



INTERNATIONAL  
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2025 ILC Annual International Conference

# Global Collaboration, Local Action

for Fundamentals of Care Innovation

## Book of Abstracts

16th & 17 June, 2025

Genoa, Italy

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The ILC Annual International Conference is the signature event for the ILC and brings together our global community of fundamental care experts and champions from practice, research, education and policy.

The 2025 ILC Annual International Conference will shine a light on the innovations of our global fundamentals of care community. The conference provides nurses, allied health professionals, educators and academics the inspiration to lead and innovate fundamental care in their local environment. Our past attendees have taken away the knowledge and confidence, to initiate activities, to engage with colleagues and to plan for fundamentals of care innovation aimed at achieving better patient outcomes and an even stronger sense of pride in their profession. They start building their global network for collaboration, and become local champions who value, own, talk, do, and research fundamental care.

Since our formation in 2008, the International Learning Collaborative (ILC), has hosted multiple events to strengthen the nursing and care professions in delivering quality, person-centred fundamental care.

[More on the ILC's vision & mission.](#)





# Conference Committee

**Dr Giuseppe Aleo**

**Professor Annamaria Bagnasco**

**Professor Monica Bianchi**

**Associate Professor Gianluca Catania**

**Dr Getty Huisman-deWaal**

**Associate Professor Eva Jangland**

**Professor Kirsten Lode**

**Ms Alison Marchbank**

**Professor Ingrid Poulsen**

**Ms Berit Sunde**

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# Scientific Committee Leads

**Dr Rebecca Feo**

**Associate Professor Britt Laugesen**

**Associate Professor Siri Lygum Voldbjerg**

## 2025 ILC CONFERENCE PROGRAM - GENOA, ITALY

Day 1: Monday, 16th June, 2025					
8:00	45	Registration			
		Opening of the 2025 ILC Conference Invited Speakers & University of Genoa Team			
8:45	15				
9:00	45	Keynote Presentation	Professor Alison Kitson	Stronger Together: successes and challenges to achieving person-centred fundamental care for all	Australia
9:45	10	Q&A			
9:55	30	Keynote Presentation	Professor Loredana Sasso	Fundamental Care: A way to rethink contemporary nursing care	Italy
9:25	15	Plenary Presentation	Professor Annamaria Bagnasco	Methodology for the Implementation of Fundamentals of Care in Clinical Practice	Italy
10:40	10	Q&A			
10:50	30	Morning Tea			
11:20	45	Keynote Presentation	Professor Linda Aiken	Creating the Infrastructure to Enhance Delivery of Person-Centered Care	USA
12:05	10	Q&A			
12:15	30	Poster Presentation Session			
12:45	45	Lunch			
13:30	15	Live Presentation	Miss Daniela Cattani	Third-Year Results of a Multi-Centre Randomized Controlled Trial on Integrating the Fundamentals of Care Framework Into Italian Nursing Education	Italy
13:45	15	Live Presentation	Associate Professor Siri Lygum Voldbjerg	Mapping local action for national Fundamentals of Care innovation	Denmark
14:00	15	Live Presentation	Dr Joanne Murray	Harnessing the strengths of the interprofessional team to deliver fundamental care	Australia
14:15	10	Q&A			
14:25	15	Plenary Presentation	Siri Lygum Voldbjerg, Britt Laugesen, Rebecca Feo	One Year On: How the ILC Fellows are shaping local action through global collaboration	Australia & Denmark
14:40	5	Q&A			
14:45	30	Networking Session			
15:15	25	Afternoon Tea			
16:10	15	Live Presentation	Associate Professor Regina Allande Cussó	Exploring the Fundamentals of Care Framework through a Predictive Model: Insights from a Pilot Study in Australian Healthcare Settings	Spain
16:20	15	Live Presentation	Mrs Femke Becking	Comfort rounding to support patients' nutritional and mobility care, and to enhance patient participation: is it feasible on general surgical wards?	Netherlands
16:35	15	Live Presentation	Dr Yang Xiaoman	Development of comprehensive diabetic foot prevention program in long-term care facilities based on FoC framework in Shanghai China	China
16:50	10	Q&A			
17:00	15	Summary of Day One			
17:30		Social Drinks & Networking			

Day 2: Tuesday, 17 June 2025								
8:00	45	Live & Virtual	ILC Annual General Meeting - ILC Member Only				Auditorium	
8:30	30	Breakfast					Sala ricevimenti level 0	
9:00	15	Live Presentation	Welcome to Day Two				Australia, USA, Italy	Auditorium
			Professor Alison Kitson, Dr Susan Weeks, Professor Annamaria Bagnasco					
9:15	20	Plenary Presentation	Ms Nadine Gray	Change is an opportunity to reflect: How did I get here, what do I value, and where are we going?			New Zealand	Auditorium
9:35	15	Plenary Presentation	Mr Antonio Carletti	Fundamental Nursing Care Matters: Stories That Make a Difference			Italy	Auditorium
9:40	10	Q&A						Auditorium
9:50	15	Plenary Presentation	Professor Alison Steven	Nursing workforce fatigue – an often-overlooked issue with important implications for FOC delivery			UK	Auditorium
10:05	15	Plenary Presentation	Dr. Graziella Costamagna	Distributed nursing leadership: strategies and outcomes in implementing the fundamentals of care in clinical practice			Italy	Auditorium
10:20	10	Q&A						Auditorium
10:30	40	Morning Tea					Sala ricevimenti level 0	

Concurrent Sessions Format					
Focus on: Clinical Practice					
11:15	15	Live Presentation	Mrs Lise Thorsen	Enhancing Understanding and Application of the Fundamentals of Care Framework through a Collaborative Board Game for Clinical Supervisors	Denmark
11:30	15	Live Presentation	Maria Becerra Gomez	Enhancing Skin Integrity in ICU Patients: Advancing the Fundamentals of Care with Early Pressure Injury Detection Using SEM Technology	Canada
11:45	15	Live Presentation	Hazen Yu	Collaborating with Global Partners & The Impact of Applying the Fundamentals of Care Framework to the Older Adult Population	USA
12:00	10	Q&A			

12:10	10	Break / Networking				Aula A level 1
12:20	15	Live Presentation	Dr Cristian Vairo	Oral health promotion and fundamental of care: an evidence-based practice educational program	Italy	Aula A level 1
12:35	15	Live Presentation	Ms Jette Koelle	The relationship between nurses values and missed nursing care	New Zealand	Aula A level 1
12:50	10	Q&A				Aula A level 1
13:00	60	Lunch				Castello di Boccanegra
		Fundamentals of Care in Practice Workshop				Boccanegra- Salone dei Dogi
14:00	90					
15:30	30	AFTERNOON TEA				Sala ricevimenti level 0

Focus on: Research						
11:15	15	Live Presentation	Professor Tiffany Conroy	From international collaboration to contextualised recommendations: developing nonpharmacological ICU agitation guidelines across countries	Australia	Auditorium
11:30	15	Live Presentation	Dr Hanne Mainz	Missed Nursing Care in Danish Hospitals: A National Survey	Denmark	Auditorium
11:45	15	Live Presentation	Mrs Bobbie-Jo Pene	Indigenous relational practices as a strategy to transform acute hospital settings	New Zealand	Auditorium
12:00	10	Q&A				Auditorium
12:10	10	Break / Networking				Auditorium
12:20	15	Live Presentation	Dr Jenny Parr	Using Comics to Get Serious About Fundamental Care	New Zealand	Auditorium
12:35	15	Live Presentation	Dr Rosanna Viacava & Simona Serveli	The Omission of Fundamental Nursing Care and Its Causes in Critical Care Areas: An Observational Study	Italy	Auditorium
12:50	10	Q&A				Auditorium
13:00	60	Lunch				Castello di Boccanegra
		Fundamentals of Care in Research Workshop				Aula A level 1
14:00	90					
15:30	30	AFTERNOON TEA				Sala ricevimenti level 0

Focus on: Education / Policy						
11:15	15	Live Presentation	Dr Maiken Holm	Integrating the Fundamentals of Care Framework into Nursing Curriculum via Microsoft Teams	Denmark	Sala Disney level 0
11:30	15	Live Presentation	Dr Lara Delbene	Fundamental of Care (FoC) Framework's integration into Italian Nursing Education: Tutors' insights in the FoC-Form Study	Italy	Sala Disney level 0
11:45	15	Live Presentation	Associate Professor Eva Jangland & Associate Prof	(How) can the Fundamentals of Care framework be used in a specialist nursing program? Sharing of experience from a local initiative	Sweden	Sala Disney level 0
12:00	10	Q&A				Sala Disney level 0
12:10	10	Break / Networking				Auditorium
12:20	15	Live Presentation	Mr Michael Crossan	Teaching fundamental care to student nurses: The experiences of nurse teachers in New Zealand	New Zealand	Sala Disney level 0
12:35	15	Live Presentation	Mr Mats Christiansen & Dr. Mona Pettersson	Integrating the Fundamentals of Care framework within the baccalaureate nursing curriculum: Teachers' perceptions of benefits and barriers	Sweden	Sala Disney level 0
12:50	10	Q&A				Sala Disney level 0
13:00	60	Lunch				Castello di Boccanegra
		Fundamentals of Care in Education Workshop				Sala Disney level 0
14:00	90					
15:30	30	AFTERNOON TEA				Sala ricevimenti level 0
16:00	5	Poster Presentation Competition Winner Announced - Eva Jangland				Auditorium
16:05	40	Creating the Genoa Statement - Alison Kitson, Susan Weeks, Annamaria Bagnasco & Conference Organising Committee				Auditorium
16:45	15	Conference Wrap Up - 2026 Conference Announcement - Alison Kitson				Auditorium



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# Keynote Speakers

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## ***Stronger Together: successes and challenges to achieving person-centred fundamental care for all***

*Professor Alison Kitson, Australia*

Despite the growing body of evidence that shows that failures to address peoples' fundamental care needs can lead to poorer health outcomes, slower recovery rates, missed care and increased suffering for patients and their carers, there is a lack of concerted effort to tackle these known deficits across our healthcare systems. The International Learning Collaborative (ILC) has been established to fill this gap between what we know about person-centred fundamental care delivery and how we make it a reality.

Prof Kitson will outline how the ILC has been shifting the international dial on person-centred fundamental care activity, describing the organisation's journey to date. She will summarise our many successes and also focus on ongoing and new challenges facing us as an international community committed to transforming care globally and locally. Continued global collaboration to enhance local action succeeds when we work together with mutual respect, sharing our knowledge through generous and authentic leadership.

## ***Fundamentals of Care: A way to Rethink Contemporary Nursing***

*Loredana Sasso, Genoa, Italy*

When we think about modern nursing, there are key issues that cannot be ignored and make us reflect: shortage of nurses, progressive decrease in the attractiveness of the profession, and high levels of intention to leaving the job. These phenomena are present, with different nuances, in Italy and internationally.

In Italy, the number of young people who choose the nursing profession to invest in their future is progressively decreasing. Furthermore, national and international studies highlight the continuous increase in the number of nurses who would leave the profession if they could, and the large numbers of those who have abandoned the nursing profession are very worrying.

Of course, there are different reasons for all these issues, such as aspects external to the healthcare sector related to socio-economic factors, cultural aspects, models, expectations, but also internal factors, such as obsolete work environments, organizations that have no interest in the well-being of their professionals, their work-life balance, excessive bureaucracy, and so on.

In several studies, nurses express their distress in not being able to do "their job" properly, in terms of being fully in charge of the care they provide to patients and their family members.

The Fundamentals of Care lead us back to the roots of nursing, which still today express their essence in responding to the needs of the person. Needs that are never banal, simple or demoting because they are closely related to the health conditions of a person and are therefore "fundamental" for care, healing or caring for someone through end of life.

The Fundamentals of Care are a powerful aggregating and value-building tool and can contribute to the implementation of significant and lasting changes in the agency of clinical-care, because they are based on assumptions strongly devoted to the professional identity and values of nursing, regardless of any type of organizational and care model, precisely because they are based on "*patient and family centred care*".

## ***Creating the Infrastructure to Enhance Delivery of Person-Centered Care***

*Dr Linda H Aiken*

Evidence abounds that the provision of person-centered fundamental healthcare results in favorable patient outcomes and clinician wellbeing. However, too often the context and circumstances of care delivery impedes clinicians from meeting patients' needs and undermines clinicians' own sense of accomplishment and satisfaction. Professor Aiken will review research showing that progress is being made in multiple jurisdictions around the world to successfully modify care environments to promote better care outcomes through implementation of safe staffing policies and tested models of greater clinician engagement in care delivery in complex organizations.



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# Plenary Presentations

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## ***Fundamentals of Care: Methodology for their application in clinical settings***

***Annamaria Bagnasco, Department of Health Sciences, University of Genoa, Italy***

The methodological approach that allows the application and inclusion of the Fundamentals of care in the clinical setting requires the involvement and persuasion of nursing management, hospital management, coordinators and facilitators.

The preliminary phases of the drafting the research protocol were fundamental to understand the organizational and operational context for which the study was being designed. Furthermore, the continuous comparison with the entire network of facilitators gradually generated a more positive climate and a general aptitude to change.

The introductory phase, consisting of informative and plenary training sessions involving all actors (directors, coordinators, doctors, nurses, other health professions); by briefing sessions in small groups (nursing management, coordinators of the departments involved, facilitators identified on a voluntary basis); by workshops for the study and in-depth analysis of the framework and its applications through the analysis of the literature.

The phase of the analysis of the organizational context was characterized by a survey to collect data relating to staffing, skill mix, characteristics of work environments, staff well-being and missed nursing care.

The exploratory phase on the perception of undertaking the basic needs by staff, patients and informal carers, conducted through focus groups. This phase allowed us to identify which were the care needs we had to start from to evaluate the outcomes of the interventions to be planned in the experimental study.

During the implementation period it was possible to introduce some variables to improve the context (adjustment of staffing, changing the skill mix, improvement of common areas for patients and caregivers, reviewing the 12-hour shifts).

The quasi-experimental pre-post study on the integration of the fundamentals of care framework in the clinical practice was conducted in some clinical wards of the Mauriziano Hospital in Turin, but now this methodology is being extended to the entire Hospital.

## ***One year on: How the ILC Fellows are shaping local action through global collaboration***

***Dr Rebecca Feo (Australia), Associate Professor Britt Laugesen (Denmark), Associate Professor Siri Lygum Voldbjerg (Denmark)***

In 2024/2025, ILC appointed three Erik Elgaard Sørensen fellows. Their role is to develop resources that inspire people to apply the Fundamentals of Care Framework within their organizations or areas of expertise.

The role of the ILC Fellow includes:

**Collaboration:** The Fellows facilitate collaboration in key focus areas across the ILC – research, education, policy and practice.

**Global Champions:** Act as global advocates and champions for the ILC, improving the profiles of the Fellows themselves as well as the profile of the ILC and fundamental care more broadly.

**Influence:** The Fellows are responsible for developing documents, resources and tools that enhance awareness and impact of the ILC and fundamental care globally.

**Value:** The Fellows are responsible for developing documents, resources and tools to assist members of the ILC to influence change and promote the value of Membership.

The Fellows work closely with existing ILC governance structures, such as the Management Committee, Strategy & Policy Forum, Regional Networks and Special Interest Groups.

Over the past year, in close collaboration with other ILC members, the Fellows have developed documents, webinars, resources, and tools that increase global awareness and impact of the ILC. The fellows will present their work on developing products and resources that support the use and application of the Fundamentals of Care Framework across research, education, practice, and policy.

***Change is an opportunity to reflect: How did I get here, what do I value, and where are we going?***

***“Whāia te iti kahurangi ki te tūohu koe me he maunga teitei”***

***Seek the treasure you value most dearly; if you bow your head, let it be to a lofty mountain***

***Ms Nadine Grey, New Zealand***

In July 2022, Aotearoa New Zealand established a national health system, Health NZ-Te Whatu Ora in partnership with Te Aka Whai Ora-Māori Health Authority under the Pae Ora (Healthy Futures) Act 2022 to provide for the public funding and provision of services to protect, promote, and improve the health of all New Zealanders. The Pae Ora Act aspires for the health system to be fair and equitable for all New Zealanders and to uphold the principles of Te Tiriti o Waitangi.

Te Tiriti o Waitangi (te Tiriti), is the foundational document for Aotearoa New Zealand, signed in 1840 between the indigenous Māori people and the British Crown. It is well established that the New Zealand health system needs to perform better for Māori, in every sphere, for every condition, through every service and interaction. A health system that is focused on inclusiveness and relational care seeks to address better health outcomes for all. The stark and enduring nature of the inequalities in Māori health outcomes reflect deep system failure. Like all inequalities, Māori health inequalities are preventable.

Te Aka Whai Ora-Māori Health Authority was charged, like a kaitiaki (guardian), with bringing transformational change to the health system, particularly to address intergenerational inequities in Māori health. However, the singular focus on Māori health was rapidly disestablished in June 2024 following a change in Government administration.

The ambitious large-scale transition to a national health system brings challenges but also the opportunity for change, which includes the creation of purposeful and strategic nursing leadership that has a sharp focus on the fundamentals of patient care. In March 2023, I was appointed in to the first national role of Chief Nursing Officer for Te Aka Whai Ora. My haerenga (journey) in leading from a Māori perspective and learning to be the difference I want to see in the world, has been both freeing and challenging at the same time. Freeing in that I have had a part of my self-identity in the work context and challenging as I began to explore the process of leadership in an emerging future. In July 2024, I took the biggest leap yet stepping into the first national chief nurse leadership role for Health NZ.

## ***Nursing workforce fatigue – an often-overlooked issue with important implications for FOC delivery***

***Alison Steven – Northumbria University, UK***

Fatigue in nursing can have huge implications for the delivery of the fundamentals of care, and for the safety of patients and nurses. Shiftwork, high workloads, and insufficient rest breaks all contribute to fatigue [1-3], which in nursing has been defined as,

‘A subjective feeling of tiredness that is physically and mentally penetrative. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individuals’ physical and cognitive ability to function to their normal capacity’.[4]

A growing body of evidence details the negative impacts of fatigue of the workforce which include; impaired cognitive performance, memory, decision making and judgment [5-9], emotional fluctuations and decline of emotional processing and empathy [10-12], increased risk taking, altered vigilance, alertness and concentration [1, 13-15], alongside physical symptoms such as poor coordination, drowsiness and balance issues [1, 7, 16].

The FOC Framework outlines three core dimensions for the delivery of high-quality fundamental care, with the nurse–patient relationship at its core.

The impacts of fatigue outlined above all have clear negative implications for the development and maintenance of a trusting therapeutic relationship between care recipient and nurse, and the delivery of the care recipient’s fundamental physical, psychosocial and relational needs. Indeed fatigue is implicated in increased medication and technical errors[1, 17, 18], missed care [19], patient safety events and patient mortality[1, 20-23].

However, nurse fatigue is still often overlooked, seen as simply part of the job – something the individual has to deal with [23, 24]. Yet other high-risk sectors (e.g. transport, oil, nuclear, space etc) are often legally required to have fatigue risk management strategies and systems, and to take steps to mitigate the effects of workforce fatigue [24-26]. Such mitigation in healthcare could do much to facilitate the development of supportive contexts of care, heightening nurses’ ability to attend to fundamental care.

This presentation will draw on ongoing UK research and development spanning 5 years, [3, 23, 26, 27] to:

- highlight the manifestations and impacts of fatigue as described and reported by health care staff (in interviews and patient safety reporting systems)

# ***Distributed nursing leadership: strategies and outcomes in implementing the fundamentals of care in clinical practice***

***Autori: Graziella COSTAMAGNA, Alessio RIZZO<sup>1</sup>, Elga GHIRONI<sup>1</sup>, Silvia BAGNATO<sup>1</sup>, Alexandra DONASCIMENTO<sup>1</sup>, Annamaria BAGNASCO<sup>2</sup>, Loredana SASSO<sup>2</sup> and the FOC working group Mauriziano\****

- 1. Azienda ospedaliera Ordine Mauriziano***
- 2. Università degli studi di Genova***

## **Background**

There is still a lack of evidence on how to support and embed best care practices in acute care settings, and from a leadership perspective, many challenges remain. Integrating the Fundamentals of Care (FoC) framework into clinical practice in an acute care hospital constitutes a strategic evolution in nursing culture and the quality of nursing care, centered on addressing the fundamental needs of the person and their family. However, its implementation requires a deep and constant cultural and organizational shift, supported by a leadership system capable of fostering strong engagement through innovative strategies. The Ordine Mauriziano Hospital of Turin, in collaboration with the University of Genoa, adopted a “Distributed Leadership” model to implement the FoC framework in the real-world context of a large urban hospital through the study called “COMFORM”.

## **Aims**

To analyze the strategies and outcomes of implementing the FoC framework in clinical nursing practice in an acute care hospital, evaluating its organizational and methodological implications, and measuring the impact of the *Distributed Leadership* model on the quality of care.

## **Methods**

The following strategies were adopted: bottom-up staff engagement, optimization of staffing and skill mix, revision of clinical documentation, introduction of the *Situation, Background, Assessment, and Recommendation* (SBAR) communication method for handovers, adjustment of visiting hours for family members, and humanization of care environments. The implementation involved cardiac surgery, vascular surgery, and internal medicine units, selected for their specific care characteristics. The process followed a participatory approach, based on priorities identified by nurses, patients, and caregivers, promoting effective and shared management of fundamental care needs.

The COMFORM study used a quasi-experimental pre-post design to assess the impact on average length of stay, the implementation of the fundamentals of care framework, and the incidence of missed care.

## Results

Preliminary findings highlighted that leadership is a key factor in the efficient use of resources and the personalization of care. Through our interviews we found that the strategies and organizational actions implemented by leadership at various operational levels improved nurses' role awareness, workplace climate, and interprofessional collaboration, as well as patient and caregiver satisfaction.

Several indicators used to assess the well-being of healthcare professionals involved in the project were improved. Primary and secondary outcomes from the pre- to post-implementation phases of the CONFORM study showed a reduction in the average length of stay (from 16 to 12 days) in both medical and surgical settings, and a significant improvement in the management of patients' fundamental needs (especially elimination needs), with the number of assessments per patient increasing from 9 to 21.

## Conclusions

The integration of the FoC framework, supported by a *Distributed Leadership* model showed a positive impact on the quality of nursing care, as well as on patient safety and outcomes. This approach promoted shared responsibility, active participation of nurses and patients, and the co-design of improvement strategies through a bottom-up logic. The transversal involvement across all operational levels fostered staff engagement, making the change process more effective and sustainable.

Starting from the initial hospital wards, this approach is now gradually being extended to other hospital departments, adapting to the specific features of each care context through tailored strategies based on the clinical and organizational characteristics of each unit. This controlled and phased dissemination process aims to ensure the sustainability of the intervention and to support the consolidation of the theoretical model into daily practice. Ultimately, it contributes to the cultural transformation of the hospital healthcare system and provides evidence for decision-makers on the need and benefit of investing more in nursing to ensure safe and high-quality care.



2025 ILC Annual International Conference

# Oral Presentations

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Genoa, Italy



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Main institution/organization with the research/paper can be attributed to: Department of Health Sciences

University of Genoa

Author and co-authors name and institution: : Daniela CATTANI<sup>1-2</sup>, Martina BARBIERI<sup>1</sup>, Gianluca CATANIA<sup>1</sup>, Roberta CENTANARO<sup>3</sup>, Sara TEDI<sup>3</sup>, Laura MANSI<sup>2</sup>, Alberto DAL MOLIN<sup>5</sup>, Beatrice MAZZOLENI<sup>2</sup>, Doriana MONTANI<sup>5</sup>, Nicola PAGNUCCI<sup>6</sup>, Maura LUSIGNANI<sup>4</sup>, Milko ZANINI<sup>1</sup>, Loredana SASSO<sup>1</sup>, Annamaria BAGNASCO<sup>1</sup>,

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2. Department of Biomedical Sciences, Humanitas University, Pieve Emanuele (Milan), Italy
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4. Department of Biomedical Sciences for Health, University of Milan, Italy
5. Department of Translational Medicine, University of Piemonte Orientale, Novara, Italy
6. Dipartimento di ricerca traslazionale e delle nuove tecnologie in medicina e chirurgia - università di Pisa, Italy

Title: Third-Year Results of a Multi-Centre Randomized Controlled Trial on Integrating the Fundamentals of Care Framework Into Italian Nursing Education

Presenter name and institution: Daniela CATTANI (Department of Health Sciences, University of Genoa, Italy /Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Milan, Italy)

## Abstract

Introduction: The Fundamentals of Care (FOC) are often related to the invisibility of care, also within nursing education. Few studies describe how to teach the FOC-Framework and how to measure its impact.

Purpose: The study integrates the FOC-Framework into the three-year nursing curriculum, presenting outcomes by analyzing third-year students' performance on evaluation tests to assess intervention effectiveness.

