

EMPOWERING FUNDAMENTAL CARE EXCELLENCE

THE INTERNATIONAL LEARNING COLLABORATIVE (ILC) OXFORD 2024 STATEMENT



ilccare.org



admin@ilccare.org

The ILC is a global organisation dedicated to transforming care by valuing and prioritising person-centred fundamental care. Its mission is to embed person-centred fundamental care into everyday practice, by reshaping care education, research, advocacy and relevant care-related policies.

Åsa Muntlin (1,2,3*), Eva Jangland (4), Clair Merriman (5), Birgitte Lerbæk (6), Alison Marchbank (7), Rebecca Feo (3,8), Tiffany Conroy (3,8), Alison Kitson (9,10,11), On behalf of the International Learning Collaborative (ILC) (2025) Empowering Fundamental Care Excellence – Statement, ILC Inc, Adelaide, Australia

Empowering fundamental care excellence: The International Learning Collaborative (ILC) Oxford 2024 Statement

Authors

Åsa Muntlin^{1,2,3*}, Eva Jangland⁴, Clair Merriman⁵, Birgitte Lerbæk⁶, Alison Marchbank⁷, Rebecca Feo^{3,8}, Tiffany Conroy^{3,8}, Alison Kitson^{9,10,11}, On behalf of the International Learning Collaborative (ILC).

Affiliations

1. Area 3, Uppsala University Hospital, Uppsala, Sweden
2. Department of Medical Sciences/Clinical Epidemiology, Uppsala University, Uppsala, Sweden
3. College of Nursing and Health Sciences, Flinders University, Adelaide, South Australia, Australia.
4. Department of Surgical Sciences, Nursing Research, Uppsala University, Uppsala, Sweden.
5. Oxford University Hospitals Foundation Trust, Headington, Oxford, England and Oxford Institute of Nursing, Midwifery and Allied Health Research, Oxford Brookes University, Oxford, England.
6. Unit for Psychiatric Research, Psychiatry – Aalborg University Hospital, Aalborg, Denmark
7. Faculty of Health and Life Sciences, School of Allied Health Professions and Nursing, Nursing directorate, University of Liverpool, Liverpool, England.
8. Caring Futures Institute, Flinders University Adelaide, South Australia
9. School of Nursing, University College Dublin, Ireland
10. Department of Clinical Medicine, Aalborg University, Aalborg, Denmark
11. School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Queensland, Australia

Corresponding author:

*Åsa Muntlin, Department of Medical Sciences/ Clinical Epidemiology, Uppsala University, Uppsala University Hospital, 751 85 Uppsala, Sweden.

E-mail: asa.muntlin@medsci.uu.se

Phone: +46 18 6110176

Twitter handles & additional emails

Clair Merriman Twitter: @ClairMerriman9, email: clair.merriman@ouh.nhs.uk

Alison Marchbank Twitter @marchbank_a, email: a.g.marchbank@liverpool.ac.uk

Rebecca Feo Twitter: @Rebecca_Feo

CRedit author statement

Åsa Muntlin: Conceptualization, Methodology, Writing – Original draft preparation, Reviewing and Editing. Supervision. Eva **Jangland**: Conceptualization, Methodology, Writing – Writing and Reviewing. Clair **Merriman**: Conceptualization, Methodology, Writing – Writing, Reviewing and Editing. Birgitte **Lerbæk**: Conceptualization, Methodology, Writing – Writing and Reviewing. Alison **Marchbank**: Conceptualization, Methodology, Writing – Writing, Reviewing and Editing. Rebecca **Feo**, Tiffany **Conroy**, Alison **Kitson** : Writing Reviewing and Editing.

ORCID Links:

Åsa Muntlin	https://orcid.org/0000-0002-7221-2876
Eva Jangland	https://orcid.org/0000-0001-6888-3792
Clair Merriman	https://orcid.org/0000-0002-3939-5228
Birgitte Lerbæk	https://orcid.org/0000-0002-9196-5881
Alison Marchbank	https://orcid.org/0000-0003-2223-0184
Rebecca Feo	https://orcid.org/0000-0001-9414-2242
Tiffany Conroy	https://orcid.org/0000-0003-0653-7960
Alison Kitson	https://orcid.org/0000-0003-3053-8381

Suggested citation: Muntlin A, Jangland E, Merriman C, Lerbæk B, Marchbank A, Feo R, Conroy T, Kitson A, on behalf of the International Learning Collaborative (ILC). **Empowering Care Excellence – The ILC Oxford 2024 Statement**. June 2025. ILC Inc. Adelaide, South Australia.

