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POSITION PAPER

# The ILC Maine statement: Time for the fundamental care [r] evolution

Alison Kitson[1,2] | Devin Carr[2,3] | Rebecca Feo[1,2] | Tiffany Conroy[1,2] | Lianne Jeffs[2,4]

[1]College of Nursing and Health Sciences, Flinders University, Adelaide, South Australia, Australia

[2]The International Learning Collaborative, Adelaide, South Australia, Australia

[3]Maine Medical Center, Portland, Maine, USA

[4]Lunenfeld-Tanenbaum Research Institute, Sinai Health, Toronto, Ontario, Canada

**Correspondence**
Alison Kitson, College of Nursing and Health Sciences, Flinders University, Adelaide, South Australia, Australia.
Email: alison.kitson@flinders.edu.au

## Abstract

**Aim:** The aim of this study was to present the third position statement from the International Learning Collaborative (ILC). The ILC is the foremost global organization dedicated to transforming fundamental care. Internationally, fundamental care is reported to be poorly delivered, delayed or missed, negatively impacting patients, their families/carers and healthcare staff and systems. Overcoming this global challenge requires profound transformation in how our healthcare systems value, deliver and evaluate fundamental care. This transformation will take both evolutionary and revolutionary guises. In this position statement, we argue how this [r]evolutionary transformation for fundamental care can and must be created within clinical practice.

**Design:** Position paper.

**Methods:** This position statement stems from the ILC's annual conference and Leadership Program held in Portland, Maine, USA, in June 2023. The statement draws on the discussions between participants and the authors' subsequent reflections and synthesis of these discussions and ideas. The conference and Leadership Program involved participants ($n=209$) from 13 countries working primarily within clinical practice.

**Results:** The statement focuses on what must occur to transform how fundamental care is valued, prioritized and delivered within clinical practice settings globally. To ensure demonstrable change, the statement comprises four action-oriented strategies that must be systematically owned by healthcare staff and leaders and embedded in our healthcare organizations and systems:

1. Address non-nursing tasks: reclaim and protect time to provide high-value fundamental care.
2. Accentuate the positive: change from deficit-based to affirmative language when describing fundamental care.
3. Access evidence and assess impact: demonstrate transformation in fundamental care by generating relevant indicators and impact measures and rigorously synthesizing existing research.

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4. Advocate for interprofessional collaboration: support high-quality, transdisciplinary fundamental care delivery via strong nursing leadership.

**Conclusion:** The ILC Maine Statement calls for ongoing action – [r]evolution – from healthcare leaders and staff within clinical practice to prioritize fundamental care throughout healthcare systems globally.

**Implications for the Profession and/or Patient Care:**

- We outline four action-oriented strategies that can be embedded within clinical practice to substantially transform how fundamental care is delivered.
- Specific actions to support these strategies are outlined, providing healthcare leaders and staff a road map to continue the transformation of fundamental care within our healthcare systems.

**Impact:**

- Fundamental care affects everyone across their life course, regardless of care context, clinical condition, age and/or the presence of disability.
- This position statement represents a call to action to healthcare leaders and staff working specifically in clinical practice, urging them to take up the leadership challenge of transforming how fundamental care is delivered and experience globally.

**Patient or Public Contribution:** Patients, service users and caregivers were involved in the ILC annual conference, thus contributing to the discussions that shaped this position statement.

**What Does this Paper Contribute to the Wider Global Clinical Community?**

- The strategies and actions outlined in this position statement are relevant to all clinical settings globally, providing practical strategies and actions that can be employed to enhance fundamental care for all patients and their families/carers.
- By outlining the importance of both evolutionary and revolutionary change, we identify ways in which healthcare systems globally can begin making the necessary steps towards radical fundamental care transformation, regardless of where they are in the change journey.

KEYWORDS
clinical practice, fundamental care, interprofessional collaboration, nursing workforce, patient outcomes, transformative change

## 1 | INTRODUCTION

When fundamental care delivery is compromised, patients, families/carers, healthcare staff and healthcare systems are adversely impacted. Fundamental care is defined as care that involves actions on the part of the care team that respect and focus on a person's essential needs to ensure their physical and psychosocial well-being (Feo, Conroy, et al., 2018). For patients, poor-quality fundamental care can lead to low levels of care satisfaction as well as a range of system-acquired complications such as medication errors, urinary tract infections, falls, pressure injuries, pneumonia, bloodstream infections, cognitive and functional decline, delirium, malnutrition and, in extreme cases, mortality (Andersson et al., 2022; Ball et al., 2018; Cass & Charlton, 2022; Chaboyer et al., 2021; Gustafsson et al., 2020; Kalánková et al., 2020; Mandal et al., 2020; Recio-Saucedo et al., 2018; Willis & Brady, 2022). In turn, low levels of care satisfaction and high rates of complications can lead to increased patient length of stay, complaints and readmissions; lower reported quality of life; and loss of trust in healthcare systems (Chaboyer et al., 2021; Kalánková et al., 2020; Mandal et al., 2020; Recio-Saucedo et al., 2018; Willis & Brady, 2022). Healthcare staff, particularly nurses, who cannot deliver the high-quality fundamental care they believe is necessary, experience moral and role conflict, low job satisfaction and burnout, and are increasingly likely to leave the profession (Stemmer et al., 2022; White et al., 2019). For health systems, the impacts of poor-quality fundamental care include but

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are not confined to reduced staff retention; increased healthcare costs associated with high staff turnover and frequent quality and safety breaches; and reputational loss associated with poor patient experiences and low levels of patient satisfaction and safety (Kelly et al., 2021; Slawomirski et al., 2017).