Methods: A multi-centre RCT was conducted to evaluate the integration of the FoC-Framework into nursing education. The study followed the same intervention and evaluation methods as the first year. The sample included students who enrolled in the first year, consented to continuous participation, and progressed to the third year. Students remained in their randomized groups: the experimental group received FoC-Framework-based interventions, while the control group received no intervention. Evaluations were conducted using the Triple Jump approach and the Objective Structured Clinical Examination (OSCE) before and after clinical placements.

Results: In the first year, the intervention group demonstrated superior performance in both the Triple Jump and OSCE assessments prior to clinical placement. In the second year, retention was 60.2%, with significant differences in OSCE scores before and after the internship. In the third year, retention dropped to 23.5%. The Triple Jump assessment revealed significant differences in the "Additional Information Required" ( $p = 0.026$ ) and "Goal-Referenced Care Intervention" ( $p = 0.024$ ) categories. OSCE results also showed significant differences before and after clinical placement in several areas, including Bed Bath ( $p = 0.008$  vs.  $p = 0.005$ ), Oral Cavity Hygiene ( $p < 0.001$  vs.  $p = 0.019$ ), and Arterial Pulse Detection ( $p = 0.038$  vs.  $p = 0.035$ ). These findings highlight the effectiveness of FoC-Framework interventions in enhancing essential nursing skills.

Conclusion:

Incorporating the FOC-Framework into nursing education can enhance critical thinking and foster reflection on essential nursing practices, ultimately contributing to improved patient outcomes.

**Title of presentation: Mapping local action for national Fundamentals of Care innovation**

Main institution/organization where the research/paper can be attributed to

Clinical Nursing Research Unit, Aalborg University Hospital, Denmark

Presenters'/authors name and institution

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Lena Aadal, Hammel Neurorehabilitation and Research Centre & Department of Clinical Medicine Aarhus University

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Malene Bæk Jakobsen, Aalborg Municipality Nursing Care, Aalborg Municipality, Denmark

Mia Ingerslev Loft, Department of Neurology, Rigshospitalet, Denmark

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Mette Fjord, Hospital Central Denmark Region, Viborg, Denmark

Tina Holm, Amager and Hvidovre Hospital, Denmark

Helle Hougaard Nielsen, Bispebjerg-Frederiksberg Hospital, Denmark

Lone Jørgensen, Associate Professor RN, Ph.D., Clinical Nursing Research Unit, Aalborg University Hospital, Denmark and Department of Clinical Medicine, Aalborg University, Denmark and Clinic for Surgery and Cancer Treatment, Aalborg University Hospital, Aalborg, Denmark

## Abstract

**Introduction and purpose:** As a local action to lead and innovate fundamental care, the Danish national network on Fundamentals of Care was established in 2019. Representatives from hospitals, municipalities, and nursing educations in Denmark meet yearly to collaborate and inspire on how to integrate the Fundamentals of Care framework in practice. With the purpose to map the multifarious actions on how the framework is integrated across healthcare institutions members were asked to complete a survey.

**Methods:** Sixty-nine members representing clinical practice, leadership, research, and education answered the survey. The survey comprised four open-ended questions: *How do you work with the framework in practice? What is the purpose of working with the framework? What do you experience as successful in relation to this purpose? What do you experience as less successful?* Content analyses was performed.

**Results:** The results demonstrated a variety of ways of working with the framework. It was used to support critical reflection, to structure documentation practice and ward rounds and was integrated in visions for nursing and research. The purpose was to draw focus on care by giving care a voice, create a common language, and move focus from task-oriented to person-centered care. The framework made care more visible and created a common direction and set of values for nursing. Furthermore, it reduced the gap between theory and practice and increased nurses' awareness of area of function. However, integrating the framework was challenged due to e.g. lack of managerial knowledge and support, changing cultures and competing agendas.

**Conclusion:** Integrating Fundamentals of Care presents opportunities and challenges. Leaders' involvement is essential in creating and supporting an environment that underpins fundamentals of care. Furthermore, it is imperative to continue discussions and exchange ideas on how to integrate the framework in practice and to ensure that patients experience high quality care.

Title: Harnessing the strengths of the interprofessional team to deliver fundamental care

Main institution: Flinders University, Caring Futures Institute

Authors: **Joanne Murray**<sup>1,2</sup>, Stacey George<sup>1,2</sup>, Heather Block<sup>1,2</sup>, Jo Nolan<sup>1,3</sup>, **Tiffany Conroy**<sup>1,2,3</sup>

1. Flinders University, College of Nursing and Health Sciences
2. Flinders University, Caring Futures Institute
3. Southern Adelaide Local Health Network

Presenters: Joanne Murray and Tiffany Conroy

## INTRODUCTION

Patient centred fundamental care is everybody's business in health service delivery. The ILC Maine Statement (2023) advocates for interprofessional collaboration to support high-quality fundamental care delivery. This presentation highlights three projects which exemplify successful interdisciplinary teamwork to improve hospital care.

## MAIN BODY

The projects include: a) *REDUCE Delirium with Eat Walk Engage*, a facilitated evidence-based clinical program promoting optimal nutrition, hydration, mobility and cognitive stimulation in a medical ward; b) *REDUCE Missed Oral Healthcare* focussed on improving oral health assessment and care on a geriatric unit; and c) *Screen-Clean-Hydrate*, which integrated swallow screening, oral health care, and hydration monitoring to improve post-stroke care.

Throughout each project, multiple disciplines collaborated to codesign agreed care standards and strategies which were implemented in daily practice. For example, physical therapists sat patients in chairs after mobility training, rather than returning to bed, while nursing staff, medical teams and speech therapists encouraged sitting out of bed for meals. Occupational therapists integrated cognitive activities with walking and facilitated teeth brushing as functional upper limb practice. Patients were encouraged to have a drink after each care contact by allied health, medical and nursing professionals and assistants to maximise hydration. In this way, without increasing individual workload, the interdisciplinary healthcare team all contributed positively to hydration, nutrition, mobility, hygiene, cognitive engagement, respect and shared decision making.

## CONCLUSION

While each discipline brought unique training, strengths, care philosophies and culture, they shared a commitment to delivering patient-centred fundamental care. Working in silos, where each professional focuses solely on their specialised area of care, risks overlooking the holistic needs of the patient. By working as allies and establishing a set of overarching fundamental care goals that underpin all our care interactions, we can still leverage each professional's unique skills and expertise to ensure patient-centred fundamental care.

# Exploring the Fundamentals of Care Framework through a Predictive Model: Insights from a Pilot Study in Australian Healthcare Settings

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## Abstract:

**Background:** The Fundamentals of Care (FoC) Framework organises healthcare into three key dimensions—Context of Care, Integration of Care, and Relationship. This study sought to develop and validate a predictive model (tool/survey) to examine the interactions among these dimensions, aiming to enhance fundamental care practices in diverse Australian healthcare settings.

**Methods:** This descriptive cross-sectional study unfolded in two phases. The initial phase involved refining a measurement tool with expert insights. The subsequent phase entailed empirical testing of the tool (online survey) among 32 adult patients of primary, secondary, and emergency care settings from August to October 2023. Data analysis was conducted using Partial Least Squares Structural Equation Modelling (PLSc-SEM).

**Results:** The predictive analysis indicated significant effects within the FoC dimensions (Fig 1). The Context of Care significantly impacted the Relationship dimension ( $\beta=0.68$ ,  $p=0.01$ ,  $R^2=0.47$ ), which in turn significantly influenced the Integration of the Care dimension ( $\beta=0.92$ ,  $p=0.01$ ,  $R^2=0.84$ ). These findings underscore the pivotal role of context in facilitating therapeutic relationships and the subsequent integration of care services.

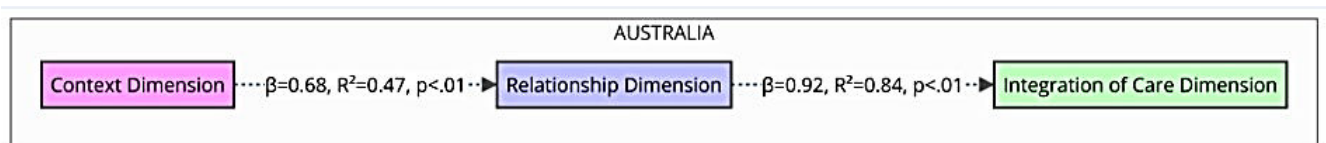


Fig. 1 Predictive Model of FOC Framework Australian pilot study

**Discussion:** The results underscore the value of focusing on contextual factors to enhance patient-caregiver relationships and enable the integration of care. The study presents a measurable, replicable, and potentially generalisable model and tool that could be applied across various healthcare settings to improve fundamental care delivery.

**Conclusion:** This pilot study validates a predictive model that effectively maps the significant relationships among the FoC Framework's dimensions, offering a practical tool for healthcare professionals and systems to enhance care delivery and patient outcomes. Future research should aim to expand this exploration within diverse settings and larger populations to enhance its generalisability and confirm its effectiveness.

## **Comfort rounding to support patients' nutritional and mobility care, and to enhance patient participation: is it feasible on general surgical wards?**

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**Purpose:** to pilot test and assess the feasibility of comfort rounding, a nursing intervention aimed at providing structured attention to patients' nutrition and mobility while encouraging patient involvement.

**Methods:** a qualitative multicentre feasibility study was conducted to explore nurses' perceived barriers and facilitators to its acceptability and adaptation of comfort rounding. Comfort rounding was developed, introduced, and tailored by the implementation strategy of Grol, Bosch and Wensing at two general surgical wards for the period of one year. Focus group interviews with nurses were held, before, during, and after the implementation period. Nurses participated via convenience sampling. Data were analysed with directed content analysis.

**Results:** a total of 8 focusgroups were performed over the implementation period. In the individual indicator, nurses valued comfort rounding positive because it could heighten nurses' consciousness and provided structure to deliver personalised nutritional and mobility

care. Nurses perceived comfort rounding feasible because nutritional and mobility care activities were already usual care. The performance of comfort rounding depended on individual characteristics of the nurse and this was seen as a barrier. In the social indicator, nurses mentioned that patients could hinder or facilitate the performance of comfort rounding. Comfort rounding improved nurses' insight in their patients' preferences and nutritional and mobility status, and patients mobilised earlier. In the organisational indicator, high workload, time pressure and team culture hindered the performance of comfort rounding. Tailoring the intervention fostered the integration of comfort rounding in daily practice.

**Conclusion:** comfort rounding with attention to nutritional and mobility care and patient participation is feasible in daily practice and improved attention for nutritional and mobility care and patient participation. However, components of comfort rounding were already incorporated in usual care and performed by nurses, this led to nurses' resistance for a fixed schedule to perform this care.

## **Background**

Diabetic foot complications are a significant concern in long-term care facilities, yet effective and feasible prevention program remain unexplored.

## **Objective**

This study aims to develop comprehensive diabetic foot prevention program in long-term care facilities in Shanghai China based on Fundamental of Care (FoC) model.

## **Methods**

The program, guided by the FoC model, focuses on building trust relationship, fostering awareness of diabetic foot prevention, considering foot care resources, providing goal-oriented and integrated care activities for diabetic foot prevention, adjusting the institutional environment and take fully consideration of community policy and advocacy. Qualitative interview with residents and staff in long-term care facilities was conducted to assess need, perspectives and readiness for diabetic foot prevention. Global best evidence from guidelines, systematic reviews and professional consensus was summarized. Diabetic foot prevention protocol in nursing homes was drafted. 15 experts in Diabetic foot care and treatment were invited to assess feasibility, appropriateness, meaningfulness and effectiveness of the protocol.

## **Results**

We have established a comprehensive diabetic foot prevention program which includes (1)building trust relationship; (2)fostering awareness of diabetic foot prevention, considering foot care resources, goal-oriented prevention activities; (3)integrated care involving multi-level caregivers in long-term care facilities. The specific components include screening and assessment of risk factors, foot monitoring, control of indicators, foot cleanliness, foot exercises and massages, foot protection, and health education; (4) adjusting the institutional environment.

The effective recovery rate of the program draft's expert consultation was 100%. The expert authority coefficient was 0.897. The Kendall harmony coefficients was 0.186 ( $P<0.001$ ).

## **Conclusion**

This FoC-based diabetic foot prevention program builds trust and fosters relationship

development at the micro-level through need-oriented integrated diabetic foot care. At the macro-level, it promotes environmental adjustments and resource delivery. It will also serve as a model for other facilities aiming to prevent diabetic foot complications.

## **ILC 2025 Conference Abstract Submission**

**Title:** Enhancing Understanding and Application of the Fundamentals of Care Framework through a Collaborative Board Game for Clinical Supervisors

**Introduction:** Over five years the Fundamentals of Care (FoC) framework has been implemented in the Department of Children and Youth at Herlev and Gentofte Hospital, Denmark. We developed a strategy to directly involve the clinical supervisors (CS) as role models. To achieve this, we held a workshop to discuss various initiatives. The CS's expressed the need for practical tools to engage with the FoC framework, elements in ways that facilitate discussions, reflections, and deeper understanding. Consequently, our aim was to create a tool enabling in-depth exploration and reflection of the FoC framework's elements.

**Method:** Through a co-creation process, we developed an FoC board game, supported by input from the CS's during a collaborative workshop. The game used a blank FoC framework as a base, with the CS 's drawing cards that highlighted different FoC elements. They were prompted to discuss questions such as, "In which situations is this element crucial?" and, "How is it implemented in practice?" Finally, they placed the card in the framework, explaining its position.

**Results:** The CS's reported being more confident in discussing and practicing the FoC after using the board game. Many expressed a strengthened ability to articulate fundamental patient needs and expressed enthusiasm for incorporating the learning from the game more regularly into daily routines. Positive feedback was also received from head ward nurses and nurse specialists, who viewed the game as a valuable tool for reinforcing professional language and supporting nursing staff at all levels in understanding and applying FoC principles.

**Conclusion:** The FoC board game has proven to be an effective, straightforward method for enhancing confidence in discussing and applying the FoC framework. By fostering a safe learning environment, it supports professional language development across all roles, from students to nursing leaders, it may serve as a learning model in similar settings.

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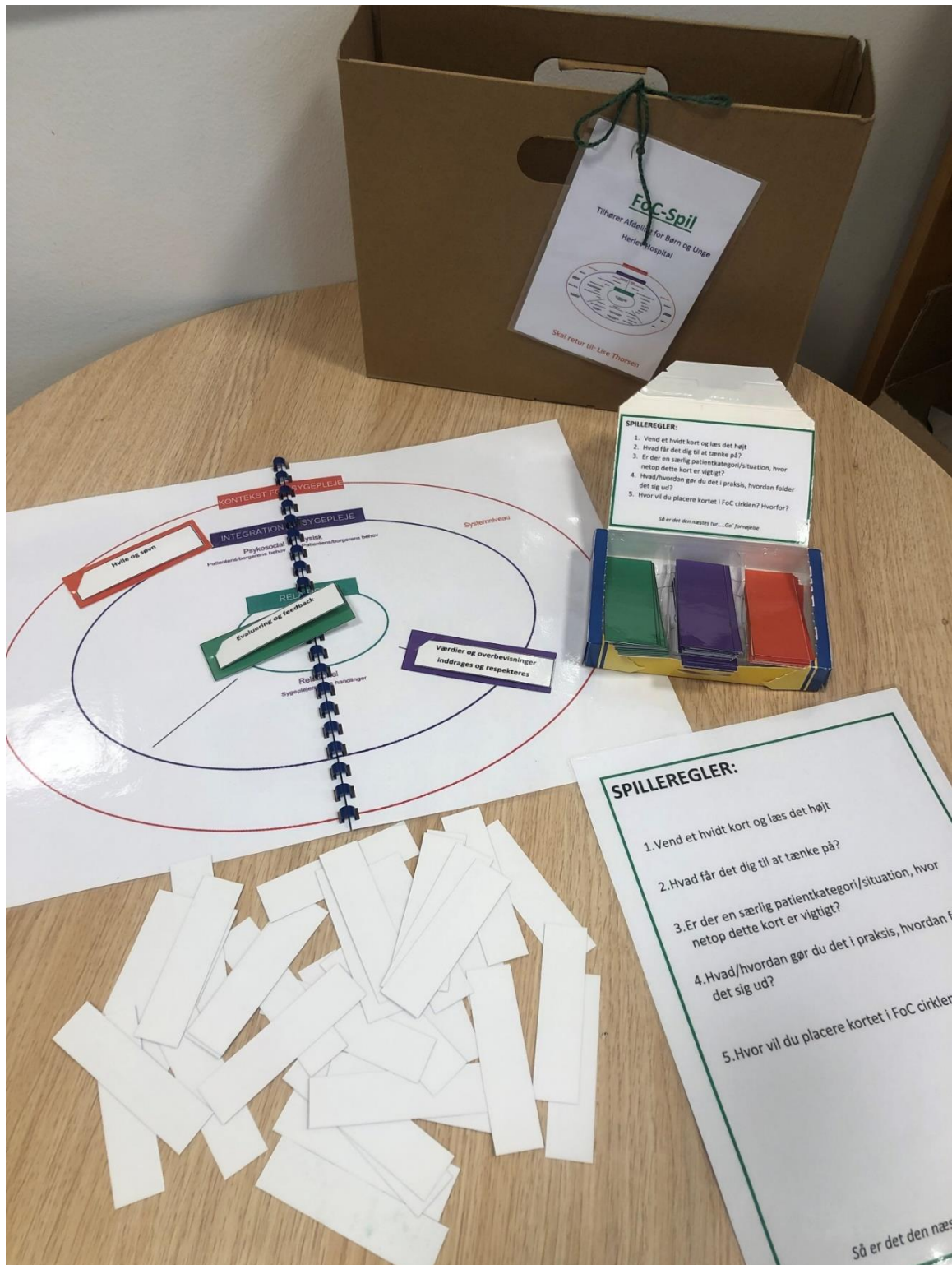
**Natasja Guldbæk Damgaard Folkmann**, RN, Clinical supervisor, Department of Children and Youth at Herlev and Gentofte Hospital, Denmark

**Sussie Heidi Bratbjerg Israelson**, Head of department University College Copenhagen, Department of Nursing and Nutrition Education, The Faculty of Health Science, Denmark

**Signe Stelling Risom**, associate professor at the University of Copenhagen, senior lecturer at the University College Copenhagen, Senior Researcher Department of Cardiology, Herlev and Gentofte Hospital Cardiology Research, Denmark

**Julie Grønholt Borg** RN, MNSc., Clinical educator, Department of Children and Youth at Herlev and Gentofte Hospital, Denmark

*A box for keeping the game, rules for the game, the FoC elements, an empty FoC frame/gameboard. And a box of chocolates for the colors in the frame.*



Maria Becerra (NP-WC)  
Marlene Traille (CNS - ICU)  
Anna Kha (CNS - WC)  
Nely Amaral (VP of Quality, Patient Experience, and Awards of Distinction)

Mount Sinai Hospital

November 15, 2024

### **Enhancing Skin Integrity in the Intensive Care Unit Patients with Early Pressure Injury Detection Using SEM Technology**

The SEM (Sub-Epidermal Moisture) is a non-invasive device that enhances pressure injury (PI) risk assessment by detecting SEM up to four days before visible signs of skin damage appear. A feasibility study was conducted to address the fundamental care need for skin integrity in intensive care unit (ICU) patients, aligning with the International Learning Collaborative (ILC) principles of care by prioritizing early PI detection and prevention. With a high prevalence of PIs—particularly stages two and above—exacerbated by the COVID-19 pandemic's impact on ICU resources and patient complexity, this initiative aimed to enhance patient safety and care quality.

The study involved educating 98 ICU nurses on current PI prevention protocols, Braden Score assessments, staging interventions, and SEM scanner usage. Through comprehensive training sessions, stakeholder meetings, and ongoing support, the six-week trial encouraged team engagement and systematic data collection. Key performance indicators included ease of device use, staff confidence in the early detection of PIs, and reduction in Hospital-Acquired Pressure Injury (HAPI) rates.

Results indicated a single unavoidable PI occurrence, where 2-3 would have typically been expected based on historical data, reflecting a positive shift in care outcomes. SEM scanner readings influenced decision-making in 47% of cases, leading to timely and tailored interventions. In notable cases with elevated SEM deltas at specific anatomical sites, targeted actions—such as frequent repositioning, elevation, and prophylactic dressings—effectively lowered SEM readings, reducing PI risk.

Qualitative feedback demonstrated high ease of adoption and improved staff confidence in preventive strategies, reinforcing the ILC's emphasis on person-centered, relational care that supports holistic patient well-being. Next steps include refining protocols, integrating SEM scanning into routine documentation, and establishing a data-driven framework for continuous evaluation and improvement. Findings suggest that SEM scanning advances early PI detection, enabling ICU teams to meet patients' fundamental care needs while optimizing resource allocation and patient outcomes.

**Title:** Oral health promotion and fundamental of care: an evidence-based practice educational program

**Chiara Gallione**<sup>1-2</sup>, Erika Bassi<sup>1-2</sup>, Silvano Andorno<sup>1</sup>, Chiara Airoidi<sup>1</sup>, Cristina Torgano<sup>2</sup>, Antonella Molon<sup>2</sup>, Gerardo Di Nardo<sup>2</sup>, Alessandra Lazzati<sup>2</sup>, **Cristian Vairo**<sup>1-2</sup>, Claudia Milanese<sup>2</sup>, Alessandra Matassa<sup>2</sup>, Federica Pezzotti<sup>2</sup>, Mario Migliario<sup>1-2</sup>, Mattia Bellan<sup>1-2</sup>, Mario Pirisi<sup>1-2</sup>, and Alberto Dal Molin<sup>1-2</sup>

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**Introduction:** Oral health significantly influences patient well-being, impacting both physical and psychological aspects of life. However, it is often overlooked in healthcare settings, particularly in nursing activities, which negatively affects fundamental of care outcomes. Recent studies emphasize the crucial role of healthcare professionals in promoting oral health, especially among vulnerable patients.

**Purpose:** This study aimed to evaluate the effectiveness of an evidence-based educational intervention on oral health outcomes in medical inpatient care, regarding changes in oral cavity-related outcomes.

**Methods:** A quasi-experimental, before-and-after study was conducted involving 60 adult patients admitted to a medical ward. Data collection employed the Oral Health Assessment Tool (OHAT), administered at three-time points: admission, five days post-admission, and discharge both in the pre- and post-phase. The intervention consisted of a four-session training course on evidence-based oral care practices, provided to nurses and support staff. Pre- and post-intervention oral health status was assessed using the OHAT scale, through its Italian-validated version.

**Results:** Comparing the average OHAT score differences in pre- and post-intervention phases reveals that the educational intervention effectively slows the progression of oral cavity deterioration. This is evidenced by a significantly smaller increase in OHAT scores between admission (T0) and discharge (T100), with mean scores of 1.8 (SD 1.5) pre-intervention versus 1.04 (SD 1.1) post-intervention ( $p = 0.0390$ ). The impact is even more pronounced in the interval from day five to discharge, where the effect of baseline home oral hygiene diminishes, showing a reduction in the mean OHAT score increase from 1.4 (SD 1.43) pre-intervention to 0.14 (SD 0.53) post-intervention ( $p = 0.0176$ ).

**Conclusions:** This study highlights the potential of oral health training programs in acute care. Integrating such training into healthcare protocols could be a valuable approach to addressing the often-overlooked aspect of oral health in hospitalized patients, improving fundamental of care.

# **The relationship between nurses' values and missed nursing care**

## **Abstract**

**Aim:** To explore the relationship between a nurse's values and missed nursing care to discover which values might increase the likelihood of care being missed.

**Background:** The concept of missed nursing care has been researched for the last two decades with little attention paid to the influence of a nurse's values on decision making about which cares to complete or miss.

**Method:** An integrative review of the existing literature was undertaken. A systematic search of the literature found 1419 articles of which ten met the inclusion criteria. Articles were appraised using a quality appraisal tool, and a thematic analysis was conducted.

**Results:** Two themes were identified, the first was the impact of attributes and professional values on missed nursing care which included three subthemes 1) motivation, 2) accountability, and 3) optimism. The second theme was guiding choices, where values were found to guide the choice whether to complete, postpone or miss care dependent on three sub themes, 1) nursing profiles, 2) clinical decision making, and 3) ethical fading. The cares most missed were fundamental cares. Working in a bio-medical healthcare model with little value based on fundamental care, led to job dissatisfaction, low accountability, pessimism and demotivation which increased the likelihood of missed care.

**Conclusion:** There is a connection between nurses' values and missed nursing care yet, few specific values were named in the literature about missed care. A research-to-practice gap exists with nurses lacking awareness of the enormity of the phenomenon of missed nursing care and its extent within nursing practice internationally.

**Implications:** Nurse leadership needs to focus on the value of delivering quality fundamental care, and enabling and supporting nursing staff which contributes to reducing missed nursing care. A relational leadership style is proposed to address this issue.

