students' clinical placement, supervision and monitoring.

4.4. Data collection

Data were collected using a semi-structured focus group, as well as individual interviews. The researchers first collected data by means of a focus group and later conducted one-to-one in-depth interviews. The focus group was the starting point for gaining an understanding of the participants' experiences of the phenomenon. A group of six (6) nurse educators participated in the focus group interview—this method allowed nurse educators to share their thoughts and experiences of

Table 1
. Interview questions.

- Can you please describe your understanding of the term "intimate care"?
- Can you please tell me the procedures that you consider intimate?
- Can you please share your experience in teaching intimate care?
- Please explain how you train nursing students to prepare a patient for intimate nursing care.
- Please tell me what challenges you have experienced when teaching intimate nursing procedures.
- Please tell me how nursing students are orientated towards intimate nursing care in clinical placement.

teaching intimate care. Data was collected from April to June 2016. The duration of this interview was 55 min.

The individual in-depth semi-structured interviews were conducted with seven (7) nurse educators. The interviewer was able to examine the nursing educators' understanding and experiences of teaching intimate care. It provided the interviewer with an opportunity to confirm, support or reject the categories that were developed in the focus group analysis. The duration of the interviews was between 15 and 25 min. Phenomenological studies rely on a very small sample size. Interviews were conducted until saturation was reached, meaning that after five (5) interviews, there was repetition of information, after which two (2) more interviews were conducted to confirm data redundancy.

Data were collected in the natural setting of nurse educators (in their respective NEIs). Table 1 depicts the interview guide that was used during the interview sessions for both the focus group and semi-structured interviews. All interviews were audio-recorded with the permission of the participants. The researchers took field notes to record their observations during the interviews.

4.5. Data analysis

Moustakas' (1994) phenomenological data analysis was used to analyse and interpret the data. Verbatim transcription was done for all individual in-depth and focus group interviews. Significant statements and sentences that provided an understanding of intimate care were highlighted. The meanings of intimate care were clustered from significant statements to create core themes. Following that, multiple data sources were consulted to validate or refute the participants' understanding and experiences of intimate care. The significant statements and themes were used to create textual (participants' experience) and structural (contextual influence of experience) descriptions. The descriptions were synthesised into common meaning units.

The researchers and the co-coder independently analysed the verbatim transcription of the interviews. They discussed their analysed data and reached an agreement on the themes and sub-themes developed from the data. This enhanced the credibility of the study.

5. Findings

Four major themes emerged during the analysis:

- The care provided by a nurse
- Facilitation of intimate care
- Intimate care guidance
- Intimate care challenges and support

Theme 1: The care provided by a nurse

Participants' view intimate care as the care provided by a nurse requiring close physical or body contact with a patient. It furthermore requires the nurse to see and touch the fragile body of the patient. This care allows nurses to be psychologically close to a patient, but at the same time, it invades patients' privacy.

5.1. Close physical or body contact

Basic nursing care requires a nurse to be intimate with the patient. Therefore, intimate care is seen as care given by nurses to patients that necessitates a nurse to be physically close to a patient. Participants perceived intimate care as close physical or body contact between a nurse and a patient. This closeness involves touch. The following statements represent the participants' views of intimate care:

"Intimate care I can say is the care given by the nurse, that you touch a patient…" (NE1)
"…is when you are coming closer with bodily contact with a patient when caring for him or her…" (NE4)
"There are different ways, for example, touch on the patient, and it's more on one-on-one, and something personal to each individual…" (NE3)
"…is when you come closer to a person, in such a way that you can touch that person…" (NE5)

During the execution of intimate care, a nurse and a patient must be in close physical proximity, and a nurse must touch a patient, and a patient must allow a nurse (stranger) to touch his or her fragile body.

