L'importanza delle Cure Fondamentali nella pratica infermieristica

Alberto Dal Molin
Università del Piemonte Orientale – AOU Maggiore della Carità (Novara)

Foundamental of care e competenze avanzate

- *Fundamental of Care (FoC) - Cure fondamentali*
- *Competenza Avanzata*
- *Esiste una relazione tra FoC e Competenza Avanzata*

- ***Fundamental of Care (FoC) - Cure fondamentali***

- *Competenza Avanzata*

- *Esiste una relazione tra FoC e Competenza Avanzata*

Cosa sono le *Fundamental of Care* (FoC)

INTERNATIONAL JOURNAL of NURSING PRACTICE

International Journal of Nursing Practice 2010; **16**: 423–434

SCHOLARLY PAPER

Defining the fundamentals of care

Alison Kitson RN BSc (Hons) DPhil FRCN FAAN
Professor of Nursing and Head, Discipline of Nursing, School of Population Health and Clinical Practice, University of Adelaide, Adelaide, South Australia, Australia, Associate Fellow, Green Templeton College, University of Oxford, Oxford, UK, and Director, Centre for Evidence based Practice, South Australia, a Collaborating Centre of the Joanna Briggs Institute, Adelaide, South Australia, Australia

Tiffany Conroy RN BN MNSc FRCNA
Lecturer, Discipline of Nursing, School of Population Health and Clinical Practice, University of Adelaide, Adelaide, South Australia, Australia, and Education Coordinator, Centre for Evidence based Practice, South Australia, a Collaborating Centre of the Joanna Briggs Institute, Adelaide, South Australia, Australia

Yvonne Wengstrom OCN PhD
Associate Professor, Department of Neurobiology, Care Science and Society, Division of Nursing, Karolinska Institutet, Huddinge, Sweden

Joanne Profetto-McGrath PhD RN
Professor, Faculty of Nursing, University of Alberta Edmonton, Alberta, Canada

Suzi Robertson-Malt BHSc (Hons) PhD
Senior Clinical Planning Consultant—Education, Sidra Medical and Research Centre, Doha, Qatar

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Kitson A, Conroy T, Wengstrom Y, Profetto-McGrath J, Robertson-Malt S. *International Journal of Nursing Practice* 2010; **16**: 423–434
Defining the fundamentals of care

Cosa sono le *Fundamental of Care* (FoC)

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SPECIAL ISSUE FUNDAMENTAL CARE – ORIGINAL ARTICLE

WILEY Journal of Clinical Nursing

Towards a standardised definition for fundamental care: A modified Delphi study

Rebecca Feo PhD, BPysch Hons[1] | Tiffany Conroy RN, BN, MNSc, Senior Lecturer[1] | Eva Jangland PhD, RN, CNS, Senior Lecturer[2,3] | Åsa Muntlin Athlin PhD, RN, Associate Professor[4,5] | Maria Brovall PhD, RN, Associate Professor[6] | Jenny Parr RN, MSc, Director of Patient Care, Chief Nurse and Allied Health Professions Officer[7,8] | Karin Blomberg RN, PhD, Associate Professor[9] | Alison Kitson RN, DPhil, Vice President and Executive Dean[1,10]

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TABLE 3 Final definition for fundamental care and the discrete elements of fundamental care

Working definition:	**Fundamental care involves 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.**
	Need/action
Physical	Personal cleansing (including oral/mouth care) and dressing
	Toileting needs
	Eating and drinking
	Rest and sleep
	Mobility
	Comfort (pain management, breathing easily, temperature control)
	Safety (risk assessment and management, infection prevention, minimising complications)
	Medication management
Psychosocial	Communication (verbal and nonverbal)
	Being involved and informed
	Privacy
	Dignity
	Respect
	Education and information
	Emotional well-being
	Choice[a]
	Having values and beliefs considered and respected
	Social engagement, company and support[a]
	Feeling able to express opinions and needs without care being compromised[a]
	Having interests and priorities considered and accommodated (where possible)[a]
Relational	Active listening
	Empathy
	Engaging with patients
	Compassion
	Being present and with patients
	Supporting and involving families and carers
	Helping patients to cope
	Working with patients to set, achieve and evaluate

