

# Why fundamental care matters to you

Nordic Nursing Research Conference  
Methods and Networks  
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# Why fundamental care matters to you

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# CFI VISION & MISSION

The ***Caring Futures Institute (CFI)*** is dedicated to the study of **self-care and caring solutions** across the lifespan.

Our research will lead to:



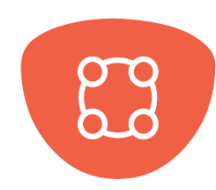
BETTER  
SYSTEMS



BETTER  
LIVES



BETTER  
CARE



BETTER  
COMMUNITIES



*Adopting a knowledge translation approach, the Institute brings together researchers, health and welfare service providers, and users of health and community systems to co-design solutions, using innovative methodologies, technology, health and social care economics.*



# Lecture Structure

- What's the problem?
- The Background
- Elements of the fundamentals of care framework
- Refining and testing the framework
- Next steps



- What's the problem?



A close-up photograph of a woman with dark skin and short hair, wearing a red halter top, holding a newborn baby. The baby is crying and has a red balloon tied to its mouth. The woman is looking down at the baby with a gentle expression. The background is a blue patterned fabric. The word "BEGINNINGS" is written in white, uppercase, sans-serif font across the center of the image, with a white horizontal line underneath it.

# BEGINNINGS

A black and white photograph of two feet, one with a tag, overlaid with the word ENDINGS. The image is framed by a white, hand-drawn style border. The word "ENDINGS" is centered in a white, sans-serif font, with a horizontal line underneath it. The background shows the soles of two feet, with a small, dark, rectangular tag attached to the right foot. The overall mood is somber and contemplative.

ENDINGS

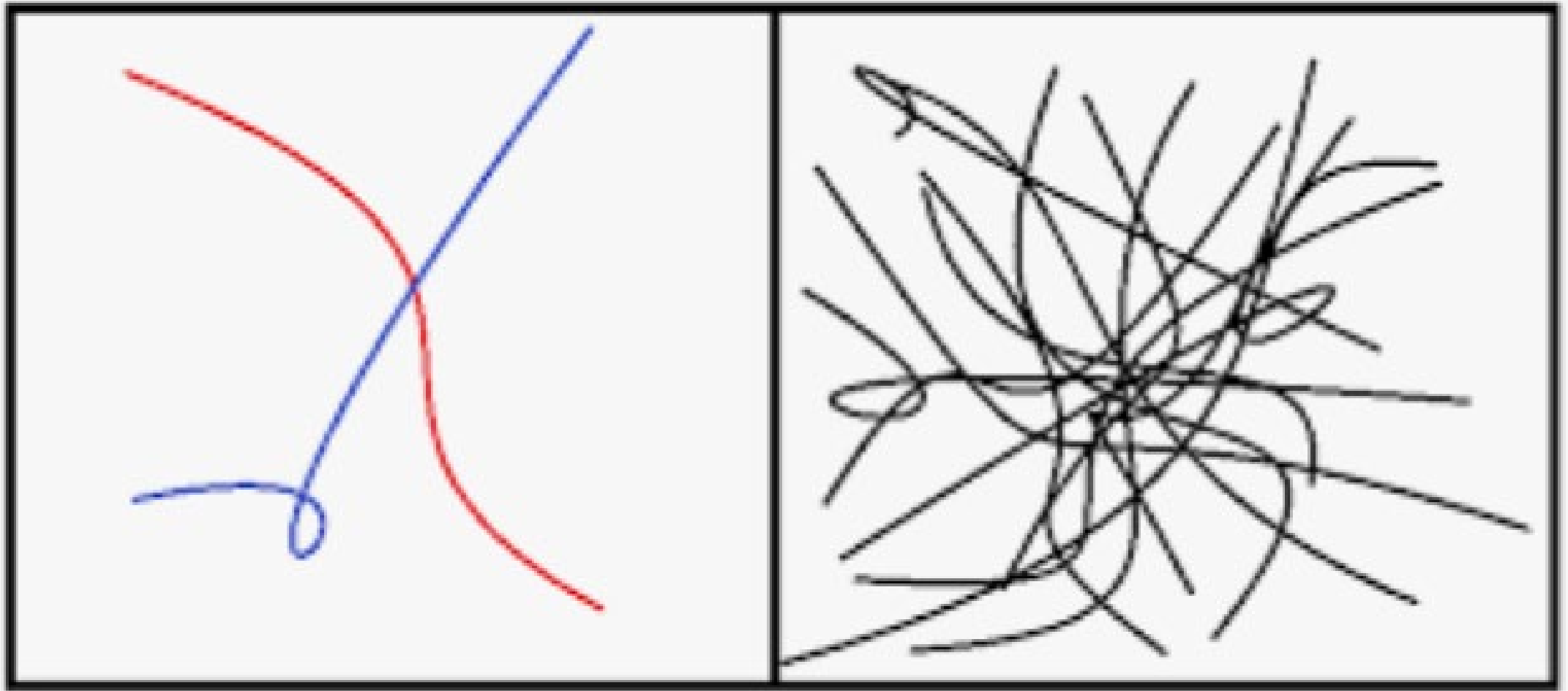
# What's the problem

- Care not being provided consistently or to an acceptable standard
- Care tends to be episodic/clinically/crisis related rather than relationship-based, incremental and seamless
- Despite rhetoric of integrated care – experience is one of fragmentation, gaps, blockages and frustration
- Basic/essential/fundamental care needs often the first 'casualties' in the system – often 'missed' or 'left undone'
- Such care often perceived as 'common sense' soft skills – nice to do if you've got the time...
- Why are we still in this situation?





**High quality delivery of  
fundamental care is a  
'wicked problem'**



**Traditional Problem**

**Wicked Problem**

- The Background



# The Background



## **Standing on the Shoulders of Giants:**

Valuable Lessons from Leaders  
throughout History



# The philosophical context of care...



Life can only be understood backwards; but it must be lived forwards.

~ Søren Kierkegaard

**"IF I TAKE DEATH INTO MY LIFE, ACKNOWLEDGE IT, AND FACE IT SQUARELY, I WILL FREE MYSELF FROM THE ANXIETY OF DEATH AND THE PETTINESS OF LIFE - AND ONLY THEN WILL I BE FREE TO BECOME MYSELF."**

MARTIN HEIDEGGER



**"You can easily judge the character of a man by how he treats those who can do nothing for him."**

- Johann Wolfgang von Goethe



To care for another person, in the most significant sense, is to help him grow and actualize himself.

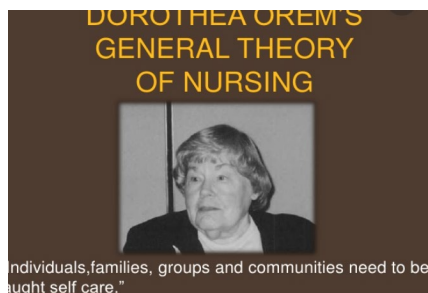
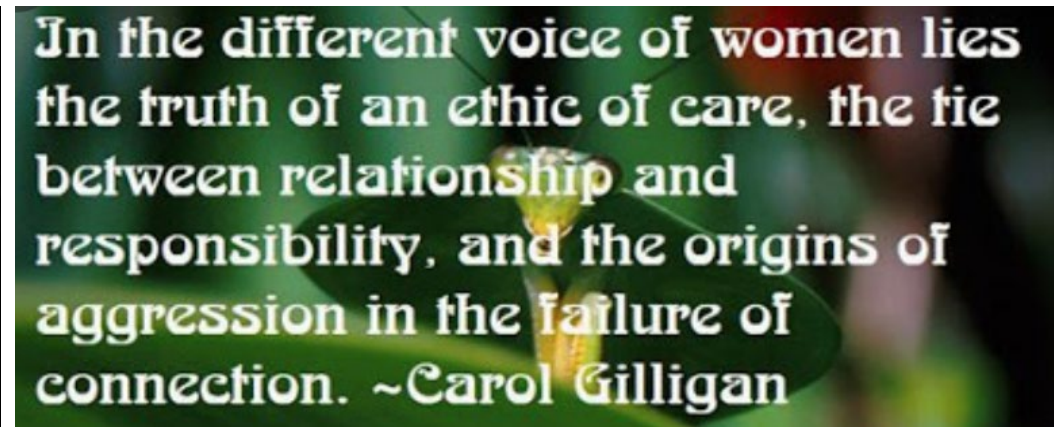
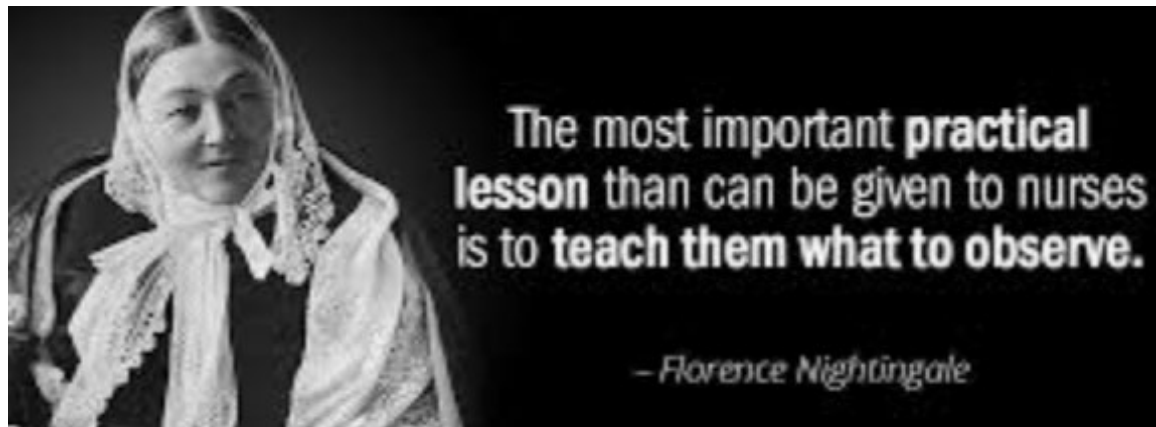
— Milton Mayeroff —



Life doesn't make any sense without interdependence. We need each other, and the sooner we learn that, the better for us all.

