

ESN 

EUROPEAN SPECIALIST
NURSES ORGANISATION



5 – 7 June, Milan Italy

Effectiveness of Nursing Coordination Strategies in Applying Fundamentals of Care-Based

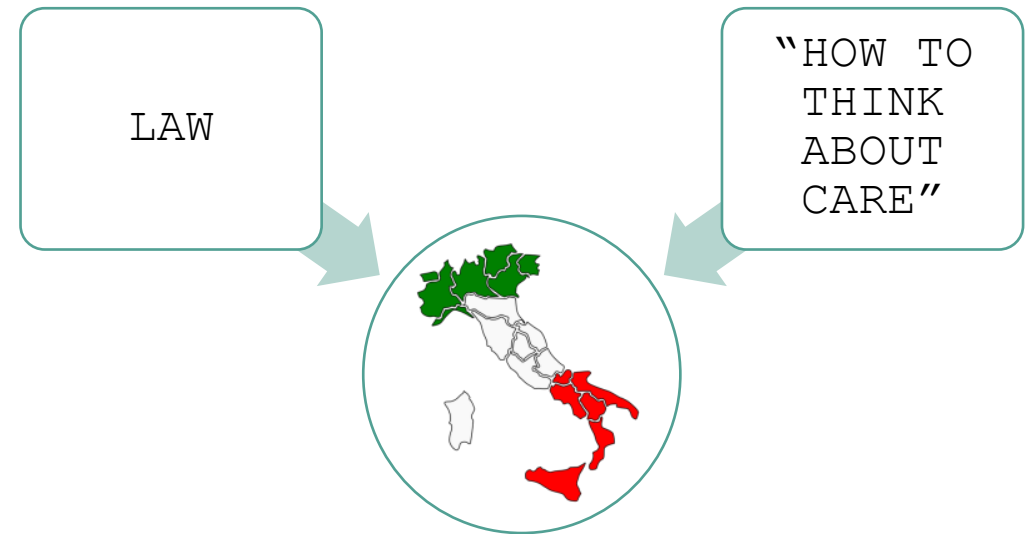


Speaker: Domenico Lombardi

- PhD Student - Tor Vergata University - Rome, Italy
- Research Nurse - Regional Health Agency (ARS-Marche)



Over the years, the concept of NURSING has changed significantly.



The Fundamentals of Care Framework as a Point-of-Care
Nursing Theory

Kitson, Alison L.

Author Information

Nursing Research 67(2);p 99-107, March/April 2018. | DOI: 10.1097/NNR.0000000000000271

Many theories have failed to help nurses undertake the routine practical aspects of nursing care in a theoretically informed way

Level of abstraction and distance from everyday caring activity



The Fundamentals of Care Framework as a Point-of-Care Nursing Theory

Kitson, Alison L.

[Author Information](#)

Nursing Research 67(2):p 99-107, March/April 2018. | DOI: 10.1097/NNR.0000000000000271

Most of us provide care for ourselves (or our loved ones) every day to ensure we stay healthy and well.