Cosa sono le *Fundamental of Care* (FoC)

Accepted: 9 December 2017
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SPECIAL ISSUE FUNDAMENTAL CA… ORIGINAL ARTICLE

Towards a standardised
A modified Delphi study

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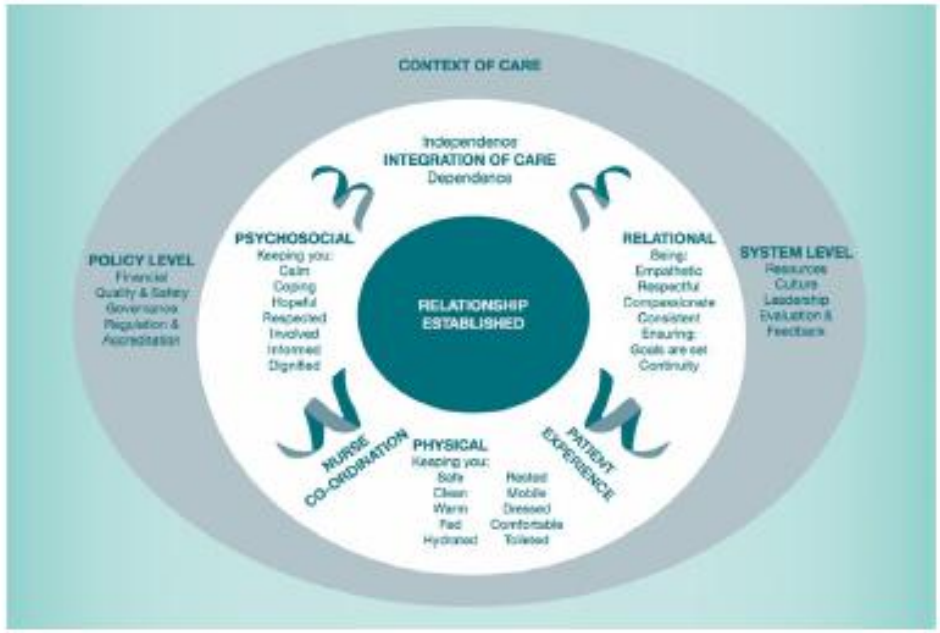

FIGURE 1 The Fundamentals of Care Framework. Reprinted from Conroy, Feo, Alderman, and Kitson (2016) [Colour figure can be viewed at wileyonlinelibrary.com]

EMPIRICAL RESEARCH QUALITATIVE OPEN ACCESS

Italian Version of the Fundamentals of Care Framework and the Fundamentals of Care Practice Process: A Comprehensive Validation Study

Annamaria Bagnasco[1] | Maura Lusignani[2] | Nicola Pagnucci[3] | Talita Sallai[1] | Gianluca Catania[1] | Francesca Napolitano[4] | Alberto Dal Molin[5] | Beatrice Mazzoleni[6] | Simone Cosmai[6] | Daniela Cattani[1,7] | Laura Mansi[6] | Doriana Montani[5] | Andreina Zavaglio[5] | Paola Sanvito[8] | Chiara Cartabia[2] | Letteria Consolo[2] | Luca Giuseppe[2] | Milko Zanini[1] | Loredana Sasso[1]

[1]Department of Health Sciences, University of Genoa, Genoa, Italy | [2]Department of Biomedical Sciences for Health, University of Milan, Milan, Italy | [3]Department of Translational Research and New Surgical and Medical Technologies, University of Pisa, Pisa, Italy | [4]Policlinico San Martino, Genoa, Italy | [5]Department of Translational Medicine, University of Piemonte Orientale, Maggiore Della Carità University Hospital, Novara, Italy | [6]Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Italy | [7]IRCCS Humanitas Research Hospital, Rozzano, Italy | [8]Department of Translational Medicine, University of Piemonte Orientale, Azienda Sanitaria del Verbano-Cusio-Ossola, Vercelli, Italy

Correspondence: Talita Sallai (talita.sallai@edu.unige.it)

Received: 29 January 2025 | **Revised:** 11 July 2025 | **Accepted:** 12 July 2025

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Keywords: clinical practice | cultural adaptation | fundamentals of care | health systems | nursing education | person-centred care | qualitative research | theoretical framework | translation

ABSTRACT

Aims: To translate, culturally adapt and validate the Italian version of Fundamentals of Care Framework and the Fundamentals of Care Practice Process.