— Erik Erikson —

# Philosophical context of care continued...



The nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, the knowledge and confidence of the young mother, and a voice for those too weak to speak.

— Virginia Henderson —



Maybe this one moment, with this one person, is the very reason we're here on Earth at this time.

— Jean Watson —



## Kari Martinsen

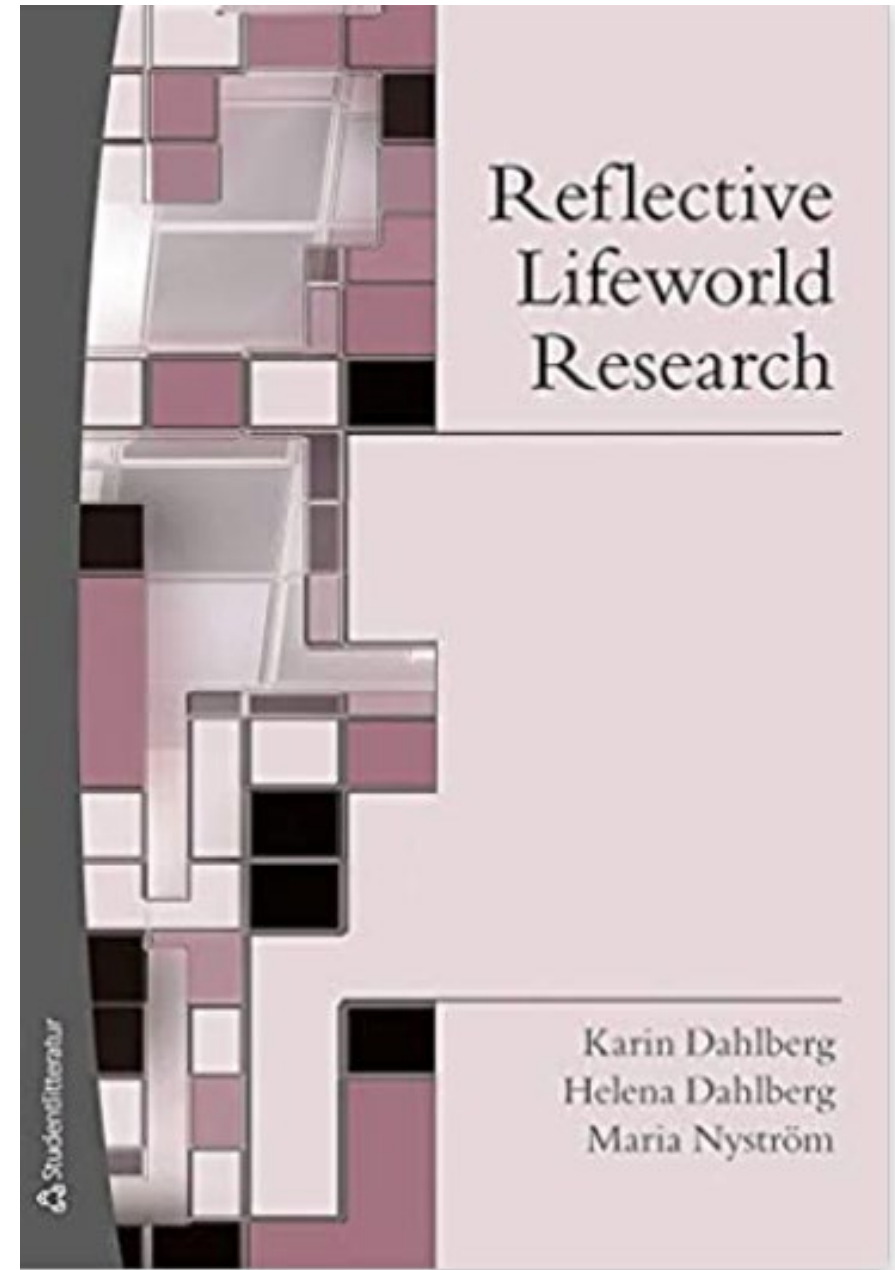
Norwegian nurse



Caritative caring consists of **love and charity**, which is also known as caritas, and respect and reverence for human holiness and dignity. According to the theory, suffering that occurs as a result of a lack of caritative care is a violation of human dignity.



Katie Eriksson



# Biomedical vs biopsychosocial model

Engel, G. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, 196(4286), 129-136.

## Biomedical:

- Single factor causes
- Illness is a simple process
- People aren't responsible for their illness



## Biopsychosocial:

- Health and illness are multifactorial
- Integrative medicine with focus on the whole body
- People's behaviour influences health

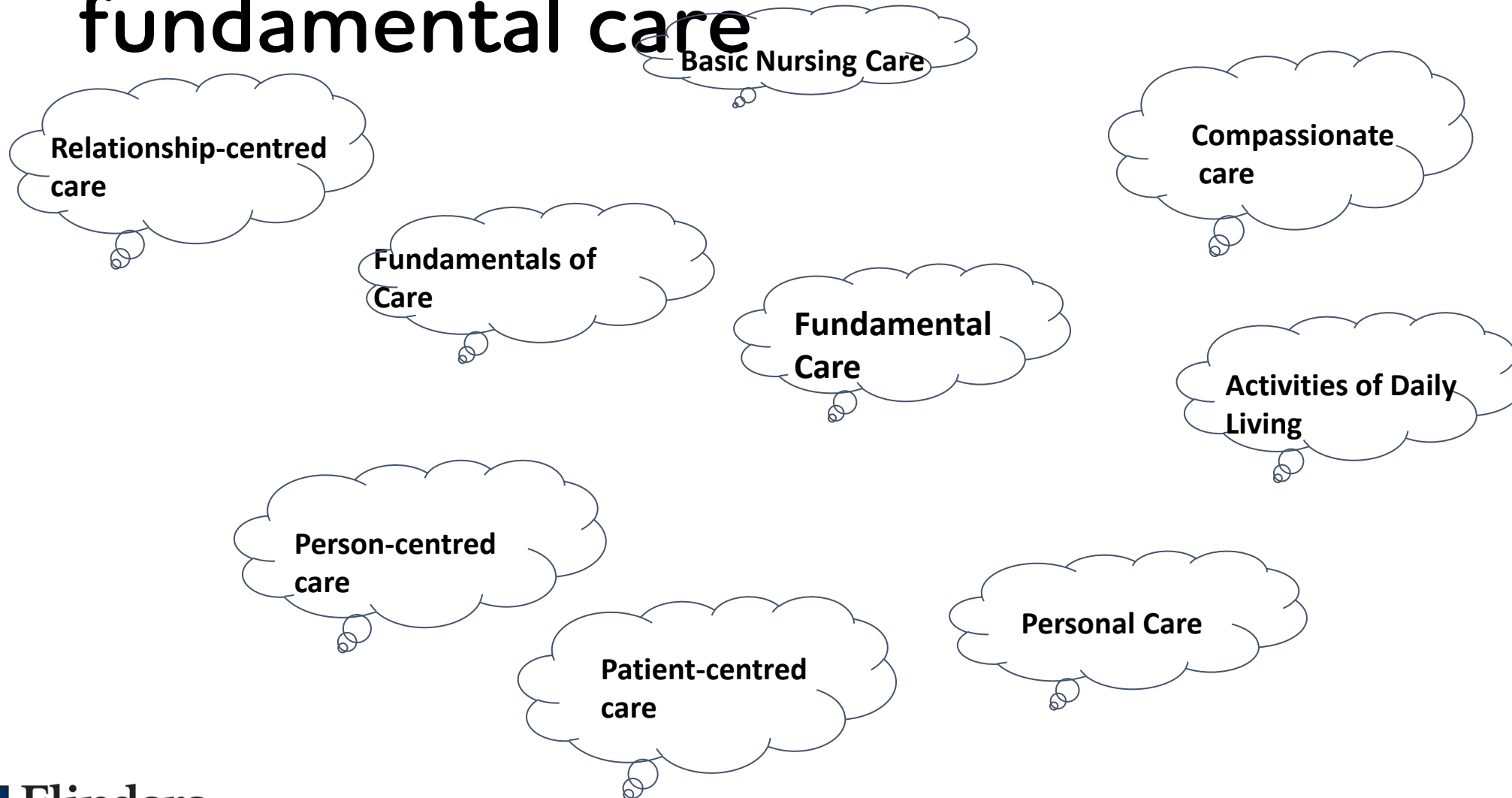


# Why researching care is a ‘wicked problem’

How do models influence individual behaviour and societal or political decisions?