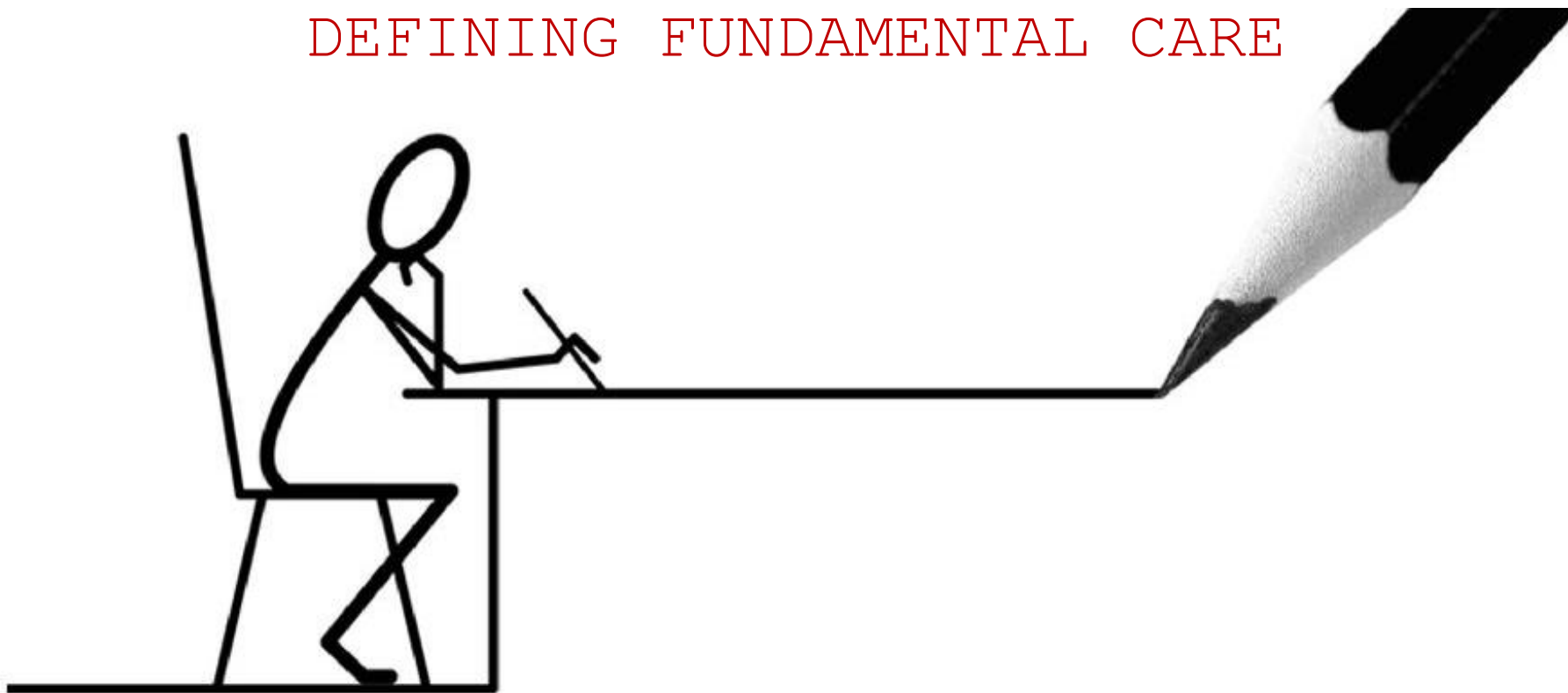
We shower, eat breakfast, brush our teeth, exercise, and sleep. When we are ill or injured, however, we often can't engage in these activities in the



We might need help, such as from a health professional, to ensure our most fundamental needs are met. This is known as fundamental care: the care required by everyone, regardless of the setting in which they are receiving care or what they are receiving care for (e.g., type of illness or



DEFINING FUNDAMENTAL CARE



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.



Most definitions have relied simply on a list of activities (e.g., mobility, nutrition etc.), although not all definitions necessarily agree on what activities constitute fundamental care.

As part of the ILC's commitment to developing and implementing the best available research evidence on fundamental care, in 2016, a team of researchers from **Australia, Sweden** and **New Zealand** worked together to develop agreement on a definition for **fundamental care** and the activities that constitute such care.

Through this collaborative project, the above working definition of fundamental care was generated.