Design: Qualitative tool validation study.

Methods: The study followed internationally recommended procedures, including forward–backward translation, expert committee review, content validation through cognitive interviews and face validity testing with nurses and nursing students. Data were collected between January and October 2023.

Results: Key terms were culturally and linguistically adapted to enhance clarity and contextual relevance, with changes informed by expert feedback. Content validation confirmed conceptual equivalence, and face validity testing demonstrated that Italian versions were perceived as clear, appropriate and applicable across clinical and educational settings.

Conclusion: Cultural adaptation of theoretical frameworks is essential for ensuring their relevance and usability in local contexts. The Italian versions of the Fundamentals of Care Framework and the Fundamentals of Care Practice Process will provide a robust, evidence-based foundation for person-centred care across education, research and clinical practice.

Impact: By making these tools accessible in Italian, this study supports the integration of fundamentals of care into national nursing education and practice, promoting international consistency in person-centred care. It lays the groundwork for curriculum reform, clinical implementation and global collaboration in nursing.

Reporting Method: Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.

Patient or Public Contribution: This study did not involve any patient or public contribution.

Trial Registration: ClinicalTrials.gov identifier: NCT05177627

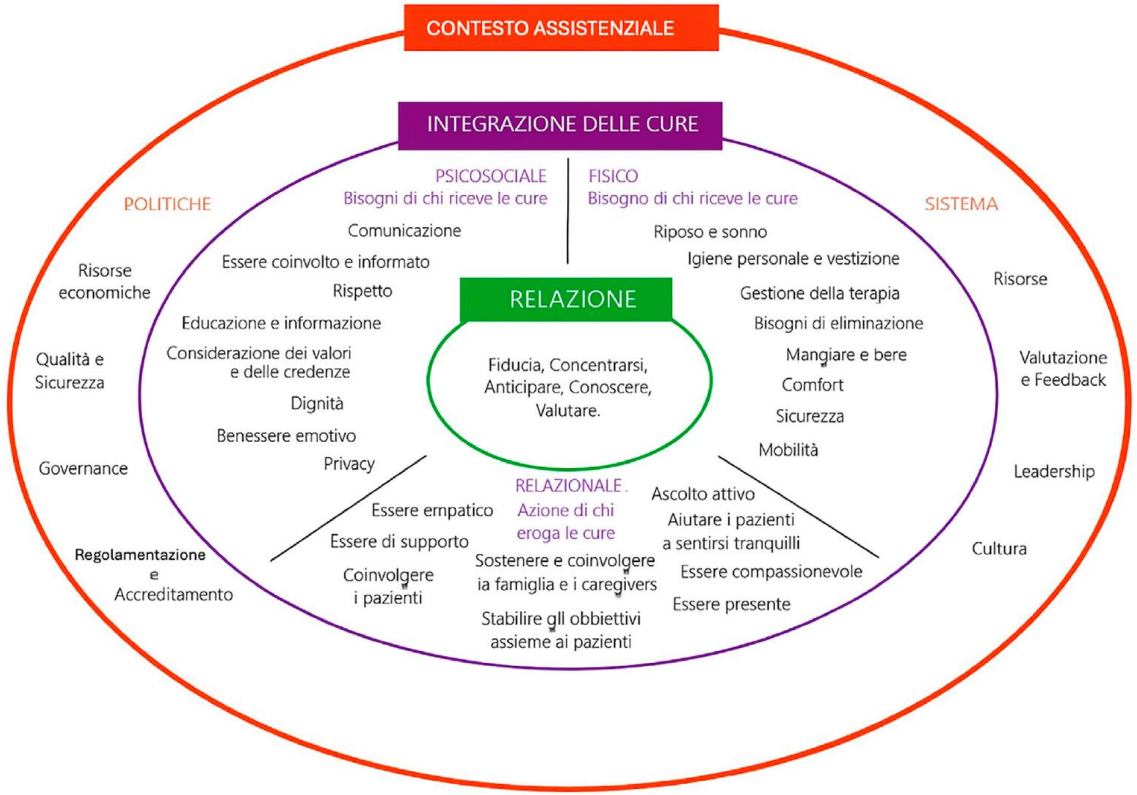

FIGURE 1 | The Italian version of the Fundamentals of Care Framework. [Colour figure can be viewed at wileyonlinelibrary.com]