**Author:** Jette Koelle, Te Whatu Ora Health New Zealand, Nelson hospital.

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# From international collaboration to contextualised recommendations: developing nonpharmacological ICU agitation guidelines across countries

**Authors:** Anne Mette N. Adams<sup>1,2\*</sup>, Diane Chamberlain<sup>1,2</sup>, Matthew J Maiden<sup>3,4</sup>, Charlotte Brun Thorup<sup>5</sup>, Britt Laugesen<sup>6,7</sup>, Marianne W Nørgaard<sup>6</sup>, Kay Bruce<sup>8</sup>, Cherie Waite<sup>9</sup>, Shalyn Rouke<sup>1</sup>, Mette Grønkjær<sup>7</sup>, Cornelia C Lamprecht<sup>10</sup>, Tiffany Conroy<sup>1,2,11\*</sup>

**Presented by** Tiffany Conroy

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## Background

Management of patient agitation in the intensive care unit (ICU) is a significant challenge, yet essential for providing high-quality fundamental care. Despite the encouragement to use nonpharmacological interventions to reduce the adverse effects of medications, existing guidelines predominantly focus on pharmacological management. The lack of comprehensive guidance on nonpharmacological strategies can lead to an over-reliance on medications and the underutilisation of effective non-pharmacological approaches.

## Aim

Through global collaboration, this study aimed to develop evidence-based and locally applicable clinical practice guidelines for the nonpharmacological management of patient agitation in the adult ICU

## Methods

The guidelines were developed in Denmark and Australia following the Australian National Health and Medical Research Council guidelines and the Danish Health Authority's manual on guideline development. The process included early stakeholder consultation on the initial scope of the guidelines, a systematic review and an umbrella review, a modified Delphi study including 114 experts and stakeholder and methodological reviews of the draft guidelines. The quality of the evidence was assessed using the GRADE approach.

## Results

An initial 63 recommendations were consolidated into 14 key recommendations in the Australian guideline and 13 in the Danish version. While the key recommendations are largely similar, there are some differences in the associated practice considerations, reflecting national priorities and contextual factors. Both guidelines advocate for a person-centred approach that considers agitation severity, underlying causes, family engagement, and fundamental patient needs such as comfort, safety and involvement. Successful implementation requires an organisation that is ready to support its staff and provide targeted education and resources.

## Conclusion

This study shows how it is possible to develop clinical guidelines across countries while also tailoring these to local contexts. The approach has multiple advantages through the optimisation of resources and the sharing of knowledge and best practices across borders.

# Transforming healthcare organisational culture by reviving relational practice

Presenter: Bobbie-Jo Pene

Health New Zealand | Te Whatu Ora, Counties Manukau, Auckland, New Zealand

## Abstract

### Introduction

Literature shows that task-driven paradigms are deeply embedded in nursing practice (Jensen & Nielsen, 2021; Timmerman & Baart, 2022; Williams et al., 2009). Evidence demonstrates that relational practice in healthcare settings can foster trust and rapport, enhance communication and engagement, and improve health outcomes, patient satisfaction, treatment adherence, and employee satisfaction (Conroy, 2018; Emmamally et al., 2020; Kirca & Bademli, 2019; Kornhaber et al., 2016). Relationality is essential to Indigenous Māori wellbeing and centres around respectful and reciprocal relationships. Embedding Māori relational principles and practices in care delivery may help foster an organisational culture conducive to relational practice.

### Purpose

This study explored how Indigenous Māori relational values and practices can reorient relational practice in an acute inpatient hospital in New Zealand.

### Methods

The research employed constructionist grounded theory with Kaupapa Māori research (Māori approach) to generate and analyse data from interviews with Māori healthcare professionals, patients and their families.

### Results

Four culturally informed processes culminate in the culturally grounded theory of *achieving a culture of whanaungatanga* (belonging and inclusion): understanding our origins, developing a sound work ethic, developing kinships, and our cultural and social responsibility as healthcare professionals.

### Conclusion

The study highlights the importance of developing and maintaining therapeutic relationships and creating an environment that enables relational practice. Findings show that these relational processes enable culturally safe practices by mitigating barriers and balancing power. The findings of this study give healthcare organisations essential pointers to consider how Indigenous values and practices in the workplace can shift the current task-and-time culture to one that is relational and puts people first.

## **Missed Nursing Care in Danish Hospitals: A National Survey**

Hanne Mainz (presenter), Amanda Buus, Britt Laugesen, Siri Voldbjerg, Kathrine Kusk, Mette Groenkjaer. Clinical Nursing Research Unit, Aalborg University Hospital, Aalborg, Denmark.

### **Introduction/Purpose**

When essential nursing care is not provided, it compromises the quality of care. Missed Nursing Care, defined as necessary nursing delayed, incomplete, or omitted, can negatively affect patients, nurses, and healthcare organizations, leading to prolonged hospital stays, readmissions, patient dissatisfaction, increased adverse events, and mortality. Furthermore, it affects nurses' job satisfaction and turnover intentions. Despite Missed Nursing Care being recognized as a global problem, large-scale studies are lacking. Therefore, the purpose of this study was to address the urgent need for a national survey to investigate the frequency, types, and reasons for Missed Nursing Care in Danish hospitals to ensure high-quality care.

### **Methods**

This multicenter cross-sectional study utilized the Danish version of the *MISSCARE* survey. After obtaining approval from nursing leaders, the questionnaire was distributed online to nursing staff working in somatic beds and intensive care units.

### **Results**

From 35 Danish hospitals, 3,507 responders (response rate: 39%) completed the survey in 2023. Nursing staff reported that 44% of the necessary nursing care elements were always, frequently, or occasionally missed, with variations across hospitals ranging from 32% to 53%. The most frequent Missed Nursing Care elements were related to the patient's fundamental care needs, such as mobilization, mouth care, emotional support, and information needs. Nursing care related to treatment and critical care situations was rarely missed. Inadequate staffing levels, high patient volumes, and urgent patient situations were the most frequently reported reasons for Missed Nursing Care.

### **Conclusion**

In Danish hospital units, nearly half of the necessary nursing care was frequently missed, predominantly affecting patients' fundamental care needs. The primary reported reason was inadequate nurse staffing relative to the required care. This national study contributes to global research efforts, underscoring the urgent need for targeted interventions to address Missed Nursing Care, emphasizing the importance of safe staffing and effective workload management.

### **Using Comics to Get Serious About Fundamental Care**

Implementing the Fundamentals of Care (FoC) framework supports nurses to articulate their practice as complexity of care needs increase. The impact of increased survival of aging populations necessitates complex responses to care. Older people are at risk of deterioration due to in-hospital risk factors related to delirium, mobility, continence and nutrition resulting in both immediate and enduring functional decline and increased mortality risk.

Providing fundamental nursing care is the solution to this problem, yet consistent provision remains elusive in acute care settings. Globally, nurse leaders aim to promote FoC education that emphasises the serious repercussions to older patients who fail to receive it. Education in the use of the FoC framework as a tool for evaluating care is one method for tackling gaps in fundamental care delivery. Using the arts, to facilitate this education is worth exploring. Graphic novels, a form of comics which use narrative and visual imagery to tell stories, have been shown to be useful as teaching tools in health disciplines.

This presentation will highlight results from research to evaluate the graphic novel *Sky* by nurse leaders in Aotearoa New Zealand. *Sky* tells the story of Jane and her partner Lynn who are trying their best to advocate for Lynn's 85-year-old mother, Sky. Sky, who has Alzheimer's and Parkinson's Disease, is in hospital after surgery for a broken leg. The story highlights the failure of good fundamental nursing care and the serious health consequences that result. Jane and Lynn's experience is based on actual events. The discussion will centre on: 1) nurse's reflections on fundamental care delivery, 2) how the graphic novel as a teaching form impacted participants' responses and 3) how the story applies to care for Māori, Aotearoa New Zealand's Indigenous population.

299 words (300 permitted)

#### **Authors**

Dr Jenny Parr

Associate Professor Julia Slark

Dr Lisa Williams

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## **Title: The Omission of Fundamental Nursing Care and Its Causes in Critical Care Areas: An Observational Study**

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Samantha Di Marco - Infermiera Responsabile del dipartimento di emergenza urgenza dell'Ospedale Sant'Andrea

Silvia Scelsi -Direttore delle Professioni Sanitarie- IRCCS G.Gaslini-Ge

**Presenter: Rosanna Viacava - Simona Serveli**

### **Background**

The International Learning Collaborative (ILC) defines fundamental care as "actions by nurses that respect and address individual needs to ensure physical and psychosocial well-being." The literature highlights an overlap between fundamental care and missed nursing care (MNC), which is defined as "necessary nursing care that is delayed, partially completed, or not completed at all." The omission of fundamental care can be particularly detrimental in critical care settings, potentially leading to adverse patient outcomes.

### **Aim**

To describe missed nursing care in the Emergency Department of an Italian adult hospital and identify its contributing factors.

### **Methods**

This observational, cross-sectional study employed the Italian validated version of the MISSCARE Survey. Nurses completed the questionnaire at the end of each shift over 30 consecutive days. Data were analyzed using STATA 13 software.

### **Results**

A total of 513 questionnaires were analyzed. The most frequently omitted aspects of care included "patient ambulation" (48%), "patient mobilization" (64,84%), "food administration" (50%), and "oral hygiene" (54,69). Nurses attributed these omissions to factors such as inadequate staffing, unexpected increases in patient admissions, communication issues between nurses and physicians, resource shortages (e.g., medical devices or medications), and the absence of patient caregivers.

### **Conclusions**

This study highlights the prevalence of missed nursing care in critical care areas, primarily due to insufficient human resources and excessive workloads. Implementing the Fundamentals of Care (FoC) framework as a guide for nursing practice could enhance care quality by reducing errors and enabling more personalized care. This approach may improve patient satisfaction and outcomes, though further development and adaptation of the FoC framework are necessary for critical care settings.

# **Integrating the Fundamentals of Care Framework into Nursing Curriculum via Microsoft Teams**

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## **Introduction**

The integration of the Fundamentals of Care (FoC) Framework in nursing education can be enhanced through e-learning platforms, addressing current gaps in students' fundamental care knowledge and use of resources to promote their learning. Evidence shows that the use of e-learning platforms can facilitate the tailoring of diverse learning activities to individual students. Adaptive e-learning environments, for example, can personalise instruction based on students' learning styles and preferences, leading to improved engagement, and learning outcomes. This customization helps address individual needs more effectively than traditional classroom settings. Our project focuses on how developing a user-friendly FoC Framework Tutorial on the Microsoft Teams channel can foster a commitment to care excellence among nursing students in a Bachelor of Nursing program. The project was developed as part of the ILC's Leadership and Mentoring Program and is designed to enhance students' understanding and use of the FoC Framework, supporting their competency development in delivering person-centred care.

## **Methods**

To develop the tutorial, we employed a co-design process involving nursing students, and educators at the Department of Nursing, University College of Northern, Denmark. Key co-designed activities included:

- 1) Developing, revising, and evaluating content in workshops with nursing students and educators.
- 2) Integrating the channel into existing course materials.
- 3) Identifying ways to boost online engagement.

## **Results**

The outcomes of these activities will be evaluated by tracking students' use of interactive e-learning resources (e.g., quizzes, videos, Q&A lists, podcasts, care scenarios) and self-assessment test scores.

## **Conclusion**

This project will highlight the experiences of developing a FoC Framework e-learning tutorial in nursing education, addressing both the challenges and opportunities for collaboration and curriculum integration. A collaborative effort involving both educators and students not only enhances local educational practices but also contributes to the global understanding of different ways to use the framework in nursing education contexts.

## **Title: Fundamental of Care (FoC) Framework's integration into Italian Nursing Education: Tutors' insights in the FoC-Form Study**

Main institution/organization with the research/paper can be attributed to: Department of Health Sciences, University of Genoa

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**Introduction:** The integration of the Fundamentals of Care (FoC) framework into nursing education is increasingly recognized as essential for promoting patient-centered care. Tutors play a pivotal role in connecting theoretical knowledge with clinical practice, fostering fundamental care skills in nursing students, and underscoring the significance of relational and moral aspects of patient care. This study examines tutors' experiences in the FoC-Form Project, focusing on challenges and impacts of integrating FoC principles into nursing education.

**Methods:** This qualitative study collected written narratives from educational tutors involved in the FoC-Form Project. Tutors, recruited through convenience sampling, provided insights into their experiences. A thematic analysis based on Braun and Clarke's methodology identified categories, themes, and subthemes, providing a comprehensive understanding of tutors' roles and the framework's educational impact.

**Results:** Analysis of seven tutor narratives revealed three primary themes. First, the project enhanced students' interpersonal skills, patient-centered attitudes, and understanding of fundamental care. Students demonstrated a greater focus on relational aspects of care, improving both practical competencies and professional empathy. Second, tutors observed positive changes in nurses within participating wards, where the framework encouraged a holistic approach to patient care, blending technical and interpersonal skills. Nurses unfamiliar with the FoC framework found it valuable for patient interactions and teamwork. Third, the project promoted inter-university collaboration and knowledge-sharing, standardizing teaching through active learning, such as Problem-Based Learning (PBL) and OSCEs. Tools like OSCE and Triple Jump fostered self-reflection and critical thinking but presented challenges in consistency across settings.

**Conclusion:** The study highlights the positive impact of the Fundamentals of Care (FoC) framework on nursing education in Italy, enhancing student engagement, critical thinking, and patient-centered care. Despite challenges in workload and institutional support, tutors view FoC as a valuable foundation for sustained improvements in clinical training and professional identity development.

## **Abstract**

**(How) can the Fundamentals of Care framework be used in a specialist nursing program?**

**Sharing of experience from a local initiative**

Eva Jangland, Lena Nyholm, Helena Wengström-Nymark, Katarina Edfeldt, Åsa Muntlin

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## **Introduction**

Whereas other institutes of learning have implemented the Fundamentals of Care framework in pre-registration nursing programs, the focus in this project was to broaden the implementation of the framework to the post-graduate level. To do so a pedagogical project was initiated. The aim of this presentation is to describe how the Fundamentals of Care framework was applied within a specialist nursing program facilitated by a pedagogical project for the educators.

## **Main body**

The project was performed in a specialist nursing program with several specialities (including theoretical courses and clinical placements) at the post-graduate level at one Swedish university. The pedagogical project included a book circle, education retreat, and a mini-conference, and identified learning activities to be applied in the program. The Fundamentals of Care framework was integrated into learning activities, on post-graduate level, related to complex nursing situations, and used in assignments, seminars, and exams. Some learning activities were initiated before the pedagogical project was completed, but

refined during the project. In the presentation concrete examples of learning activities, linked to clinical practice and performed during students' clinical placements, will be presented. The educators' considerations in the development of learning activities, will also be presented.

## **Conclusion**

With the support of the pedagogical project the framework was applied at the post-graduate level. Application of the framework at this level of nurse education can elevate provision and understanding of the importance of fundamental care in patients with complex care needs. By sharing our experiences we want to inspire others, as well as initiate discussions outside this local initiative of how to apply the framework at the post-graduate level.

# **Teaching fundamental care to student nurses: The experiences of nurse teachers in New Zealand**

## **Aim**

To explore the experiences of nurse teachers, teaching fundamental care to undergraduate student nurses.

## **Background**

Nurse teachers play an important role in preparing student nurses for their professional and clinical role in practice. A core component of the undergraduate nursing curriculum is teaching fundamental care. However, the literature identifies that knowledge about fundamental care education is limited, particularly from the perspective of nurse teachers and their experience of teaching fundamental care.

## **Design**

Semi-structured qualitative interviews.

## **Methods**

Eleven nurse teachers who teach fundamental care to undergraduate student nurses in New Zealand were individually interviewed. The study was guided by on the principles of social constructivism Interviews were transcribed, and coded, resulting in five descriptive categories being generated.

## **Results**

Nurse teachers differ widely in their descriptions of what fundamental care means to them. They hold inconsistent opinions about how best to teach fundamental care, which is complicated by curricular inconsistencies in what and how nurse teachers teach the subject. Teaching fundamental care was often challenging for nurse teachers, especially when insufficient time is allocated, and clinical resources are lacking. Managing students' disinterest and resistance to participate was particularly challenging. Most nurse teachers are willing to think 'outside the box' about innovative ways to teach and assess fundamental care and in the choice of clinical placements to support student learning.

## **Conclusion**

Teaching fundamental care is challenging for nurse teachers. What and how they teach is subject to curricular influences, teacher preferences, negative organisational barriers/factors and student behaviours. These factors played an influencing role in how nurses engaged with and perceived teaching the subject.

## Introduction

Several nursing programs worldwide have implemented Fundamentals of Care (FoC) as a theoretical framework (Feo et al., 2018; Voldbjerg et al., 2018). A three-year undergraduate bachelor's nursing program at a Swedish university with 700 students is starting to implement FoC as a framework. Following the i-PARIHS framework (Kitson & Harvey, 2016), it was decided to understand the recipients and their views of the innovation and its characteristics. This study aims to describe teachers' views on barriers and facilitators in implementing FoC in an undergraduate nursing program.

## Methods

Two days were spent brainstorming about the process with program teachers (n=37). Teachers from four different departments were divided into groups. The groups brainstormed and discussed ideas, then wrote notes about possibilities and challenges in implementing FoC. The collected notes (n=93) were typed into Excel and analyzed using inductive content analysis. Collected notes could contain more than one topic.

## Results

Four categories stood out in the analysis:

- 1) **Implementing FoC** – how the process had started and could continue
- 2) **Clarifying concepts** - FoC could support students and provide students and teachers with a shared and professional language.
- 3) **Teaching and Learning** - Teachers identified learning activities and progression through the program and how to include nurses in present clinical work who serve as preceptors for the students in the program.
- 4) **The present literature** - the literature in Swedish was perceived to be both helpful and challenging.

## Conclusions

The collaborative days with program teachers have enabled us to identify our program's strengths and issues that could create barriers. Teachers are interested in implementing FoC and describe both its strengths and obstacles. The notes can inspire teachers to implement FoC in different learning activities and have also highlighted areas we need to consider in future work.



2025 ILC Annual International Conference

# Poster Presentations: Clinical Practice / Policy

16th & 17 June, 2025

Genoa, Italy



INTERNATIONAL  
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## **Title of Presentation**

Reducing the incidence of hospital-acquired pressure ulcers (HAPU) through the PSIRF (Patient Safety Incident Response) framework in a London-based Rehab Unit.

## **Background**

Several studies have reported that pressure ulcers can likely impede a patient's rehab progress. HAPUs can lead to delays in care, experience of pain, poor mobility, infection and overall poor patient experience. High incidence of HAPUs requires a thorough investigation as this can be reflective of the quality of nursing care.

## **Methods**

The PSIRF Framework was utilised to investigate the rising incidence of HAPUs in the unit. The framework focuses on understanding how events happen and learning from these events. It improves patient safety by ensuring there is compassionate engagement with patients and caregivers, a culture that is focused on safety and a system that allows responding to incidents in a compassionate way.

The framework includes tools such as the Systems Engineering Initiative for Patient Safety (SEIPS) and the SWARM huddle.

## **Findings**

The use of the PSIRF Framework has led to ZERO HAPUs in the rehab unit for nearly a year. The framework allowed caregivers to accurately report HAPUs into the incident reporting system of the organisation. In addition, the SEIPS tool provided a systematic way to understand the complex nature of pressure sore formation and utilised the system-approach to identify potential contributory factors such as dynamic mattress settings and use of appropriate dressings for medical device-associated pressure ulcers.

## **Conclusion**

The use of the PSIRF framework has significantly reduced the incidence of HAPUs for nearly a year using a systematic method of investigation, a no-blame culture, and a central focus on safety.

Other Details:

**Main Institution:** Cleveland Clinic London

**Author:** Shaula Candido, Nurse Manager, Rehab Unit, Cleveland Clinic London

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**Availability:**

Can present in person and currently not a member of the ILC

# **The Fundamentals of Care Case Management Model: Improving patient outcomes and addressing Missed Nursing Care through Advanced Practice Nurses.**

Rizzo A., Valenti A., Gianolio S., De Bonis A., Frola M., Bellezza A., Sappè L., Pietrapertosa D., Chiazzolla P., Ghironi E., Costamagna G.

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## **Introduction**

Recent research highlights mechanisms for patient safety, quality, and continuity through the Fundamentals of Care framework. In 2019, Mauriziano Hospital introduced an advanced practice nurse as Case Manager (CM) in Surgery to reduce Missed Nursing Care, focusing on direct care for complex abdominal surgery patients and addressing fundamental needs such as mobilization, nutrition, pathway management and relationship-building with positive results.

## **Purpose**

To implement and evaluate the outcomes on missed fundamental nursing care and patient outcomes by applying the Fundamentals of Care CM model in other hospital settings for high complexity patients.

## **Methods**

In 2024, five nurses and one midwife with specific backgrounds and high education level were designated as CM in Orthopedics, Vascular Surgery, Cardiac Surgery, Breast Unit, Cardiology, and Oncology.

A procedure defining their roles, and key aspects, including a six-months audit and feedback system for results verification was established.

All involved professionals received an additional 30 hours of specific training on the Case Management model and on clinical reporting.

## **Results**

In October 2024, each CM produced a pathway to plan and deliver Fundamental Care most at risk of being missed.

Pre-admission, CM assessed specific risks and planned personalized programs. During hospitalization, the focus was on delivering fundamental care and therapeutic education. Post-discharge, telephone follow-ups aimed to reduce readmissions and manage home discharge.

All interventions are recorded, including those at a distance and accessible to care teams.

It is estimated to manage around 1000 high complexity patients annually throughout the entire care pathway, delivering approximately 4000 specialized nursing interventions per year.

## **Conclusions**

The implementation of the FOC Case Management model with advanced practice professionals, can significantly address missed fundamental nursing care.

A specific research project will be conducted to understand the outcomes of this approach in terms of effectiveness and efficiency, and to verify the care and clinical outcomes.

**Title:** Emphasizing the Context of Care within the Fundamentals of Care Framework:  
Participating in AACNs Healthy Work Environment National Collaborative

**Organization:** Maine Medical Center – Portland

**Authors:**

Emily Bovino MSN, CNL, CCRN

**Presenter:**

Emily Bovino MSN, CNL, CCRN

**Introduction**

The American Association of Critical Care Nurses (AACN)'s Healthy Work Environment (HWE) National Collaborative (NC) and the International Learning Collaborative (ILC)'s Fundamentals of Care (FOC) model represent two pivotal approaches aimed at enhancing healthcare outcomes. The purpose of this presentation is to describe and discuss, with examples from our organization, how the HWE standards can complement the context of care within the FOC model. Healthy work environments can boost morale and care team wellbeing, leading to improved patient care.

**Body**

Our organization was selected to participate in the AACN HWE-NC, a two-year collaborative launched in April 2024. This innovative program aims to create a positive impact on the work environment. It guides hospital-based teams at the local level in creating healthier workplaces, leading to safe, effective, and high-quality fundamental care. Three units from our organization are participating. This multi-unit initiative is supported by AACN through online resources, including a valid and reliable assessment tool which helps teams evaluate their environments and plan sustainable changes. The baseline survey results demonstrated the areas for improvement opportunities include true collaboration, meaningful recognition and skilled communication. These findings have prompted all three units to begin to optimize communication, collaboration, and recognition in both daily and teaching rounds utilizing the FOC framework. The ongoing work will be assessed at six-month intervals to gauge progress and adjust approaches as necessary.

**Conclusion**

Through continued interdisciplinary workgroup meetings and evaluations, we anticipate seeing a positive trend in survey results related to the HWE standards as well as a reduction in hospital acquired complications. The synergy between the HWE-NC and the ILC's FOC model highlights their shared goal of promoting holistic, high-quality care across supportive professional environments where nursing can fulfill their ethical and moral responsibility to provide the best care possible.

## **Fundamental care during the Covid-19 pandemic: The lived experience of Chief Nursing Officers**

**Dr Devin Carr, USA**

Fundamental nursing care refers to the essential and practical elements of care required for every person in any care setting. The Covid-19 pandemic created unique challenges for nurses, which inhibited their ability to consistently provide fundamental nursing care. This session will describe and discuss the results of an exploratory phenomenological study designed to gain an understanding of how Chief Nursing Officers (CNOs) promote fundamental nursing care during a sustained global pandemic. Specifically, this study explored perceptions of barriers to provision of care and strategies to support staff in providing care and monitoring clinical outcomes.

Study participants were recruited from large (defined as >500 beds) tertiary care academic medical centers in the US that have Magnet designation as awarded by the American Nurses Credentialing Center. Interview transcripts were analyzed using thematic analysis. Emerging themes were grouped and coded to explicate relationships between research questions and study findings. Initial codes were generated at the time of transcription and subsequent codes identified with repeated reviews. Operational and conceptual definitions were developed for each theme. Finally, using the identified themes, data were transformed into a narrative that describes lived experiences of participants.

This study advances the understanding of the impact of Covid-19 on the delivery of fundamental nursing care from the perspective of nursing leaders. The understanding gleaned from this study of CNOs and the context in which nurses provide fundamental care may be used to inform nursing leaders with regard to allocation of resources and optimized staffing models to support nurses in the consistent delivery of high-quality fundamental nursing care in times of crisis.