5.2. Psychological closeness

When patients come to healthcare facilities to seek medical attention, they are required to provide personal information about their life (information on their medical, surgical and social history and mental wellbeing). The healthcare practitioners base their care on this collected data. Participants viewed this process as intimate care because it is a one-on-one interaction between a nurse and a patient, as illustrated by the following statements:

"…you have to speak about certain things that are intimate and private. It is also about the conversation, talking about issues and intimate problems that an individual is having…" (NE7)
"…also having to advise a patient on interpersonal skills that are very personal. Talking about personal [issues] in order to identify the psychological problems of a person." (NE8)
"…it is your clinical procedures that you are doing on the patients […] because it's one-to-one and you are touching the patient. So for me, its intimate care because you are dealing with the patient one-to-one." (NE3)

5.3. Physical invasiveness

When receiving intimate care, a patient must permit a nurse to see and touch his or her body. The fragile body of a patient and intimate/private parts of his or her body are exposed. The participants understood intimate care as a physical invasion of a patient's private and sacred space. This perception is reflected in the statements below.

"…you are touching another person's body […]. The person has to expose his body for you to do [procedures] and when you have a conversation with a person about his feelings[…]; for me, it makes that person feel vulnerable because he is undressed and the only thing that is covering the person is a sheet, that is the way I see it…" (NE2)
"…having physical contact with their private parts […] I think even if it's not physical contact, sometimes you have to speak about certain things that are intimate and private…" (NE7)
"…it's all your clinical procedures that you are doing on the patient, because it's one-to-one, and you are touching the patient. So for me, it's intimate care because you are dealing with the patient one-to-one." (NE3)
"…when you are nursing a person closer, holding him, invading his space or her space. Where you have to touch, touching where it's very private…" (NE5)

Based on the three identified sub-themes, intimate care is conceptualised as care that is given by nurses that require physical/bodily and psychological contact between a nurse and a patient. During the provision of this care, the intimate (private) body parts of a patient are exposed, and the patient must allow a nurse to see and touch his fragile body. The physical and psychological privacy is compromised.

Theme 2: Facilitation of intimate care

Participants use simulation as a teaching strategy to facilitate intimate care to nursing students. Intimate care facilitation is embedded in intimate procedures such as bedbathing, pressure part care, wound care and insertion of a urinary catheter.

5.4. Intimate clinical procedures

When asked to specify clinical procedures that they considered intimate, participants suggested basic nursing care procedures. The following procedures were discussed:

"…basic procedures like bed bath because there you undress a patient and [the patient] is only covered with a sheet, and the person itself is without clothes. For me, it makes that person feel vulnerable because he is undressed…" (NE2)

"…a procedure like bathing a patient is very intimate when you have to bath the private parts. It is intimate, and even catheterisation of the patient is very intimate…" (NE1).

"…basic procedures like bed bath that you do for the patient because you are exposing the patient and the intimacy is exposed and also massaging the patient; and changing the patient [position changing/pressure care parts] and also [wound] dressings […], administration of injection, 'cause with all this you are exposing the patient." (NE3)

"I think those procedures that can be very intimate are the ones that you should insert a catheter in a patient [urinary catheterisation]…" (NE5)

"…touching a patient is very intimate because you are going to touch the body of a patient; even now when you are going to do blood pressure, you are going to touch the hand of the patient, and when you want to feel the temperature of an affected limb, maybe a patient has a fracture; it's touching that patient's body parts, to me, it's intimate…" (NE9)

"…also feel that while you are doing basic nursing care your temperature, pulse and respiration (TPR) and blood pressure (BP)…" (NE3)

Any clinical procedure that requires a nurse to touch a patient is intimate care. The shared clinical procedures suggest that all routine nursing procedures are classified as intimate care because they involve physical closeness and touch between a nurse and a patient.