Abstract

Objective/Aim: To present the fourth International Learning Collaborative (ILC) position statement outlining our ambition to empower care excellence by embedding fundamental care in practice, education, and research and policy.

Background: The ILC is a global organisation dedicated to transforming care by valuing and prioritising person-centred fundamental care. Its mission is to embed person-centred fundamental care into everyday practice, by reshaping education, research, advocacy and relevant policies. The ILC annual conference generates a position statement each year to address a specific priority topic that is relevant to everyone delivering person-centred fundamental care.

Design/Method: Analysis and synthesis of key messages from the 2024 ILC conference.

Results/Key Arguments: The ILC's annual conference in 2024 brought together the global community of fundamental care experts and champions from nursing and other health disciplines, united by a common vision to improve person-centred fundamental care. Conference delegates comprised 194 participants representing 16 countries from across four continents. Keynotes, oral and poster presentations, and three workshops representing the areas of practice, education and research shaped the conference program and content. The conference theme was empowering care excellence, and three recommendations were generated:

1. *Unite* – share experiences, shape common visions for fundamental care, and establish trusting collaborative work environments across all disciplines and with patients, carers and their care networks.
2. *Change* – initiate and continue systematic and structural change work to enhance proficiency for provision of fundamental care enabling and encouraging collaboration and innovation across disciplines, boundaries, organisations and systems.
3. *Lead* – educate, foster, advocate for the right environment, culture and resources, and mentor fundamental care leadership for nursing and all other health professions from the bedside to management and executive level that is inclusive, innovative and impactful.

Conclusions: Nurses globally need to become stronger and more confident in embedding person-centred fundamental care in their practice and to lead this transformation across systems and organisations working in partnership with their multidisciplinary colleagues. This is essential for advancing healthcare quality and patient outcomes. By creating collaborative

work environments and fostering leadership skills, nurses are enabled to work to their full scope of practice and demonstrate proficiency to drive meaningful changes that build capacity and collaborative practice. A united nursing community with a shared vision amplifies the voice for fundamental care, ensuring that nurses and their colleagues from allied health, informatics, policy, consumers, consumer advocacy and industry lead initiatives that directly benefit patient care and promote effective interprofessional practice. This transformation not only elevates nursing practice but also strengthens healthcare systems and advances equity, positioning nurses at the forefront in leading the provision of excellent person-centred fundamental care.

Keywords: Fundamental Care; Leadership; Nursing; Nurses; interprofessional practice and leadership; Professional competence; Person-centred fundamental Care

What is already known

- Meeting patients' fundamental care needs is essential for patients' safety and recovery, and positive experiences within healthcare settings
- Delivery of person-centred fundamental care is often missed or neglected in busy, stressful environments
- Despite nurses acknowledging the importance of fundamental care, better strategies are required to empower and enable nurses and other healthcare professionals at all levels of the organisation to ensure the delivery of person-centred fundamental care

What this paper adds

This fourth ILC position paper proposes three recommendations for empowering fundamental care excellence through:

- *Uniting* – share experiences, shape common visions for fundamental care and establish trusting collaborative and positive work environments.
- *Changing* – initiate and continue systematic and structural change work to demonstrate proficiency for fundamental care provision.
- *Leading* – educate, foster, advocate and mentor fundamental care nursing leadership in collaboration with other professional groups from the bedside to the management and executive level.

1. Introduction/ Background

The delivery of person-centred fundamental care should be the cornerstone in all healthcare systems. Meeting patients' fundamental care needs is essential for patients' safety and recovery, and positive experiences within a healthcare setting (1-3).—The internationally developed Fundamentals of Care (FoC) framework has evolved to guide the transformation of nursing practice and is helping in the response to missed nursing care(4-8). The framework has been used to empower nurses and leaders to transform nursing care into actions for the delivery of situation-based and person-centred fundamental care in their daily work (3, 9-11).

The FoC framework comprises three interrelated dimensions: the relationship, integration of care, and the context of care (Figure 1). At its centre is the nurse-patient relationship and establishing a trustful relationship with the patient. The integration of care dimension outlines how patients' fundamental physical and psychosocial needs must be integrated and met through continual relational care actions. The context of care dimension includes factors at system and policy level that are vital prerequisites to ensure safe, person-centred fundamental care. These factors include resources (e.g. finances, routines, competence and staffing), leadership, culture, and quality and safety (10).