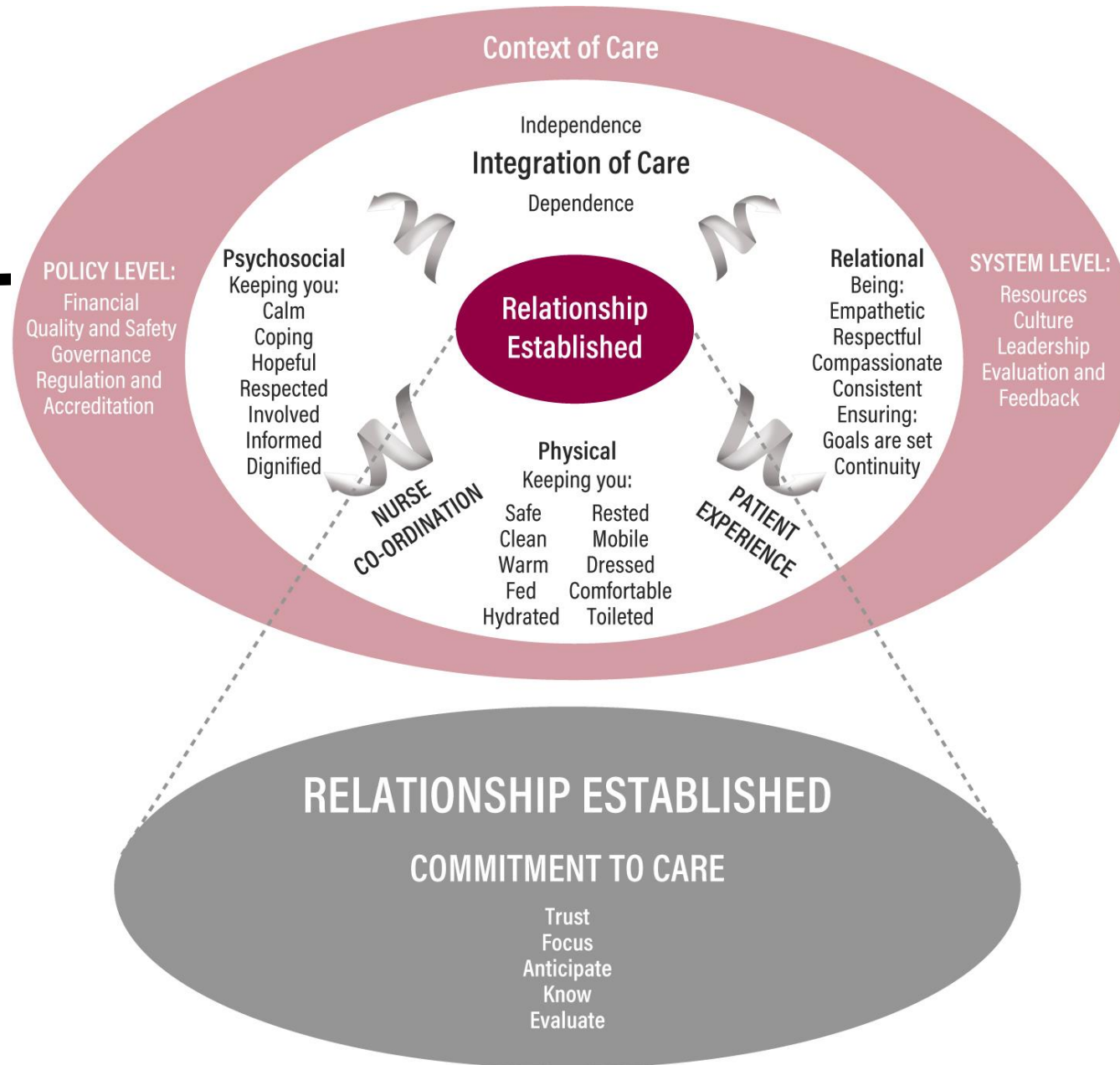


The Fundamentals of Care Framework as a Point-of-Care Nursing Theory

Kitson, Alison L.

Author Information

Nursing Research 67(2):p 99-107, March/April 2018. | DOI: 10.1097/NNR.0000000000000271



FUNDAMENTALS OF
CARE FRAMEWORK

THE FUNDAMENTALS OF CARE FRAMEWORK OUTLINES WHAT IS INVOLVED IN THE DELIVERY OF SAFE, EFFECTIVE, HIGH-QUALITY FUNDAMENTAL CARE, AND WHAT THIS CARE SHOULD LOOK LIKE IN ANY HEALTHCARE SETTING AND FOR ANY CARE RECIPIENT.

The Framework emphasises the importance of nurses and other healthcare professionals developing trusting therapeutic relationships with care recipients and their families/carers. It also emphasises the need to integrate people's different fundamental needs.

namely their physical (e.g., nutrition, mobility) and psychosocial needs (e.g., communication, privacy, dignity), which are mediated through the nurses' relational actions (e.g., active listening, being empathic).