Evidence demonstrates that fundamental care failures are not isolated to one country or health system; failing to provide fundamental care is a global issue (e.g. Aiken et al., 2013; Ausserhofer et al., 2014; Ball et al., 2018; Chaboyer et al., 2021; Griffiths et al., 2018; Imam et al., 2023; Papastavrou et al., 2014). This issue has been exacerbated by the COVID-19 pandemic, where healthcare staff faced numerous difficulties in attending to patients' fundamental care needs, including ensuring patient safety through rigorous infection control measures, addressing the profound psychosocial consequences of isolation and managing the heightened anxiety stemming from pervasive uncertainty (Whear et al., 2022). Healthcare staff, especially nurses, played a crucial role in attending to patients' fundamental needs during this trying period. The experiences of healthcare staff coming out of the pandemic underscore the importance of fundamental care to patient and staff outcomes and experiences and the deleterious consequences when this care is not provided to a consistently high standard (Kitson et al., 2023; Sugg et al., 2021, 2022). The cumulative impact of these experiences and the challenge of delivering fundamental care under such circumstances has precipitated an exit of nurses from the workforce worldwide (Martin et al., 2023). With increasing pressure on healthcare services and the backdrop of a global pandemic, we must find ways to value and invest in delivering high-quality fundamental care.

The documented failures in fundamental care globally have stimulated several responses from patients, government and care professions to initiate reform and [r]evolutionary transformation of patient care. These responses range from the compassionate organizations movement (Hewison et al., 2018; Malenfant et al., 2022; Vogus & McClelland, 2020); the Patient Revolution (https://www.patientrevolution.org/); the Point-of-Care Foundation initiatives (https://www.pointofcarefoundation.org.uk); and several high-profile podcasts, blogs and books identifying that our health systems need redesign (e.g. Bravery, 2022; Gawande, 2014; Montori, 2017). These responses are often predicated on the goal of moving health systems from technological, biomedical and industrial models of service delivery to more humanized, personalized, relational and biopsychosocial approaches. The International Learning Collaborative (ILC) has similarly been working towards this goal since its inception in 2008. The ILC is a member-based organization that advocates for the promotion of high-quality fundamental care delivery as a core feature of all healthcare services. Since 2008, the ILC has supported studies into the causes and consequences of failing to meet patients' fundamental care needs and patient and staff experiences and preferences around fundamental care delivery (e.g. Amaral et al., 2022; Aspinall et al., 2022; Bahlman-van Ooijen et al., 2022; Conroy, 2018; Ekermo et al., 2023; Feo et al., 2016, 2019; Grønkjær et al., 2022; Jangland et al., 2016, 2017; Kitson, Dow, et al., 2013; Merkley et al., 2022; Mikkelsen et al., 2019; Minton et al., 2017; Mudd, Feo, McCloud, et al., 2022; Mudd, Feo, Voldbjerg, et al., 2022; Muntlin Athlin et al., 2018; Parr et al., 2018; Pentecost et al., 2020; Rey et al., 2020; Richards et al., 2018, 2021; Sugg et al., 2021, 2022; van Belle et al., 2020).

Since its inception, the ILC has produced discussion documents and position statements to mobilize action and create whole systems change around fundamental care. The first discussion document was published in 2013 and provided a list of specific actions for clinicians, managers, educators, researchers and policy makers (Kitson, Conroy, et al., 2013). Subsequently, the ILC's position statements have stemmed from its annual international conferences that stimulate debate and discussion around how to generate and sustain transformation for fundamental care. The ILC's first position statement – the Aalborg Statement (Kitson et al., 2019) – was generated to identify ways health systems could begin valuing and discussing fundamental care. The goal was to achieve more ownership and action within and across healthcare systems and generate compelling research agendas nationally and internationally. The statement focused on five key propositions: Value, Talk, Do, Own and Research fundamental care. There is evidence of improved awareness of the importance of fundamental care, but there is still much to do in translating this awareness to care outcomes and experiences (for examples of such work, see Jeffs et al., 2022; Parr et al., 2018) and in co-designing relevant, meaningful indicators for high-quality fundamental care (see, e.g., Pinero de Plaza et al., 2021, 2023). The ILC's second statement – the Oxford Statement – outlined what we do and do not want to see within our healthcare systems when faced with the challenges of caring for patients during global pandemics and other crises (Kitson et al., 2023).

This study presents the ILC's third statement – the Maine Statement. We build on existing statements and notably the Aalborg's call to action to 'do' fundamental care by ensuring that it is explicitly actioned and evaluated in all caring activities, systems and institutions. The Maine Statement articulates how people working within and across clinical practice must deliver fundamental care to ensure systems transformation and ultimately better patient, staff and organizational outcomes. We reflect on whether and how revolutionary and/or evolutionary transformation tactics are necessary to create the sea change in our healthcare systems.