Characteristics of care that make it a ‘wicked problem’	Traditional ways of problem solving
Universal, ubiquitous phenomenon	Specific isolated elements tested under controlled conditions
Multiple definitions, interpretations with little agreement	Definitions align generating a controlled way of dealing with the problem
Challenges in generating consistent theoretical and definitional scaffolding that moves the science forward	Clear theoretical provenance or empirical testing to generate new theoretical insights within tight disciplinary boundaries
View that care is ‘atheoretical’ and ‘common sense’	New specific knowledge generation recognised and valued
Research investment not seen to provide ‘returns’ on that investment i.e no ‘magic bullets’ Research needs to be transdisciplinary and engaged	Highly specialised individuals and teams control the way research priorities are identified and funded

# Language and terminology of fundamental care



# Current nursing assessment forms are burdensome

## Victorian Study

- 11 hospitals studied
- Admission assessment
  - 8-27 (median 11) forms
  - 150-586 (median 345) items
  - 2482 data items universal
  - 1283 data items selective

Redley B. Risk screening and assessment for avoiding preventable harm to older people in hospitals.

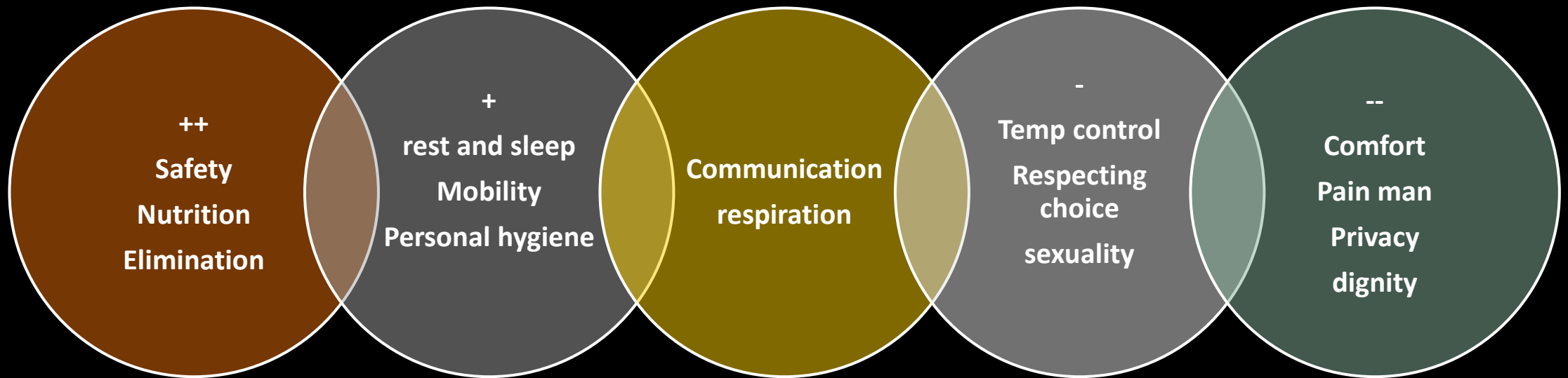
Deakin University, Research CfQaPS; 2016.

- Elements of the fundamentals of care framework

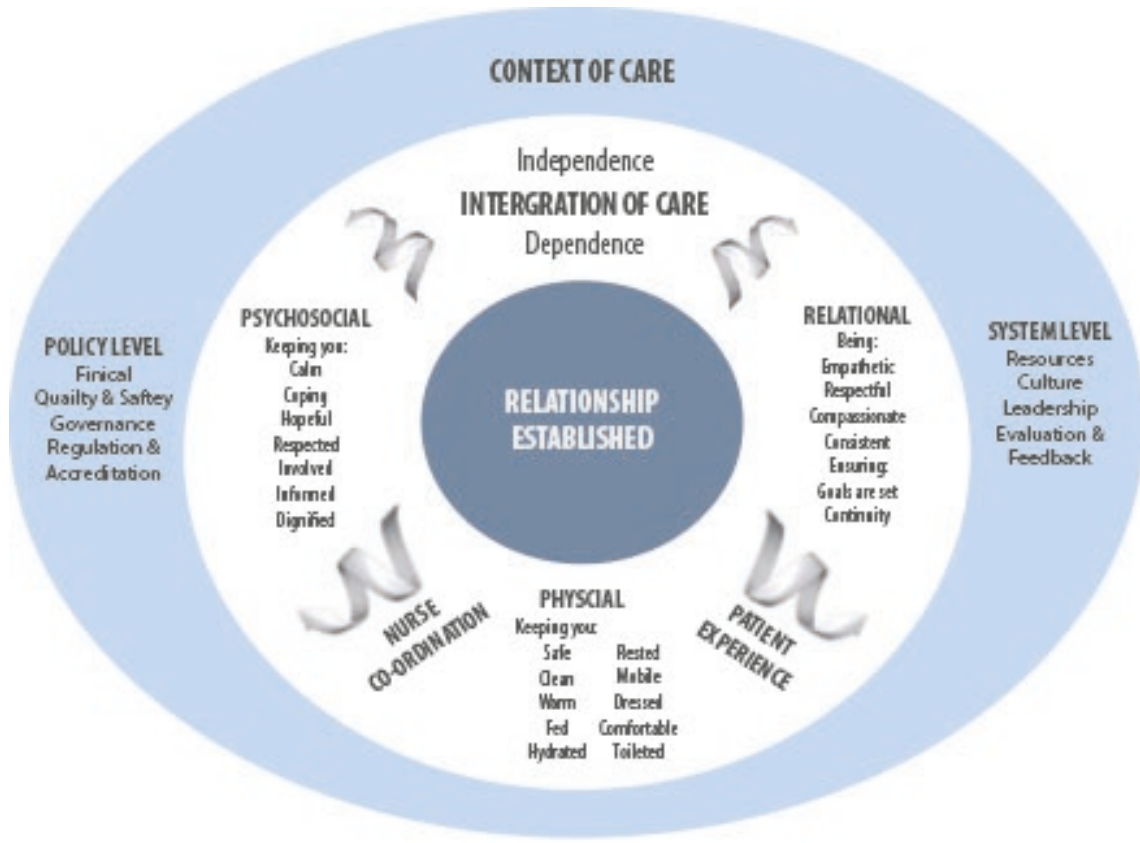




# Level of agreement on elements of fundamental care



Kitson A L, Conroy T, Wengstrom Y, Profetto-McGrath J, Robertson-Malt S, (2010) Defining the Fundamentals of Care. *International Journal of Nursing Practice* 16: 423-434.