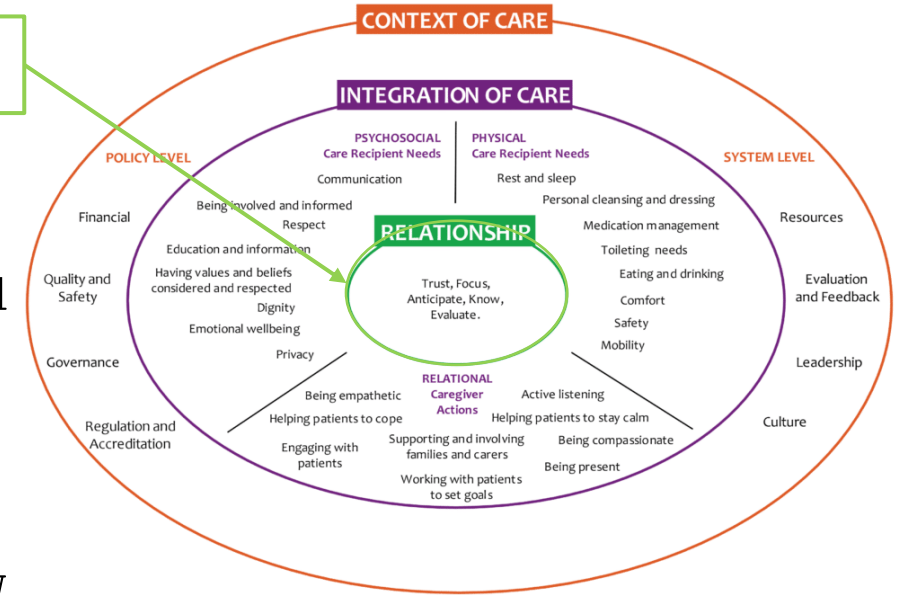
The Framework also outlines that the context in which care is taking place must support care providers to develop relationships and integrate the needs of those for whom they are providing care

The Fundamentals of Care Framework outlines three core dimensions for the delivery of high-quality fundamental care:

- I. A trusting therapeutic relationship between care recipient and care provider
- II. Integrating and meeting a persons' physical, psychosocial and relational needs
- III. A context of care that is supportive of relationship development and care integration

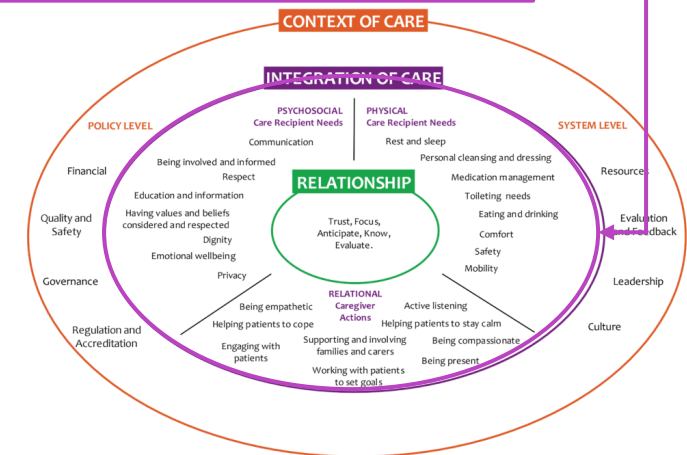
Dimension 1: The Relationship

- Developing and maintaining trust
- Focusing on the patient/person being cared for
- Anticipating the patient's/person's needs
- Getting to know the patient/person and how best to provide care for them
- Evaluating the quality, progress, and outcomes of the relationship



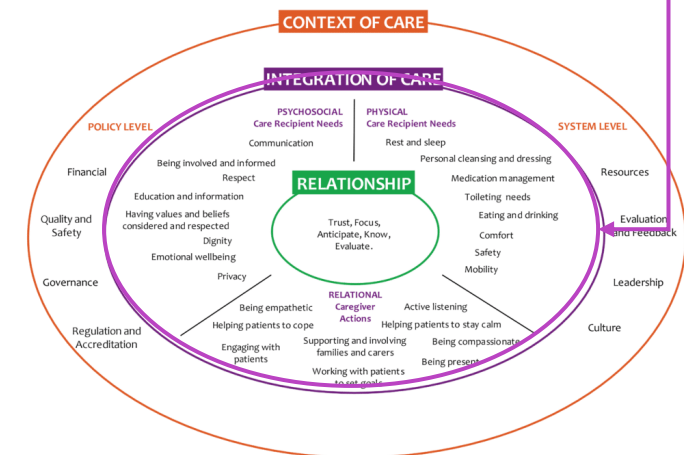
Dimension 2: Integration of Care - Physical fundamentals of care (care recipient's needs and outcomes)