Percezione *Fundamental of Care* (FoC)

Internal and Emergency Medicine
https://doi.org/10.1007/s11739-023-03289-6

IM - ORIGINAL

Check for updates

Factors triggering the progressive detachment of nurses toward the fundamental needs of patients: findings from a qualitative study

Erica Visintini[1] · Maddalena Inzerillo[1] · Michele Savaris[1] · Greta Paravan[1] · Micol Serafini[1] · Alvisa Palese[1]

Received: 26 March 2023 / Accepted: 22 April 2023

- Gli infermieri sono personalmente e professionalmente convinti della rilevanza che hanno le FoC
- Fattori quali la **stanchezza emotiva**, il **carico di lavoro** e **l'ambiente lavorativo** possono allontanare gli infermieri dalle FoC

Fundamental of Care & Missed Care

Accepted: 10 September 2017

DOI: 10.1111/jocn.14095

SPECIAL ISSUE FUNDAMENTAL CARE – ORIGINAL ARTICLE

WILEY Journal of Clinical Nursing

Inadequate environment, resources and values lead to missed nursing care: A focused ethnographic study on the surgical ward using the Fundamentals of Care framework

Eva Jangland PhD, RN, CNS, Senior Lecturer[1] | Therese Teodorsson MSc, RN, CNS[2] | Karin Molander MSc, RN, CNS[3] | Åsa Muntlin Athlin RN, CNS, Associate Professor, Head of Research[4,5,6,7]

L'importanza delle cure essenziale emerge quando non vengono effettuate.

CURE IMMANCABILI

Assistenza di base: tutto tranne che di base

Premessa della prof.ssa Loredana Sasso

In Italia, oggi, è attivo un dibattito sul significato dell'assistenza infermieristica "**di base**" in relazione al ruolo dell'infermiere.

Data la possibilità, nell'ambito della Scuola di Dottorato in *Nursing*, di confronto continuo con colleghi a livello internazionale, abbiamo voluto chiedere un contributo a questo dibattito ad un collega, il Prof. Roger Watson.

Roger è portatore di una visione ampia sullo scenario internazionale dell'infermieristica, per i numerosi ruoli internazionali che ricopre; è *Honorary Professor* e *Visiting Professor* in molte Università Europee e extra Europee, è *Editor in Chief* del *Journal of Advanced Nursing* e *Editor* di *Nursing Open*.

Il contributo si sostanzia in questa lettera che abbiamo voluto rendere disponibile per una riflessione comune.

Loredana Sasso FAAN- FFNMRCSI
Professore Ordinario Università degli Studi di Genova

LETTERE

Assistenza di base: tutto tranne che di base

di Roger Watson

La ricerca in Italia sta evidenziando quello che anche studi simili evidenziano nel resto del mondo: gli infermieri non svolgono tutte le attività che dovrebbero erogare ai pazienti.

Questo fenomeno è noto come "*missed care*" e i ricercatori presso l'Università di Genova, in collaborazione con altri centri di eccellenza in Europa e negli USA, stanno esaminando le ragioni per cui questo accade.

Come potete immaginare le ragioni delle cure mancate degli infermieri sono molteplici. A livello globale, c'è una carenza di infermieri; gli infermieri sono sopraffatti dal carico di lavoro e da ruoli in continua espansione, si fanno carico – ufficialmente e non – delle più svariate attività anche delle più "umili". Alcune ricerche dimostrano che anche le caratteristiche della personalità degli infermieri, misurate con lo *standard personality index*, influiscono sulle *missed care*. Infatti, non ci sorprende che gli infermieri meno scrupolosi siano più inclini ad omettere alcuni aspetti dell'assistenza.