5.5. Simulation of intimate clinical procedures

The NEIs of the sampled nurse educators have clinical laboratories resembling hospital wards, with male and female training manikins. Clinical procedures are simulated using videos, demonstrations and role-play teaching methods. The nurse educators were asked to share their experiences in teaching nursing students intimate clinical procedures. They revealed that clinical procedures were taught using simulation as a teaching strategy:

"…before we do the physical preparation, they start in class; they are given theory, they learn how to do it theoretically, and then after the theory, we simulate [procedures]. We show them how to do it, for example, position changing we will simulate, we will have a doll and try to change the position, simulate them so that they can see how to do it when they are in clinical setting…" (NE8)

"…normally we demonstrate during simulation how to do it. During the simulation, we prepare the students using the dolls that we demonstrate on; we don't use patients per se…" (NE4)

"I have found, specifically during simulation, the male students have difficulty in watching the female body, and to wash it, and they did not know how to react towards that. And you as a tutor or lecturer you try to teach them to be professional – whether a male or a female patient. I did find that when it comes to the genitals, males are very inquisitive, and I allow them to be inquisitive with the doll. And female students were also inquisitive when it came to male genitals, and I allow them to be inquisitive with the doll because we have genital parts that we can attach and detach from the doll. So that they can overcome their shyness so that by the time they get to a patient, they can wash that patient professionally…" (FNE2)

"…we do train the students before they get into contact with the patients that they are going to nurse using simulation. So we are going to simulate by telling them how they need to approach a patient…" (NE3)

Edgecombe et al. (2013) define simulation as an opportunity offered to learners' real-life exposure in a safe environment. During the simulation, students can practice skills and receive feedback from facilitators and fellow students. The process of practice and feedback assists nursing students in developing both confidence and competence before providing care in clinical settings.

5.6. Teaching therapeutic touch

In the provision of care to diverse patients, intimate care and touch are delicate as it may elicit either negative or positive feelings. Nurses' touch should be therapeutic, meaning that it must be purposeful and meaningful. This is confirmed by the participants in the following quotes:

"…what we have taught the students when it comes to touching, it must always be therapeutic, they must not be rough, and they must be gentle as possible…" (NE4)

"…we also teach the students that the touch must be meaningful, meaning that when you touch to comfort or touch to provide care is not the same. For comfort, it can be informal, but for intimate care, it must be formal and for the purpose of completing the task…" (NE8)

"…you need to be firm, you need to be gentle, it must be in an appropriate way, and it must not be in an offensive way…" (NE7)

The theme of facilitation of intimate care provided the clinical procedures considered intimate and teaching strategy used to facilitate the teaching of intimate procedures, i.e. simulation. Nursing students are also taught therapeutic touch, which is "touch for a purpose".

Theme 3: Intimate care guidance

Nursing students require guidance in providing professional intimate care. Participants assert that during intimate care facilitation, nursing students are taught procedural principles such as the establishment of nurse-patient relationship, maintenance of physical privacy, confidentiality and professionalism. These principles offer nursing students a step-by-step approach in preparing a patient for a clinical procedure.

5.7. Building a nurse-patient relationship

The patient needs to know the nurse who is providing care and the procedure that is going to be done to him/her. Students are taught to build rapport and a relationship based on trust:

"…I teach the student that when you get to a patient, you introduce yourself, shake hands with a patient that 'I am so and so', making a patient aware that you are aware of [him or her] as a person is important…" (NE2)

"…they must introduce themselves to the patient, tell the patient what they are going to do to the patient so that the person [patient] knows what to do and give their consent on what they are going to do…" (NE5)

5.8. Provision of physical privacy and confidentiality

Patients' *physical privacy and confidentiality* play a significant role in

the execution of intimate care, as patients will be vulnerable:

"…the importance of privacy during intimacy care and also confidentiality. Give information, purpose, confidentiality and privacy; we teach them before they do the procedure…" (NE8)
"And before the whole process start, you ensure privacy, to have screens that are properly working. And not to overexpose the patient as you undress the patient, to cover the patient with a sheet or whatever that you have at that time…" (NE2)

5.9. Maintain professionalism

Intimate care is a sensitive subject; nurses ought to respect patients and maintain professionalism. The statements below depict the required respect and professionalism a nurse should display.

"…the sensitivity and respect and professionalism that is required when implementing any care and just to advise to communicate with the patient so that anxiety can be alleviated…" (NE7)
"…when I teach them (students) bed bathing, I emphasise the [value] of respect of the individual. The patient is not exposed unnecessarily and the way the patient is being addressed…" (NE1)
"I have taught the students that when they treat the patient, they must treat them with dignity and respect…" (NE4)

Patient autonomy requires a patient to be provided with all relevant information to make an informed decision about the care to be rendered. The principles indicated by the nurse educators form part of the ethical principles such as privacy, confidentiality and respect. A nurse and patient need to establish a relationship based on these principles.