## 2 | DEVELOPING THE MAINE STATEMENT

The Maine Statement was developed from the discussions and debate between participants and presenters at the 2023 ILC annual conference and Leadership Program held in Portland, Maine, USA. A total of 209 participants attended the two-day conference, entitled '*The Fundamental Care [R]evolution: Galvanizing local efforts to inspire global impact*', with 30 participants then attending the three-day Leadership Program. The conference theme recognized that the learnings from the pandemic and the many past inquiries into fundamental care failures could be turned into a positive agenda for transformative change led by nurses and other care staff. Conference

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participants came from 13 countries and attended face-to-face (*n*=153) or virtually (*n*=56). Most participants were from North America (*n*=102) with the rest from Europe (*n*=95) and Oceania (*n*=12). All Leadership Program participants attended face-to-face. Whilst most conference and Leadership Program participants were from a nursing background, patient, allied health, medical and executive participants also attended. Participants worked primarily in clinical practice either as providers of direct patient care or in managerial, executive and other leadership positions, or had experience as a patient or carer.

To develop the statement, the lead authors (AK and DC) developed a summary of the main messages generated from the conference keynotes, plenary sessions and discussions. Given most conference participants worked in clinical practice, the conference discussions centred primarily on catalysing change within this aspect of healthcare systems. On the final day of the conference, the lead authors presented this summary to conference participants who provided feedback and suggestions for improvement. The ideas within the summary were further refined via discussions between participants at the three-day Leadership Program. Through this process, the lead authors identified four action-oriented strategies that outline how we can create systems change for fundamental care within clinical practice. These strategies were further refined via discussions with the wider authorship team and members of the ILC's Strategy and Policy Forum (SPF). The ILC SPF comprises global fundamental care experts (n=25 ILC members from eight countries) who guide the ILC's strategic direction. The resultant Maine Statement represents the ILC's position on how its members and the wider healthcare community can move forward in 'doing' fundamental care better and considers how we use strategies for revolutionary or evolutionary transformation of our healthcare systems.

## 3 | THE MAINE STATEMENT

The Maine Statement argues that improving the quality and experience of fundamental care delivery across healthcare systems requires revolutionary and evolutionary efforts from nursing and healthcare leaders. This means that high-quality fundamental care is not seen as an optional extra but is acknowledged as a series of core interventions that are equally important to other diagnostic and treatment modalities. This proposition is articulated through four action-oriented strategies that help move the need for change around fundamental care from rhetoric to reality. Each strategy is discussed in detail with sets of actions under each (see also Table 1).

### 3.1 | Strategy 1: Address non-nursing tasks: Reclaim and protect time to provide high-value fundamental care

Healthcare systems must evolve so that all healthcare staff and leaders understand and value fundamental care and can implement it to a consistently high standard. Nursing care, in particular, must be reframed so that it is built upon prioritizing fundamental care as the core of nursing practice. Too often nurses engage in tasks or activities mandated by others within the health system, and which do not fall within the scope of nursing practice. These non-nursing tasks include cleaning and fixing equipment, moving patients, tracking down lost items, filling out paperwork for other services (e.g. billing patients), managing payroll, undertaking performance reviews and recruitment without appropriate HR support and managing supply chain issues and contracts (Grosso et al., 2021). When nurses' time is preoccupied with these tasks, there is less time for them to do, or oversee others doing, fundamental care and to set the proper standards for this care within their unit or division.

Globally, the provision of non-nursing tasks is high, with studies emphasizing that as much as a third of nurses' shifts are devoted to non-nursing activities (Grosso et al., 2021). Nursing leaders from a range of countries have similarly outlined the challenges of facilitating effective fundamental care delivery alongside competing administrative demands that often take them away from their team or unit (Mudd, Feo, Voldbjerg, et al., 2022). We must shift from this culture where nurses take on multiple tasks that either have no direct patient benefit or fall outside the remit of nursing, to a culture where fundamental care is the core of nursing work. A transformative journey towards prioritizing fundamental care would allow nursing and other healthcare staff to respond appropriately to patients' fundamental care needs whenever this is required, not when it can be fitted around other administrative or accountability-oriented tasks. For some systems, these are genuinely revolutionary aspirations, for others, a process of evolution. To achieve this change, nursing and other healthcare leaders, including policy makers and those in managerial and executive positions within clinical settings, must:

- Re-think documentation. Documentation burden is increasingly recognized as an issue for nursing and other healthcare staff with potential consequences for burnout (Gesner et al., 2022). For instance, the Canadian Government has released a Nursing Retention Toolkit outlining eight retention strategies, one of which is reducing administrative burden, including documentation, to free up time for nurses to focus on the care they are uniquely skilled to provide (Government of Canada, 2023). Recognizing where duplication of documentation occurs, where unnecessary information is collected and where nurses are collecting data for other teams, are all key actions for reducing workload around documentation.
- Eliminate unproductive meetings. We must use this time to discuss nursing responses to clinical cases and situations, emphasizing the importance of fundamental care. Such an approach would directly engage the patient, family and other interprofessional care team members. Such initiatives could also address the routinization of care such as hourly rounding, which was introduced to create assurances that patients' fundamental needs were being met. However, within a 'task-and-time' culture (Kitson et al., 2014), this activity has become another documentation exercise focused on completing a checklist rather than on involving patients in their

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**TABLE 1** Proposed actions underpinning each action-oriented strategy and how they align with existing healthcare initiatives and processes.