Quando pensiamo agli infermieri che omettono le cure, potrebbe non essere immediatamente evidente quale attività stiano precisamente omettendo. Chiaramente, ci sono anche gli scandali occasionali – specialmente nel Regno Unito – si verificano casi di negligenze grossolane nei confronti di pazienti, solitamente anziani o soggetti vulnerabili, casi di tassi di mortalità scandalosamente elevata che passano inosservati finché un'indagine non rileva qualche grave illecito in ambito medico o infermieristico. Tuttavia, questo non ha nulla a che vedere con il fenomeno delle *missed care*, questi esempi riguardano mancanze sistemiche e istituzionali, dove le motivazioni sono difficili da discernere. Inevitabilmente, si tratta di casi in cui si scopre una "*cultura tossica*" che si è sviluppata in luoghi dove vige un clima di bullismo e paura.

- *Fundamental of Care (FoC) - Cure fondamentali*

- ***Competenza Avanzata***

- *Esiste una relazione tra FoC e Competenza Avanzata*

Competenza Avanzata / advanced practice nursing

L'Advanced Practice Nursing è considerato come un intervento infermieristico avanzato che influenza gli **outcome clinici** dell'assistenza (individui/famiglia/diverse popolazioni).

International Council of Nurses (ICN) (2020). Guidelines on Advanced Practice Nursing. Geneva.

Advanced Practice Nurse

Un infermiere abilitato all'esercizio della professione che ha acquisito una base di conoscenze a livello di esperto, abilità per prendere decisioni complesse e competenze cliniche per un esercizio professionale ampliato (***expanded practice***), le cui caratteristiche dipendono dal contesto / Paese nel quale l'infermiere svolge la sua funzione.

International Council of Nurses (ICN) (2008). The scope of practice, standards and competencies of the Advanced Practice Nurse. Monograph, ICN Regulation Series. Author: Geneva.

Advanced Practice Nurse
- aspetti formativi -

- Preparazione educativa superiore a quella di una formazione infermieristica generalista o specializzata. Si raccomanda il **possesso di una laurea biennale** conseguita dopo il corso di base (master degree)

- Formale **riconoscimento** del percorso formativo

- Anche se alcuni paesi richiedono **esperienza clinica** affinché un infermiere possa accedere a un programma di formazione APN, non è stata trovata alcuna prova a supporto di questo requisito

International Council of Nurses (ICN) (2020). Guidelines on Advanced Practice Nursing. Geneva.

Advanced Practice Nursing
- aspetti pratica clinica/assistenziale -

- Un ruolo di assistenza infermieristica, a **livello avanzato**, che focalizza la sua attenzione su aspetti di assistenza, prevenzione e cura delle malattie, comprese le cure riabilitative e la gestione delle malattie croniche.

- La capacità di **gestire completamente** situazioni assistenziali e problemi sanitari **complessi**, comprese le popolazioni difficili da raggiungere, vulnerabili e a rischio

- La capacità di **integrare** la ricerca (pratica basata sulle evidenze), la formazione, la leadership e la gestione clinica.

- Ampliamento dell'**autonomia** (variabile a seconda del contesto nazionale e del contesto clinico).

- **Case-management** (gestione di gruppi di propri pazienti a livello avanzato).

International Council of Nurses (ICN) (2020). Guidelines on Advanced Practice Nursing. Geneva.

Advanced Practice Nursing
- aspetti pratica clinica/assistenziale -

- **Capacità avanzate** di valutazione, giudizio, decisione e ragionamento diagnostico.
- Competenze CLINICHE avanzate
- La capacità di fornire servizi di **supporto e/o consulenza** ad altri operatori sanitari, sottolineando la collaborazione professionale.
- Pianifica, coordina, implementa e valuta le azioni per migliorare i servizi sanitari a livello avanzato.
- **Primo punto di contatto** riconosciuto per i clienti e le famiglie (comunemente, ma non esclusivamente, in contesti di assistenza sanitaria primaria).

International Council of Nurses (ICN) (2020). Guidelines on Advanced Practice Nursing. Geneva.