# Small effects on oral health following educational interventions – a quantitative study in a surgical context

Katarina Edfeldt, Therese Avallin, Eva Jangland, Sandra-Marie Wistedt & Anna-Karin Gunnarsson

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## Abstract

**Background:** Oral care is a fundamental care need that is often missed. Deficiencies in oral health may increase complications after surgery and prolonged hospital stays. Educational strategies are commonly used in nursing to improve the quality of care. This study aims to investigate fundamental care delivery regarding oral care in a surgical context following educational interventions.

**Methods:** A quasi-experimental design was performed, with an intervention and a post-test to increase oral care and oral health. Pre-test (earlier published) and post-test data were compared. The study was conducted in three surgical wards in a Swedish University hospital. The intervention included lectures, a patient experience, and oral care as the area of focus with a daily reminder over a month. A questionnaire regarding performed oral care was distributed to patients (n=53), with a response rate of 78%. A registered nurse assessed oral health status using the Revised Oral Assessment Guide (ROAG).

**Results:** The number of patients with severe change/ill oral health decreased from 13 (26 %) in the pre-test group to three (6 %) in the post-test group ( $p=0.024$ ). There was no improvement in patients with moderate change/ill oral health or healthy conditions. Assessments regarding lips were improved ( $p.002$ ). There was no difference in patients' answers about performed oral care.

**Conclusion:** Educational interventions are insufficient to induce adequate change in clinical practice to fulfil patients' fundamental care needs. Multicomponent strategies are needed for improved nursing care. Further actions must be taken to fulfil patients' oral care needs in the surgical setting.

**Title;** Multimorbid patients' everyday life interacting with the Danish healthcare system  
**Organization;** Central Hospital Unit, RH Viborg, Skive  
**Author;** Jette Knudsgård Hørup, RN, MPQM  
**Co-authors names, institution;** Anne Dorthe Bjerrum, RH Viborg, Skive, and Skive Sundhedshus

## **Introduction**

Multimorbidity is defined as having two or more chronic illnesses. In Denmark, one in three adults has multimorbidity. We wanted to examine how interacting with the health care system due to multimorbidity affected their daily life.

This was analyzed in the project SKARB (2019 – 2022) – a cross-sector healthcare collaboration project focused on the citizens.

## **Purpose**

The purpose was to gain an understanding of what it is like to live with multimorbidity and, consequently, to rely on interactions with healthcare professionals. This included insights into:

- Managing new challenges in one's own life situation,
- being able to live life as one wishes,
- receiving the necessary support from healthcare professionals,
- and navigating and making use of available treatment options.

## **Method**

Qualitative method with 10 semi-structured interviews with citizens from the same municipality.

## **Results**

5 women and 5 men aged from 38 to 84 where 5 of them lived alone. 7 of the citizens had little or no formal education. Only one was employed; the rest were retired or on disability pension.

Citizens with multimorbidity experience a life with limitations, making them reliant on support from both their personal network as well as of healthcare professionals.

In interactions with professionals they desire a personalized approach with a high degree of involvement. Feeling seen, heard and understood is paramount – when these needs are met, time constraints become less significant.

The organization of the healthcare system, particularly the increased digitalization, posed a major challenge for some citizens.

## **Conclusion**

The interpersonal aspect is essential in citizens' interactions with professionals. Genuine attentiveness, empathy and a personalized approach help to foster a strong relation, enabling a better understanding of the citizen's actual needs and allowing the treatment plan to be tailored accordingly.

**TITLE: Missed Nursing Care and Non-Nursing Tasks in a Pediatric Sub-Intensive Care Unit: A Prospective, Monocentric Observational Study.**

**Institution:** IRCCS Istituto G. Gaslini – Genova. Health Professional Department

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## **INTRODUCTION**

Adequate nursing staff is crucial for positive patient outcomes, while resource shortages force prioritization that can result in fundamental care being omitted. A “poor” skill mix undermines nursing quality to the detriment of patient care. Understanding how nurses allocate their time is vital for improving patient outcomes. This study investigates the prevalence of missed nursing care (MNC), reasons for MNC, and non-nursing tasks (NNT) within a Pediatric Sub-intensive Care Unit in an Italian children’s hospital.

## **METHODS**

A prospective, monocentric observational study.

Data collected between May - June 2023, during each nurse’s shift, with questionnaires addressing MNC and NNT completed for each patient.

Demographic and professional data of nurses, with patient details (age, length of stay, devices, language), staff information (education, age, shift worked), skill mix, and patient flow data were collected. MNC was assessed using the validated MISSCARE-Survey Ped, while NNT prevalence and reasons were measured using the APRI questionnaire.

Data analyses were performed with STATA 13.1.

The study received Internal Review Board approval.

## **RESULTS**

Data from 19 nurses covering 32-day shifts, 32-night shifts, and 409 patients showed an average of 7.1 MNC during the day and 5.8 at night ( $p<0.001$ ). Factors linked to MNC included support staff presence, devices (CVC, urinary catheters, tracheostomies), bedridden patients, and whether the

patient spoke Italian. Primary causes of MNC were frequent interruptions (80%), lack of support staff (64%), and urgent patient conditions (38%). In 90% of observations, administrative tasks were noted, auxiliary tasks in 80%, tasks typically performed by other professionals in 85%, and less than 2% involved medical activities.

## **CONCLUSION**

This study offers a 24-hour overview of nursing tasks, delays, omissions, and inappropriate activities. While limited to one unit, this study highlights areas for future research to generalize findings and inform workflow improvements to enhance nursing care quality.

## **Title: Integration of Fundamentals of Care into Clinical Neurorehabilitation Practice**

### **Main institution/organisation**

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### **Presenters /authors names and institutions**

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### **Introduction:**

Integration of the Fundamentals of Care-Framework (FoC) in clinical practice at Hammel Neurorehabilitation Centre has been progressing since 2018. This initiative has fostered a common language among the nursing staff, enhancing communication and ensuring a shared understanding of high-quality neurorehabilitation nursing. This encourages a culture of reflective person-centered practice. By engaging in collective reflection, nursing staff critically evaluate their clinical practice, leading to informed decision-making. Although FoC is well-established by the nursing staff, ongoing systematic integration in clinical practice remains. This highlights leadership-driven integration and upscaling across departments as pivotal for ensuring its sustainability.

### **Main body:**

The aim of this project is full integration of the FoC into neurorehabilitation nursing practice. Secondary aim: Documented nursing care plans improve evidence-based person-centered fundamental nursing care.

The leadership-driven approach includes weekly nursing staff meetings led by the specialized nurse or head nurse, with supervision from a clinical nurse specialist. The structured meetings are 30-minute sessions during which 1-2 patient cases provide the basis for joint reflection and discussion guided by the FoC. In systematic reflection, nurses combine their clinical experience with an understanding of patients' individual needs, research-based knowledge, and organizational knowledge to plan and deliver person-centered, evidence-based care as defined by Sacket. Kolb's reflective cycle forms the foundation for the learning process.

Outcome measures: Audit on the number and quality of documented plans for nursing interventions in the electron health records at 10 wards.

Semi-structured interviews with nursing staff to explore experienced impact on the quality of fundamental nursing care.

### **Conclusion:**

Preliminary findings indicate that the systematic reflection with FoC enhances evidence-based, person-centered nursing care, integrating FoC into clinical routines. Forward-planning nursing interventions are documented in the patient's records, promoting greater continuity and quality in the nursing care process.

## Fundamental Care in Proximal Wound Management within the Penitentiary Healthcare Service: An Integrated Care Approach

Alessio Fracchiolla<sup>1</sup>; Marco Marchelli<sup>2</sup>; Milko Zanini<sup>3</sup>; Marco Di Nitto<sup>4</sup>; Deborah Cesura Granara<sup>5</sup>; Carmelo Gagliano<sup>6</sup>; Sara Giacobbe<sup>7</sup>; Anna Baxa<sup>8</sup>; Giorgia Piana<sup>9</sup>; Gianluca Catania<sup>10</sup>; Annamaria Bagnasco<sup>11</sup>

**Introduction/purpose:** In the penitentiary healthcare system, the management of chronic and acute wounds poses a significant clinical challenge, particularly for individuals deprived of their freedom, who often present with complex and pre-existing health conditions. This study explores how applying the *Fundamentals of Care (FoC) framework* could optimize the quality of care for patients with chronic and acute wounds in the prison setting. The aim is to identify factors influencing wound healing and management, enhancing clinical outcomes and the effectiveness of proximal care services.

**Methods:** A retrospective analysis was conducted on a sample of 926 entries for patients in the penitentiary system over the past four years, focusing on clinical variables such as wound type and patient demographics. Data analysis, carried out using regression models, allowed for the evaluation of outcome predictors and the possible interaction effects between the penitentiary setting and individual factors.

**Results:** Preliminary findings indicate that the complexity of the prison context significantly influences healing times, with slower wound management compared to patients in hospital or home settings. Although demographic variables seem to have a limited impact, the environment and available resources within the prison context play a crucial role.

**Conclusion:** This study highlights the importance of adapting *Fundamentals of Care* guidelines to meet the specific needs of the penitentiary setting, suggesting that structural adjustments and staff training could significantly improve outcomes for patients with chronic and acute wounds. Future research should explore additional clinical and environmental variables to optimize care and reduce health disparities within the prison system.

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# **Changing the Culture to Reduce Hospital Acquired Infections: Adenosine Triphosphate Testing to Optimize Shared Equipment Cleaning Practices**

Sinai Health – Mount Sinai Hospital

Sarabeth Silver, RN, MN, Michael Badour, BA, Manager Support Services, Sean Burton, Supervisor Support Services

Special Contributions: Andrea Morillo, Director for Infection Prevention and Control

## **Introduction**

The burden of hospital acquired infections (HAI) on the healthcare system is well documented from a cost, resource and patient outcome perspective. Shared patient care equipment may look clean, however if not cleaned correctly can be a reservoir for numerous pathogens.

## **Purpose**

To facilitate education on shared equipment cleaning for nursing, allied health and support services staff using Adenosine Triphosphate (ATP) testing as a metric to determine effectiveness of cleaning to in turn support a reduction in HAI.

## **Methods**

A bioluminescent technology device was used to measure ATP as relative light units (RLU) by swabbing the surfaces of shared equipment. Commodes, blood pressure cuffs, vital sign machines, bladder scanners, intravenous poles, and landline phones were swabbed to provide a baseline assessment, with 60 RLU as the pass threshold for clean equipment. One inpatient medicine unit was targeted for tailored in-services related to shared equipment cleaning, repeated ATP testing and collaborative strategies to enhance cleaning practices.

## **Outcomes**

The shared equipment that was swabbed scored on average well above 60 RLU. Between July and September 2024, commodes, blood pressure cuffs, landline phones and vital sign machines averaged 191.3, 111, 1096 and 239 RLU's respectively. The selected unit had 26 staff attend coordinated in-services. Following the conclusion of the education, ongoing ATP testing will continue to determine if greater awareness on shared equipment cleaning performance can influence a decrease in the RLU scores.

## **Conclusions and Implications**

The use of ATP testing has illuminated that the invisible layer of bacteria found on shared equipment can easily become transmissible between patients. Studies have shown a potential correlation between high RLU and aerobic colony counts. Recognizing the shared responsibility healthcare providers have in wiping and drying time for shared equipment surfaces between patient use is critical to stopping the spread of HAI.

## **Nurse-Led Delirium Screening: Strengthening Perioperative Care for At-Risk Patients**

Rebecca Lemieux, RN, MN, GNCC, Eden Chang, RN, MN, Sarabeth Silver, RN, MN, Hamsa Krishnapillai, RN, GNCC, Wendy Macey, RN, MEd, Jennifer Korman, BScPhm, ACPR, RPh, David He, MD, PhD, FRCPC

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### **Introduction:**

Delirium is a preventable complication in older adults following surgery, associated with increased morbidity, prolonged hospital stays, and elevated healthcare costs. Early identification of delirium risk can enhance perioperative care, through meeting patients fundamental care needs.

### **Purpose:**

To reduce incidence of delirium in elective surgical patients aged 70 and older through the implementation of a validated preoperative risk assessment screening tool. Patients identified at high risk will trigger notification to relevant perioperative departments and the implementation of delirium preventative strategies.

### **Methods:**

A team of frontline nurses, Clinical Nurse Specialists and interdisciplinary leaders conducted a literature review and environmental scan to evaluate current delirium screening practices. The Delirium Risk Assessment Score (DRAS) was selected as a feasible, evidence-based screening tool due to its predictive value, ease of integration into nursing workflow, and minimal resource demands. The DRAS was piloted for six months in the Pre-Admission unit (PAU) on all elective surgical patients aged 70 and older.

### **Outcome:**

From March to August 2024, 598 patients were screened with the DRAS; 71 patients identified as high risk for delirium. Notification of at-risk patients led to increased awareness, early implementation of delirium prevention strategies, and timely engagement with geriatrics consultation. Following the pilot, comparative chart reviews demonstrated the tool's efficacy and feasibility, leading to organizational approval to adopt DRAS screening as standard practice in the PAU.

### **Conclusion/Implications:**

Perioperative nurse-led delirium risk assessment is a pragmatic approach to proactive delirium prevention and management, while enhancing patient outcomes for older surgical patients. Identification of risk supports earlier provision of fundamentals of care as a means to prevent post-operative delirium. Next steps include transitioning DRAS screening from manual to the electronic health record and creation of automated alerts to inform perioperative and inpatient teams of high-risk patients, thereby supporting an interprofessional approach to delirium management.

## Abstract

Jacqueline Turcotte RN, MSN, CCRN  
Nursing Director Neuro/Medical Intensive Care Unit  
MaineHealth Maine Medical Center Portland

**Title:** Enhanced Communication is Fundamental in Providing Quality Care

**Introduction:** Patient safety is fundamental to quality care in global healthcare settings, yet literature suggests that miscommunication continues to be a significant source for errors. Opportunities for improvement have been identified in interpersonal relationships, goal clarity and communication channels. Safety improvement initiatives highlight the importance of clear, concise communication for effective collaboration in care. Effective communication leads to improved satisfaction and cost reduction for healthcare recipients and providers, resulting in better outcomes, shorter hospital stays, and reduced turnover.

**Main body:** While frameworks of communications such as ISBAR (Introduction, Situation, Background, Assessment, Recommendations) are proven models, communication in healthcare continues to be a source of errors and distress for healthcare providers. Factors such as synchronous versus asynchronous communication, discipline hierarchies, frequency of interruptions leading to disruption of cognitive task, and overall interdisciplinary goal disparities contribute to these issues. Strengthening communication gaps is essential for relationship building, which is fundamental to patient care. It is essential to look at methods to strengthen the gaps in communication as part of relationship building which is fundamental to patient care.

A closed-loop model that can enhance clarity across different communication channels is the 'BEE-cause' method. This model requires the communicator to provide 'The Why' behind the request, addressing the recipient's need for understanding. For example, without a rationale for care decisions, there is a lack of understanding and closure. When healthcare teams explain care decisions through the 'BEE-cause' model, it leads to better communication and alignment of goals.

**Conclusion:** Effective implementation of this model could improve patient safety by enabling early responses to clinical deterioration, reducing hospital acquired complications, and enhancing team satisfaction. This is achieved through building trust, increasing job satisfaction, and promoting overall wellbeing by ensuring everyone feels heard.

## **Innovative Nurse Orientation and Care Delivery: Enhancing Patient Outcomes and Staff Retention Through the Fundamentals of Care Framework**

**Kara Kenny, United States**

In June 2024, the organization opened a new tower to meet growing cardiology needs of the local community, transferring staff nurses to support the inauguration of the new care area. This left the original cardiology unit with a nurse vacancy over 90%. Unit leadership focused on hiring travel nurses temporarily and then prioritized recruiting, hiring, and training core staff. As a result, 17 nurses were hired between June and November 2024, with new education and orientation models developed to ensure effective clinical training, and a cultural focus on the Fundamentals of Care framework.

This innovative and successful orientation strategy was based on the fundamentals of care framework to ensure a holistic approach that meets the needs of our patients and care team and utilizes an interprofessional lens to enhance team dynamics and readiness to practice. With experiences such as shadowing certified nurse's assistants to gain insight into fundamentals of care as new practicing nurses, and other disciplines including physician assistants, physicians, surgeons, and quality improvement specialists. The opportunities allowed deeper understanding of fundamentals of care practical application via bathing and oral hygiene, nutrition optimization, infection prevention, and mobility improvement. The orientation initiative was developed and implemented through collaborative efforts from frontline nurses, education teams, and nursing leadership reaching the fundamentals of care framework at the system, policy, and integrations of care level. Patients and care teams' well-being can be sustained beyond discharge by educating and empowering the staff to implement mobility, hygiene, and practical education.

Collaboration, effective communication, and strong nurse leadership have fostered a culture focused on the fundamentals of care. This environment supports both patient wellness and safety, while prioritizing a healthy work setting that enhances patient outcomes, promotes recovery, and improves nurse satisfaction and retention over time.

### **Title of presentation**

The rise of Super FoC leaders – facilitating the implementation of person-centred fundamental care in a surgical department

### **Introduction**

To implement person-centred fundamental care, a surgical department in Sweden participates in the action research programme InCHARGE, using the Fundamentals of Care framework and i-PARIHS. Recognizing that facilitators are essential for successful implementation, we share our experiences from the rise of the 'Super-FoC-leaders'.

### **Main body**

The nurse managers and the leaders of nursing and nursing research were presented with scientific results, from data collected from patients and providers at the department, including: Enablers and hinders for person-centred fundamental care, missed care, and illegitimate tasks. At a series of follow-up meetings, the nurse managers were facilitated by the leaders of nursing and nursing research to form and begin implementing an action plan with interventions answering to the results. They also attended workshops about i-PARIHS and the Fundamentals of Care framework, and an implementation conference, used to create the action plan. They identified that for person-centred fundamental care to be the un-negotiable culture and routine, they had to take on the role as strong nursing leaders. Hence, they invented the 'Super-FoC-leader' in a follow up meeting to take on this leadership with a sense of humor yet full seriousness, when presenting the action plan to all nurses at a workshop wearing 'Super-FoC-leader'-costumes.

### **Conclusion**

The action plan with person-centred routines has been guiding the implementation for a year, and recent results show that it is continued relevant. The 'Super-FoC-leaders' have been well received and the nurse managers keep persuing the role when entering year two of implementations, now bringing on the assistant nurse managers and specialist nurses in the team of 'Super-FoC-leaders'. While a

scientific evaluation of the rise of the 'Super-FoC-leaders' is planned - by presenting our experiences meanwhile the implementation, we aim to share knowledge from our local action to learn from and inspire the global collaboration of the ILC.

**Main institution/organisation which the research/paper can be attributed to**

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## Abstract submission for ILC Conference Genoa June 2025

<b>Title</b>	<b>Gemba Walks in Aged Residential Care in New Zealand</b>
<b>Company</b>	<b>OCEANIA</b> Level 26, HSBC Tower, 188 Quay Street, Auckland CBD, 1010
<b>Presenter</b>	Shirley Ross, Director of Clinical and Care Services

### Introduction

Evidence of Gemba walks in the acute hospital in Uppsala Sweden and international collaboration, inspired the implementation of Gemba Walks in Aged Care in New Zealand.

Combining leadership rounds and Gemba Walks has had a positive impact on resident fundamental care and communication. **A Gemba Walk** is derived from the Japanese word “Gembutsu” which means “*the real place*”, literally defined as the “*act of seeing where the work happens*”. At Oceania, the Clinical team are leading Gemba walks in our Care Centers. Clinical Managers (CM) complete a daily Gemba walk, and the Regional and Executive teams do them monthly.

Gemba walks increase engagement and create an opportunity for staff to share innovative ideas and feel a sense of ownership in their roles. Clinical teams meet with senior clinical leaders and residents and families speak to them face to face. The Fundamentals of Care framework is utilised to review and ensure fundamental care for residents is delivered to residents consistently across all Care Centers.

### Intervention

The CM daily Gemba walk happens where the CM engages with staff and residents. They sit down and talk to the resident or observe and assist the team to deliver care. They establish:

- **Has the resident had their personal hygiene met / a shower or wash today? Is their skin moisturized?**
- **Is the resident’s hair clean.**
- **Have their teeth been brushed today? (Is there toothpaste and toothbrush for the residents)**
- **Is the resident comfortable? (pain, nutrition, hydration)**
- **Is the call bell in reach?**

What the CM observes is noted and recorded in a diary. Care to be celebrated is identified and plans made to share any concerns are managed immediately or shared with the team at the daily leadership huddle.

### Outcomes

The outcomes of the implementation and evaluation of the Gemba Walks will be discussed, and the evidence collated to show an improvement in staff engagement, communication and fundamental nursing care to residents.

### **Nursing strategy and a one day course to get started in your own unit**

"Do you want to learn about the direction of nursing at HE Midt? Then come and hear about FOC," is the introduction to the hospital's course in *Fundamentals of Care*. The course provides teaching and an introduction to the nursing strategy at HE Midt – *Fundamentals of Care* – which serves as a starting point for the implementation and use of the conceptual framework in the participants' own ward.

The working group behind the "Nursing Strategy at HE Midt" realized after the publication of the strategy that awareness of FOC was very limited, and the busy workload in practice made it difficult for individual wards to implement it. A one day-course, was set up.

The course is built around FOC, starting with an introduction to FOC. Then several examples are presented showing how other wards have integrated FOC into their clinical practice. They share their process and how it has enhanced their nursing practice for the benefit of both patients and staff.

Afterwards, all participants are invited to begin creating an action plan for the implementation of FOC in their own departments. This is done through a "turbo-sprint" design thinking session, where everyone contributes ideas. Based on this process, they create an action plan for a concrete idea that they will continue to develop and implement in their own departments. Finally, all participants share their ideas, to inspire all course participants.

We have held the course three times, and everyone who has attended has gone home with an action plan for FOC in their own ward. The feedback from participants is that it was a big help to get started, and best if there was more than one from the same ward. The best part was the inspiration from others and given the time to think together and create an actionplan.

Marianne Eg (Headnurse for premature care unit)  
Sanne Skovgaard Knudsen (Headnurse for intensiv care unit)  
Rikke Rosenkilde (Headnurse for rehabilitation at Hammel Neurocenter)

**Title:**

Implementation of a dysphagia screening procedure in clinical practice

**Authors and Institution:**

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**Introduction:**

Dysphagia is associated with malnutrition, dehydration, reduced quality of life and poor healthcare outcomes. It is estimated that the prevalence is more than 50% in frail hospitalized patients. Identification of dysphagia makes initiation of preventative measures possible and screening for dysphagia during hospitalization is recommended. However, systematic screening for dysphagia using specialized tools is not optimal in clinical practice due to most tools being considered time consuming and complicated to use.

Thus, we developed a screening procedure for identification of dysphagia, that included a simple and user-friendly tool. The implementation of the screening procedure was followed systematically over eight months.

**Aim:**

The aim of this project was to explore how the implementation of a dysphagia screening procedure affected nursing care at a department of pulmonary diseases.

**Methods:**

Focus group interviews with nursing staff, dietitians, occupational therapists and managers are held before, during and after the implementation of the screening procedure. We used "The

Theoretical domains framework” (TDF), to systematically uncover the barriers and facilitators for implementing the screening procedure during the project. A semi-structured interview guide was developed based on TDF. Interviews are analyzed using content analysis and the identified themes are compared to the three levels of nursing in the Fundamental of Care Framework. Interventions were developed in relation to the identified barriers and facilitators during the implementation process.

### **Results and conclusions:**

The implementation of the screening procedure had a multifaceted impact on nursing care. Initially, the barriers and facilitators identified were predominantly tied to the context of care including resources, evaluation and feedback mechanisms, leadership, and organizational culture. However, as the implementation progressed, the focus of these barriers and facilitators shifted toward the integration of care. This evolution opened new possibilities and fostered reflections on the Fundamentals of Care framework's central theme: the relationship with the patient.

**Title:** Multidisciplinary approach for early delirium management in medical wards

**Authors:** S. Mezini, C. Bruzzone, V. Scognamiglio, C. Clora, A. Talassano, L. Brullo, L. Rebella

**Introduction:** Delirium is an acute syndrome with serious health repercussions for elderly patients, leading to prolonged hospital stays, increased healthcare costs, and a decline in quality of life. Although the literature highlights the need for timely interventions for at-risk patients, there is a lack of structured and systematic projects for the management of delirium in daily clinical practice.

**Objectives:** This project aims to assess the feasibility of a multidisciplinary intervention designed to improve delirium management through an early and targeted approach, with the goal of reducing complications associated with this condition.

**Methods:** The project is conducted within the Internal Medicine 1 Levante ward at ASL 2 Savona, following the Medical Research Council (MRC) framework for the design and implementation of complex interventions. The intervention includes the use of the 4AT scale for rapid identification of delirium, supplemented by an operational checklist developed based on the Carpenito model, guiding nursing staff in essential actions for patients testing positive on the scale. Additionally, physicians perform a timely reassessment of pharmacological treatment using the Anticholinergic Cognitive Burden (ACB) scale to monitor and mitigate the risks associated with the use of drugs with anticholinergic effects.