- Personal cleansing (including oral/mouth care) and dressing
- Toileting needs
- Eating and drinking
- Rest and sleep
- Mobility
- Comfort (e.g., pain management, breathing easily, temperature control)
- Safety (e.g., risk assessment & management, infection prevention, minimizing complications)
- Medication management



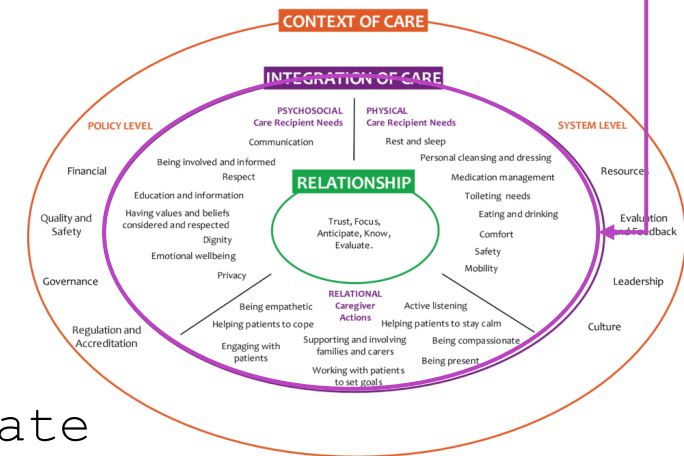
Dimension 2: Integration of Care - Psychosocial fundamentals of care (care recipient's needs and outcomes)

- 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



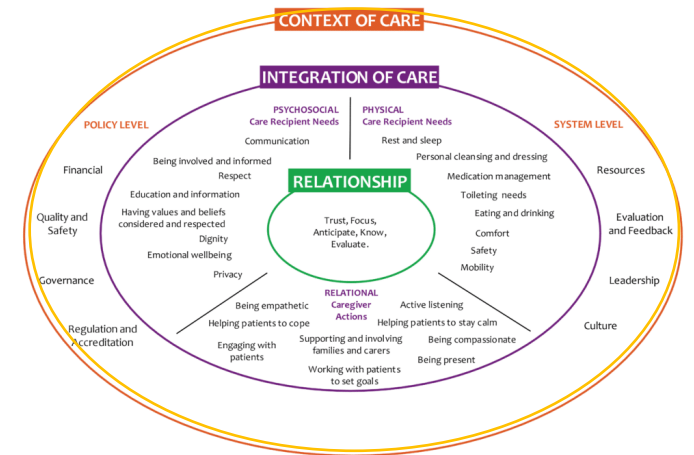
Dimension 2: Integration of Care - Relational fundamentals of care (care provider's actions)

- 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



Dimension 3: The Context of Care

This includes policy and systems level factors that impact on the care provider's ability to develop a relationship with the person being cared for and to attend, in an integrated manner, to their fundamental needs.