Advanced Practice Nursing

- aspetti normativi -

- Autorità di **diagnosticare**
- Autorizzazione a **prescrivere** farmaci e test diagnostici e trattamenti terapeutici
- Autorizzazione a indirizzare i clienti/pazienti ad altri servizi e/o professionisti
- Autorizzazione a **ricoverare e dimettere** i clienti/pazienti in ospedale e in altri servizi
- **Titolo** ufficialmente **riconosciuto** per gli infermieri che lavorano come APN
- **Legislazione** per il conferimento e la protezione del titolo
- Legislazione e politiche da parte di un ente autorevole o qualche forma di meccanismo normativo esplicito per le APN

International Council of Nurses (ICN) (2020). Guidelines on Advanced Practice Nursing. Geneva.

Advanced Practice Nursing in Italia

FNOPI

FEDERAZIONE NAZIONALE ORDINI PROFESSIONI INFERMIERISTICHE

CONSENSUS CONFERENCE

Documento di consenso

- *Fundamental of Care (FoC) - Cure fondamentali*

- *Competenza Avanzata*

- ***Esiste una relazione tra FoC e Competenza Avanzata***

Esiste una relazione tra FoC
e
Competenza Avanzata

Received: 24 June 2021 | Accepted: 24 June 2021
DOI: 10.1111/jonm.13402

EDITORIAL

WILEY

Advancing nursing practice through fundamental care delivery

1 | INTRODUCTION

There is growing awareness that there needs to be a reorientation of the nursing profession towards the *fundamentals of care* (Feo et al., 2019). These fundamentals often receive a low priority in clinical practice settings (Feo et al., 2019), and gaps in fundamental care provision are being exposed in nursing care internationally (McSherry et al., 2018). The concern is significant worldwide, and for this reason, many initiatives are developing to tackle the issue. The International Learning Collaborative (ILC) (2021), a global social learning and lobbying network, is leading the way on this. This network is committed to improving the delivery of person-centred and safe fundamental care, promoting excellence of fundamental care through the integration of clinical practice, research and education, and share the best evidence of Fundamentals of Care (FoC) (ILC, 2021; Kitson, 2018).

2 | BACKGROUND

Fundamental care is defined as follows (Feo et al., 2017; ILC, 2021):

> Fundamental care involves 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

The fundamentals of care are conceptualized within three distinct dimensions of care: (1) the relationship, (2) the integration of care and (3) the care context (ILC, 2021). The relationship involves five core elements: developing and maintaining trust, focusing on the patient being cared for, anticipating the patients' needs, getting to know the patient and how best to provide care for them and evaluating the quality progress and outcomes of the relationship (ILC, 2021). The integration of care provides detailed outline of the physical psychosocial and relational aspects of the fundamentals of care (Table 1).

However, fundamentals of care are very frequently overlooked (Bagnasco et al., 2019), especially where resources are low (Aiken et al., 2014; Blackman et al., 2020; Kim et al., 2017). The reasons for these gaps vary and are the subject of much debate in the literature (Kitson, 2016), and there is often a limited perception of importance of such (fundamental) activities by nurses (Bentzen et al., 2013). As most human daily and social activities revolve around activities such as eating, drinking, washing, and eliminating, when any health change occurs, or unfamiliar circumstances arise (hospitalization, for example), these activities are often the first to be compromised (Kitson et al., 2010). Nurses do not always consider fundamental care as part of their role because health care assistants often carry out these activities (HSE, 2018; Kalisch, 2006; RCN, 2021). Interviews with nurses, for example, reveal that their role is perceived by care assistants as "paperwork and pills" with nurses increasingly "moving away from the bedside" leaving the fundamental care to care assistants (McGuire, 2019). Fundamental aspects of care that are particularly important are safety, dignity (Zahran et al., 2016) and communication/person-centred care (Dickson et al., 2017).

TABLE 1 Integration of care—physical psychosocial and relational aspects of the fundamentals of care (ILC, 2021)

Physical fundamentals of care (care recipient's needs and outcomes)
• Personal cleansing (including oral/mouth care) and dressing
• Toileting needs
• Eating and drinking
• Mobility, Rest and sleep
• Comfort (e.g., pain management, breathing easily, temperature control)
• Safety (e.g., risk assessment & management, infection prevention, minimizing complications)
• Medication management.
Psychosocial fundamentals of care (care recipient's needs and outcomes)
• Communication (verbal and non-verbal)
• Being kept involved and informed
• Privacy, Dignity, Respect
• Education and information
• Emotional wellbeing
• Having values and beliefs considered and respected
Relational fundamentals of care (care provider's actions)
• Active listening, Being empathetic
• Engaging with patients
• Being compassionate
• Being present and with patients
• Supporting and involving families and carers
• Helping patients to cope
• Working with patients to set, achieve, and evaluate progression of goals
• Helping patients to stay calm