| Action-oriented strategies and associated actions | Broader quality and safety (Q&S) and quality improvement strategies | Nursing-specific communication, processes and information flow systems |
|---|---|---|
| **Address non-nursing tasks:**<br>• Re-think documentation<br>• Eliminate unproductive meetings<br>• Institute 'problem-solving fundamental care rounds'<br>• Integrate safety and quality practices into fundamental care delivery | Reduce documentation duplication and consider how 'care bundles' can be structured to incorporate risk assessments with person-centred, integrated fundamental care plans<br>Reduce the priority and number of non-nursing tasks<br>Use Q&S techniques such as reliability measures and human factors to create efficiencies<br>Implement fundamental care improvement projects and use these to model new methods for documentation and communication between teams | Consider talking nursing rounds and recording patient experiences in real-time<br>Use appropriate technology to reduce the burden of nursing documentation<br>Redefine the role of the nurse in the system to focus on and promote fundamental care |
| **Accentuate the positive:**<br>• Agree on a common language to talk about fundamental care<br>• Think about how to connect risk assessment with integrated fundamental care activities<br>• Use affirmative language when describing care and patients | Use the Fundamentals of Care Framework as the standard way to discuss fundamental care needs<br>Link Q&S metrics to fundamental care activities<br>Involve patients and their carers in fundamental care improvement projects to shift language from deficit to affirmation | Shift from deficit-based language (e.g. 'falls risk') to describing what care must happen (e.g. optimizing safe mobilization)<br>Ensure every organizational strategic document identifies the importance of meeting patients' fundamental care needs<br>Celebrate caring success<br>Start to talk care up:<br>'care is cool' and 'fundamental care is super-cool' |
| **Access evidence and assess impact:**<br>• Think about handovers, grand rounds, and care orders as ways of focusing attention onto fundamental care<br>• Use fundamentals of care assessment and other real-time feedback tools<br>• Put patient-generated outcome measures on the agenda | Actively use the best evidence related to fundamental care delivery to promote Q&S<br>Seek feedback from staff, patients and interprofessional teams to generate better ways to discuss fundamental care delivery and what it means for patient safety and recovery | Protect the person by telling their story and ensuring it is carried across the care continuum<br>Use huddles and other communication techniques to share physical, psychosocial and relational aspects of care<br>Remember that cultural safety starts with forming trusting relationships with the patient and their chosen carers/family |
| **Advocate for interprofessional collaboration:**<br>• Residency/graduate programs<br>• Inductions<br>• KPIs/performance reviews<br>• Recognition/celebratory programs<br>• Promoting positive staff behaviours | Work with academic partners to ensure consistency in graduate/residency/intern programs so that new staff understand the importance of getting fundamental care right and demonstrate competency early in their careers<br>Align the annual performance review cycle with measures of successful fundamental care delivery<br>Align the Q&S annual cycle to monitor fundamental care elements<br>Use relevant nurse-sensitive indicators to measure fundamental care successes | Ensure nursing students and new graduates are involved in using the Fundamentals of Care Framework to organize care<br>Demonstrate and acknowledge skills and behaviours such as active listening, compassion, and kindness, and celebrate such activities<br>Promote self-care behaviours to support high-performing interprofessional teams<br>Learn how to have the confidence to call out behaviours and attitudes that do not generate trusting, culturally safe spaces for patients and staff |

care. In turn, hourly rounding has demonstrated inconsistent results or minimal positive impact for patients (Gardner et al., 2009).

- Institute 'problem-solving fundamental care rounds'. Within these rounds, experienced clinical nurses engage patients, family members and the wider nursing and interprofessional team to talk about the care patients require and get feedback from patients in real-time on the fundamental care they are receiving. The implementation of such nurse-led rounding for fundamental care has demonstrated positive benefits in enhancing patient involvement in care planning, improving clinical communication between nurses and empowering nurses to make decisions within their professional arena (Catangui & Slark, 2012).
- Align with, rather than ignore, existing initiatives. We must identify and articulate how quality and safety systems and approaches; workforce attraction, retention and development strategies; and efficiency and effectiveness measures would be positively influenced by a shift in thinking about the contribution of fundamental care to patient (and staff) well-being and recovery.

An example of how to institute the above suggestions comes from nursing leaders in Sinai Health, Canada, who have developed an evidence-informed Science of Care Framework that situates fundamental care as the nexus point between safety, symptom, implementation, improvement and innovation sciences (Jeffs et al., 2022). By placing high-quality fundamental care as the goal of care delivery, the Science of Care Framework positions quality and safety as a mechanism to *support* fundamental care rather than as the driving force of care delivery itself. Efforts such as this align with but also expand current understandings of quality and safety, working to re-frame what healthcare systems currently value – risk mitigation.

This first action-oriented strategy posits that fundamental care delivery can be enhanced by using existing resources more deliberately, consciously and differently. It is not necessarily about doing more but being clear and consistent around the core of nursing practice – fundamental care – and making this our priority. This is supported by evidence that shows delivering high-quality fundamental care does not necessarily take more time – it is a matter of changing the way nurses think about fundamental care delivery and in turn how they interact with their patients (Feo et al., 2019; Mikkelsen et al., 2019). However, this can only be achieved by enabling nurses to concentrate on nursing rather than having their day-to-day work dictated by non-nursing tasks. Moving away from non-nursing tasks, or indeed changing the way nurses think about fundamental care as integral to their practice, requires a significant cultural and value systems shift within healthcare systems globally. Nurses and nursing leaders must critically reflect on how they can articulate and demonstrate the profound positive impacts of high-quality fundamental care to begin transforming their everyday practice and place this care at the centre of all that they do.