RESEARCH

2023

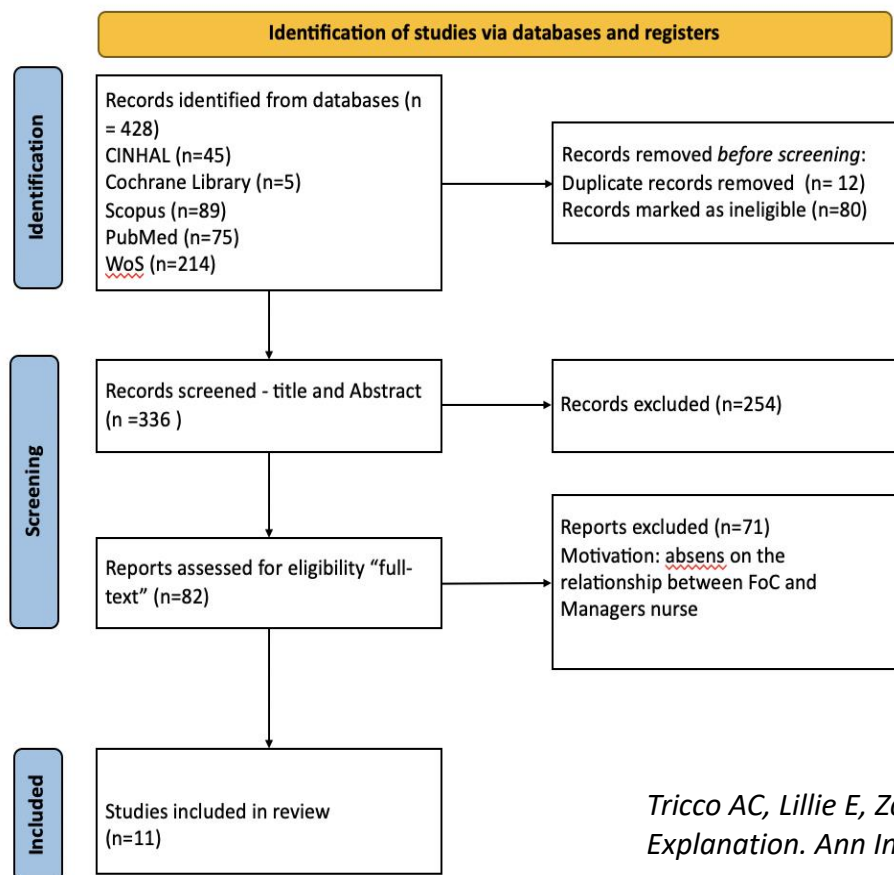
STRATEGIES NURSING COORDINATORS CAN
IMPLEMENT TO SUPPORT FUNDAMENTALS
OF CARE - BASED NURSING?
RESULTS OF A SCOPING REVIEW



2024

EVALUATING THE 'PILOT NM-FOC/2023'
SURVEY: EFFECTIVENESS OF NURSING
COORDINATION STRATEGIES IN APPLYING
FUNDAMENTALS OF CARE-BASED

2023 STRATEGIES NURSING COORDINATORS CAN IMPLEMENT TO SUPPORT FUNDAMENTALS OF CARE - BASED NURSING? RESULTS OF A SCOPING REVIEW



A TOTAL OF **428** RECORDS WERE IDENTIFIED



DUPLICATES AND IRRELEVANT STUDIES WERE REMOVED, RESULTING IN THE INCLUSION OF **11** STUDIES

Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–73.

2023 STRATEGIES NURSING COORDINATORS CAN IMPLEMENT TO SUPPORT FUNDAMENTALS OF CARE - BASED NURSING? RESULTS OF A SCOPING REVIEW

SEVERAL STRATEGIES ARE EMERGING AS PROMOTING A FOC-BASED CARE WHEN ENACTED BY THE NURSE MANAGERS:

- DISSEMINATING A CULTURE OF ATTENTION TO PATIENTS
- DEVELOPING A SYSTEMIC STRATEGY
- CREATING SYNERGIES
- ACTING AN EFFECTIVE LEADERSHIP STYLE
- EDUCATING NURSES
- PROVIDING THE REQUIRED HUMAN RESOURCES
- CREATING AN ADEQUATE WORK ENVIRONMENT
- ENSURING A GOOD TEAM MANAGEMENT

Validate the “**PILOT NM-FoC/2023**” questionnaire.

Questionnaire aims:

- To explore the perception of effectiveness of ward nursing coordinators in supporting the care team in delivering FoC in a hospital setting.
- To expand knowledge regarding the strategies adopted by the nursing/midwifery coordinator to facilitate the implementation of FoC in different care settings.



METHODOLOGY

EXPLORATORY STUDY

Survey: "Survey Research Methods", 5th edition - Floyd J. Fowler Jr.

SAMPLE

Clinical area nursing and midwifery coordinators

QUESTIONNAIRE

Structured closed questions, to evaluate the application of FoC, the knowledge and perception of nursing and midwifery coordinators about FoC.