**Expected Results:** A reduction in delirium-related complications, such as prolonged immobility, pressure ulcers, falls, increased morbidity and mortality, respiratory complications, cognitive deterioration, and risk of social isolation, is anticipated. The goal is to ensure that 100% of at-risk patients are identified and managed promptly.

**Conclusion:** Early management of delirium, through structured nursing interventions and appropriate pharmacological monitoring, could provide an effective model for other healthcare facilities, improving care and quality of life for elderly patients.

**Key words:** “Delirium management”, “multidisciplinary approach”, “elderly patients”, “4AT scale”, “Anticholinergic Cognitive Burden”, “quality of life”, “hospital care”

## **Fundamentals of Care framework in clinical practice: a qualitative analysis of stakeholders' written experiences of the implementation process**

Main institution: Stavanger University Hospital

Presenter: Kirsten Lode, Stavanger University Hospital

Co-authors: Marte Johanne Tangeraas Hansen, Stavanger University Hospital

### **Introduction**

A serious concern about nursing practice being too task oriented and that fundamental patient needs were neglected, A team consisting of representatives from the present hospital and the cooperating university was introduced to The Fundamentals of Care (FoC) framework in 2019 and wanted to implement it in nursing practice and education, to initiate change. Due to hindrances like the pandemic and preparations for moving the hospital into new buildings, the process of implementing the framework in clinical practice and education has been slow and demanding. Still, the framework is now implemented in most of the wards at the hospital as well as in parts of the nursing education. No data was collected during the primary implementation period, and thus, there is a need to describe and evaluate the implementation process retrospectively to ensure further progress.

### **Purpose**

The purpose of this study was to describe and evaluate the implementation process both in clinical hospital wards and in education of nursing students.

### **Methods**

The study will apply a descriptive qualitative design. An open-ended questionnaire will be developed for this study and distributed to potential participants using Corproator Surveyor, a program approved to retain data by the current hospitals' Data Protection Authority. Stakeholders from the hospital and from the university will be invited to participate. Thematic analysis will be applied to analyse the written data material gathered from the open-ended questionnaire.

### **Results**

Preliminary results will be presented at the conference.

### **Conclusion**

We believe that the implementation of the FOC-framework has been important for raising the awareness of fundamental nursing care. Experiences from and evaluation of the implementation of the FoC framework will help us in further progress.

### **Implications**

The study may contribute with knowledge that can guide others on how to implement the FoC framework in the clinic and in student facilitation.

## Title

Supporting Young Adults Newly Diagnosed with Multiple Sclerosis: Enhancing Person-Centered Care

**Authors:** Rie Forsberg, Charlotte Fredborg Brinck, Mia Ingerslev Loft

**Background:** Multiple sclerosis (MS) is a chronic, often disabling neurological disease affecting approximately 2.3 million people worldwide. Common symptoms include sensory disturbances, paralysis, spasticity, severe fatigue, optic neuritis, and Lhermitte's Sign. MS is the leading non-traumatic neurological disability in young adults. To be diagnosed with a chronic illness in early adulthood significantly impacts identity formation and psychological adaptation. Reports shows that 38% of young people experience symptoms of depression and lower health-related quality of life and motivation than their peers. A close collaboration between healthcare providers is essential to ensure young people receive the necessary emotional support, particularly during the uncertain period around diagnosis. In todays practice the young person receive their diagnose by the physician, often focusing on treatment, and are then without healthcare person contact until treatment initiation in a nurse consultation up to months after. Existing research and experience from practice indicate a need for earlier intervention for the young person. Hence in this study we aim to investigate the experiences of young people newly diagnosed with MS, focusing on the critical period from diagnosis to treatment initiation. By exploring these experiences, the project seeks to identify ways to better support and empower young patients in adapting to life with MS.

**Methods:** An explorative qualitative design was selected, employing a co-creation approach with young MS patients. Semi-structured interviews with 10 informants aged 15–20 provide the data for a Ricoeur-inspired analysis.

**Results:** The study is ongoing, with results expected in spring 2025.

**Conclusions:** Findings from this study are anticipated to inform improved care pathways for young people newly diagnosed with MS. Insights into patient experiences will contribute to integrating Fundamentals of Care elements into practice, fostering person-centered nursing that addresses the fundamental needs of the young patients.

## **Title: Patient Perspectives on Ward Consolidations: Ensuring Continuity, Safety, and Trust During Transfers in Acute Neurology Care**

**Authors:** Marianne Brostrup Sachs, Lone Lundbak Mathiesen, Pernille Raun Olsen, Stina Marlo Posborg, Sidsel Goor Pedersen, Rie Forsberg, Mia Ingerslev Loft

**Background:** A shortage of nurses is impacting the healthcare system's ability to provide the necessary treatment and care that is required for the patient. Nurse retention within hospital settings has led to resource-related adjustments. These changes manifest in part as ward consolidations during weekends, holidays, and periods of reduced staffing to ensure sufficient nursing expertise for safe, secure, and patient-centered care. However, there is a lack of knowledge and insight into how patients experience these consolidations and transfers, and how to organize the context to ensure safety, continuity, and trust in patient care.

**Aim:** This study aims to examine patient experiences of ward consolidations in an acute neurology department.

**Method:** A qualitative exploratory design was employed, utilising field observations inspired by Spradley's ethnographic framework, combined with semi-structured interviews with 10 patients. Data were analysed through a content analysis approach guided by the method of Graneheim & Lundman.

**Results:** This project is currently ongoing and is expected to conclude in the spring of 2025. The findings are anticipated to provide insights into patients' experiences of ward consolidations, highlighting the aspects that are most significant to them. These include patient involvement in the consolidation process, the levels of information provided, collaboration with healthcare staff, continuity of care, patients safety and experience of trust. We expect that knowledge gained from this study will serve as a foundation for local practice changes and contribute to the overall evidence base within this critical area.

## 2025 ILC ANNUAL INTERNATIONAL CONFERENCE

### *“Implementation of Primary Nursing in the Care Facilities of AOU San Luigi Gonzaga”*

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#### **ABSTRACT**

##### **Background:**

Primary Nursing (PN) is a relationship-based nursing care model, guided by nursing autonomy and professionalism. Unlike task-oriented care models, PN shifts the care process from operator-centric to patient-centric. The Management of Healthcare Professions at AOU San Luigi Gonzaga is particularly focused on promoting the quality of nursing care provided. Therefore, it has been decided to introduce this care model across all company facilities.

##### **Aim:**

To introduce the PN model in all care facilities by 2024.

##### **Methods:**

The implementation process was organized into phases:

- Planning of the application process by the project team
- Training of nurses and heads of nursing
- Application in care settings
- Monitoring of the application through process indicators (patient/nurse assignment: target standard 80%) and outcome indicators (patient satisfaction - Caring Behaviour Inventory Scale - and nurse satisfaction - MISSCARE Survey and Maslach Burnout Inventory)
- Continuous presence of the PN trainer as support.

##### **Results:**

By October 2024, all care facilities have adopted the PN model, meeting the process indicator standards set by the project. Continuous training to support implementation has proven effective. Patient satisfaction ranged between satisfied and very satisfied, with increased satisfaction on the items “spending time with the patient” and “attending to the patient without being called.” Nurse questionnaires indicated greater awareness of missed care, as well as a reduction in tensions between medical and nursing staff and a more balanced patient assignment.

##### **Conclusions:**

On October 2, an evaluation of the current state was conducted with the presence of Strategic Management and the leadership of other healthcare companies to carry out a detailed analysis. The quality of the documentation produced, case analysis, and methodological evaluation of the ongoing process were highlighted.

**Nursing Implications:**

PN represents a professionalized care model with documented positive impacts on care quality and nurse satisfaction.

# **FUNDAMENTALS of CARE IN RSA: A TRAINING AND PROFESSIONAL CONSULTANCY INTERVENTION FOR THE CARE OF THE ELDERLY AND FRAGILE PERSONS:**

## **The experience of the ASL CN2**

*Autori: Canta L.1, Ferrero A.2, Savigliano F.3, Mercurio G.4, Chiesa G.5, Contini S.6*

### **Introduction**

Aging population, the consequent increase in the population in residential facilities, the post-COVID-19 pandemic, and the growing complexity of care require a review and update of the care pathway and management of assisted individuals in the territorial residential facilities of ASL CN2. It's necessary to adapt organizational and care responses to the complexity and fragility of Residential Home patients so that they do not become a weak link in the Health Service Network. ASL CN2 is composed of a main hospital, two community houses, three accredited private nursing homes, and various residential facilities in the territory. The project goal is to improve Fundamental Care knowledge of Nurses and Healthcare Assistants working in Residential Homes (ASL CN2 territory). This can be achieved through a dedicated training program and a professional consultation service.

### **Objective**

Design a targeted training intervention to improve the care of patients in the Residential Homes of the ASL CN2 territory and activate an experimental professional consultancy system within the Residential Homes of ASL CN2.

### **Materials and Methods**

1. Project team constitution and emerging criticalities analysis.
2. Specifically designed questionnaire for needs assessment.
3. Training event design and proposal of professional consultancy activities in Residential Homes.
4. Project sharing with Residential Homes.

### **Results**

The needs assessment identified six key areas:

- Care needs of individuals with venous catheters, stomas, pressure ulcers, and swallowing disorders;

- Nutritional and hydration needs;
- Management of restraint;
- Prevention of healthcare-associated infections.

The six-modules training event is delivered in an e-learning format. Adherence is steadily increasing. A total of 106 individuals have completed the training, and an additional 104 are currently enrolled. Of the learners, 69% are nurses, 33% are nursing assistants, and 1% belong to other professions.

### **Conclusions**

The project underscores the need for developing training programs to enhance fundamental care in nursing homes within the ASL CN2 region.

# A Structured Assessment of Rehabilitation Needs for Patients with Cancer

Berit Sunde

## Introduction

Sweden's National Care Program for Cancer Rehabilitation was initially developed in 2014 and recently updated 2023. The new update addresses disparities in cancer care and aims to improve the overall quality and accessibility of cancer rehabilitation services in Sweden.

At the Karolinska University Hospital Cancer Comprehensive Center, our goal is to ensure that all patients receive a structured assessment, using the Assessment of Rehabilitation Needs Checklist (ARNC), at the diagnosis and after completing treatment. A contact nurse plays a central role, holding overall responsibility for the patients throughout the care chain and for developing a care plan.

## Method

A cancer rehabilitation working group supports and follows up on the implementation of structured assessment using the ARNC.

Once the ARNC is completed, it is transferred into the patient's digital journal. The hospital's analytic solution can then connect, analyze and visualize the data

## Results

Workshops have been held to implement structured cancer rehabilitation assessments for contact nurses and their head of nursing.

The procedure involves the patient prioritizing their needs and, together with the contact nurse, deciding how to address them. The contact nurse documents the decisions in a rehabilitation plan that is visible to the patient and other involved parties. Additionally, we can automatically visualize data from ARNC to see how many forms have been submitted by each unit and identify the symptoms and needs of the patients.

## Conclusions

Detecting and treating symptoms and needs at early stages along the cancer continuum has the potential to significantly reduce long-term adverse events. However, challenges remain, such as organizational issues in some units and the need to improve visualization of cancer rehabilitation needs at more detailed levels.

## **Theme: Global Collaboration, Local Action for Fundamentals of Care Innovation-The International Movement for Nursing and Allied Health Leadership and Patient Advocacy**

**DHURATA IVZIKU, Italy**

### **Background**

Burnout among nurses is a significant challenge that undermines the delivery of high-quality, person-centered fundamental care. This study examines the determinants of burnout in nursing, with a particular focus on the role of leadership, job resources, and job demands, providing insights into how these factors influence nurses' well-being and care delivery.

### **Methods**

A cross-sectional study was conducted with 1,500 nurses across Italy using an online survey. Burnout was assessed through the Maslach Burnout Inventory (MBI), measuring emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA). Predictors included work resources (e.g., inspirational leadership, autonomy, pleasure at work), and demographic variables (e.g., age, gender).

### **Results**

Job resources were found to significantly reduce EE and DP while enhancing PA ( $R^2=73\%$ ). Nurses who felt inspired by their leaders ( $\beta=0.164$ ) and experienced autonomy ( $\beta=0.464$ ) and those who reported higher pleasure at work ( $\beta=0.081$ ) presented lower EE and DP and higher PA. Demographic factors showed no influence.

### **Conclusion**

Inspirational leadership and supportive work environments play a pivotal role in mitigating nurse burnout and promoting fundamental care. Prioritizing leadership styles that stimulate autonomy and create positive workplace experiences can improve nurse well-being and enable the consistent delivery of person-centered care. These findings underline the need for leadership and organizational strategies focused on fostering fundamental care within practice settings.

### **Implications for Practice:**

By addressing the interplay between leadership, work resources, and workloads, healthcare organizations can optimize nursing performance and enhance patient outcomes. This research highlights actionable strategies for transforming care environments to prioritize person-centered, fundamental care globally.

**Keywords:** Nurse burnout, Fundamental care, Leadership, Job resources, Person-centered care

**Title:** Formation of an Oxford International Learning Collaborative Network to influence and champion the understanding and utilisation of the International Learning Collaborative Fundamental of Care framework in our region.

## **Authors**

Clair Merriman, Ria Betteridge, Helen Cowen, Lucy Speakman, Sarah Stephenson, Alex West-Oram, Kathleen Greenway

## **Introduction**

The need to include a Fundamentals of Care (FoC) framework to guide and influence nursing care delivery has never been greater due to missed nursing care, the patient safety agenda and the focus on care quality standards set by the United Kingdom Care Quality Commission (Chaboyer et al 2021, Algin et al 2024). To address this locally, a group of clinical academics across the Oxford region (two NHS trusts and a local university) set up a network with the aim to use the International Learning Collaborative FoC framework as a tool to shape care.

## **Main Body**

A synergy between education and clinical practice is essential to ensure that what is taught to our future nursing workforce is modelled in the clinical setting. Without this we are at risk of a theory-practice gap developing. A theory-practice gap, defined as gap between the theoretical knowledge and the practical application of nursing (Greenway et al 2019).

As a network our aim is to embed fundamental person-centred care in practice through education, research, advocacy and policy in Oxfordshire. Our overall objectives are to ensure that:

- Fundamentals of Care delivery to be seen as the expected standard rather than the exception
- Nursing leadership advocates and models the importance of building FoC in systems, processes and funding priorities
- Greater recognition of the essential components of FoC and its impact on care excellence by all stakeholders involved in the care delivery and policy
- Create a community of practice (Lave and Wenger 1998) to frame and evaluate our progress.

## **Conclusion**

This presentation will share our experiences of setting up a regional network to promote education, practice and research using the FoC framework. We will report on how we met our objectives and challenged the barriers to embedding the FoC framework regionally and locally.

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## **The Fundamentals of Care (FoC) Framework and AI: An Emerging Field in person-centered nursing care**

Harmieke van Os-Medendorp, Gerda van den Berg, Regina Allande-Cussó, Dimitri Beeckman, Tiffany Conroy, Getty Huisman-de Waal, Jan Jukema, Alison Kitson

An international group of experts has joined forces for the further development of Artificial Intelligence (AI) in relation to the Fundamentals of Care (FoC) framework.

AI, or its categories like machine learning and deep learning, offers potential to identify patterns in healthcare data, develop clinical prediction models, and derive insights from large datasets. For example, algorithms can be created to detect the start of the palliative phase based on electronic health records, or to inform nursing decisions based on lifestyle monitoring data for older adults. These AI applications significantly influence nurses' roles, the nurse-client relationship and nurses' professional identity.

Consequently, nurses must take responsibility to ensure that AI applications align with person-centered fundamental care, professional ethics, equity, and social justice. Thus, nursing leadership is essential to lead the development and use of AI applications that support nursing care according to the FoC framework, and enhance patient outcomes.

The aim of the current project is to explore nurses' responsibility for how AI adds value to the FoC framework.

Firstly, nurse leaders play a vital role in overseeing the quality and relevance of data collected in daily practice, as these data are foundational for AI algorithms. The elements as articulated in the FoC framework should be the building blocks for any algorithm. These building blocks can be linked to clinical and social conditions, and life stages, building from the basis of the individual's human needs.

Secondly, it is crucial for nurses to participate in the interdisciplinary teams that develop AI algorithms. Their participation and expertise ensure that algorithms are co-created with an understanding of the needs of their clients, maximizing the potential for positive outcomes.

In addition to education, policy, and regulation, a nurse-led, interdisciplinary research program is needed to investigate the relationship between AI applications, the FoC framework and its impact on nurse-client relationships, nurses' professional identity, and patient outcomes.

## **INNOVATION AND SAFETY IN POLYPHARMACY MANAGEMENT**

### **Introduction**

Managing polypharmacy in elderly patients represents a global challenge, with significant impacts on care safety and effectiveness. Interdisciplinary collaboration and the adoption of innovative digital tools, such as INTERCheck, offer opportunities to address these issues both locally and globally.

### **Aim**

To explore the impact of a local initiative based on INTERCheck for medication reconciliation in elderly patients, while assessing the competencies of the nurses involved and promoting the scalability of the model at a global level.

### **Method**

During World Patient Safety Day 2022, a multidisciplinary initiative in Italy engaged teams across 46 outpatient clinics in nine Italian regions, providing medication reconciliation services for patients over 65 on polypharmacy regimens. INTERCheck was used to identify drug interactions and inappropriateness. Subsequently, an exploratory survey was administered to nurses to assess their knowledge, skills and experience using the tool.

### **Results**

The initiative revealed that a significant number of nurses (14.3%) were unaware of Ministerial Recommendation No. 17 for patient safety, and 35.7% did not apply medication reconciliation in routine practice. Nevertheless, 93% of participants were familiar with INTERCheck, and 100% stated that the event enhanced their ability to use it to improve patient safety. Feedback from patients and general practitioners highlighted significant improvements in therapeutic management, with 71.4% of nurses reporting drug suspensions or substitutions to reduce perilous interactions or adverse effects. Furthermore, 93% of nurses expressed a willingness to participate in further studies to consolidate the innovative practices adopted.

### **Discussion**

This project serves as a concrete example of how local action can be supported by a global collaborative model. The systematic adoption of innovative tools, coupled with ongoing training, can transform local practices into scalable solutions to enhance polypharmacy management and tackle common challenges in fundamentals of care.

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### **Title of presentation**

Using the Fundamentals of Care framework to guide the work of a national society for nurses: a win-win

### **Introduction**

Theoretical grounding is important for an organisation to be trustworthy and efficient to reach its goals. The National Society for Nurses in Surgical Care, NFSK is a non-profit organization for registered nurses, nurse specialists, nurse practitioners, nurse managers and nurse scientists in surgical care in Sweden. The society provides support to nursing care providers by promoting evidence-based improvements in care delivery, specialist nurse and nurse practitioner education, and nursing research. The society strengthens the professional roles as registered nurses at the different levels.

### **Main body**

The values and activities of the society are decided at the annual meeting by the members (n=350) and executed by the board (n=10 positions). Activities include the authoring of two national competency descriptions, the annual organisation of two national conferences, an academic reading circle and awarding of seven honors. The society communicates by web page and social media (>2500 followers). To theoretically ground the values and activities around nursing care in surgical care, the Fundamentals of Care framework is adopted to be part of the statutes. The framework is also used in the national competence description for specialist nurses in surgical care to outline the professional skills area. To raise awareness and knowledge about the framework, a virtual reflective academic reading circle (n=11 participants), and a national congress (n=228 participants) were held.

### **Conclusion**

The framework is found useful by the members and board to theoretically ground the values and activities of the organization. It is used to raise awareness of the theoretical grounding of nursing care and to inspire improvements of fundamental nursing care and education countrywide. Hence the framework provides support to the society, and the society spreads knowledge about the framework countrywide, a win-win.

### **Main institution/organisation which the research/paper can be attributed to**

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# FUNDAMENTALS OF CARE IN CLINICAL SETTINGS: A CHALLENGE FOR NURSING LEADERSHIP

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## Background

Nursing leadership guides the implementation of care models and promotes the centrality of primary care (Merkley et al, 2022). We continue to have a dearth of evidence to help support and incorporate better primary care practices in acute care facilities, and from a leadership perspective, many challenges remain (Kitson, 2023)

## Aim

The goal is to delineate the relationship between Leadership and Fundamentals of Care in order to improve certain factors including the work environment, safety of nurses, patients and family members.

## Methods

Through a qualitative bottom-up approach, focus groups were conducted with nurses, patients, and family members in order to explore Leadership's experience in taking Fundamentals of Care accompanied by field training. Data were analyzed to identify recurring variables to intervene on related to barriers, facilitators, and perceptions on the delivery of Fundamentals of Care and missed care. An initial qualitative survey was conducted through interviews with all change actors.

## Results

The results of the focus groups showed that the delivery of nursing and fundamental care are affected by critical organizational issues. Leadership was identified as a key element for efficient use of resources and personalization of care. Organizational strategies and actions implemented by leadership improved nurses' role awareness, work climate, and patient satisfaction.

## Discussion

A quasi-experimental qualitative-quantitative pre-post study is currently underway. The study aims to assess the pre-post variation on variables: length of stay, home discharge, care-sensitive indicators, work engagement, intention to leave, and patient and family satisfaction subsequent to the systematic implementation of organizational interventions based on the care model of fundamental nursing care and provide evidence to decision makers on the need to invest in nurses for safe and quality care.

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# **Fundamentals of Care in Weight Management for Stroke Survivors with Overweight: Stakeholder Involvement in Developing a Nurse-Led Complex Intervention.**

**Mette Nørtoft**

## **Introduction**

Overweight and obesity are prevalent among individuals with stroke, particularly during the chronic phase of recovery. Addressing the nutritional needs of individuals after a stroke is fundamental in nursing care and remains crucial throughout the rehabilitation trajectory. However, despite established nutritional guidelines, there remains a lack of person-centred interventions that address weight management. To develop these interventions, it is essential to involve stakeholders to ensure they are tailored to the unique preferences and needs of individuals with stroke.

## **Purpose**

To explore the conditions, preferences, and needs of both stroke survivors and other stakeholders, facilitating the development of a person-centred weight management intervention tailored to the everyday lives of stroke survivors.

## **Methods**

Using the Medical Research Council's framework for complex interventions we developed the intervention in close collaboration with stakeholders. We conducted semi-structured interviews with stroke survivors and focus group interviews with health care professionals, alongside interdisciplinary workshops with stroke survivors, relatives, health professionals and management teams. Data were analyzed thematically to identify essential elements for the intervention.

## **Results**

The study's findings emphasize that involving stakeholders in the development of the intervention is crucial for enhancing motivation, self-management, and communication across various sectors and professions. The workshops and interviews provided valuable insights, fostering a shared understanding of the weight management needs of stroke survivors. The components of the intervention, developed in response to stakeholders' needs, will be presented at the conference.

## **Conclusion**

Stakeholders contribute essential domains for inclusion in the development of a person-centred weight management intervention for stroke survivors.

## **Challenges and solutions of consenting and interviewing Spanish Family members/Friends in a study utilizing text messaging for communication during ambulatory surgery**

**Frida Olsson**

**Background:** Small intestinal neuroendocrine tumors (SINETs) are a rare diagnosis and surgery the only curative treatment. The care chain has changed over time where patients nowadays are expected to take greater responsibility for self-care in the pre- and postoperative phase of care. There is a lack of knowledge about the care needs of this patient group. The aim was to describe patients' fundamental care needs, and their experiences of nursing care associated with surgery due to SINET.

**Methods:** Nineteen patients who had surgical treatment at a university hospital in Sweden participated. Data were collected using semi-structured interviews and direct content analysis was performed guided by the Fundamentals of Care framework.

**Results:** Patients described feeling safe under the specialist care but struggled with existential thoughts before surgery. In the postoperative phase patients felt being cared for but suffered from physical symptoms and loneliness. Patients were satisfied with care but lacked information such as the plan for the day, self-care after discharge and expressed worries about the future. The presentation will include patient cases across the care chain.

**Conclusion:** There are deficiencies in fulfilling patients' fundamental care needs across the care chain and in all dimensions of the framework throughout surgical treatment of SINET. RN:s and nurse managers needs to take responsibility for local actions, speak up and contribute to improvements that ensure high-quality fundamental care. Local actions are also necessary since organization in the care chain has changed. Loneliness and existential thoughts were coded to the psychosocial need since these discrete elements are not included in the framework. This suggests that modifications to the framework may be needed.

## Reflections on Implementation of Fundamentals of Care in Practice and Research in one Magnet Hospital Utilizing Ovid Synthesis

Rhonda Babine, USA

**Introduction/Purpose:** [REDACTED] was one of the inaugural institutions to join the International Learning Collaborative (ILC) in 2022. The annual meeting in 2023 was held in [REDACTED] and 28 leaders attended the two-day workshop on project development. Since then, multiple teams have started to utilize the framework, for example in 2024 there were 10 projects presented at the annual ILC conference in Oxford, UK. As this work continues, it has become challenging to identify and support all FoC projects. To address this, the organization implemented Ovid Synthesis in 2024 as a tool to streamline the workflow of evidence-based practice, quality improvement, and research projects. The aim of this presentation is to reflect and quantify the progress of new FoC projects and discuss how they encompass the core dimensions of the framework.