## 3.2 | Strategy 2: Accentuate the positive: Change from deficit-based to affirmative language when describing fundamental care

Ensuring a common language and framework for fundamental care is crucial in effecting systems change. Research shows that nurses and allied health staff often do not share a common language or understanding for fundamental care delivery (Feo, Urry, et al., 2023). Even nurses can have different ways of describing and interpreting this care (Mudd, Feo, Voldbjerg, et al., 2022). A common language and conceptual framework will support nursing and broader healthcare teams across specialties, organizations and systems to work from the same understanding of what high-quality fundamental care looks like and how it should be delivered. The Fundamentals of Care Framework (Feo, Conroy, et al., 2018; Kitson, Conroy, et al., 2013) (see Figure 1) helps to provide nursing and the wider healthcare team with this common language and conceptual understanding.

The Framework emphasizes the importance of forming trusting relationships with patients, which help to integrate fundamental care needs across physical, psychosocial and relational domains, whilst also considering the context or setting where care is delivered (Feo, Kitson, et al., 2018; Mudd et al., 2020). Crucially, the Framework provides the consistent language and conceptual scaffolding that is needed to ensure all members of the healthcare team, no matter where they work or what their discipline or specialty is, can understand and articulate what fundamental care is, how it should be delivered and how it positively contributes to patient outcomes. Moreover, evidence shows that clinical nurses easily understand the Fundamentals of Care Framework and believe it represents the core of nursing practice (Muntlin et al., 2023). However, further efforts must be made to better enable nurses and other healthcare staff to use the Framework to articulate and guide their day-to-day

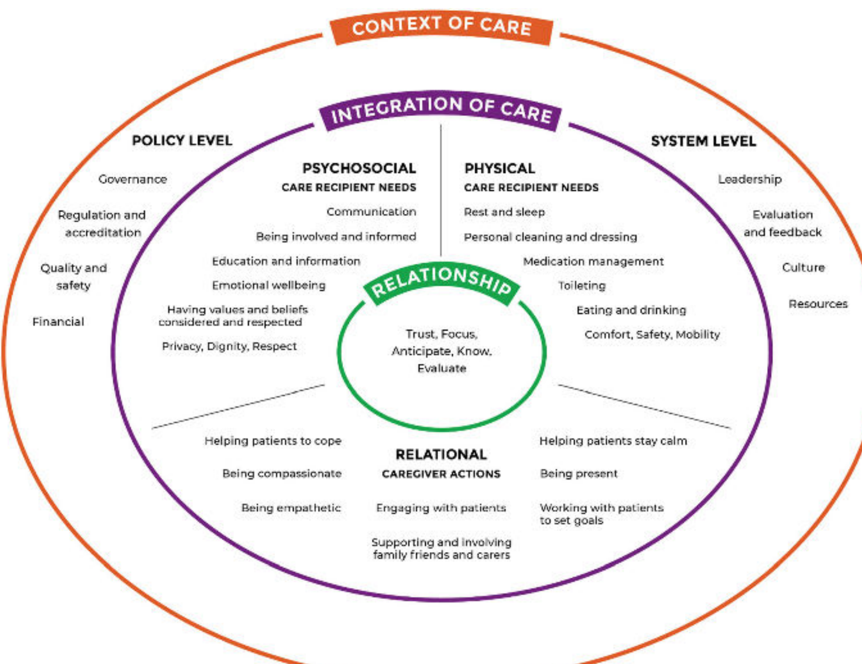


FIGURE 1 The Fundamentals of Care Framework. Image obtained from https://ilccare.org/the-framework/ Content with image derived from Feo, Conroy, et al. (2018).

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practice, that is, to take the conceptual and make it practical (Muntlin et al., 2023). This represents a prime opportunity for healthcare leaders and staff, together with patients, carers/families and wider healthcare teams, to work with the ILC in generating pragmatic resources that facilitate the use of Fundamentals of Care Framework in clinical practice, ensuring not only a common language and understanding, but consistently high-quality care delivery as well as consistency in teaching the fundamentals of care both theoretically and in practice.

In addition to working from a common conceptual and linguistic framework, we must think about how we celebrate and communicate the delivery of high-quality fundamental care. Understandably, our health systems are focused on risk mitigation, particularly around elements of fundamental care, which, if not attended to, create significant risks to patients. For example, falls, pressure injury and delirium prevention are all major challenges to our health systems (Morello et al., 2015; Mudge et al., 2017; Rodgers et al., 2021). However, we know that managing these risks requires a comprehensive approach to assessing and meeting patients' fundamental care needs. So, how can we shift our language and actions from focusing on discrete activities to describing and developing a fully integrated fundamental care plan that combines these risk assessments? How do we create a plan that the patient, their informal caregivers and the wider healthcare team use as their roadmap to recovery (or peaceful death)? The Fundamentals of Care Framework can offer a more holistic alternative to existing initiatives, such as missed nursing care, where the focus is inevitably retrospective (what went wrong?) rather than proactive (what can/should be done?). Re-focusing our attention on the positive contributions of care requires leaders and the teams, organizations and systems they manage to:

- Re-frame the starting point of care by combining risk assessments with a personalized or person-centred fundamental care plan. Rather than centring nursing work around risk (e.g. being driven by the prevention of falls or pressure injury), we can focus on proactive fundamental care delivery. We can use the Fundamentals of Care Framework to understand how we generate a personalized fundamental care plan that takes account of all fundamental care needs and is co-designed with the patient and their carers, so they understand how they can manage their mobility, nutrition, cognitive engagement, hygiene, rest and sleep, involvement and so on.
- Develop and implement 'fundamental care bundles (Fundabundles)'. Bundled or multi-component care interventions are not new (e.g. care bundles for Ventilator-Associated Pneumonia; Mastrogianni et al., 2023). However, often the focus is on bundled activities (i.e. employing multiple strategies) for a singular outcome (e.g. reducing falls risk). Instead, we must focus on how bundles of care might positively impact and optimize several patient outcomes simultaneously. For instance, mobility, rest and sleep, hygiene and nutrition are crucial for preventing pressure injuries, but also have a broader impact on patient health and well-being, including nutritional status, delirium, (in)continence, falls, emotional well-being and care satisfaction. All these dimensions must be considered when we are working with patients with complex health and care needs.
- Re-frame the language we use to talk about our patients. For instance, rather than using terms such as 'falls risk' or 'bed meetings', the latter of which describes daily meetings that focus on filling and emptying beds rather than on patient care needs and priorities (Aspinall et al., 2021), we might focus instead on 'mobilization plans' or 'continuity of care and engaged discharge planning', emphasizing the demonstrable impact of fundamental care, including relational and psychosocial aspects of such care (see, e.g., Kerr et al., 2019), on patients' clinical care and recovery.

Crucially, using fundamental care to facilitate a common language that moves away from focusing solely on deficits can ensure that this care is aligned rather than in competition with an organization's strategic priorities. Taking a fundamental care focus also enables conversations around risk mitigation, safety and quality to connect with patients' experiences of care. Often, patient experiences depend on relational and psychosocial aspects of care, such as being treated with dignity and respect, receiving timely communication and being involved in one's care (Graham et al., 2018). In turn, patients' care experiences can have profound impacts on other aspects of care quality, contributing to better safety and effectiveness, better treatment outcomes and fewer complications (Graham et al., 2018). Acknowledging the centrality of high-quality fundamental care delivery by both embracing risk mitigation activities and the importance of forming trusting relationships can create a shared language across all clinical specialties and a patient's life course. Focusing on both risk mitigation and the positive outcomes of fundamental care enables healthcare systems to ensure safe care delivery and support enhanced recovery and well-being.

### 3.3 | Strategy 3: Access evidence and assess impact: Demonstrate transformation in fundamental care by generating relevant indicators and impact measures and rigorously synthesizing existing research

As argued by Richards (2020), whilst there exists a strong and growing body of observational research demonstrating important insights into patients' fundamental care experiences, we must turn our attention to designing and testing rigorous interventions to evaluate the impact and effectiveness of fundamental care delivery, enabling scale-up within and across healthcare systems. However, the measurement of fundamental care remains a challenge for healthcare systems globally, due to numerous attitudinal, behavioural, cultural and system-related factors (Kitson, 2020). These factors include reluctance from healthcare staff and systems to engage in measurement and evaluation; a lack of research capacity and funding to support large-scale evaluation; difficulties in establishing causality; and a tendency to work in siloes, generating multiple, related studies that are not consolidated into an overarching evidence base

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(Kitson, 2020). Whilst these challenges are common in emerging disciplines and fields of enquiry, we must find ways to overcome them.

Demonstrating the impact of fundamental care requires a multi-pronged approach, focusing on both what can be evidenced during day-to-day nursing activities (e.g. re-thinking handovers, nursing rounds and care orders; using appropriate self-assessment and feedback tools; and working with patients to generate appropriate fundamental care outcome and experience measures) as well as more considerable system requirements for generating and linking data sets. Demonstrating the impact of fundamental care in day-to-day nursing activities requires leaders to support their staff to:

- Implement handovers to communicate a person's fundamental care needs and to maintain their personhood and dignity. The Fundamentals of Care Framework suggests spending time during handovers discussing patients' relational and psychosocial needs (e.g. their values and goals for care and their preferences for involvement) alongside their physical and safety needs, thus ensuring a holistic, integrated care approach. It also emphasizes the central importance of trust within professional caregiving relationships, which requires sensitivity to cultural safety and other interpersonal and contextual factors. Re-framing handovers in this way will not only affect a shift in how we think about fundamental care but will demonstrate the positive impacts of delivering this care in a relationship-centred, integrated manner, rather than as a series of disaggregated tasks.
- Integrate a holistic approach to fundamental care through nursing grand rounds. Within these rounds, patient care needs and collaboration towards care and recovery goals are presented. Nurses should also be at the bedside during interprofessional (medical) rounds. They should have an equal voice in presenting the patient and partnering with the wider healthcare team to create the patient's comprehensive care plan.
- Generate and co-design care orders by nurses responsible for a patient's fundamental care needs. These care orders will ensure that all members of the healthcare team (e.g. nursing support/care workers, allied health professionals and medical colleagues) understand the plan and work to support it. For example, a care order relating to a patient's need for assistance during mealtimes would be communicated to kitchen delivery, nursing support/care workers, housekeeping and dietetics staff so that everyone involved can work towards ensuring the patient can eat their food.
- Use the Fundamentals of Care Self-Assessment tool (Feo, Kitson, et al., 2023), based on the Fundamentals of Care Framework (Feo, Conroy, et al., 2018; Kitson, Conroy, et al., 2013), to identify areas of strength and opportunity in fundamental care delivery. The tool enables healthcare staff to visualize how well an individual, team, unit/ward or organization provides fundamental care. The knowledge generated from the tool can guide care delivery as well as broader quality improvement strategies that place fundamental care at the centre, thus initiating cultural transformation within the unit, division, organization and healthcare system.
- Leverage fundamental care self-assessment tools with the use of real-time or near real-time data collection of patient experience. This includes tools focused on relational aspects of care, such as developed by Graham et al. (2018). Such tools enable healthcare staff to understand the experience of patients as it is happening, providing essential data on organizational performance and enabling healthcare staff to take ownership of the results and implement changes (De Rosis et al., 2020; Graham et al., 2018; Indovina et al., 2016). This real-time data collection could be used to support our suggestion of 'problem-solving fundamental care rounds'.
- Include patient-generated fundamental care indicators and measures on the agenda, building on existing work in the work on patient reported experience and outcome measures (PREMs and PROMs) whereby we identify what existing tools can be used to evaluate the quality of certain aspects of fundamental care as well as work on generating more patient-centred tools. The work of Parr and colleagues in New Zealand demonstrates how such patient-centred measurement can successfully occur at the unit level when supported by organizational leadership (Parr et al., 2018).