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

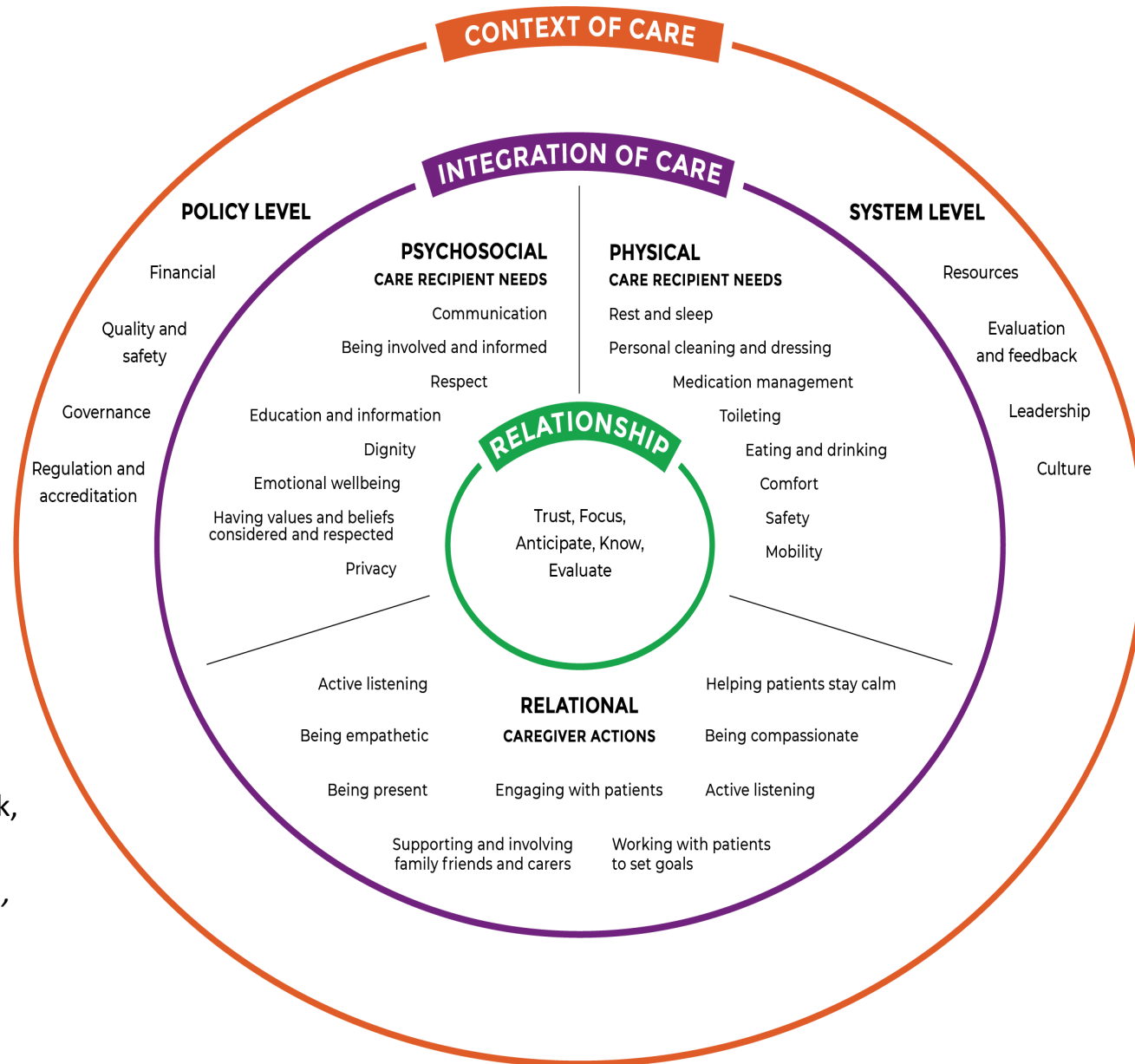
- Refining and testing the framework



# Fundamentals of Care Framework development and refining

## Methodological approach

- Establishment of International Learning Collaborative (ILC) in 2009 to drive work at global level
- Inductive approach to framework development, building upon existing literature, narrative review of seminal nursing texts
- Co-design of original framework (Kitson et al 2013)
- Further reviews of existing research around the nurse-patient relationship (Wiechula et al 2016, Feo et al 2016)
- Systematic review of evidence base of discrete FOC activities (Pentecost et al 2019)
- Scoping review of how fundamental care is defined in nursing literature (Feo et al 2018) and of instruments to measure nurse-patient relationship (Feo et al 2018)
- Delphi survey (Feo et al 2018)
- How FOC is taught (Feo et al 2018 & 2019)
- How nursing leaders enable FOC delivery (Conroy 2018)



Feo, R., Conroy, T., Jangland, E., Muntlin Athlin, A., Brovall, M., Parr, J., Blomberg, K., & Kitson, A. (2018). Towards a standardised definition for fundamental care: A modified Delphi study. *Journal of Clinical Nursing*, 27, 2285-2299. doi: 10.1111/jocn.14247

Kitson, A., Conroy, T., Kuluski, K., Locock, L. & Lyons, R. (2013). *Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs*. University of Adelaide; Adelaide, South Australia.



# RELATIONSHIPS

**Trust**  
**Focus**  
**Anticipate**  
**Know**  
**Evaluate**

- Wiechula, R., Conroy, T., Kitson, A., Marshall, R., Whitaker, N. & Rasmussen, P. (2016). Umbrella review of the evidence: What factors influence the caring relationship between a nurse and patient? *Journal of Advanced Nursing*, 72, 723-734
- Feo, R., Conroy, T., Marshall, R., Rasmussen, P., Wiechula, R., & Kitson, A. (2017). Using holistic interpretive synthesis to create practice-relevant guidance for person-centred fundamental care delivered by nurses. *Nursing Inquiry*, 24, e12152. doi: 10.1111/nin.12152
- Feo, R., Kumaran, S., Conroy, T., Heuzenroeder, L., Kitson, A. (2021). An evaluation of instruments measuring behavioural aspects of the nurse-patient relationship. *Nursing Inquiry*. doi: 10.1111/nin.12425

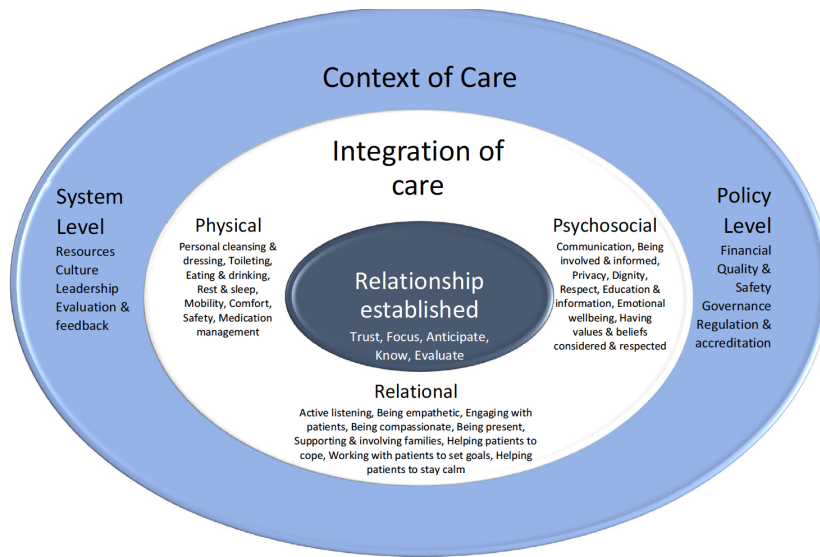


FIGURE 1 The Fundamentals of Care Framework. Reproduced with permission from the International Learning Collaborative, available electronically at <https://intlearningcollab.org/mission/the-fundamentals-of-care/>

After reviewing the theories against the core dimensions of fundamental care, we identified six major findings that have implications for nursing education and practice:

1. There has been a decline in the number of theories published over time.
2. The importance of relationship is acknowledged in existing theories, yet how this relationship is achieved in practice remains unclear.
3. Existing theories lack a specific and explicit focus on integration of care.
4. The concept of context is poorly developed within both existing theories and the Framework.
5. Ease of use should be a central consideration within nursing theories, but this has frequently been overlooked.
6. A number of learnings have been identified for the Framework.

## ORIGINAL ARTICLE

Journal of  
Clinical Nursing WILEY

# Where and how does fundamental care fit within seminal nursing theories: A narrative review and synthesis of key nursing concepts

Alexandra Mudd RN, BN Hons, LLB<sup>1,2,3</sup> | Rebecca Feo PhD, BPysch Hons<sup>1,2,3</sup> |  
Tiffany Conroy PhD, RN, BN, MNsc<sup>1,2,3</sup> | Alison Kitson PhD, BSc Hons, RN<sup>1,2,3</sup>

### **To increase self-care:**

Put me in front of the sink. No shower – no bath – no bed bath. No hair washing: hairdresser once every 2-weeks

I need just one caregiver for my bodily care

Ask for my collaboration. With some verbal prompts and reminders, I can achieve the following self-care: face, teeth and hands. I'm able to dry my arms and put on sleeves. Some days it's harder for me, so you may need to help me more

I need wholly compensatory care for: elimination care (as needed) and getting dressed. Please wash my back every day because I get ointment. Wash my legs on Sundays. When you help me with dependent care, ask me to hang towels or clothes. I will be happy to help you


Received: 7 May 2019 | Accepted: 21 June 2019

DOI: 10.1111/jocn.15010

**SPECIAL ISSUE DISCURSIVE PAPER**

*Journal of*  
**Clinical Nursing** WILEY

## **Finding the fundamental needs behind resistance to care: Using the Fundamentals of Care Practice Process**

Sylvie Rey RN, PhD Candidate, Lecturer  | Philippe Voyer RN, PhD, Professor |  
Suzanne Bouchard RN, PhD, Assistant Professor | Camille Savoie RN, PhD Candidate,  
Teaching Assistant



### **Person-Centered Bodily Care for Mrs. Emily Morgan**

My name is Emily Morgan. I'm 81 years old. I have been married to David for 61 years. We were horticulturists for 55 years. We have a daughter Lorrie and two grandchildren. I'm living with Alzheimer's but I still have many abilities and projects to realize. I also have a heart condition, arthritis and poor eyesight

*My compromised needs:* overall discomfort: pain, cold, orthopnea, impaired modesty, weakness and feeling of insecurity

*Initial behavioral symptoms of compromised needs:* When I refuse bodily care, I cry and moan. If you don't change your approach to my bodily care, there will be an escalation leading to protective and defensive behaviors

#### **Main goals:**

Physical: to keep me safe, clean, warm, mobile and comfortable.

Psychosocial: to be respected, involved, informed and dignified.