FoC & Competenza Avanzata

ASSIST INFERM RIC 2019; 38: 49-52

Alvisa Palese, Elisa Mattiussi, Stefano Fabris, Davide Caruzzo, Illarj Achil
Università degli Studi di Udine
Per corrispondenza: Alvisa Palese, alvisa.palese@uniud.it

Il Movimento 'Back to the Basics': un ritorno al passato o indicatore di un'infermieristica 'matura'?

Summary. *The 'Back to the Basics' movement: return to the past or sign of a 'mature' nursing?* In recent times, a growing interest is emerging to re-focus the attention on basic nursing care both at the international levels with the "Fundamentals of nursing care" movement, and at the national levels. Alongside some formal position statements in the form of policies or scientific contributions, also in day-to-day experience, several nurses are debating why basic nursing care is getting out of nurses' domain, why this element of nursing care is under-recognised in its value, or why this reflects an area at risk of decreased professional engagement. Our contribution outlines some reasons for the progressive detachment of nurses from the basics of nursing care and debates on possible areas on which to invest to re-bring the Fundamentals of Nursing Care as a priority in the daily agenda of practice, education, management and research.

- ✓ Alcune attività che ERRONEAMENTE si considerano semplici posso essere a elevata complessità
- ✓ Alcune attività possono non essere effettuate direttamente dagli infermieri, ma è fondamentale inserirle nei piano di cura, affinché sia svolta quotidianamente

[Palese, 2019]

Fundamental of Care & Evidence

Accepted: 15 October 2017
DOI: 10.1111/jocn.14150

SPECIAL ISSUE FUNDAMENTAL CARE – REVIEW

WILEY Journal of Clinical Nursing

Fundamental nursing care: A systematic review of the evidence on the effect of nursing care interventions for nutrition, elimination, mobility and hygiene

David A. Richards PhD, BSc Hons, RN, Professor of Mental Health Services Research | Angelique Hilli PhD, MSc, BSc, Associate Research Fellow | Claire Pentecost PhD, BSc Hons, Research Fellow | Victoria A. Goodwin PhD, MSc, BSc Hons, Senior Research fellow | Julia Frost PhD, MSc, BSc Hons, Senior Lecturer

The quest for evidence…

DOI: 10.1111/jocn.14382

EDITORIAL

WILEY Journal of Clinical Nursing

Fundamental care—the quest for evidence

Fundamental care lies at the very heart of nursing practice. It reflects the values of nursing, and highlights the primacy of *being with*, *doing for* and *engaging authentically* with patients and those that support them, and encompasses the most intimate of personal needs. Although there are some issues around conceptual clarity (Feo et al., 2018), the term fundamental care denotes a holistic and patient-centred framework for care, encompassing nursing actions "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" (https://intlearningcollab.org/mission/the-fundamentals-of-care/). Fundamental care then encompasses a range of activities comprising physical (such as personal hygiene, comfort, rest and sleep), psychological (such as privacy, dignity, emotional care and social interaction) and relational (such as empathy, compassion and support) domains (https://intlearningcollab.org/mission/the-fundamentals-of-care/). When receiving care of this nature, patients can feel exposed and vulnerable, and even embarrassed; however, in providing this bespoke personal and intimate care, bonds of trust are formed between nurses and our patients.

In addition to being essential to patient comfort, provision of effective fundamental care is also closely linked to patient safety, and this link can be clearly seen when fundamental care is missed (Jangland, Teodorsson, Molander, & Muntlin Athlin, 2018). Numerous harms are associated with missed fundamental care, and types of harm that can result include pressure injuries, increased infection and emotional harms associated with loss of dignity and autonomy and perceived lack of compassion. However, despite the centrality of fundamental care to nursing and to optimal care experiences and outcomes for patients, a review by Richards, Hill, Pentecost, Goodwin, and Frost (2018) suggests the existing evidence for fundamental care interventions is woefully inadequate and highlights the crucial "lack of evidence of effectiveness for interventions in core areas such as elimination, nutrition, mobility and hygiene" (Richards et al., 2018).