Theme 4: Intimate care challenges and nursing student's support

Participants have encountered a variety of challenges, ranging from nursing student's diversity, a high number of enrolled nursing students per annum and the available support during intimate care implementation. These challenges are discussed below.

5.10. Nursing students' diversity

South Africa is a diverse democratic country. The constitution of the Republic of South Africa, 1996, promulgates that human rights must be protected and enjoyed by all. No one should be discriminated against based on gender, culture, religion, etc. Students entering NEIs are diverse. The nurse educators sometimes find it difficult to understand and accommodate individual nursing students' cultural or religious orientation, as expressed in the following statements:

"…in a class you have about 300 students to take care of, they are from all over South Africa, sometimes you don't even know all of them […], during simulation, you have a group of 10 to 15 students to demonstrate the procedures to them, there is no time for anything, I show them how it is done…" (NE12)
"My problem is that I do not know the culture of my students, I just teach them. They are too many to know, and I don't know what can be done. They have something to offer in this intimate procedures, but how?" (NE11)

The multicultural nature of South Africa is reflected in different languages, races, religion and ethnic communities. Culture plays an important role when teaching intimate care because it will assist the nurse educator to align the beliefs and values of nursing students during simulation of procedures.

5.11. Supporting nursing students in providing intimate care

The participants had different views on how well nursing students are being supported when providing intimate care. One group believed that nurse educators supported nursing students, whereas the other group felt that nursing students do not get sufficient support when providing intimate care. The group that believed that the students are being supported had the following to say:

"…especially the first years when allocated to the patient for the first time, they don't leave them alone like bringing a bedpan, doing bed bath, they always have a buddy with them, preferably a more senior student. If you allocate them with a second-year nurse or an experienced nursing assistant who will guide them through the procedure…" (NE2)
"When I am in the wards, I always take the student with me and support them in their needs…" (NE7)
"…we have an open-door policy, where we tell them that they can come to our office if they have any problems or talk to their unit managers when they are having problems. If they don't get satisfaction, they can come to us, and we go with the students to the ward and help them to deal with their problems…" (NE3)

On the other hand, some educators were of the opinion that there is not enough support for nursing students when they are providing intimate care in the clinical facilities. This is evident in and supported by the following statements:

"… it's very difficult to say there is a support system in place, because normally this intimate care is done in the morning, and in the morning we are not there, but we do communicate with the sister-in-charge that when the students are in the ward, that when students are busy with their skills, they must give them support…" (NE4)
"I don't see the support, and I don't 100% agree that the support is there. It lacks somewhere because we are not in the clinical facilities all the time. We focus on the completion of the procedures in preparation for summative assessments…" (NE6)
"…there is nothing in place to support […] students in the wards. They are delegated with the tasks and they have to do it…" (NE5)

For the students to benefits from nurse educators' intimate care support, their presence in the clinical site is needed

6. Discussions

Four major themes emerged in this study, namely (1) care provided by nurses, (2) facilitation of intimate care, (3) intimate care guidance, and (4) intimate care challenges and nursing students support.

Intimate care is seen as *care by a nurse that requires physical closeness or body contact and touch. This care invades the physical space or privacy of a patient.* Intimate care is an act of caring for a patient through the provision of basic nursing care that assists or allows a patient to become whole again. Nursing and care are inseparable, as nurses have a contractual, ethical and spiritual obligation to care for patients (Mellish, Brink & Paton, 2009). A nurse interacts with a stranger and touches and exposes his or her body parts considered intimate and private (Crossan & Mathew, 2013). Lu, Gao and Zhang (2014) define intimate care as the intimacy of physical disclosure and contact. Intimate care is physical touch that involves inspection and physical contact with body parts whose exposure can cause embarrassment to either a nurse or patient (Harding, North & Perkins, 2008). O'Lynn and Krautscheid (2011) further describe it as task-oriented touch of areas of a patient's body that may produce feelings of discomfort, anxiety or fear in patients or caregivers. Touch is a primary component of nursing care. Nurses touch patients to perform clinical tasks (Lu et al., 2014). Even though touch usually has a positive effect on patients, it is sometimes perceived as an invasion of an individual's personal or private space (Picco et al., 2013) and may be misinterpreted as sexual in nature (O'Lynn & Krautscheid, 2011).