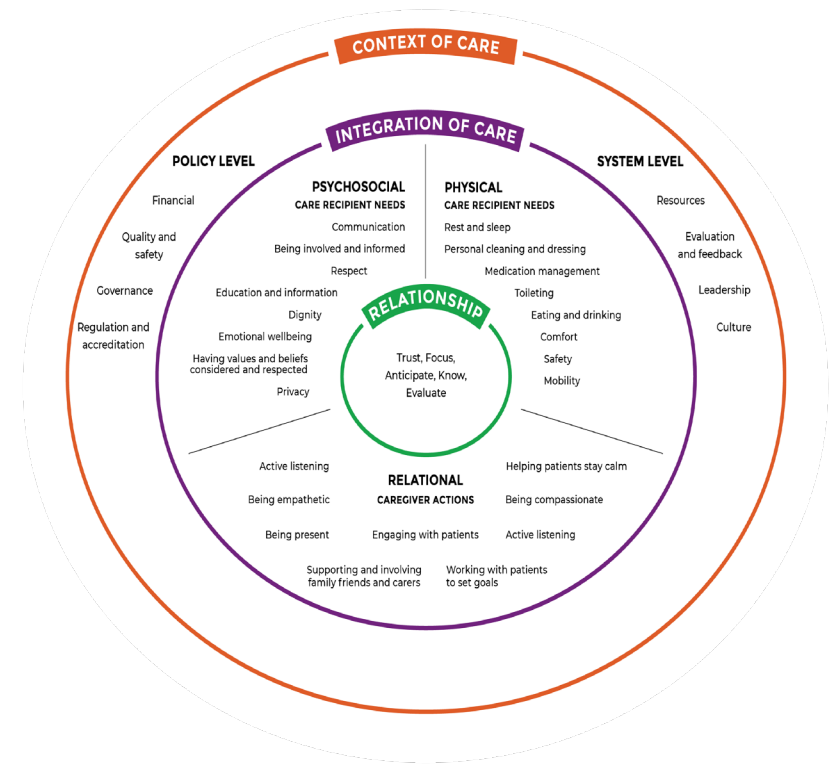
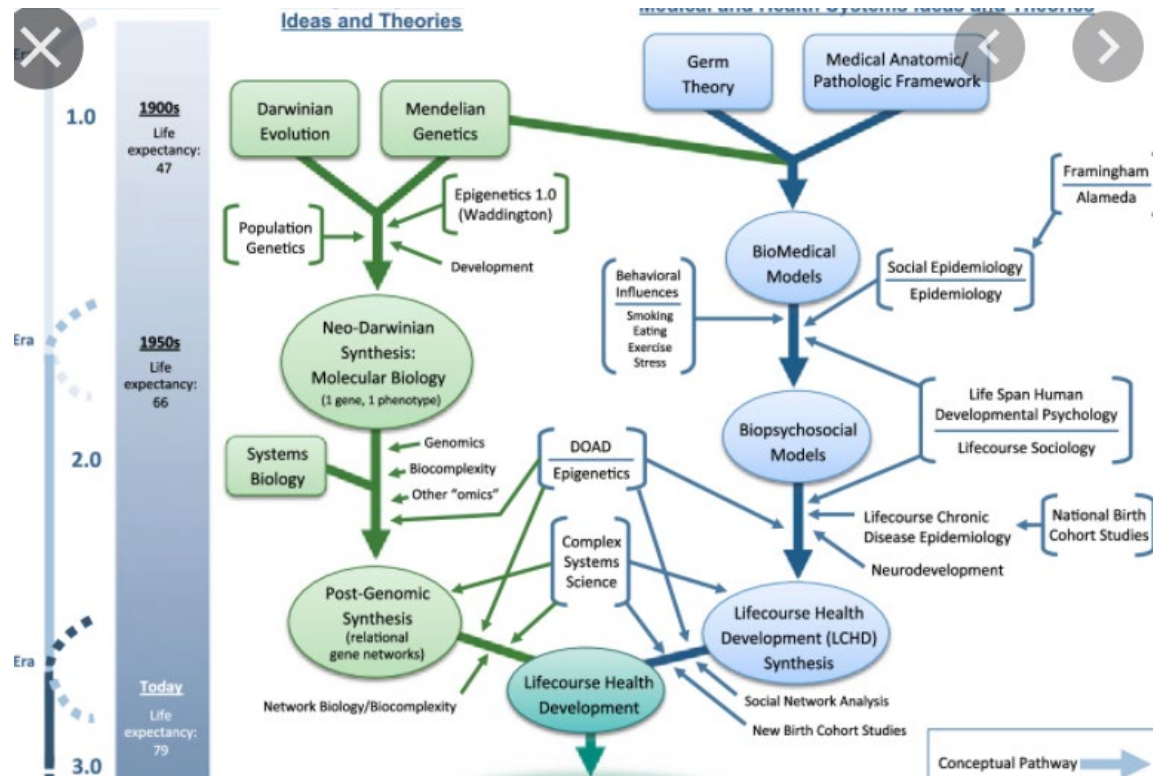
Relational: my caregivers are empathetic and respectful. They ensure that my goals are met. They ensure the continuity of care. They never provide forced (involuntary) care



- Next steps







Building blocks:  
Life course perspective to health and wellbeing  
together with a fundamentals of care perspective

# Towards a unifying caring life-course theory for better self-care and caring solutions: A discussion paper

Alison Kitson<sup>1,2</sup>   | Rebecca Feo<sup>1,2</sup>   | Michael Lawless<sup>1,2</sup> | Joanne Arciuli<sup>1,2</sup> |  
Robyn Clark<sup>1,2</sup>  | Rebecca Golley<sup>1,2</sup> | Belinda Lange<sup>1,2</sup> | Julie Ratcliffe<sup>1,2</sup> |  
Sally Robinson<sup>1,2</sup>

# Caring Life-Course Theory Building Blocks

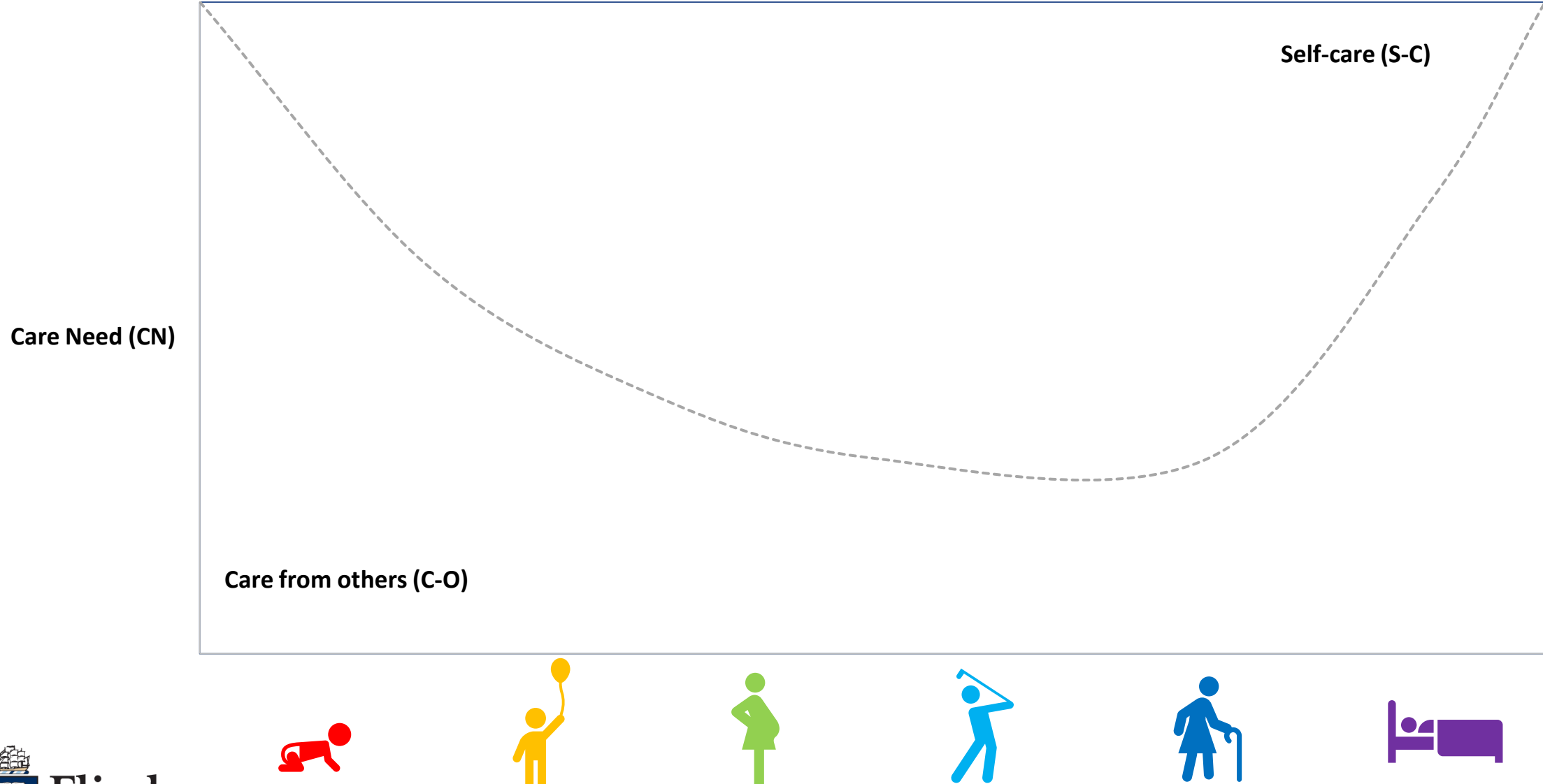
## **Life-course assumptions**

- What happens early on in your life affects later experiences
- Intrinsic and extrinsic factors affect an individual's life-course
- 'transition points ' can affect an individual's ability to manage
- Life-course 'care trajectories' can be anticipated