This lack of evidence is very concerning: as nurses and health professionals, we embrace evidence-based practice and exhort nurses of all levels to draw on evidence in planning and delivering care for patients. We do this on the assumption that quality evidence exists. That is, we assume the evidence is out there, and it is simply a matter of uptake—of nurses locating the evidence and drawing upon it to shape their practice, in policy and at point of care. In reality, however, there are many key areas of nursing practice that suffer because we have failed to provide rigorous evidence to support it. Fundamental care is such an area—as highlighted by Richards et al., to date we have failed to provide the necessary evidence supporting the crucial nature of many aspects of fundamental care to patient outcomes, including how such care is best delivered, when and by whom. If we consider pressure damage for example—while it is generally accepted that movement is a crucial element of care to prevent patients experiencing harm from pressure—there is still little evidence to guide nurses in recommending optimal patterns and frequency of movement to patients that will reduce pressure injuries or enhance the healing of existing pressure damage (Gillespie et al., 2014; Moore & Cowman, 2015).

Furthermore, when we think of fundamental care, we often think of hospital care and in this special issue of the journal, and we see compelling arguments for the importance of fundamental care in a range of in-hospital care settings, including critical care (Minton, Batten, & Huntington, 2018) and surgical environments (Jangland et al., 2018). However, in addition to its importance in the hospital setting, excellent fundamental care should occur right across the care trajectory, in all settings, wherever patients are and wherever care is delivered. The need for evidence as to what constitutes optimal fundamental care is increasingly urgent, as models of care are changing and increasing numbers of patients with chronic and complex care needs are being cared for in the out-of-hospital environment. We know that community-dwelling patients may have unmet fundamental care needs such as poorly controlled pain, even when having regular home visits from nursing personnel (Jackson et al., 2017a,b; Jackson, Durrant, Hutchinson, et al., 2017), suggesting a need for research to inform more efficacious practice in this key area of fundamental care.

We are proud to introduce this important collection of papers and hope that they raise awareness of the importance of fundamental care and particularly the challenges of effectively reporting and measuring it. It is our hope that this special issue contributes to the international conversation on fundamental care—care that is indeed fundamental to our patients' outcomes and their experiences of care, and fundamental to the practice of nursing.

Debra Jackson, Professor of Nursing
Olga Kozlowska, Research Fellow
Oxford Institute of Nursing & Allied Health Research (OxINAHR), Oxford Brookes University, Oxford, UK
Email: djackson@brookes.ac.uk

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Nurse managers' strategies promoting a Fundamentals of Care-based approach among nurses: A scoping review

D. Lombardi Fortino[1,2], A. Galazzi[3], S. Chiappinotto[3], A. Palese[3]

Key words: Fundamentals of Care, nurse manager, scoping review
Parole chiave: Fondamenti dell'assistenza, coordinatore infermieristico, revisione scoping

- Diffondere una cultura dell'attenzione verso i pazienti
- Sviluppo di una strategia di sistema
- Creare sinergie
- Attuare un modello di leadership efficace
- Formare gli infermieri
- Garantire le risorse necessarie
- Essere consapevoli dell'importanza dell'ambiente di lavoro
- Garantire una gestione efficace del team
- Guidare il processo di definizione delle priorità
- Facilitare i modelli di assistenza incentrati sul paziente
- Agire come modello di riferimento
- Valorizzazione e divulgazione dei risultati

Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs

Alison Kitson, Tiffany Conroy, Kerry Kuluski, Louise Locock, Renee Lyons

- ✓ Clinici / Manager
- ✓ Educatori
- ✓ Ricercatori
- ✓ Decisori politici

QUALCHE RIFLESSIONE CONCLUSIVA …

- ✓ I cultori delle cure essenziali sono gli infermieri
- ✓ Le cure essenziali & complessità
- ✓ La mancanza di cure essenziali comporta conseguenze serie nei pazienti
- ✓ Prestare attenzione alle cure fondamentali (a tutti i livelli)