**Methods:** We retrieved all projects in the Ovid Synthesis software platform to identify those investigators who have self-identified as utilizing the FoC Framework. In addition, the projects were further analyzed to determine the dimensions of the model that these reflected.

**Results:** In Ovid Synthesis, there were 116 evidence-based practice, quality improvement, research, and literature review projects. Of these, investigators self-identified 10 projects with FoC as a strategic initiative. Six of these projects have IRB approval with the others compiling the applications. The studies are in different phases including literature search, proposal writing, data collection, and analysis/dissemination. These projects incorporate the following dimensions of the FoC Framework: communication, sleep and rest, toileting needs, safety and quality, mobility, and helping patients cope and set goals.

**Conclusions:** These new initiatives are expanding the use of the Framework at the organization. Identifying the FoC perspective early promotes successful implementation of fundamental care in practice. Ovid Synthesis provides also a repository of projects and an opportunity to share common focuses of interest.

## **TEvidence-based and person-centred bladder care for patients in hip surgery – are fundamentals met in orthopaedic nursing?**

Maria Hälleberg Nyman<sup>a,b</sup>, Patricia Sköld<sup>c</sup>, Madeleine Winberg<sup>c</sup>, Erika Fjordkvist<sup>b</sup>, Marcus Bendtsen<sup>c</sup>, Eva Joelsson-Alm<sup>d</sup>, Ann Catrine Eldh<sup>c,e</sup>.

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**Introduction:** While clinical practice guidelines often guide nurses and allied health professionals in how to maintain quality of care vis-à-vis physical needs, how to arrange for patients' participation is more seldom established.

The OPTION-trial tested and evaluated an intervention facilitating the adoption of clinical practice guidelines for bladder-monitoring in hospitals. We also investigated whether this impacted on the patients' preferences for and experiences of being involved in their care in general, and bladder care in particular.

**Aim:** To describe the impact on patient participation of an intervention facilitating implementation of evidence-based clinical practice nursing guidelines in orthopaedic care.

**Methods:**

This study represents a secondary analysis of the OPTION outcomes in 17 orthopaedic units in Sweden. Patients' preferences for and experiences of participation was measured with the 4Ps questionnaire, and interviews with nursing and rehabilitation staff in the intervention units were conducted. Both statistical and qualitative analyses were performed.

**Results:** We found no clear effects on preference-based participation. The intervention may have had some impact on patients' opportunities to engage in such ways and to the extent they favoured: post intervention and at the 1 year follow up, patients were more likely to having been listened to in accord with their preferences. Staff described that they had achieved more knowledge regarding bladder care and were more prone to adhere to the clinical practice guidelines as well as to engage patients in the bladder-care following the intervention. Still, no such effect was detected for the patients' preferences for learning about symptoms, and/or engaging in self-care.

**Conclusion:** Implementation of clinical practice guidelines does not per se boost the conditions for preference-based patient participation. While it can have a positive impact on the staffs' willingness to engage patients, the findings indicate a further need to emphasise a recognition of patients' resources in nursing guidelines.

**Assistenza alla vescica basata sull'evidenza e incentrata sulla persona per i pazienti operati all'anca: i fondamenti sono soddisfatti nell'assistenza infermieristica ortopedica?**

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**Introduzione:** Mentre le linee guida per la pratica clinica spesso guidano gli infermieri e gli operatori sanitari ausiliari su come mantenere la qualità dell'assistenza rispetto alle esigenze fisiche, le modalità di organizzazione della partecipazione dei pazienti sono stabilite più raramente.

Lo studio OPTION ha testato e valutato un intervento che facilita l'adozione di linee guida di pratica clinica per il monitoraggio della vescica negli ospedali. Abbiamo anche indagato se questo intervento avesse un impatto sulle preferenze e sull'esperienza dei pazienti di essere coinvolti nelle loro cure in generale e nella cura della vescica in particolare.

**Obiettivo:** descrivere l'impatto sulla partecipazione dei pazienti di un intervento che facilita l'implementazione di linee guida di pratica clinica infermieristica basate su evidenze scientifiche nell'assistenza ortopedica.

## **Metodi:**

Questo studio rappresenta un'analisi secondaria dei risultati di OPTION in 17 unità ortopediche in Svezia. Le preferenze e le esperienze di partecipazione dei pazienti sono state misurate con il questionario 4P e sono state condotte interviste con il personale infermieristico e riabilitativo delle unità di intervento. Sono state effettuate analisi statistiche e qualitative.

**Risultati:** Non abbiamo riscontrato effetti chiari sulla partecipazione basata sulle preferenze. L'intervento può aver avuto un certo impatto sulle opportunità dei pazienti di impegnarsi in questo modo e nella misura da loro preferita: dopo l'intervento e al follow-up di un anno, i pazienti avevano maggiori probabilità di essere stati ascoltati in accordo con le loro preferenze. Il personale ha descritto di aver raggiunto una maggiore conoscenza della cura della vescica e di essere più incline ad aderire alle linee guida di pratica clinica e a coinvolgere i pazienti nella cura della vescica dopo l'intervento. Tuttavia, non è stato rilevato alcun effetto simile per le preferenze dei pazienti in merito all'apprendimento dei sintomi e/o all'impegno nell'autocura.

**Conclusioni:** L'implementazione di linee guida di pratica clinica non aumenta di per sé le condizioni per la partecipazione dei pazienti basata sulle preferenze. Sebbene possa avere un impatto positivo sulla disponibilità del personale a coinvolgere i pazienti, i risultati indicano l'ulteriore necessità di enfatizzare il riconoscimento delle risorse dei pazienti nelle linee guida infermieristiche.

Title of Presentation: Oral Care Education and Documentation for Mechanically Ventilated Patients

Main Institution: Maine Medical Center

Presenter: Amy Stafford MN, APRN, CCNS

Intro/Purpose:

Aligning with the Fundamentals of Care framework, this study aimed to evaluate oral care practices in mechanically ventilated patients (MVPs) through a retrospective chart review. Patients on mechanical ventilation have a high risk of ventilator-associated pneumonia (VAP), with incidence rates up to 36%. Despite existing prevention strategies, implementation of oral care varies. A practice change aimed at standardizing oral care for MVPs was initiated.

Methods:

A retrospective chart review was conducted before and after education and implementation of new oral care products. Adult patients ( $\geq 18$  years) ventilated  $> 48$  hours were included. Documentation of oral care activities was collected on 105 eligible patients between 48 to 96 hours post-intubation. Oral care delivery documentation, aligned with best practices, was collected from EPIC's 'Oral Care/Comfort' field. A scoring system assigned one point for each documented oral care activity (min=0; max=12).

Results:

The documented oral care practices improved (pre-education: mean 5.5, SD 2.6; post-education: mean 7.0, SD 3.2,  $p < .001$ ). More specifically, the tooth brushing practice ( $p = .45$ ) and use of chlorhexidine ( $p < .001$ ) decreased. However, the use of moisturizer ( $p < .0001$ ), swabs ( $p = .07$ ) and suctioning ( $p = .11$ ) increased. The greatest documented practice improvements were the increased use of moisturizer 1-2, or  $\geq 3$  times, suctioning, and use of swabs  $\geq 3$  times over two 12-hour shifts.

Conclusions: Mechanically ventilated patients are at high risk for serious complications. Oral care using the proper techniques and equipment is needed to effectively clean the mouths of MVPs, highlighting the need for adequate training. We planned and organized oral care education for nursing staff, which improved the documented practices. However, introduction of new oral care products may have complicated documentation. Furthermore, documentation may not accurately reflect care provided. Auditing product usage might have further verified changes in oral care practices. Continued education on the importance of toothbrushing is needed.

# **Challenges and solutions of consenting and interviewing Spanish Family members/Friends in a study utilizing text messaging for communication during ambulatory surgery**

**Sonja Orff**

## **Introduction/Purpose**

Communication is fundamental and essential to the relational aspects of care. Prior research shows that information sharing and communication during surgery is important. Since 2020, our organization has been sending text messages in English to notify family members/friends, keeping them apprised of a loved one's surgical progress. The goals of our IRB approved study are: (1) to translate the current text messages into Spanish, (2) to evaluate the text messaging experience of 10 family members/friends via a telephone interview and (3) to review the impact of text messaging on NRC Picker<sup>®</sup> surveys scores to Spanish speaking patients. The purpose of this abstract is to describe early findings regarding challenges and solutions to the consenting and interviewing process.

## **Methods**

To date, 3 out of 10 subjects have been consented and interviewed by collaborating with interpreters. A test message is sent to ensure subjects can receive the translated messages. A date is agreed upon for a phone interview. The interviews are conducted with an interpreter and the calls are audio recorded for analysis.

## **Results/Conclusions**

Having an interpreter as a third party during the interview and consent process creates additional but necessary complexity. On-site interpreters so far have been best suited for consenting because of their physical presence, though not always accessible. Remote interpreters, who are directly available, are best for the pre-scheduled phone interviews. To overcome interview challenges, we have initiated a team approach. Two researchers collaborating during the interview are finding fewer struggles. They can jointly focus on the evaluation and probing questions, technical aspects of the recordings, and the needs of the interpreter and the family member/friend. Furthermore, they can oversee the timing and content of what is being said to keep the dialogue moving forward. We anticipate this approach supports the quality and rigor of the collected data.

Michael Defrancisco, USA

## Introduction

Nurse sensitive indicators (NSIs) such as falls and pressure injury prevention are the cornerstone of fundamental patient care, emphasizing patient safety, infection prevention, and the reduction of medical devices expediting the patient's recovery process.

During the pandemic, registered nurses (RNs) faced overwhelming challenges with new protocols, diverting attention from fundamental patient care. RN education about fundamental care required change. An innovative educational approach was introduced to focus on the core of the Fundamentals of Care (FoC) framework, including relationship and integration of care. An escape room teaching modality was created to enhance learning, engagement, and understanding of NSIs. It provided hands-on practice in small groups, promoting teamwork across clinical settings and RN roles.

## PURPOSE

The study aims to determine if RNs show increased confidence and knowledge compared to pre-event measures, and if their knowledge is sustained at higher levels.

## METHODS

An IRB exempt prospective, controlled, trial with repeated measures began in 2023. RNs included are randomized by start date and assigned to either the "intervention" group; participate in the Escape Room education, or the "control" group; receive traditional classroom education. Each group will have pre/post and longitudinal surveys at 3, 6, 9, and 12 months, distributed electronically via REDCap. Data analysis includes descriptive statistics and non-parametric tests.

## RESULTS

Following both activities, RNs reported an increase in confidence in managing NSIs. Data collection is ongoing. We anticipate the longitudinal data will show

the connection to the outer context of the FoC framework including system and policy level.

#### CONCLUSION

This study overarches the FoC framework reflecting team culture, financial wellness, quality and safety when providing patient care. Integration of care is demonstrated by creating an environment where RNs feel empowered to advocate for quality measures that enhance patient comfort and mobility at the bedside, fostering meaningful learning and confidence.

**BACKGROUND:** Focusing on Patient-Reported Outcomes (PROs) ensures that the patient's voice is central to healthcare delivery. Incorporating PROs into nursing care and research strengthens the evidence base for nursing practice, ensuring that care decisions are informed by comprehensive data, including patient experiences. Although many different PROs have been developed, there remains a lack of a validated PRO that effectively captures patients' experiences with Fundamentals of Care (FoC) in Danish.

A novel PRO approach, consisting of a 41-item questionnaire capturing the dimensions of Fundamentals of Care (FoC assessment tool), has been developed by a research team from the University of Seville and translated into English and culturally adapted to the Australian nursing context (Pinero de Plaza, A., Allande-Cussó, R., Conroy, T., Porcel-Gálvez, A., Feo, R., Chipchase, L., Adams, A., Parr, J., & Kitson, A. 2024, pending publication). The PRO captures the FoC dimensions as experienced by care recipients. However, no Danish translation of the tool exists.

**Aim:** To translate and culturally adapt the FoC assessment tool into Danish, followed by psychometric validation among care recipients in the Danish healthcare sector (both hospital and nursing home settings).

**Methods:** The guideline described by Cruchinho et al. (2024) is used for the translation, cross-cultural adaptation, and validation of the English version of the 41-item FoC assessment tool into Danish and adapted to a Danish nursing context. The guideline comprises eight phases: 1) Forward Translation, 2) Forward Translation Synthesis, 3) Back Translation, 4) Harmonization, 5) Pre-testing, 6) Field Testing, 7) Psychometric Validation, and 8) Psychometric Properties Analysis. This abstract covers the work adhering to phases 1-5, with pre-testing among 30 care recipients.

**Results:** A Danish research team (Pedersen, M.K., Nielsen, B., Werge Vaarby, M., Winther, K., Grønkjær, M.) is currently conducting the study, with results expected in June 2025.

# Emergency Nurses perceptions of nursing care in an emergency department: A phenomenographic study.

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**Introduction:** Emergency departments (EDs) are particularly vulnerable to patient safety errors (1). Errors of omission, such as missed nursing care (MNC) (2), are frequent and may lead to adverse events in hospital wards and EDs (3, 4). However, the research base about errors of omission in EDs has not reached the same level of advancement as in other contexts. Thus, to better understand MNC in EDs and enhance patient safety and quality of care, it is particularly important to explore how emergency nurses (ENs) perceive the fundamental aspects of nursing care.

**Purpose:** To describe emergency nurses' perceptions of nursing care in an emergency department.

**Method:** A qualitative descriptive design with a phenomenographic approach was used. Semi-structured interviews were conducted with 15 emergency nurses.

**Results:** The ENs had a scattered view of responsibility for nursing care in the ED, and their perceptions of nursing care varied from having to not having a responsibility. For instance, MNC was as a widespread phenomenon in the ED. Some ENs expressed feelings of stress, frustration, guilt, and compassion fatigue stemming from MNC. Other ENs perceived MNC as unavoidable, not their responsibility or that they were not required to meet all of the patients' needs. Older or frail patients were vulnerable, particularly during high workload. ENs sometimes had to count on help from other patients or next of kin to be in control of their patients. The struggle to control could lead to feelings of insufficiency of failing their patients.

**Conclusion:** In this study MNC was a widespread phenomenon. A recurring perception was the different perceptions of, for example, the scope of nursing care and the responsibility for ENs.

What nursing care implies in emergency nursing practice should be clarified, the Fundamentals of Care framework can be useful in such discussions.

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**Titel of presentation:** The gap between the need for parental support and support provided during the COVID-19 pandemic: a qualitative study with first-time mothers' experiences.

**Presenter:** Heléne Appelgren Engström, School of Health, Care and Social Welfare, Mälardalen University, Västerås, Sweden

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**Background** Becoming a parent for the first time is a major life transition and challenging. Becoming a parent for the first time during the COVID-19 pandemic might pose additional challenges, as the pandemic has imposed restrictions on society, thus affecting parental support. There were changes in parental support from child health services and preschools available for all children and their parents, so called open preschools, have been closed. The advice on social distancing contributed to a decrease in social support. Therefore, this study explored first-time parents' experiences of the parental support they received during the COVID-19 pandemic.

**Methods** A qualitative study conducted in Sweden, based on individual semi-structured interviews with nine first-time mothers who had been on parental leave during the pandemic. Data were analyzed with inductive content analysis.

**Results** First-time mothers' experiences of parental support during the COVID-19 pandemic are described with the main category, A gap between the needs of parental support and the support provided, and it encompasses three generic categories. The first category, Formal support, refers to the support society usually offers, such as support from child health nurses and open preschools. The second category, Lack of formal support, encompasses first-time mothers' experiences of a lack of person-centered support and lack of parental groups. The third category, Informal support, encompasses support from family, friends, and social media.

**Conclusions** The findings indicate that during the restrictions imposed by the pandemic, first-time mothers expressed a need for person-centered support as well as support to both parents, ensuring that all parents get the support they expect and need. Participants also expressed a desire for adapted parental groups that are feasible despite the restrictions to allow them to connect with other parents and build networks.

# Reducing sedentary behavior in severe COPD patients through a nurse-led intervention: a feasibility study

## Authors

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## Abstract

### Background:

Sedentary behavior is prevalent among patients with severe Chronic Obstructive Pulmonary Disease (COPD), worsening symptoms and decreasing quality of life. This feasibility study aims to evaluate the potential of a nurse-led intervention designed to reduce sedentary behavior through motivational interviewing sessions. The study will assess the feasibility and acceptability of the intervention for patients, in addition to preliminary changes in sedentary time, physical activity, and patient-reported outcomes.

### Methods:

The study includes a sample of severe COPD patients recruited from a clinical setting, who will participate in a nurse-led intervention. Using motivational interviewing, nurses will guide patients in identifying realistic and manageable ways to incorporate physical activity into daily life, aiming to replace sedentary periods with physical movement. Sedentary behavior and physical activity will be objectively measured with accelerometers, worn by patients at baseline and after the intervention. Patient-reported outcomes, including quality of life and motivation levels, will be assessed through standardized questionnaires. Additionally, questionnaires will explore patient and nurse perspectives on the intervention's acceptability and practicality.

### Expected findings:

We anticipate that the study will confirm the feasibility and acceptability of a nurse-led intervention aimed at reducing sedentary behavior in severe COPD patients. We expect positive feedback on the intervention's relevance and practicality from both patients and nurses, and successful recruitment of the desired number of participants. These findings will inform planning for a larger trial to further assess the intervention's impact. These insights will help identify key factors for a full-scale randomized controlled trial to assess the intervention's broader efficacy.

### Conclusion:

The study is expected to demonstrate the feasibility and acceptability of a nurse-led intervention to reduce sedentary behavior in severe COPD patients, with successful recruitment indicating readiness for a larger trial.

# Developing a research program in nursing that meet the needs in clinical practice and the requirement for sufficient quality of research

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Stella Sandfeld, Chief Nurse, Medical department, Roskilde, Zealand University Hospital, Denmark

## **Introduction**

In 2023 we established MCPR nursing research program (Medical Care and Professional Recruitment). The purpose was to improve the quality of nursing in practice for the benefit of patients and relatives and to make the department more attractive to recruit and retain nurses. A knowledge boost was necessary to facilitate this development. The assumption was that this contribution to nursing knowledge with sufficient quality of research on a national and international level, could lead to improve basic nursing and attractiveness.

## **Method**

A research manager in nursing was hired to develop the research program. The position was developed with university affiliation. The organization was inspired of the starfish model from the literature of management. All projects related to the framework of Fundamentals of Care which forms the basis of the department's nursing strategy. We used a constructivist approach to meet the professional teams consisting of clinical specialists and head nurses in the department's six units. Each unit contributed to develop ideas for a study of a problem or area for improvement. Subsequently the ideas with a research potential were qualified by the clinical specialist under supervision of the research manager. Four of the specialists are currently PI of their own project. As supporting measures was established; a course of research competence development, a steering committee with head-nurses and clinical specialists, an inter-professional dialogue forum, and a plan for systematic evaluation of the program.

## **Results**

We have established a research program framed by FoC with currently seven projects in operation, one of which is a PhD project. We are about to publish scientific papers from four of the projects and dissemination of the project results has moved from local to both national and international presentations.

## **Conclusion**

Practice-driven research in nursing contributes to better nursing care targeted to patients needs and supports more attractive knowledge-based workplaces for nurses.

# Men's Experience of Being Diagnosed with Post-Void Residual Urine during Admission to an Orthopedic Surgical Department: An Interview Study.

## Authors:

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## Introduction and Aim

Post-void residual urine (PVR) can be a preexisting undiagnosed chronic disorder, or it can arise following surgery. At Elective Surgery Center at Silkeborg Regional Hospital, a pilot study led to collaboration with a urologist to develop a flowchart for managing residual urine in relation to surgery. Men with significant PVR volumes are recommended follow up with a general practitioner or a urology clinic for further diagnosis and treatment. This study aims to understand how men experience bladder scanning, the communication of their results, and any recommended diagnostic or treatment steps. Men may find it unexpected to encounter a urological issue in the context of orthopedic surgery.

## Method

Interview were conducted with 11 men, 2-4 weeks and again 6 months post-surgery using a semi-structured interview guide. The interviews were recorded, transcribed and analyzed thematically.

## Results

Preliminary analysis suggests that most men initially accept bladder scans and trust that healthcare professionals are taking the necessary steps to address their concerns, which gives them a sense of security that their challenges are being taken seriously. After six months, their perspective may develop into a more nuanced evaluation.

Some men experience feelings of pressure and even shame about their urination challenges, particularly during hospital observation. While some men feel they had adequately information, others express a lack of understanding of the purpose and implications of bladder scans and treatments.

Additionally, some men experience coherence and continuity in care across sectors, while others experience fragmentation and insufficient communication, impacting their sense of treatment quality.

## Conclusion

Preliminary findings suggest that understanding men's experiences with residual urine during hospitalization may inform improvements in relational care and communication, contributing to person-centered approaches within the Fundamentals of Care framework. Further analysis is needed to confirm these insights and their implications for nursing practice.

# Developing palliative care in nephrology through interdisciplinary collaboration

Zealand University Hospital, Medical Department, Roskilde

## **Presenters and their institution:**

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**Introduction:** Nephrology patients often experience significant symptom burdens and complex care needs, particularly in advanced illness stages. Although palliative care is essential, it is frequently suboptimal due to communication challenges and care integration issues. The “Palliative **N**ephrology Initiative (PALNEFI)” project aims to address these gaps by promoting interdisciplinary collaboration.

**Method:** The project is designed within the conceptual framework of Fundamentals of Care (FoC), which underpins our nursing research program, and utilizes an action research approach. To support this, a future workshop method was used, consisting of three structured phases: critique, imagination, and reality. Two workshops were conducted with 43 participants in total (a mix of doctors and nursing staff), where each table followed the three phases. In the critique phase, participants identified challenges and workflow issues within nephrology related to palliative care. In the imagination phase, they envisioned ideal scenarios for palliative support, while the reality phase focused on identifying actionable and realistic solutions for clinical practice. Each table at the workshop was facilitated by co-researchers, who handled logistics (e.g. dictaphones, consent forms) and helped guide discussions. Audio recordings of the workshops are being thematically analyzed to gain a detailed understanding of clinical staff perspectives on palliative care in nephrology.

**Results:** Preliminary findings, expected to be ready for conference presentation, will provide insights into key barriers and facilitators in delivering palliative care to nephrology patients and identify practical strategies to enhance interdisciplinary collaboration and communication.

**Conclusion and impact:** The PALNEFI project highlights the potential of collaborative approaches to improve palliative care in nephrology. By fostering interdisciplinary dialogue and reflective practices, this initiative aims to implement strategies that better meet patient needs, ultimately promoting a supportive culture around end-of-life care within nephrology settings.

Reducing Missed Nursing Care in orthopedic patients: Developing a person-centered complex intervention supporting local action for Fundamentals of Care innovation

**Background:**

Missed Nursing Care (MNC), which refers to omitted or delayed essential nursing care, remains a global challenge with significant impact on patient safety, recovery, and healthcare costs. Orthopedic patients experiencing MNC risk serious complications like venous thromboembolism, infections, and undernutrition. Addressing MNC is crucial for the delivery person-centered care, which has been shown to enhance recovery and patient outcomes. However, existing interventions addressing MNC often focus narrowly on procedural improvements, overlooking care practices that integrates both psychosocial, relational, and physical care fundamental to person-centered nursing care.

**Objective:**

This study aims to develop an innovative, person-centered complex intervention to reduce MNC in orthopedic settings.

**Methods:**

Guided by the British Medical Research Council's framework for developing complex interventions, the study will engage healthcare professionals to co-create a theory- and research-based intervention for feasibility testing. The study involves field observations and workshops with nurses, managers, and allied health professionals in Aalborg University Hospital's orthopedic department. The Fundamentals of Care Framework, global evidence, and findings from a previously conducted systematic review on nurses' perceptions of reasons for MNC guide the development of the innovative intervention.

**Findings:**

MNC relies on organizational and individual factors, necessitating the intervention to incorporate both dimensions to effectively address MNC. By integrating global insights into local action, this study moves beyond a task-oriented care approach, enhancing nurses' competencies, reorganizing care delivery, and fostering organizational change – all aimed at supporting a person-centered fundamental care approach and reducing MNC.

**Conclusion:**

This intervention informed by global evidence, is expected to support the delivery of person-centered care, thereby reducing MNC in orthopedic patients.

The presentation of the study will elaborate on how this project contributes to the international movement toward embedding Fundamentals of Care innovation into practice, advancing nursing leadership, strengthening patient advocacy, and enhancing person-centered care practice.