## **Fundamental care need assumptions**

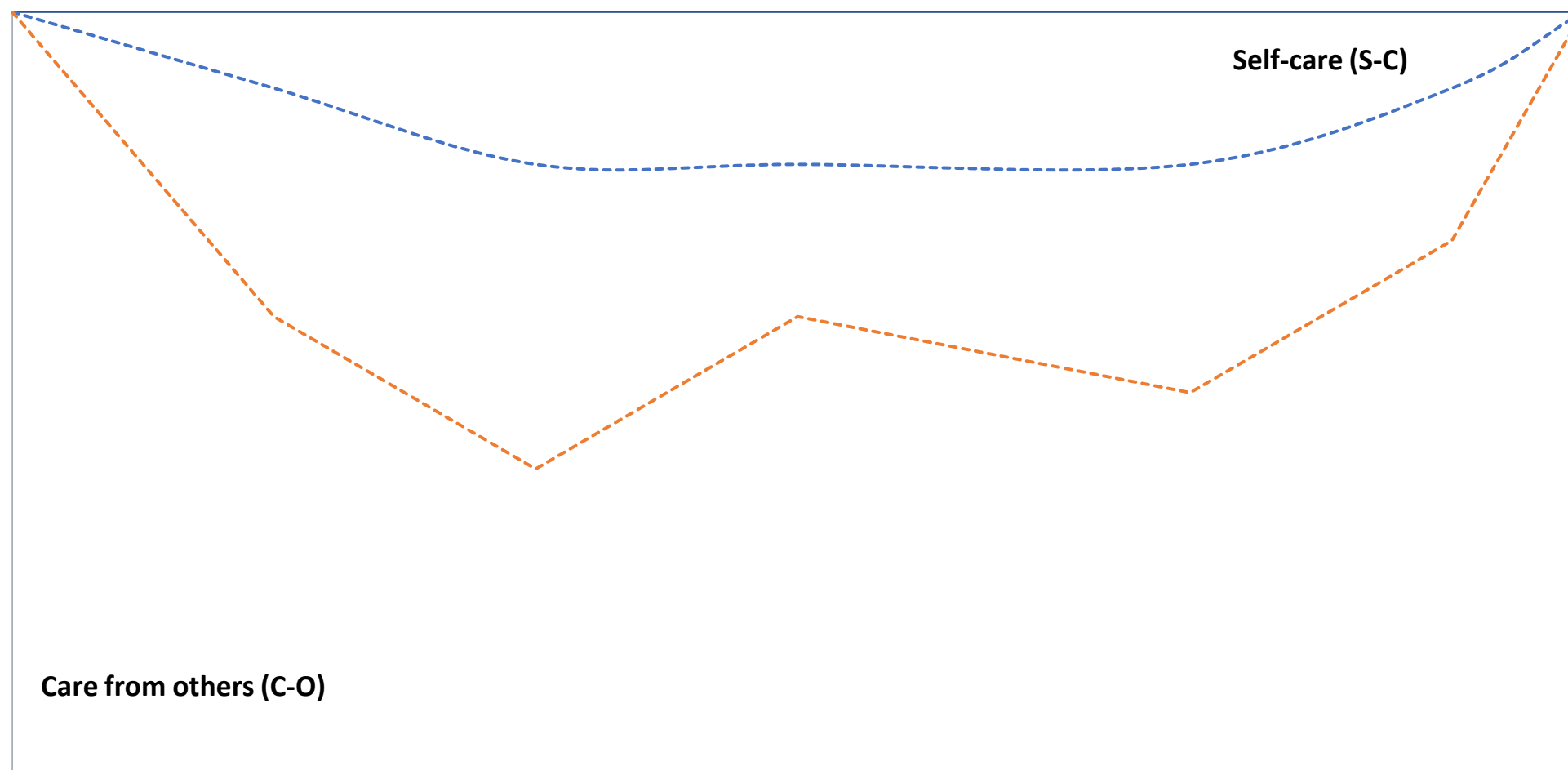
- Meeting another person's fundamental care needs is based on a trusting relationship being able to be formed
- Fundamental care needs are met in an integrated way by addressing physical, psychosocial and relational needs dynamically
- Context (extrinsic factors) affects how, when, where and by whom fundamental care needs are met

**Figure 1.** Proportion of Care Needs (CN) met through self-care (S-C) and care-from-others (C-Fm-O) throughout the lifespan.





**Figure 2.** Proportion of Care Needs (CN) met through self-care (S-C) and care-from-others (C-Fm-O) throughout the lifespan, taking account of intrinsic and extrinsic factors.



**Care Need (CN)**

- Person with high dependency throughout life
- Person with multiple co-morbidities from mid-life with episodic crises

Care from others (C-O)

Self-care (S-C)