Ideally, these point-of-care strategies will then feed into 'bigger picture' approaches that involve leaders generating and linking data sets for fundamental care within and across organizations and systems. One way to achieve this is by generating and using minimum data sets that encourage routine collection and reporting of a core set of data elements. Whilst some minimum data sets for nursing exist, they are seldom used to measure the impact of nursing interventions (Muntlin Athlin, 2018), and, currently, there exists no standardized minimum data set reflecting how patients experience fundamental care (Jeffs et al., 2018). Such a data set would enable comparability of data across clinical populations, healthcare sectors, geographic locations and time, and provide much-needed information to support clinical, administrative and policy decision-making (Jeffs et al., 2018). The generation and use of such data sets would also support in identifying how fundamental care metrics link with and complement existing healthcare initiatives, such as quality and safety, further demonstrating to healthcare leaders, managers and decision-makers the contribution of high-quality fundamental care to patient, staff, and health system outcomes. However, to avoid defaulting to a 'task-and-time', tick box approach that simply results in more bureaucracy, these data sets must be grounded in the measurement of what matters most to patients and their families/carers, not what matters most to systems.

## 3.4 | Strategy 4: Advocate for interprofessional collaboration: Support high-quality, transdisciplinary fundamental care delivery via strong nursing leadership

Nursing must continue to step up to the leadership challenge of transforming fundamental care within our healthcare systems, through revolutionary or evolutionary means or both. Nurses are the guardians of fundamental care delivery; neglecting to defend and support this care will only lead to its further erosion within and across our healthcare

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systems. However, nursing leaders need to bring other disciplines along on this journey so that everyone understands and values the critical role fundamental care plays in patient care. Many fundamentals of care such as nutrition and mobility fall within the remit of allied health staff in addition to nurses. Whilst it is easy to argue that fundamental care is everybody's responsibility, someone needs to be ultimately accountable for explaining and facilitating the delivery of high-quality, consistent fundamental care within and across interprofessional teams. If someone does not take responsibility for it, it will fall through the cracks. Rather than being 'everybody's responsibility', fundamental care will quickly become 'no one's responsibility' because no single clinician, role or discipline is responsible for ensuring it is delivered to a consistently high standard (Feo, Urry, et al., 2023). This leadership is a nursing responsibility and requires bringing the transdisciplinary team together towards a shared understanding and appreciation of the importance of fundamental care delivery.

Nursing can and must explicitly take on this responsibility by generating consistent language and metrics specific to fundamental care; valuing, prioritizing and ensuring its delivery; generating a proactive research and improvement agenda; and collaborating with key stakeholders. Nursing leaders and policy makers must ensure that fundamental care is integrated into an organization's strategic vision, mission, and goals and other aspects of an organization's functioning. This can be achieved in the following ways:

- Incorporate information and training on fundamental care in graduate or residency education programmes to enable registered healthcare staff to receive comprehensive education and exposure to fundamental care principles and practices from the early stages of their careers.
- Include information and training on fundamental care in onboarding and orientation for new healthcare staff to ensure they understand the importance of fundamental care and are equipped to deliver it effectively.
- Integrate the assessment and recognition of individuals' contributions to fundamental care delivery into performance reviews to enable a culture where this care is talked about, valued and prioritized.
- Establish Key Performance Indicators (KPIs) to measure and monitor the provision of fundamental care to quantitatively assesses the extent to which healthcare staff incorporate fundamental care into their practice.
- Develop and enact effective communication strategies and recognition programs to promote and celebrate the delivery of fundamental care. Examples include sharing success stories, highlighting exemplary practice and acknowledging individuals and teams who consistently prioritize and excel in fundamental care delivery.

By advocating for interprofessional engagement and emphasizing fundamental care, nursing leaders can foster a culture that values and prioritizes this care delivery. Through integration into organizational processes and communication strategies, nurses can lead and work collaboratively with transdisciplinary colleagues to achieve transformation in fundamental care.

Table 1 summarizes the proposed actions underpinning the four action-oriented strategies. For these actions and strategies to become reality, nursing and other healthcare leaders must own and take responsibility for them, implementing and tailoring the actions to their specific clinical contexts. To further facilitate this implementation process, Table 1 connects the proposed actions with (1) the broader, existing systems in which nurses and other healthcare staff currently work (e.g. quality and safety, quality improvement initiatives), and (2) nursing-specific communication, processes and information flow systems, identifying the work nursing leaders must undertake to improve these systems and processes.