## **Authors**

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## ***“Between Memory and Care: A Reflective Approach to Nursing in Patients with Dementia”***

**DISSAL, UNIVERSITY OF GENOA (UNIGE)**

**AUTHOR:** BORIOLI GILARDI Alessandro, Nursing Student DISSAL (UNIGE).

**CO-AUTHORS:** RAPETTI Roberta, Executive ASL2; BONA Massimo, Professor DISSAL (UNIGE).

### **ABSTRACT**

**Background:** dementia is a syndrome characterised by the progressive deterioration of cognitive, psychological and behavioural functions. It affects more than 55 million people worldwide, with steadily increasing numbers (WHO, 2021). It impacts on the quality of life of those affected with significant social costs, mainly due to memory impairment and the care burden on family members.

**Aim:** explore the level of knowledge of nurses working in acute hospital wards and to investigate the care approaches currently adopted.

**Methods:** mixed methods study A questionnaire was used whose questions were derived from the synthesis of scientific literature and concerned: cognitive function, environmental assessment, behavioural symptom management, personalised care, caregiver involvement and training. Critical issues arising from the findings of the questionnaire were discussed and argued through a FG.

**Results:** 42 nurses responded (40 women, 2 men), with an average age of 38 years. 66.7% (28) of the sample stated that they involve caregivers, 76.2% (32) that they do not use cognitive assessment instruments, 40.5% (17) that they do not consider environmental assessment, 47.6% (20) managed behavioural symptoms pharmacologically in the first instance. 8 nurses aged between 30 – 50 years participated in the FG, all of whom showed a positive and cooperative attitude. A limited knowledge of cognitive assessment scales, poorly optimised care environments, symptom management limited to pharmacological interventions only, and weak training emerged.

**Conclusions:** the research highlights the need to integrate EB tools for cognitive assessment into clinical practice, to design appropriate care environments, to favour non-pharmacological interventions for symptom management, to develop continuous and innovative training paths involving the entire healthcare team. Future developments should include specific protocols, new training and organisational policies, promotion of peer knowledge, greater involvement of caregivers and adequate continuity of care.

## Title:

What fundamentally is 'good care' in practice? Insights from patients, families, nurses, allied health and medical teams in acute hospital settings.

Organisation: Auckland University of Technology

## Author names and institution:

Jan Dewar, Auckland University of Technology

Catherine Cook, Auckland University of Technology

Elizabeth Smythe, Auckland University of Technology

Deb Spence, Auckland University of Technology

Presenter: Associate Professor Jan Dewar

## Introduction

This research began with two conversations. The first with a group of Charge Nurses, on hearing the topic of 'good care', they exclaimed "I could use that!". We realised that the thought that research could **actually** be useful was very exciting. The second was a distressed family member describing her experience when her mother died. She commented "the experience is like a glass of water, just one drop of colour can taint the whole glass". We wondered – what does fundamental 'good care' look and feel like to the patients, staff, and families? How can we experience more 'good care' in our everyday practice world?

## Method

This phenomenological study was undertaken in acute medical-surgical wards, investigating the contextual, temporal nature of care embedded in human relations. The study interviews involved seventeen participants: 11 staff; three previous patients, and three family members. Data were analysed iteratively to surface the phenomenality of subjective experiences and good care.

## Results

The stories of 'good care' revealed a depth of meaning that lies beneath the surface. Good fundamental care is about 'who' you are and 'how' you are - the notion of how staff went about being themselves in the everyday became important. An ability to authentically be-with another enabled staff-participants to see the needs of others and to 'leap-in' where needed or 'leap-ahead' to smooth the way for an experience of 'good care'. The 'feeling' of 'good care' was remembered by ex-patients as being important. The indigenous notion of manaakitanga (person-centred care) was experienced by patients.

## Conclusions

The way one responds and relates to others matters in 'good care'. This study revealed that one's comportment or way-of-being is central to bringing the various threads of 'good care' together. Thus noticing, developing and rewarding such comportment has implications for the recruitment and education of health care providers.

**Title**

Investigating stroke survivors experience of acute stroke care using the Fundamentals of Care Framework. A Kaupapa Māori aligned study

**Institution**

University of Auckland, School of Nursing

**Authors**

Dr Eileen Gilder, University of Auckland; Te Toku Tumai Auckland City Hospital

A/Professor Julia Slark, University of Auckland

Dr Ashlea Gillon, University of Auckland

**Introduction**

In Aotearoa New Zealand 9000 people a year are affected by stroke, with Māori, the Indigenous peoples, disproportionality affected. Stroke can result in visible disability, dysphasia, and dependence upon others. The Fundamentals of Care framework provides a tool to investigate the patient and whānau (family), experience of fundamental care when admitted with acute stroke.

**Purpose**

To describe stroke survivor, patient and whānau, experiences of Fundamental of Care and hospital processes of acute stroke care.

**Methods**

A prospective, Kaupapa Māori aligned qualitative descriptive study, using a semi-structured interview. Kaupapa Māori methodology is based upon the precepts of Māori culture and society, is “by Māori for Māori” and is a fluid process, with *whanaungatanga* (relationships) at its centre. Māori voices and experience will be privileged without diminishing the voice of others.

***Inclusion criteria******Acute stroke patients***

- Adults  $\geq 16$  years
- Received care in a hospital participating in the Quality in Acute Stroke Care Australasia study
- Experienced a stroke during the study period.

***Whānau***

- Any whānau member.

***Data collection*** Following written informed consent, face-to-face interviews, either in-person or via video conferencing, will be conducted by a Māori researcher. Speech and Language support will be available for those with communication difficulties for consent and facilitate an interview.

Questions will be informed by the Fundamentals of Care Framework, asking participants about their experience building relationships with staff, physical and psychosocial care received and the impact of the healthcare system upon their care.

***Data analysis*** Thematic analysis will inform data analysis, undertake by a Māori and non-Māori researcher.

**Impact**

The findings will provide a Māori perspective about acute stroke care in Aotearoa, informing fundamental care for future patients. We hope this will lead to increased consumer engagement for a marginalised group, and inform future co-design. This study will help build Māori researcher capacity in Aotearoa.

## **ILC Abstract**

### **Title**

Supporting family caregivers of people living with Parkinson's disease: Protocol for a complex intervention

### **Presenter(s)**

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## **Abstract**

### **Introduction**

Parkinson's disease (PD) represents an urgent healthcare concern due to its rising prevalence and high care costs. This neurodegenerative disease, with its progressively heterogeneous symptoms, requires extensive nursing support, especially for families of people with PD (PwPD). Families take on caregiving roles and provide multifaceted support. This may lead to caregiver burden and affect their own health. Thus, it is crucial to support family caregivers (FCs). Research shows that interventions aimed at these FCs are sparse. However, a compassionate nurse-patient relationship is essential for providing person-centered, high-quality nursing care, tailored to FCs' needs based on PD onset, stage, symptoms and their daily context.

### **Aim**

To develop, test, and evaluate a nurse-led, person-centered intervention to support FCs of PwPD to manage as caregivers in everyday life, using the Fundamentals of Care (FoC) framework.

### **Methods**

Using the framework for complex interventions, three sub-studies will be conducted:

I) A scoping review: To map the existing evidence on supportive interventions aimed at FCs of individuals with neurodegenerative diseases.

II) A development study: To develop a person-centered nurse-led supportive intervention aimed at FCs in co-creation with stakeholders, based upon the core dimensions of FoC: A trusting therapeutic relationship; Integrating a person's needs and, The context of care.

III) A feasibility study: to qualitatively evaluate the feasibility of the nurse-led person-centered intervention to support FCs of PwPD, using observations and semi-structured interviews.

### **Results**

The in-dept rationale for the study will be presented, along with an outline of how FoC will be used as a theoretical framework for developing, delivering, and evaluating the intervention.

### **Conclusion/impact**

Valuable insights are anticipated on how a nurse-led, evidence-based, and co-created person-centered intervention may support FCs in managing everyday life. Using the FoC is expected to foster a common nursing language, guiding future research in developing person-centered interventions, across nursing fields.

**Title**

Charting global evidence, a scoping review about the nurse-patient relationship with conscious mechanically ventilated patients in the intensive care unit

**Presenter**

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**Institute/organization**

Aalborg University Hospital, Clinical Nursing Research Unit, Intensive Care Unit R and Department of Clinical Medicine, Aalborg University

**Introduction**

Being admitted to the intensive care unit (ICU) often seriously affect the patients experience, physical well-being, and rehabilitation, negatively. Nurse-patient relationship is an essential part of person-centered care and have shown to protect patients against negative psychological experiences in the ICU. However, literature shows that knowledge of what constitutes nurse-patient relationships with conscious mechanically ventilated patients in the ICU remains fragmented and unclear. Identifying and mapping global evidence to inform local actions emphasizing the importance of the nurse-patient relationship has the potential to improve person-centered fundamental care in the ICU.

**Purpose**

To identify and map descriptions of the nurse-patient relationship with conscious mechanically ventilated patients in the ICU.

**Methods**

A scoping review following the JBI methodology for scoping reviews. The search strategy aimed to locate published primary studies and systematic reviews, using a three-phase search strategy. An initial limited search of MEDLINE and CINAHL was followed by a systematic search in PubMed, CINAHL, APA PsycNet, Embase, Sociological abstract, Web of Science Core Collection and Svemed+. Finally reference list of included studies and reviews were searched for additional papers. In total 7681 records were identified leading to 12 included studies. A content analysis will be performed, and elements of the nurse-patient relationship charted. Findings will be discussed with the key elements of the nurse-patient relation in Fundamentals of Care framework.

**Results/Conclusions**

Preliminary findings show elements as touch, eye contact and, taking time, are of importance in the nurse-patient relationship with conscious mechanically ventilated patients in the ICU. Findings add context specific knowledge to key elements from the FoC framework

Findings from this Scoping Review inform further research of the nurse-patient relationship, in an ethnographic field study in Danish ICUs.

Cai Qing

## **Objective**

To assess the feasibility and applicability of train-the-trainer approach in implementing iSupport project in nursing homes in Shanghai China, and to analyze how Fundamentals of Care (FoC) Framework can be adopted to ensure comprehensiveness and effectiveness.

## **Methods**

A 4-month train-the-trainer program was developed and four trainers was trained by iSupport project lead by Prof Lily Xiao. 29 caregivers were recruited and trained by trainers in various ways, including iSupport resource analysis, in-site case study, caring experience sharing and reflection, group exercise, and experts-guided discussion for once every 1-2 week. FoC framework was adopted in explaining HOW to implement iSupport program, focusing on building trust and respect relationship, providing integrated care, and applying local policy. Effectiveness was evaluated by self-reported questionnaire on dementia care capacity, care burden and perceived social support at baseline(T0), 2 months (T1), and 4 months (T2). Satisfaction of caregivers was assessed by interview and group observation.

## **Results**

In total, 13 times training were provided and attendance rate reached 98.5%. Most caregivers were women with a mean age of 46 years. Before training, caregivers' care capacity score was ( $47.41 \pm 8.369$ ), care burden was at a mild burden level ( $33.59 \pm 14.841$ ), and social support was at a moderate level ( $36.34 \pm 7.626$ ). There were statistically significant differences in caregivers' care capacity ( $t_1=3.372$ ,  $P_1<0.05$ ;  $t_2=8.531$ ,  $P_2<0.001$ ), care burden ( $t_1=-9.184$ ,  $P_1<0.001$ ;  $t_2=-11.017$ ,  $P_2<0.001$ ) and social support ( $t_1=5.120$ ,  $P_1<0.001$ ;  $t_2=6.341$ ,  $P_2<0.001$ ) at T1 and T2 than that at T0. All caregivers reported to have relatively satisfied knowledge and skills of dementia care by Train-the-trainer approach.

## **Conclusion**

Dementia caring is a great challenge. The train-the-trainer approach for implementing iSupport program based on FoC framework can effectively improve the capacity and reduce care burden of dementia caregivers through trust and respect relationship

building and dementia friendly caring environment establishment, thus providing high quality care services for elderly with dementia.

# How do patients experience their quality of life in the first years after bariatric surgery? A qualitative interview study

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**Background:** Bariatric surgery is the most effective weight loss treatment for severe obesity, however one in five patients undergoing surgery experience a decreased health-related quality of life (HRQoL) and/or weight regain. There is a lack of knowledge about what causes impaired HRQoL. In order to gain a better understanding, it is essential to include the patients' perspective as this is crucial to improve the quality of care and support for patients undergoing bariatric surgery. Hence, the aim of this study is to examine patient's experience of their life after bariatric surgery as well as to identify behavioral patterns, characteristics and patient needs during early postoperative support.

**Methods:** A semi-structured interview study of 16 patients who had bariatric surgery about 2.5 years prior to the interviews was carried out. The interview guide was based on Fundamental of Care to ensure a person-centered approach and capture patients' experiences from a holistic perspective. Interviews were transcribed verbatim and analyzed using Lindseth and Norbergs analysis methods, with inspiration in Paul Ricoeur's interpretation theory. The interviews took place either in patient's homes or in the University Hospital Hvidovre, Denmark. All patients participated with great commitment and were happy to share their experiences.

**Results:** Preliminary results show that patients experience their life after bariatric surgery as a "*new way of being in the world and at the same time the same as before*". Several factors affect patient's experiences of quality of life in the first years after surgery. Among the most vulnerable patients, preliminary analyses show that a person-centered approach in the postoperative treatment is crucial for strengthening patients' quality of life.

**Conclusion:** The findings of this study will be used in a larger context as foundation for the development of a co-created nurse-led postoperative intervention to support vulnerable bariatric patients.

Title of presentation: **From Global Knowledge to Local Actions: Improving Continuity of Care in patients with prostate cancer**

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## **Introduction**

The care pathway for patients with prostate cancer involves multiple encounters with healthcare professionals in diverse hospital settings, which poses a major challenge to achieve continuity of care. Continuity of care is fundamental for delivering high-quality care and is associated with decreased healthcare utilization and improved quality of life. According to Haggerty's framework for continuity of care, three key types of continuity exist: informational, management and relational. These key types are essential for enhancing continuity of care and ensuring fundamental high-quality care.

## **Purpose**

The study aims to develop and test person-centered interventions to enhance continuity of care for patients with prostate cancer within a hospital setting. Haggerty's framework will be used to address and understand the complexities of continuity of care.

## **Methods**

The study comprises two sub-studies: (1) a scoping review to identify and map existing global interventions designed to enhance continuity of care for cancer patients in hospital settings, and (2) a study using participatory design to develop local interventions based on knowledge from the scoping review. The interventions will target, informational, management and relational continuity for prostate cancer patients within hospital setting. The participatory design involves workshops with patients, healthcare professionals, and hospital management to develop sustainable and innovative interventions.

## **Results**

The results from the scoping review highlight existing interventions and their effectiveness. The results inform the workshops which are currently being held. This approach is anticipated to yield tailored and persistent interventions that address identified challenges related to continuity of care.

## **Conclusion**

The development of interventions can contribute to patient advocacy by enhancing the patients' experience of continuity of care. Due to the sparse knowledge on complex interventions that address relational, informational, and managerial aspects of continuity of care, the interventions will have great potential for extending the applicability to fundamental cancer care.

# **Title: The Italian-validated Fundamentals of Care Framework: relevance and suitability within the Italian Context**

## **Presenting author names and institutions:**

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**Introduction/purpose:** The Fundamentals of Care (FoC) Framework was developed to define the FOC and make them more accessible to nurses. It was widely recognised the importance of having a universal language for evidence-based nursing care.

**Aim:** This study aimed to explore the application of the Italian-validated FoC Framework and assess its relevance and suitability within the Italian healthcare context.

**Methods:** Research nurses and educators with expertise in FoC were enrolled for semi-structured interviews. The interviews were audio recorded and verbatim transcribed. Thematic analysis was conducted.

**Results:** Five experts participated in the study, with a majority being female (80%, n=4) and an average age of 49.2 years (SD=6.24). Three main themes emerged: 1) Being a Nurse - experts viewed the framework as a consolidation of existing nursing knowledge that helps define professional identity; 2) Governance - experts reflected on how the current organization of work impacts the delivery of fundamental care; and 3) Dissemination and Education - experts emphasized the importance of incorporating the framework into both basic nursing education and clinical practice.

**Conclusions:** The Italian-validated FoC Framework offers valuable support to nursing leaders, researchers, and educators in Italy, providing a strong foundation for defining the nursing profession and shaping professional identity. However, nurses in Italy face systemic challenges that may limit the full implementation of the framework in practice. To maximize its impact, it is crucial to integrate the framework into both educational and clinical settings.

# **Title: Need for Human Interaction and Acknowledging Communication—An Interview Study With Patients With Aphasia Following Stroke**

Belle Mia Ingerslev Loft

## **Introduction**

Stroke is the second leading cause of death worldwide and a leading cause of disability. Depending on the severity of the stroke, the patient may have various physical, cognitive or communicative difficulties such as aphasia. Aphasia is a communication disability, impacting language modalities and affecting life participation of the person with aphasia (PWA). Aphasia can be a serious barrier to usual care. PWA and their families risk less involvement in healthcare decisions than other patient groups. PWA further experience poorer rehabilitation outcomes, longer admissions and experience a three-fold increased risk of preventable adverse events than other stroke patients.

## **Aim**

To explore stroke patients' experiences of the communicative practice during their hospitalisation and describe strategies and supporting communication techniques applied by patients and nursing staff from the patient's perspective.

## **Methods**

A qualitative approach; with 13 semi-structured interviews of PWA following stroke. The interviews were video-recorded, transcribed and analysed according to Graneheim and Lundman's content analysis.

## **Results**

The overarching theme; Being acknowledged as an equal human being as it appeared to be a pervasive and underlying trait across the four categories; Waking up to a new communicative reality, A task-oriented communicative agenda, Misunderstandings as a communicative dead end and Establishing a communication-friendly environment: peace, patience and supporting techniques, describing the immediate and descriptive level.

## **Conclusion**

These findings contribute by illuminating an important patient perspective and ultimately, raising the point that from the perspective of patients the nursing staff's communication was primarily task and purpose oriented, and they lacked deeper conversations. Hence also raises the point that the use of supportive communication strategies alone will allow nursing staff to meet the existential and fundamental needs of patients with aphasia. Supported communication needs to address compassionate and acknowledging aspects of communication.

## Title: Nursism an Unconscious Cultural Explanation of Executive Nursing Leadership

Sally Bassett

Presenting the explanation of the potential of cultural forces to influence the board leadership of Executive Nurses who hold complex roles pivotal in securing high-quality patient care. Understanding the cultural context of nurse leadership sheds light on the leadership for nurses at all levels.

A doctoral study using a critical realist narrative design was undertaken to understand and explain executive nurse leadership practice; 19 semi-structured interviews were conducted. Snowballing through 'super recruiters' formed a sample reflective of the board demographic. Using critical realist and narrative thematic analysis a narrative for each participant group was recreated. A meta-narrative was created describing the experience of successful executive nurse leadership and potential explanations of how it is experienced both by executive nurses and those with whom they share the boardroom.

The findings showed there are competing perceptions of what determines successful executive nurse leadership. The executive nurses' leadership is characterised by relationally leadership, a necessary means to navigate the influences of the cultural context in which they work. Relational leadership capability is drawn from the therapeutic relational care developed in clinical practice.

The context and approach are influenced by board member's unconscious bias and prejudiced perceptions of nurses and nursing. A dominating focus on delivering government policy and targets create an invisible cultural clash between a managerial and a safe compassionate nursing care agenda that has been framed as the concept of 'nurs-ism'.

Pertinent for all nurses to understand how the unconscious cultural context can influence the perception of nurse leadership and the ability to provide safe compassionate care. The unconscious existence of nurs-ism suggests that nursing does not speak for itself, in contrast to the more authoritative social status of medics and medicine. Executive nurses must establish themselves as credible individuals to be seen as leaders with influence to impact on care.

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## Abstract

### **Evaluating the Quality of Nursing Care: Identifying Nurse-Sensitive Outcomes in Clinical Practice – A Scoping Review.**

**Objectives:** This scoping review aims to examine and map existing research on nurse-sensitive outcomes (NSOs) used in clinical practice, considering the influences of the context circle of the Fundamentals of Care (FoC) framework, providing valuable insights for future research and policy development.

**Introduction** NSOs can vary in meaning based on context and perspective. They may refer to structural management indicators, such as nurse-patient ratios or nurse sick leave, or to patient experiences and outcomes, like pressure ulcers and urinary infections. This scoping review aims to assess the impact of fundamental nursing care interventions on patient outcomes. These outcomes need to be sensitive to nursing interventions, reflecting patient outcomes at a generic or specific level. The goal is to identify outcomes suitable for inclusion in economic evaluations and policy development, aligning with the “Context of Nursing”, the outer circle of the FoC Framework that addresses these issues by considering economic, resource, and political factors. Understanding NSOs has become crucial as healthcare systems strive for efficiency and cost-effectiveness. Categorizing and calculating aspects of care help identify effective and economical interventions. However, applying this to nursing presents unique challenges, as policymakers may not fully grasp the significance of nursing interventions, such as preventing pressure ulcers or infections, and the hands-on care required. Global collaboration among healthcare professionals can help develop standardized NSOs that are applicable beyond the nursing community. This collaboration empowers nurses to advocate for themselves and take local actions to ensure appropriate resource allocation and demonstrate the value of quality nursing care. Protecting care delivery and the well-being of healthcare professionals involves having a voice outside the nursing culture.

**Method and Analysis:** The review will be conducted following the Joanna Briggs Institute’s methodology for scoping reviews.

**Results:** The results are anticipated to be available by spring 2025.

# Nurses' opportunities to have power over their nurse role from the perspectives of managers and nurses through the lens of contextual factors according to Fundamentals of Care.

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## Introduction

Nursing care is a complex process requiring RNs' knowledge and leadership. Unfortunately, RNs' competence may not be utilized and the RN role may be ambiguous, which can cause a higher turnover. This study aims to describe the nursing profession in daily work and nurses' opportunities to have power over their nurse role from the perspectives of managers and nurses through the lens of contextual factors according to FoC.

## Methods

A qualitative empirical study. RNs (n=48) and their nursing managers (NM) (n=8) from three surgical wards at a university hospital in Sweden participated. A half-day workshop about the history of RNs including two movie lectures, prepared by a lecture in medical history, each followed by a focus group interview (n=12); [1] How would you describe the nursing profession today, in your daily work? [2] What do your opportunities look like to have power over your role as a nurse? The managers and RNs were interviewed in separate focus groups. Data is analyzed using deductive content analysis, using the organization in the contextual dimension of the Fundamentals of Care framework.

## Preliminary results

### RN

- Culture: partly in control of their workday, and expected to always be available for team members.
- Resources: high workload resulting in medical technical tasks being prioritized ahead of nursing care.
- Leadership: forced to be responsible for work tasks belonging to other professional groups.

### NM

- Culture: autonomous, pushing, and well-educated, however, do not get the overall picture of the patient.
- Resources: a high workload is a hindering factor, and it is time-consuming to get the overall picture of the patient.
- Leadership: it takes authority and experience to lead nursing care.

## Conclusions

RNs' opportunities to have power over their nurse role and their prerequisites to fulfill the patients' fundamental care needs may be understood and explained by organizational contextual factors.

# Translation and cultural adaptation of Fundamentals of Care Framework in China

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## 【Abstract】

**Objective** Fundamental of Care Framework is a comprehensive model addressing essential elements and inter-relationship of care activities focus on person's fundamental needs to ensure their physical and psychosocial wellbeing. This study aims at translating Fundamentals of Care Framework into Chinese and assessing cultural adaptability.

**Methods** The Chinese version of Fundamentals of Care Framework was developed based on Brislin's Translation Model for Cross-cultural Research with translation、back translation and discussion for cultural adaptation with 16 nursing experts with clinical background and nursing education and research background in 2-round Delphi consultation. Core translation group discussion were conducted for any disagreement.

**Results** The response rates of the two-round consultations were 94.12% and 100% respectively. The experts' authority coefficients were both 0.885. The Kendall's coefficients of concordance were 0.103 and 0.090 ( $P<0.05$ ). The variation coefficients of concordance were 0 ~ 0.178 and 0 ~ 0.103, respectively. In the second round, the content validity index of each item was 0.94~1.00 while the average content validity index of the scale was 0.93. Word expression was adjusted in four items to ensure cultural understandable and context acceptable.

**Conclusion** The Chinese version of Fundamentals of Care Framework is with

good content validity and accepted by nursing professionals in China. It is of great significant for Chinese nursing context and further application is recommended.

**【Keywords】** fundamentals of care framework; care; translation, back-translation, Delphi method; cultural adaptation

**Title of presentation:** Work environment features in home care settings predict nurses' job satisfaction, occurrence of workplace violence and missed nursing care: driving change in the light of AIDOMUS-IT study

**Main institution/organisation which the research/paper can be attributed to:** Centro di Eccellenza per la Ricerca e lo Sviluppo (CERSI-FNOPI)

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**Background:** Literature suggests that nurses' characteristics, work environment perception and features may impact their job satisfaction, the occurrence of missed nursing care (MNC), and exposure to workplace violence (WPV), ultimately influencing care quality and patient safety. The AIDOMUS-IT project tested these hypotheses in the context of home care settings in Italy.