**Figure 3.** Unmet care needs highlighting self-care (S-C) and care-from-others (C-Fm-O) deficits.

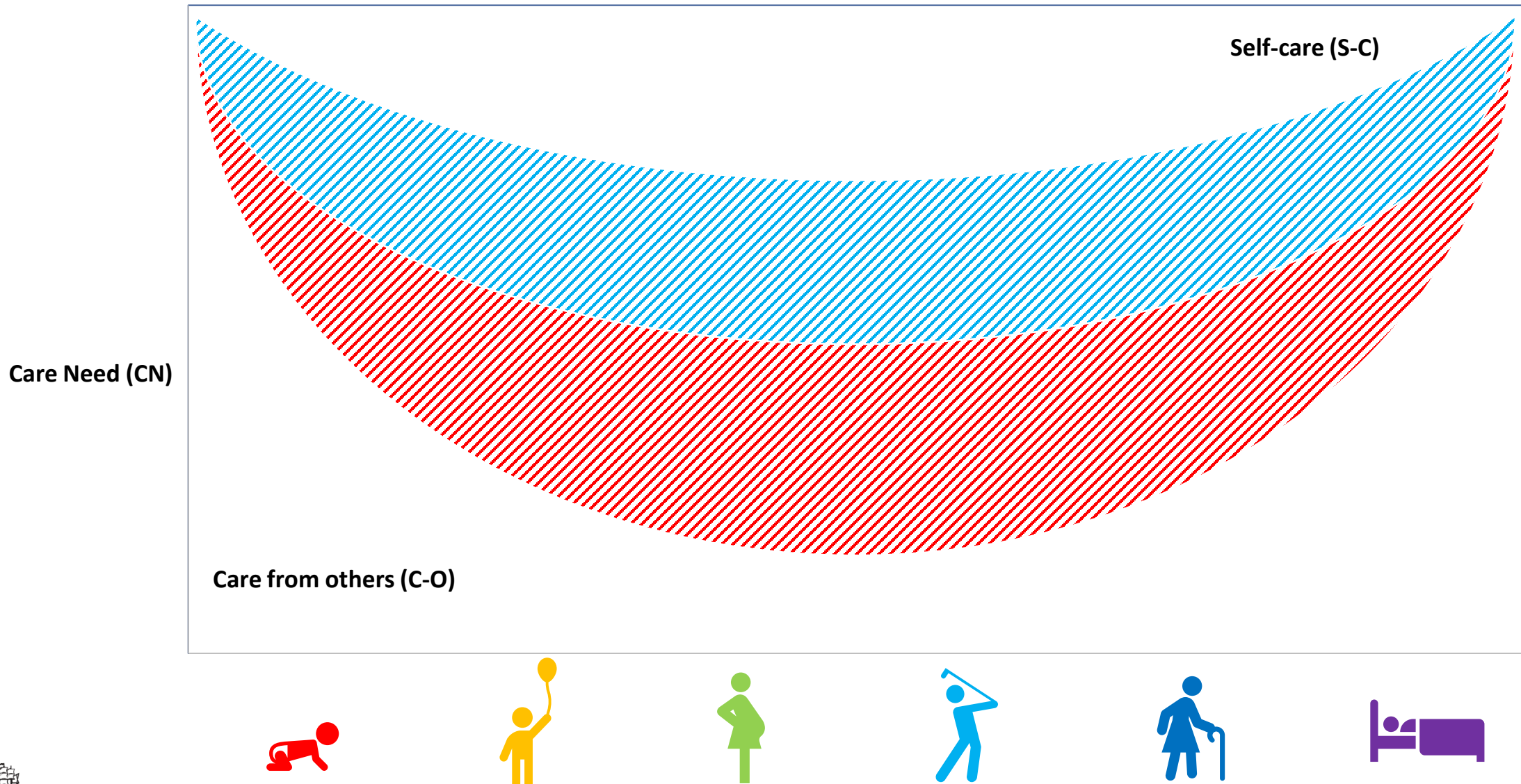
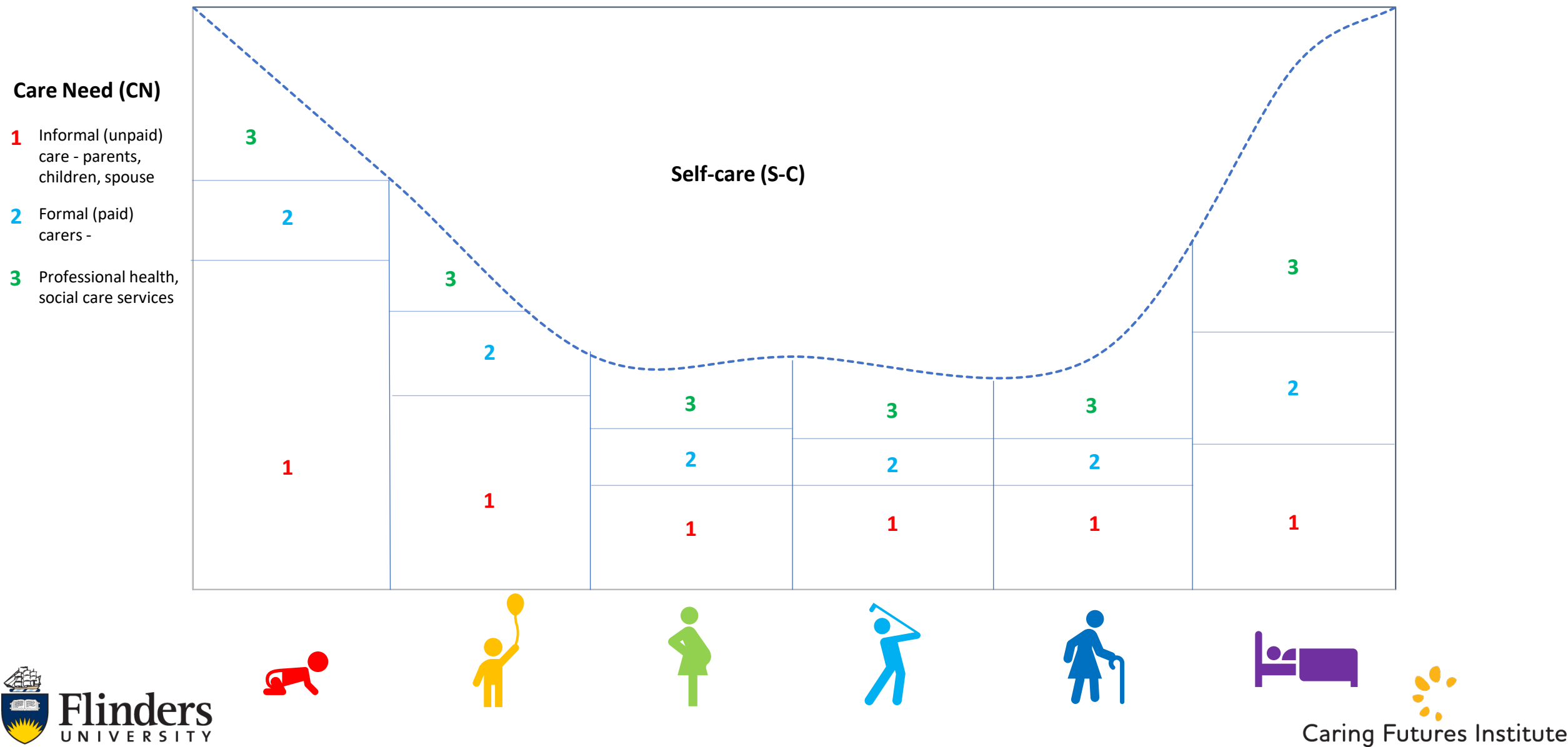


Figure 4. How Care Needs (CN) are met by others.





Contents lists available at [ScienceDirect](#)

## Social Science & Medicine

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)



# Theories of self-care and self-management of long-term conditions by community-dwelling older adults: A systematic review and meta-ethnography

Michael T. Lawless<sup>a,b,\*</sup>, Matthew Tieu<sup>a,c</sup>, Rebecca Feo<sup>a,b</sup>, Alison L. Kitson<sup>a,b</sup>

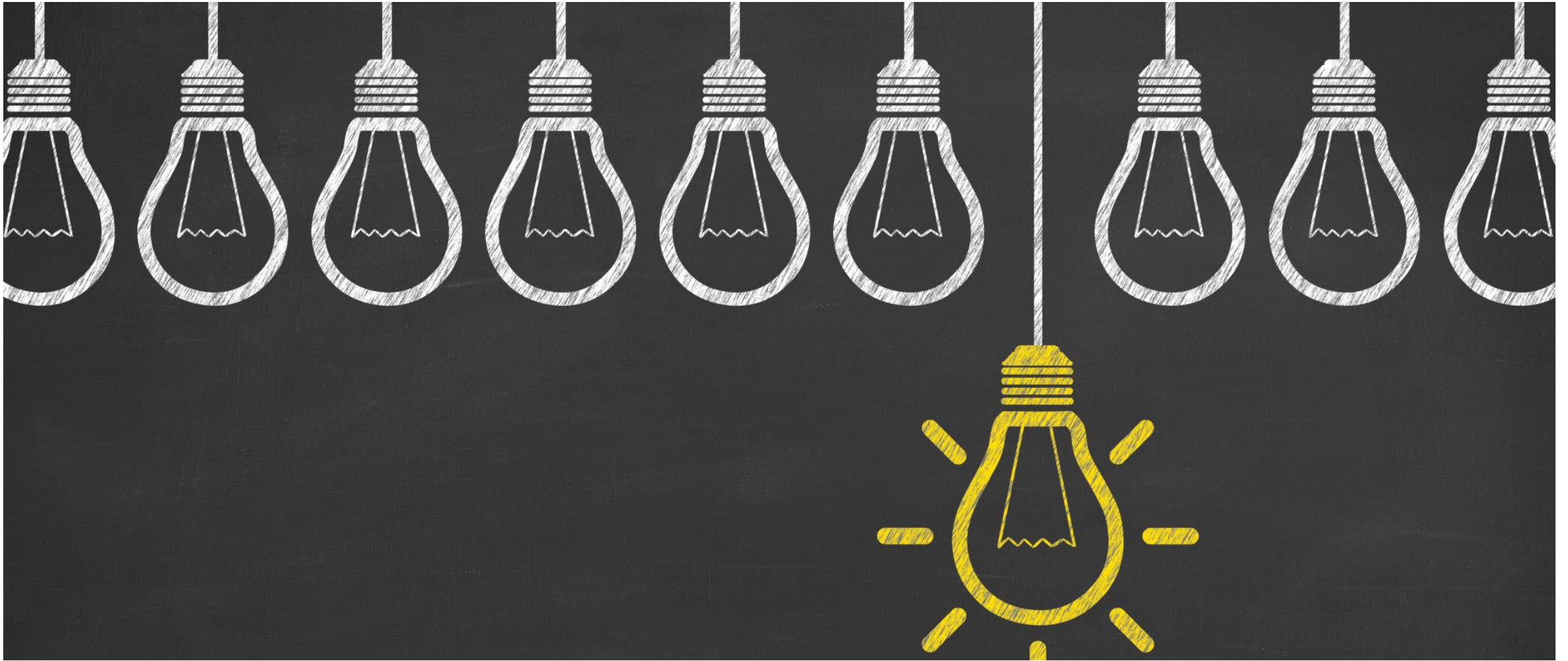
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<sup>c</sup> College of Humanities, Arts, and Social Sciences, Flinders University, Bedford Park, SA, 5042, Australia



# Next big challenges



# RADICALLY TRANSFORMING FUNDAMENTAL CARE DELIVERY

- **Value:** fundamental care must be foundational to all caring activities, systems and institutions.
- **Talk:** fundamental care must be explicitly articulated in all caring activities, systems and institutions.
- **Do:** fundamental care must be explicitly actioned and evaluated in all caring activities, systems and institutions.
- **Own:** fundamental care must be owned by each individual who delivers care, works in a system that is responsible for care or works in an institution whose mission is to deliver care.
- **Research:** fundamental care must undergo systematic and high-quality investigations to generate the evidence needed to inform care practices and shape health systems and education curricula.