During the execution of intimate care, a nurse and a patient enter into closeness at a psychological and spiritual level (Crossan & Mathew, 2013). The patient has to disclose intimate information to a nurse, who is a stranger. Stavropoulou, Kaba, Obamwonyi, Adeosun, Rovithis and Zidianakis (2012) describe intimate care as a psychological or emotional closeness between a nurse and a patient. This involves self-

disclosure of personal information and notions of acceptance, respect and empathy. Marshall (2008) elucidates that self-disclosure is the process of revealing personal feelings, thoughts and experiences to another person. Personal information disclosure is done with the expectation that the listener (in this case, a nurse) understands and accepts the views of the one who discloses the information; this encounter is accompanied by elements of trust, reciprocity and emotional closeness (Bennett, 2011).

Furthermore, Roberts (2013) highlights that the patient discloses vital information, where after the nurse has to respond in a manner that is caring, concerned and validating. When it comes to the element of "reciprocity", Kirk (2007) argues that nursing intimacy requires intimate, complementary interactions between a nurse and a patient, rather than reciprocal behaviour. This care is based on the assumption that reciprocal disclosure in nursing is either risky for nurses or harmful to patients because it takes the focus off the patient and puts it on the nurse.

Nurse educators identified basic nursing care procedures such as bedbathing, catheterisation, position changing, etc. as intimate care. O'Lynn and Krautscheid (2014) note that certain parts of the body, including (but not limited to) the genitalia, buttocks, perineum, inner thighs, lower abdomen and breasts produce discomfort during intimate touch. To provide nursing care to the mentioned body parts, a nurse has to touch a patient's fragile body. Nursing students ought to be prepared to provide therapeutic (gentle, meaningful/purposeful) touch aimed at providing comfort to a patient. The participants in O'Lynn and Krautscheid (2011) required the nurses' touch to be firm but not rough, unhurried but not so slow that it is lingering, and confident but not hesitant. In Lu et al. (2014), participants wanted to be touched gently and slowly.

Nurse educators teach nursing students procedural principles when implementing intimate clinical nursing routines in clinical areas. These principles include *building rapport, establishing a relationship of trust, maintaining physical privacy and confidentiality, respecting the patient and maintaining professionalism.* These principles are in line with O'Lynn and Krautscheid's (2014) intimate touch principles, which emphasise building rapport and ensuring privacy. Rapport and trust are established through communication. Patients expect nurses to communicate with them, give them choices regarding the proposed care, and ask them about their gender or gender preferences (O'Lynn & Krautscheid, 2011). Physical privacy and confidentiality involve respecting someone's body. During nursing care interventions or tasks, nurses invade the patient's private space. This interaction takes place in a confined space, where curtains or mobile screens separate patients. This indeed violates the patient's right to privacy and in intimate care, privacy should include the right to independent decision-making, based on personal beliefs, feelings or attitudes (Lu et al., 2014).

During the execution of intimate care, nursing students ought to maintain professionalism. In O'Lynn and Krautscheid (2014), professionalism during intimate care suggests that the nursing student must provide touch with confidence and must not be hesitant. Takana, Yonemitsu and Kawamoto (2014) describe professionalism as the conduct and qualities that define expected behaviours from the members of the profession, yet it is not clear how nurse educators teach professionalism to nursing students (McLead-Sordjan, 2014). The nurse educators teach nursing students to treat the patient's body with respect and maintain the patient's dignity. Respect encompasses a profound veneration for human rights, which must be honoured consistently, demonstrably and without exception (Kalb & O'Conner-Von, 2007).