## 4 | DISCUSSION

We have outlined four action-oriented strategies for transforming fundamental care, generated via discussions at the 2023 ILC annual conference and Leadership Program. These strategies might not seem revolutionary to some. Indeed, they might be considered activities that nursing leaders are doing or ought to be doing already. The question remains: what strategies do nursing leaders use to embed fundamental care into their systems and into the work practices and mental models of their nursing and other healthcare colleagues? Are we talking revolution or evolution? And if it is one or the other or both, how do we know what strategies and tactics to use?

Evolution is typically described as a series of natural changes or a gradual development of something over time, usually referring to biological systems. In this sense, evolution favours those organisms or ecosystems that can adapt to their environment over those that cannot, hence their survival. Similar mechanisms operate in businesses; those ventures that tap into customer preferences will be more successful than activities that do not meet consumer demand. Taking this approach, what factors would determine whether introducing new ways to talk about and deliver fundamental care into our healthcare systems, in the ways we have described, would be described evolutionary? What added value does delivering high-quality fundamental care offer to patients, nursing staff, healthcare organizations and society? The arguments generated in this, and many other papers, would indicate that fundamental care is not delivered consistently and to a level of safety and quality, thus putting patients at risk. The questions then would be, can we continue to adapt and improve our health and care processes and systems to create gradual improvements? The answer of course is, yes, we can do this if we agree it needs to be done, if we work together to improve systems and processes and if we measure the intended improvements. The four action-oriented strategies in Table 1 provide ideas that we can start to refine.

However, given our contention that fundamental care is foundational to safe, person-centred care, why must we fight so hard to have it recognized and valued in our healthcare systems? Why are nurses leaving the profession, citing burnout, moral distress and disillusionment as reasons (Bahlman-van Ooijen et al., 2023; Shah et al., 2021)? Might this be evidence to suggest that rather than adopt an incremental evolutionary approach, we need to be more radical in our desire

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to see change? Are we indeed talking about revolution rather than (or in conjunction with) evolution? Other disruptive social movements in health could be described as revolutionary. Revolution within social and political science is described as a radical change in the established order, governments and social institutions. We might not consider the safety and quality movement, the patient-centred care movement or the evidence-based practice movement as revolutionary. However, each of them to some extent has changed the ways we think about, do, talk, resource and research health and care. The changes precipitated by these movements have been supported by powerful, influential groups who have invested in new processes and structures across whole healthcare systems. So, the question is, do we need a similar disruptive shift in the way we talk about and do fundamental care to get the level of system and process change we need?

The answer to this question is of course a resounding yes. Suppose we can quantify the negative impacts on patient care due to fundamental care failures. If so, then we can use the learning from other social movements to accelerate the changes and improvements necessary to make high-quality fundamental care delivery something to celebrate in our healthcare systems. This is where nursing leaders must decide what their continued contribution will be. As we face a future that will be increasingly shaped and influenced by technology, artificial intelligence and the use of large data sets to determine and predict medical and clinical interventions, if we do not have ways of connecting the impact of fundamental care delivery with patients' clinical experiences, then fundamental care will disappear from our consciousness and our systems to be replaced by multiple actions linked to a safety risk register and/or undertaken by a paid carer or a family member or by the person themselves. This is not a dystopian view; it is, for some, already a reality and, for others, an inevitability.

Whichever way we look at it – revolution or evolution – the Maine Position Statement is arguing for a more explicit acknowledgement of the central importance of fundamental care in our healthcare systems, and we will continue to use both evolutionary and revolutionary strategies to ensure that the future accommodates care.

## 5 | CONCLUSION

This study highlights the critical need to shift the focus of our healthcare systems towards high-value fundamental care delivery via both evolutionary and revolutionary means. By reclaiming nursing time to provide high-quality fundamental care, re-framing our language to accentuate the positive aspects of this care, generating relevant evidence and impact measures and advocating for nurse-led interprofessional collaboration, leaders and policy makers can empower nurses and wider healthcare teams to meet the fundamental needs of the individuals they care for. Emphasizing fundamental care and cultivating a culture that values and supports nurses and other care providers to deliver this care to a consistently high standard will ultimately improve patient and nurse outcomes. This cultural change will only be brought about via concrete action by nursing and healthcare leaders that focuses on reducing the burden of documentation, streamlining existing processes, re-evaluating the allocation of nursing resources, recognizing and redressing the limitations of current measurement systems and redefining success to encompass the holistic and humanistic aspects of nursing care, focusing on what matters most to patients and their carers/families. Through these efforts, nursing and healthcare leaders can transform healthcare systems and ensure that fundamental care returns to the core of health service delivery.

## AUTHOR CONTRIBUTIONS

AK, DC and RF: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. AK, DC, RF, TC, LJ: Involved in drafting the manuscript or revising it critically for important intellectual content; gave final approval of the version to be published; and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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The authors do not have any conflicts of interest to declare.

## DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

## ORCID

*Alison Kitson* https://orcid.org/0000-0003-3053-8381
*Rebecca Feo* https://orcid.org/0000-0001-9414-2242
*Tiffany Conroy* https://orcid.org/0000-0003-0653-7960
*Lianne Jeffs* https://orcid.org/0000-0002-3522-2549

## TWITTER

*Alison Kitson* alisonlkitson
*Devin Carr* DevinCarrRN
*Rebecca Feo* Rebecca_Feo
*Tiffany Conroy* tconroy9
*Lianne Jeffs* JeffsLianne

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