## Open access

## Communication

### BMJ Open Speaking Up for Fundamental Care: the ILC Aalborg Statement

Alison Kitson,<sup>1</sup> Devin Carr,<sup>2</sup> Tiffany Conroy,<sup>1</sup> Rebecca Feo,<sup>1</sup> Mette Grønkvær,<sup>3,4</sup> Getty Huisman-de Waal,<sup>5</sup> Debra Jackson,<sup>6</sup> Lianne Jeffs,<sup>7,8</sup> Jane Merkley,<sup>8,9</sup> Åsa Muntlin Athlin,<sup>10,11</sup> Jennifer Parr,<sup>12</sup> David A Richards,<sup>13</sup> Erik Elgaard Sørensen,<sup>3,4</sup> Yvonne Wengström<sup>14,15</sup>

**To cite:** Kitson A, Carr D, Conroy T, et al. Speaking Up for Fundamental Care: the ILC Aalborg Statement. *BMJ Open* 2019;9:e033077. doi:10.1136/bmjopen-2019-033077

► Prepublication history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2019-033077>).

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#### ABSTRACT

**Objective** The International Learning Collaborative (ILC) is an organisation dedicated to understanding why fundamental care, the care required by all patients regardless of clinical condition, fails to be provided in healthcare systems globally. At its 11th annual meeting in 2019, nursing leaders from 11 countries, together with patient representatives, confirmed that patients' fundamental care needs are still being ignored and nurses are still afraid to 'speak up' when these care failures occur. While the ILC's efforts over the past decade have led to increased recognition of the importance of fundamental care, it is not enough. To generate practical, sustainable solutions, we need to substantially rethink fundamental care and its contribution to patient outcomes and experiences, staff well-being, safety and quality, and the economic viability of healthcare systems.

**Key arguments** We present five propositions for radically transforming fundamental care delivery:

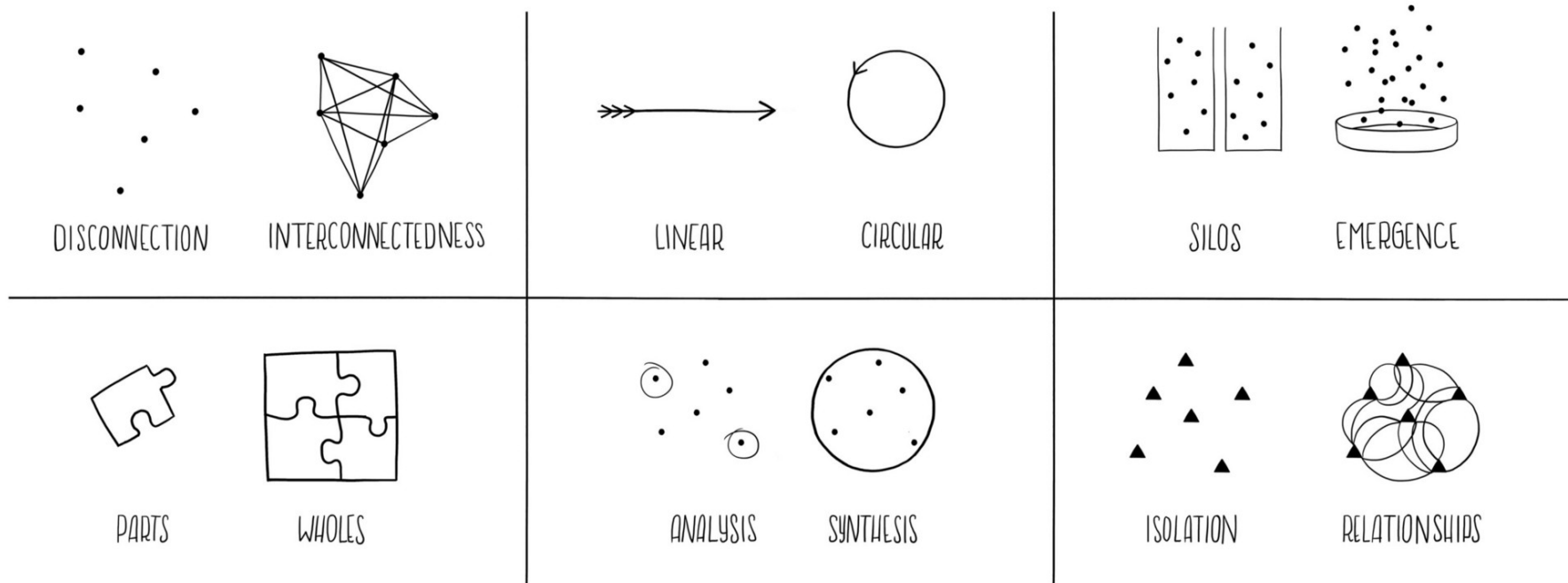
1. Value: fundamental care must be foundational to all caring activities, systems and institutions
2. Talk: fundamental care must be explicitly articulated in all caring activities, systems and institutions.
3. Do: fundamental care must be explicitly actioned and evaluated in all caring activities, systems and institutions.
4. Own: fundamental care must be owned by each individual who delivers care, works in a system that is responsible for care or works in an institution whose mission is to deliver care.

of more person-centred care policies; and the proliferation of agencies to regulate and demand better fundamental care for patients (eg, Care Quality Commission in the UK, US Agency for Healthcare Research and Quality, and Australian Commission on Safety and Quality in Health Care), that the tide would be turning. However, this does not seem to be the case, as illustrated by recent reports of continued poor practices.<sup>1</sup> A nurse turning away from a patient in a single episode of suffering is worrying in itself. However, when this action becomes the norm, when it is tolerated and even normalised within teams and institutions, it is necessary to reflect critically on why patients are treated in such dehumanising ways,<sup>2</sup> and what can be done to ensure patients receive safe, dignified care for their fundamental needs.

The International Learning Collaborative (ILC) is an organisation set up to understand why fundamental care fails to be provided in our healthcare systems. At its 11th annual meeting in 2019, hosted by Aalborg University and Aalborg University Hospital in Denmark, nursing leaders from 11 countries, together with patient representatives, confirmed that

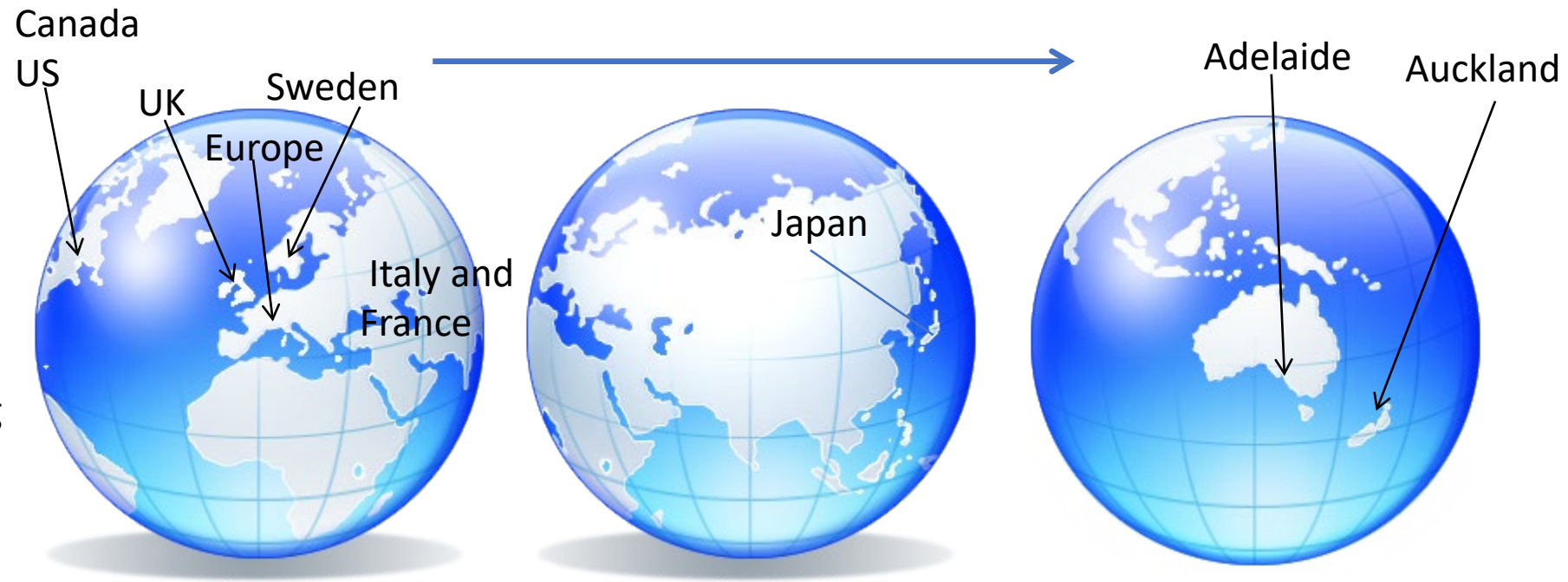
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INTERNATIONAL  
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## ILC Annual International Conference 2022

### 2022 Conference Theme: Fundamental Care in Times of Crisis

Proposed Dates: Monday, 13 and Tuesday, 14 June 2022

### 2022 ILC FoC Leadership Program Pilot (ILC Members)

Proposed Dates: Wednesday, 15 to Friday, 17 June 2022

Proposed Location: Said Business School, Oxford UK

ILC Members receive exclusive discounts

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