The essence of respect is verified on the preamble of the International Council of Nurses (2005), where respect is emphasised in relation to human rights: "Inherent in nursing is respect for human rights, including cultural rights, the rights to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status." Even the Code of Ethics for Nursing Practitioners in South Africa (SANC, 2013) embraces the notion of respect as a principle of human rights. It states that "it is premised on the belief that the nursing profession embraces respect for life, human dignity and the rights of other persons". A nurse educator shares clinical knowledge and skills using simulation. Edgecombe, et al (2013) confirm that simulation is a teaching and learning strategy used in nursing education to prepare nursing students for the clinical workplace. Even though the simulation of intimate procedures is used to impart clinical knowledge on nursing students, intimate care is not taught to nursing students. Nursing students are not well equipped in providing intimate care to patients (East & Hutchinson, 2012; Lu et al., 2014).

Participants in this study simulate a procedure and tell the students about what is expected of them when they touch a patient. Unfortunately, students do not get experience of or practice how and when to touch. Whiteside and Butcher (2015) attest that there is a lack of preparation and protective strategies when it comes to intimate touch. Touch is incorporated into other subjects and there is a lack of guidance on the appropriate use of intimate touch when students are being prepared for practice. Using manikins does not create a realistic situation for intimate care (Crossan & Mathew, 2013). The Mainey et al. (2018) study used Mask Ed™ for intimate-care simulation and this method made the intimate-care situation more realistic. It boosts students' confidence about how to provide intimate care and they get to know the person at the centre of care. They discover the physical and emotional aspects of providing safe intimate care for patients (Reid-Searl, Mainey, Bassett & Dwyer, 2018).

Culture is a pattern of human knowledge, beliefs and behaviour that depends upon the individual's capacity for learning and transmitting knowledge to succeeding generation (Mubangizi, 2012). The NEIs in South Africa provide training to diverse nursing students; therefore, nurse educators need to know the students' culture, which includes customary beliefs and religious and social norms, to facilitate intimate care in a culturally acceptable manner. Nursing education should be multicultural and should incorporate values, beliefs and perspectives of students into the teaching practice (Billings & Halstead, 2016). Diversity challenges nursing educators to identify the learning needs of the students, analyse barriers (Bednarz, Schim & Doorenbos, 2010), and select strategies that are suitable and acceptable to students. The nurse educators need to be role models and cultural agents, guiding students to acquire cultural competence, meaning that they should be aware of their own culture and accept and respect cultural differences when providing intimate care (Billings & Halstead, 2016).

Based on this study, it is clear that nursing students are not well prepared or supported to engage in a way that reduces resistance to intimacy in nursing care. There is a lack of information on intimate care (East & Hutchinson, 2012); insufficient teaching of the appropriate use of intimate touch and poor support from NEIs in relation to developing protective strategies when providing intimate care (Whiteside & Butcher, 2015; Harding, North & Perkins, 2008).

7. Study limitations

South Africa has nine provinces, but the study was only conducted in one province and only two institutions were sampled. Future studies need to be conducted in three or more provinces with a larger sample size. A qualitative approach was used, but a different research methodology might better assist in collecting information on intimate care that can be generalised to an African perspective. There are no research studies that focus on intimate care in South African nursing practice. The unavailability of South African literature on intimate care led the researchers to focus on the international studies. It is envisaged that intimate-care studies will bring value to the evolving, dynamic South African culture.

8. Conclusion

Based on the findings of this study, it is clear that intimate care is not fully facilitated in the NEIs – it is only simulated for clinical competence. Nursing students are not exposed to intimate care reality before clinical placement; they are not well prepared for implementing intimate care and there is a lack of continuous support from either nurse educators or professional nurses in the clinical setting. It is important that intimate care is included in the nursing curriculum and facilitated in the NEIs as it plays a vital role in the nurse-patient relationship. Nurse educators need to support nursing students in clinical facilities when providing intimate care. This will empower the nursing students to deliver intimate care competently, comfortably and confidently.

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