**Methods:** A national cross-sectional study (AIDOMUS-IT) was conducted in the Italian home care assessing the occurrence and characteristics of WPV and MNC and nurses' job satisfaction as outcomes. Hypothesized predictors were nurses' sociodemographic characteristics (e.g., age and gender), work-related factors (e.g., years of experience, overtime working), workload, leadership quality, work-private life conflict, burnout, possibility for development, staffing adequateness, nurse manager ability, safety climate and teamwork climate. Statistical analyses included logistic and quantile regression models.

**Results:** Data from 3,949 nurses across 70 Italian Local Health Authorities were analyzed. Nurses were moderately satisfied with their job though reported high prevalence of WPV (20.5%) and moderate number of MNC (mean = 5.23, SD = 3.18 out of 9). Higher workloads, work-life conflicts, and inadequate staffing were associated with dissatisfaction, while good leadership, teamwork, and development opportunities predicted satisfaction. Similarly, higher workloads, sudden changes in work, staffing inadequateness, shorter shifts, working overtime, and a lack of possibility for development were associated with more MNC. Predictors of workplace violence included younger age, high workload, working in multiprofessional teams, poor leadership support, and burnout.

**Conclusion:** Among the variables investigated, work environment, perception, and organizational characteristics showed a predictive value, though with differences, towards all outcomes. Tailored interventions are advisable to foster a positive work environment, starting from the development of new care models, benefiting both nurses and patients.



2025 ILC Annual International Conference

# Poster Presentations: Education

16th & 17 June, 2025

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## **The Fundamentals of Care framework bridges the gap between theory and practice**

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Research indicates that nursing students are socialized into the profession through their education. However, in practice, students often struggle to articulate nursing concepts, apply theory, and recognize the complexity of nursing. Therefore, collaboration between education and practice is essential, as nursing education is fundamentally based on both theory and practice. Consequently, the nursing program in Holstebro participates in the implementation of Fundamentals of Care at Gødstrup Hospital and teaches clinical supervisors in Fundamentals of Care.

The aim of this project is to investigate how Fundamentals of Care as a professional didactic tool in theoretical education can enhance students' learning, their understanding and articulation of nursing, and provide them with a sense of formation into the nursing profession.

Nursing students at the Nursing program in Holstebro are introduced to the Fundamentals of Care framework in the theoretical part of the 2nd semester, and the framework is incorporated into theoretical teaching throughout the remaining semesters of the program.

Through qualitative focus group interviews with 2nd semester students, their experiences of using the Fundamentals of Care framework in their clinical placements are examined. The analysis is based on a hermeneutic-phenomenological approach inspired by Ricoeur's theory of narratives and interpretation.

Preliminary results suggest that the use of the Fundamentals of Care framework enhances students' perception of the connection between theory and practice and increases their focus on the importance of relationships in nursing care for individual patients. It also appears that nursing students feel more capable of integrating theory into their practical actions.

There is a need for further focus on the use of the FoC framework as a cohesive effort in both nursing education and clinical placements to develop its application in all aspects of nursing, with the aim of supporting a common language and coherence between theory and practice.

# Advocating for a Nurse Specialty Fellowship Based on the Fundamentals of Care

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## **Introduction**

The Neonatal Intensive Care Unit (NICU) is a highly specialized environment. Nursing curriculum in the United States briefly reviews the care of the well-baby but does not provide any education on care of the sick or preterm neonate which results in a large knowledge gap for nurses who are newly hired into the NICU.

## **Main Body**

The pandemic had brought many changes to the staff and skill mix in our NICU. We experienced a shift in hiring practices from hiring mostly veteran neonatal nurses to hiring nurses new to the specialty. This hiring shift led to gaps in knowledge related to foundational neonatal care including positioning, bathing, thermoregulation, and management of respiratory events. A survey was provided to preceptors to understand how to best support the learning and orientation needs of this new population of orientees. Preceptors reflected on challenges that came with precepting nurses who were new to the specialty in the qualitative analysis of survey responses. This included the fear of not being able to provide an adequate orientation with the current resources available, the need to provide consistency and the desire for the unit to offer supplemental learning outside of clinical orientation.

We successfully advocated for resources to develop a Neonatal Nurse Fellowship, based on the FOC framework for nurses who are new to the NICU. The program provided didactic classes that highlight the importance of each aspect of fundamental care when interacting with

patients, families and co-workers. Pre and post intervention surveys will be used to evaluate effectiveness.

## **Conclusion**

Fundamental care is essential to providing safe, effective, patient centered care in the NICU. Utilizing the FOC framework as a roadmap for nursing education is feasible and helps to develop the skills needed to meet physical and psychosocial needs of patients, families and co-workers.

# Enhancing Focus on Fundamental Care: The Role of Fundamentals of Care Framework Education in Shaping Newly Licensed Nurses' Patient-Centered Approach

Amanda Bennett

## *Introduction*

The newly licensed nurse (NLN) perspective on fundamental patient care is being transformed through the nurse residency program (NRP) at our organization. By integrating the Fundamentals of Care (FoC) framework throughout the curriculum, we have observed NLNs realign their focus. One way this is demonstrated is through the evidence-based practice (EBP) projects completed by our NLNs.

## *Main Body*

NRPs facilitate transition to practice from undergraduate academic setting to acute care clinical environment through a series of seminars over a 12-month period, culminating in graduation and poster presentations of the EBP projects. The NRP curriculum is continuously reviewed and revised to meet the diverse needs of NLNs. The FoC framework integration began in July 2023; during this time, the NLNs were introduced to the concept and framework in one 4-hour seminar. From July 2023 to June 2024, no additional content related to the FoC was included in the curriculum. Although some EBP projects were based on fundamental care concepts including quality and satisfaction of care, patient safety, and physical care recipient needs, we saw an opportunity to encourage widespread inclusion of the FoC concepts in future projects.

In June 2024, a revised curriculum was implemented, which included one 4-hour seminar introducing the FoC concepts and framework, followed by full integration of the FoC framework throughout all subsequent seminars. The first NRP cohort introduced to the revised curriculum attended their EBP seminar in September; data collection demonstrating increased evidence of projects focused on FoC will be complete and evaluated by May 2025.

## *Conclusion*

FoC framework integration into NRP curriculum with emphasis on patient relationship, quality and safety, policy and resources align with the organizations strategic plan. By incorporating the FoC framework as soon as a NLN joins the organization, we hope to establish a strong foundation for patient-centered care.

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**Title:** Accelerated Responsibility – A Critical Discourse Analysis of Clinical Leadership in Nursing

**Background:** Political reforms have continually reshaped nursing education and the responsibilities borne by nurses in practice. The healthcare system has become increasingly segmented, demographic shifts, intensified patient complexity, and the shortage of nursing staff has led to an increase in individual responsibility for each nurse and enlargement of nurses coordinating function in patient care. For patient safety, it is crucial that nurses possess the necessary knowledge, skills, and competencies, as well as an overarching view of patient care and course. Education in clinical leadership is intended to prepare nursing students for these responsibilities in practice. However, training focuses predominantly on managing care for a limited number of patients, whereas clinical practice often demands oversight of entire departments to perform clinical leadership. New graduates often experience a "responsibility shock" when tasked with functions and duties for which they have not been adequately prepared.

**Aim:** To investigate whether the clinical leadership skills taught during nursing education align with the responsibilities newly qualified nurses are expected to assume in practice.

**Method:** Four semi-structured interviews were conducted with a head nurse, a clinical supervisor, and two nurse educators. Norman Fairclough's critical discourse analysis was applied to examine the interviews, Nursing curriculum, and local guidelines. Hartmut Rosa's theory on acceleration were incorporated into the analysis.

**Results:** Clinical leadership depends heavily on context. Mentorship programs and comprehensive introductions are essential if organizations expect nurses to develop clinical leadership competencies. Nurses' responsibility for operational oversight is often an invisible function that is continually expanding, diverting time from essential patient care.

**Conclusion:** There is a clear disconnect between the clinical leadership competencies taught in nursing education and the responsibilities newly qualified nurses are expected to undertake in

practice. Responsibility is being assigned more quickly than before, leading to an acceleration in the expectations placed upon nurses.

## **The process of integration of Fundamentals of Care in a Master's of Science in Nursing curriculum**

### **Authors**

**Presenter:** Bianchi Monica

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**Main Institution:** University of Applied Sciences and Arts of Southern Switzerland. Department of Business Economics, Health and Social Care

**Introduction:** The integration of the Fundamentals of Care (FoC) requires leadership at multiple levels within clinical practice, nursing education, and research. This includes embedding the conceptual FoC framework into nursing curricula. Given the limited research on the integration of FoC within Master of Science in Nursing (MScN) programs, this work aims to provide an example of such.

**Main Body:** The first step began with the initial edition of the Master's program in southern Switzerland (2018–2020). The scientific committee approved the goal of integrating the FoC as one of the program's three core pillars, so student awareness activities were initiated. In the second edition (2021–2023), the FoC deepened significantly within two research modules. Students conducted interviews with nurses from various healthcare settings to explore the presence of FoC, analysed data and drafted a scientific article. Students could share their findings internationally with a poster presentation and article publication in a scientific journal. In the third edition (2023–2025), the integration of the FoC has further evolved. The concept and framework have been taught in the Relationship-Based Care module, and the framework used by the students for their coursework. In the research modules of the second and fourth semesters, students explored the topic of Missed Care and its connection to the FoC, while during the third and fourth semester they deepened their knowledge by using the framework in Public Health and Clinical Assessment modules. Thanks to those stimuli, different students want to use the FOC framework in their Master's Thesis.

**Conclusion:** Teaching and exploring the Fundamentals of Care with MScN students provides significant added value, enabling them to re-learn their profession through a patient-centered perspective and to implement their knowledge in the clinical practice, promoting and consolidating the diffusion of FoC in the different healthcare contexts.

# Exploration of the use of a Fundamentals of Care Framework in case-based coursework in a Master's of Science in Nursing curriculum for advanced practice nursing students: a qualitative study

## Authors

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## Background

Integrating Fundamentals of Care (FoC) into nursing education and clinical practice is essential to influencing organisational and patient care outcomes (Kitson et al., 2019; Kitson, 2022). To date, there are studies on the FoC's integration into nursing undergraduate curricula. However, there is a paucity of studies on its integration into Master of Science in Nursing (MScN) curricula. This study aims to understand how teaching the framework to MScN students influences their vision of the nursing profession and transfers to practice.

## Methods

A qualitative study was conducted during the first semester of an MScN course. The students were lectured on FoC and deepened their knowledge by reading scientific articles. The final assessment was a paper analysing clinical situations using the known frameworks. The lecturers analysed the submitted papers using thematic analysis (Braun & Clarke, 2006).

## Results

Out of a total of 12 student papers, 6 referred to the FoC framework and were related to intensive care, surgery, oncology, medicine and nursing home settings. Four macro-themes emerged from the thematic analysis. How FoC is used: application to clinical cases and context; reflections on the FoC framework: hospital integration, patient-nurse relationship, organisation of care, advanced practice nurses' (APN) roles in FoC; results of the application of the FoC framework: Identification and fulfilment of fundamental needs, patient-nurse relationship, person-centredness, interventions to improve integration of care in a patient-centred care setting; learning outcomes: need to strengthen nursing leadership, awareness of the importance of relationships in clinical practice, integration of FoC and understanding the key elements of person-centred care.

## Conclusions

Integrating the FOC Framework into the MScN curriculum has enabled its application to clinical situations in different contexts, leading to reflections on the profession. Considering that APNs work in clinical settings, the knowledge and skills acquired will enable them to change clinical practice over time.

**Title**

Fundamentals of Care: A Learning Program for Nursing Students in the Emergency Department

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**Introduction**

The Emergency Department (ED) can be considered a high-pressure, fast-paced,unpredictable environment where nurses address complex and urgent issues while managing significant workloads. In such settings, although relational attention toward patients and their families or caregivers is essential, it may sometimes be lacking.

The challenge lies in mastering the essential skills to address patients' Fundamentals of Care (FOC) needs, even within these dynamic care enviroments. Previous studies suggest that nursing actions are shaped by opinions, evidence, and tacit knowledge—interpreted as assumptions about patient needs, scientific evidence, and practical caregiving experience.

For this reason, acquiring FOC skills during clinical placements could greatly enhance nursing students' ability to meet patient needs and improve health outcomes.

The project aims to introduce a structured learning protocol for core nursing skills, specifically designed for nursing students in the Alessandria ED.

**Methods**

Framework: A multidisciplinary nursing team developed this training project, titled "Students in the Emergency Department" (SiPS), based on the FOC framework. This framework emphasizes nursing actions focused on essential patient needs while fostering a supportive and therapeutic relationship..

Operational Protocol: The SiPS project will provide students with a structured training pathway including: (a) General Training: covering core nursing knowledge, as well as technical and relational skills, already included in the academic curriculum; (b) Specific Training: focused on FOC through both formal and optional learning activities; and (c) Contextual Training: Provided through clinical placements with tailored tools (guidebook, patient needs assessment form, and learning record).

Protocol Evaluation Outcomes: analysis of the curricular record, Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis, and performance level assessment form.

## **Discussion and Conclusions**

The protocol is currently being evaluated for necessary modifications, with the aim of becoming a standard learning strategy.

*Innovative Pedagogical Approach to Caring Interventions:  
An Exploration of the Dual Perspective with Undergraduate Nursing Students*

Kurtz, S., Coles, L., DeMarzio, K., Hudson, S., Sabo, E., & Dowling-Castronovo, A.  
Roberts Wesleyan University  
Rochester, NY

This presentation will share an innovative pedagogical approach to teaching oral care, feeding, and drinking used in an undergraduate Fundamentals of Nursing course. Throughout a seven-week lab, students learn and practice technical skills and empathetic patient care with one session emphasizing caring interventions. Students perform assisted feeding, drinking, and oral care activities with a peer. Students alternate roles to experience both the nurse and patient perspectives. This dual perspective fosters both procedural competence and emotional intelligence essential for practical nursing.

Aligned with the Fundamentals of Care Framework, this approach emphasizes the nurse-patient relationship and integrates psychosocial and physiological care within the learning context (International Learning Collaborative, 2024). Students gain practical proficiency in essential patient-care tasks. While they engage in kinesthetic learning exercises, they experience a humbling understanding of patient vulnerability. This exercise aims to deepen students' appreciation for maintaining patient dignity, autonomy, and comfort, reinforcing compassionate practice as a core nursing competency (American Association of Colleges of Nursing (2021).

Informal feedback from students indicates that this experience impacts their appreciation of the nurse-patient relationship. Students report increased sensitivity toward patients' needs for respect and empathy, heightened awareness of the power dynamics involved in caregiving, and a stronger sense of responsibility toward compassionate care. Hands-on, peer-involved labs like this may be a powerful addition to traditional nursing education by building a foundation in technical skills and therapeutic nurse-patient relationships. This approach highlights the effectiveness of experiential learning in preparing students for the complexities of clinical care and contributes to best practices in nursing education. The alignment with the Fundamentals of Care Framework underscores this activity's role in preparing students for the complexities of clinical care, suggesting a model for enhancing empathy, respect, and humility among future healthcare providers and contributing to a more compassionate healthcare system.

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- The Fundamentals of Care Framework*. International Learning Collaborative (ILC). (2024, October 15). <https://ilccare.org/the-fundamentals-of-care-framework/>

## **Integrating National Nursing Competencies and the Fundamentals of Care Framework in Nursing Education: A Collaborative Approach**

The shifting landscape of healthcare requires leaders of nursing programs to lead curricula that meet accreditation standards and regulatory requirements calling for patient-centered care. In alignment with this vision, leaders of nursing programs at Roberts Wesleyan University, Concordia University Wisconsin, and Faulkner University collaborate to not only integrate The New Essentials (American Association of Colleges of Nursing [AACN], 2021) and/or the National League for Nursing (NLN) Competencies (2012) into nursing curricula, but also address the Fundamentals of Care Framework (Kitson et al., 2013; Feo et al., 2017). Both The Essentials and NLN Baccalaureate Competencies provide comprehensive outlines, equipping academic nurse educators to educate and prepare entry level nurse graduates to meet the demands of an increasingly complex healthcare system. By mapping curricula to these competencies, our institutions aim to ensure that students achieve proficiencies in evidence-based practice, cultural humility, and quality improvement.

The Fundamentals of Care (FOC) Framework supports this alignment by providing a nurse-patient centered model that emphasizes the importance of relational care actions within a supportive context of care. This framework addresses technical skills outlined in both sets of national competencies while centering on essential human connections during care actions. Moreover, the FOC Framework provides a meaningful structure to examine how competencies at the individual and system levels of healthcare delivery need to be learned, practiced and continually developed. Through this integration, our curricula will be better designed to foster critical thinking, preparing students to address diverse patient needs across the continuum of healthcare settings.

This collaborative approach demonstrates a commitment to shaping a responsive and resilient nursing workforce. By leveraging the strengths of national standards and the FOC framework, academic leaders at Concordia University Wisconsin, Faulkner University, and Roberts Wesleyan University, explore how to prioritize clinical excellence in fundamental care delivery.

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## Abstract for ILC ANNUAL INTERNATIONAL CONFERENCE 2025

<b>Title of presentation</b>	<b>Double benefit from using FoC in relation with nursing students</b>
<b>Main institution/organisation</b>	Departments of Surgery and Vascular Surgery, Regional Hospital Central Jutland, Denmark
<b>Presenters' / authors names and institutions</b>	Clinical Nurse Specialists Christina Riis, Departments of Surgery and Vascular Surgery, Regional Hospital Central Jutland Clinical Nurse Specialists Anne Hagsten, Departments of Surgery and Vascular Surgery, Regional Hospital Central Jutland
<b>INTRODUKTION</b>	At the Regional Hospital Central Jutland, it has been decided in the nursing strategy that FoC should be used as a conceptual framework. In the departments of Surgery and Vascular Surgery, we therefore use the FoC conceptual framework as an essential tool for the education our students.
<b>METHOD</b>	In dialogs with our students, FoC is used for reflection. Through education, reflection moves from a simple level to a complex level where the entire framework is utilized. Regardless of how far the students are in their education, it is a prerequisite that they learn how to create a good relationship with the patient.
<b>RESULTS</b>	<ul style="list-style-type: none"> <li>• FoC strengthens the collaboration between the student and the clinical supervisors</li> <li>• FoC provides students with a tool to understand the complexity of nursing</li> <li>• FoC provides a common language to talk about nursing in the department</li> <li>• FoC is used to analyze complex issues and patient pathways</li> <li>• FoC is also used by clinical supervisors, to get to know the students</li> </ul>
<b>CONCLUSION</b>	By using this tool, we have achieved a number of benefits, but as a double-edged sword. We have found that FoC cannot only be used in the relationship with the patient but it can also be applied in the interaction with the student. With FoC the clinical supervisors meet the student with everything they bring as individuals to achieve the best possible educational outcome in all learning situations.



Clinical Nurse Specialists Christina Riis<sup>1</sup>, Anne Hagsten<sup>1</sup>

<sup>1</sup>Departments of Surgery and Vascular Surgery, Regional Hospital Central Jutland, Denmark

## INTRODUKTION

At the Regional Hospital Central Jutland, it has been decided in the nursing strategy that FoC should be used as a conceptual framework.

In the departments of Surgery and Vascular Surgery, we therefore use the FoC conceptual framework as an essential tool for the education our students.

## METHOD

In dialogs with our students, FoC is used for reflection. Through education, reflection moves from a simple level to a complex level where the entire framework is utilized. Regardless of how far the students are in their education, it is a prerequisite that they learn how to create a good relationship with the patient.

## RESULTS

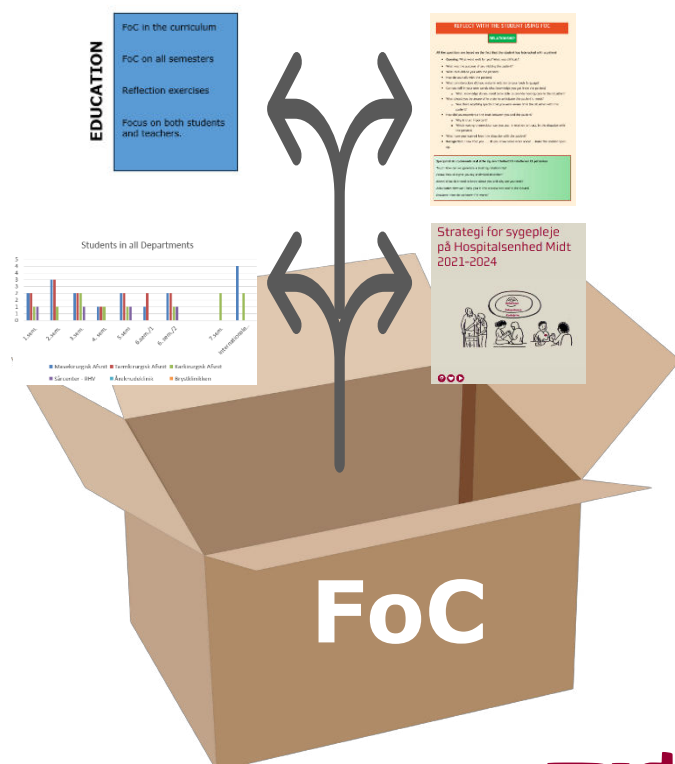
- FoC strengthens the collaboration between the student and the clinical supervisors
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## CONCLUSION

By using this tool, we have achieved a number of benefits, but as a double-edged sword.

We have found that FoC cannot only be used in the relationship with the patient but it can also be applied in the interaction with the student.

With FoC the clinical supervisors meet the student with everything they bring as individuals to achieve the best possible educational outcome in all learning situations.



## Fundamentals of Care – ILC Abstract 2025

Title: Using the Fundamentals of Care Framework to Design an Online Education Program for Spiritual Care Providers

Co-Presenters: Rev. Heather Weidemann, M.Div, ACPE and Rev. Airin Wolf, M.Div

Institution: Maine Medical Center, Portland, ME (USA)

There is a need to develop an online education program for spiritual care providers that integrates the Fundamentals of Care (FOC) framework. This new program and its curriculum will provide aspiring chaplain students who do not currently have access to in-person training with opportunities to learn new caregiving skills and improve existing ones. It will also introduce those students to the FOC framework as a foundation for evaluating the quality of the care they provide. We have defined the potential effectiveness of our new program and curriculum in terms of featuring evidence-based practice, aiming to improve the quality of interactions reported by both students and patients in meeting fundamental emotional and spiritual care needs.

To build a foundation for the project, we conducted a systematic literature search in three major databases including PubMed, CINAK, and Ovid during August-October 2024. Twenty-two relevant articles published between 2013 and 2023 were identified and reviewed. The majority discussed online spiritual care programs solely from a chaplaincy student perspective. Only a few addressed patient perspectives on the spiritual care they received from Patient Reported Outcome Measures (PROM). None included a discussion of fundamental care and its potential usefulness for evaluating the effectiveness of student-provided care.

Our literature review-findings suggest that an online chaplaincy skills program can bring both student feedback and patient “voices” together using the FOC perspective. This inclusive approach will help us design a truly innovative program and evaluate its impact. In the next phases of this project, both the online students and the patients they serve will be surveyed about what they perceive as the quality of their care. The Scottish PROM tool, developed especially for spiritual care providers, will be used to assess patient perspectives on how well the care provided by student chaplains meets their fundamental emotional and spiritual needs.

# THE “RI-PRENDERE IN CURA LE CURE FONDAMENTALI” PROJECT OF ASL CN2:

## a training intervention to support nursing care

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### ABSTRACT

Fundamentals of Care are defined in the literature as essential elements of care required by every patient in any care setting. When there is inadequate attention to these elements, many aspects of care can be compromised. The Fundamentals of Care framework is a valuable tool to guide nurses in ensuring quality care by understanding the mechanisms underlying their implementation. This includes collaboration with Healthcare Assistants and the appropriate delegation of tasks, taking into account the patient's complexity, the care setting, and the skill-mix of the team. If the responsibility for effective and comprehensive care of patients' needs is at the heart of nursing, it is essential that nurses can count on the collaboration of NAs who are adequately trained in the FoC.

In this context, a training project was initiated with the aim of training Healthcare Assistants to support Fundamental Care through a dedicated project.

**Materials and Methods:** A training intervention was delivered to all Healthcare Assistants in ASL CN2. The course involved a multi-professional teaching team, consisting of nurses, physiotherapists, speech therapists, and dietitians.

**Results:** 175 Healthcare Assistants were trained in 2023 and 147 in 2024. To complete the training course, participants had to meet attendance and performance criteria. The trainees evaluated the training intervention positively. For 98.5% of participants, the content and objectives of the course

were relevant to their training path. 97.5% of participants stated that the training intervention was effective in acquiring and/or consolidating their knowledge.

**Conclusions:** The training intervention highlighted the importance of opening and supporting the cultural debate within the nursing professional community and meeting the training need for Fundamental Care by including them in the priorities of the Healthcare Management Departments.

# OUR FOUNDING PARTNERS

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