PROJECT PHASES



RESEARCH SAMPLE DEFINITION



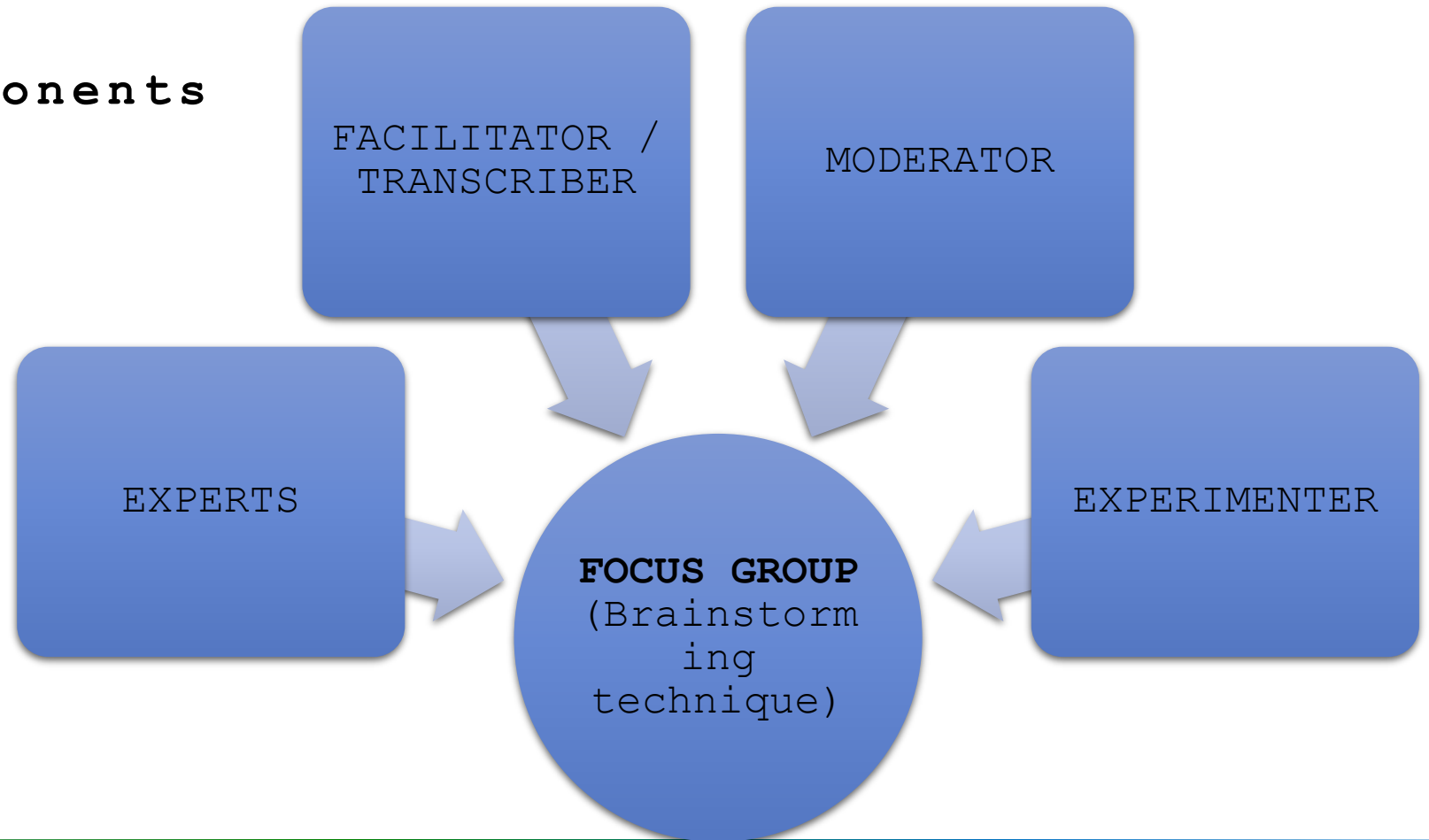
PROFESSIONAL PROFILE	Nr. COORDINATORS	Nr. ENROLLED COORDINATORS
NURSING COORDINATOR	Nr=47 (78,3%)	Nr=35 (58,3%)
PHYSIOTHERAPY COORDINATOR	Nr=3 (5%)	/
MIDWIFE COORDINATOR	Nr=2 (3,3%)	Nr=2 (3,3%)
RADIOLOGY TECHNICIAN COORDINATOR	Nr=5 (8,3%)	/
LABORATORY TECHNICIAN COORDINATOR	Nr=1 (1,7%)	/
NEUROPHYSIOPATHOLOGY TECHNICIAN COORDINATOR	Nr=1 (1,7%)	/
DIETITIAN COORDINATOR	Nr=1 (1,7%)	/
TOTAL	Nr=60	Nr=37 (61,7%)

The panel of questions were constructed following a focus group.

Election of Experts

Expertise in the area of interest of the survey. All members hold nursing coordination roles with expertise in the following areas: staff supervision, risk identification and management, nursing care planning, staff professional development, resource management and quality of care assessment. The selection was primarily guided by their knowledge of the theoretical concepts of the Fundamentals of Care Framework.

Focus group Components



Questionnaire Description

- I. Sociodemographic information** (age, gender, years of work experience as a nurse and as a coordinator, and educational level attained)
- II. Contextual knowledge** (level of knowledge of the Fundamentals of Care Framework, level of importance attributed, communication levels and leadership styles used, organizational model)
- III. Analysis of strategies** used to promote the implementation of FoC (care documentation, training, monitoring of the phenomenon and sharing, induction paths for new hires, care model, multidisciplinary, creating synergies, effective leadership, supportive work environment, acting as a role model).

Results

The study is ongoing.

Nr. 35 questionnaires have been collected (Questionnaire % return rate 94.59%).

Analyzing data: descriptive statistics, Questionnaire Reliability Statistics (Cronbach's alpha), and Factor Analysis to assess content validity (Spearman's Factor Analysis).

Conclusion

The expected outcomes include: validation of the questionnaire "PILOT NM-FoC/2023," understanding and perception of the Fundamentals of Care by nursing coordinators, strategies employed by the Coordinators, correlation analysis and regression analysis. The project could highlight associations between various Fundamentals of Care activities, barriers to their implementation, and the sociodemographic variables of the coordinators, along with questionnaire reliability.



**RN, PhDs Domenico
Lombardi Fortino**

Research Nurse

**Hospital Sector for Emergency,
Urgency and Research**

*Regional Health Agency of the Marche
Region -Italy*

Linea dottorale:
NURSING LEADERS' INFLUENCE ON PATIENT
SAFETY AND QUALITY CARE: APPROACH
BASED ON FUNDAMENTALS OF CARE

 d.lombardifortino75@gmail.com

 +39 347 562 1949

 Ancona-Italy

 Domenico75



Acknowledgements

1. Feo R, Conroy T, Jangland E, Muntlin Athlin Å, Brovall M, Parr J, et al. Towards a standardised definition for fundamental care: A modified Delphi study. *J Clin Nurs.* giugno 2018;27(11-12):2285-99.
2. Jackson D, Kozłowska O. Fundamental care-the quest for evidence. *J Clin Nurs.* giugno 2018;27(11-12):2177-8.
3. Mudd A, Feo R, Voldbjerg SL, Laugesen B, Kitson A, Conroy T. Nurse managers' support of fundamental care in the hospital setting. An interpretive description of nurse managers' experiences across Australia, Denmark, and New Zealand. *Journal of Advanced Nursing.* 2023;79(3):1056-68.
4. García-Sierra R, Fernández-Castro J. Relationships between leadership, structural empowerment, and engagement in nurses. *Journal of Advanced Nursing.* 2018;74(12):2809-19.
5. Kalisch BJ, Lee KH. Congruence of Perceptions Among Nursing Leaders and Staff Regarding Missed Nursing Care and Teamwork. *JONA: The Journal of Nursing Administration.* ottobre 2012;42(10):473.
6. Conroy T. Factors influencing the delivery of the fundamentals of care: Perceptions of nurses, nursing leaders and healthcare consumers. *Journal of Clinical Nursing.* 2018;27(11-12):2373-86.
7. Conroy T. Factors influencing the delivery of the fundamentals of care: Perceptions of nurses, nursing leaders and healthcare consumers. *Journal of Clinical Nursing (John Wiley & Sons, Inc).* giugno 2018;27(11-12):2373-86.
8. Sugg HVR, Richards DA, Russell AM, Burnett S, Cockcroft EJ, Coon JT, et al. Nurses' strategies for overcoming barriers to fundamental nursing care in patients with COVID-19 caused by infection with the SARS-COV- 2 virus: Results from the «COVID-NURSE» survey. *J Adv Nurs;*