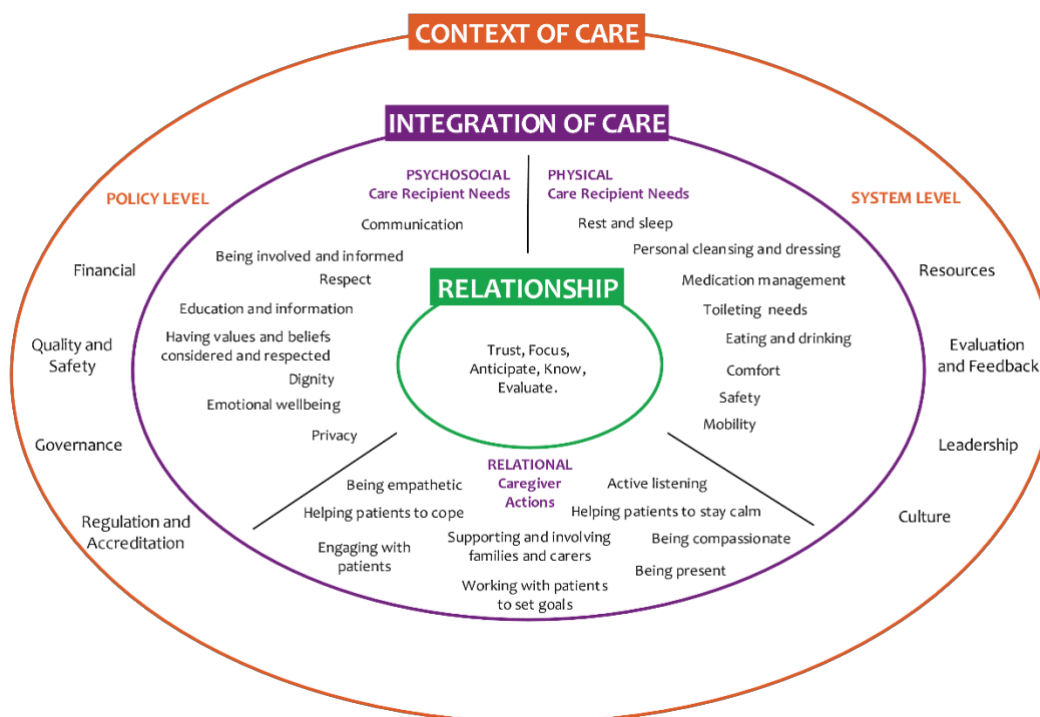


Figure 1 The Fundamentals of Care Framework accessed 27 May 2025 <https://ilccare.org/the-fundamentals-of-care-framework/>

The Fundamentals of Care Framework was developed by the International Learning Collaborative (ILC). The ILC's vision is to transform care globally by valuing and prioritizing person-centred fundamental care, including the mission to embed person-centred fundamental care in practice through education, research, advocacy, and policy. The mission will be achieved by valuing, talking, doing, owning, and researching fundamental care <https://ilccare.org/ilc-mission-and-values/>

International interest in the Fundamentals of Care Framework is growing (12). More systematic and sustainable work around the application and implementation of the framework to provide person-centred fundamental care is needed. This includes exploration of how and in what ways fundamental care approaches generate better patient outcomes and how to teach nursing students and educate healthcare professionals to advance person-centred fundamental care. A major task is also to extend the delivering of person-centred fundamental care from a single discipline responsibility to one that understands and acknowledges the collaborative, interdisciplinary nature of fundamental care delivery as well as recognising the complexities involved in working across disciplines, boundaries, organisations, systems and communities.

1.1. The International Learning Collaborative (ILC) position statements

Since its inception, the ILC has produced discussion documents and position statements to mobilise action and create whole systems change around fundamental care. The first discussion document was published in 2013 and provided a list of specific actions for clinicians, managers, educators, researchers, and policy makers (13). Subsequently, the ILC's position statements have stemmed from its annual international conferences that stimulate debate and discussion around how to generate and sustain transformation for fundamental care. The 2019 Aalborg Statement (14) outlined five propositions for radically transforming fundamental care across research, education, policy, and practice. The 2022 Oxford Statement explicated the ILC's commitment to ensuring health and care systems are equipped to meet patients' fundamental care needs during times of unprecedented crisis (15). The 2023 Maine Statement (16), focused specifically on clinical practice, outlining strategies for radically transforming fundamental care practice throughout healthcare systems globally.

The objective of this paper is to present the fourth ILC position statement outlining our ambition to empower care excellence.

2. Evidence generation

The 2024 Annual ILC conference was held in Oxford, United Kingdom. Oxford is the ‘home’ of the ILC, hosting its first meeting at Green Templeton College, Oxford University. Oxford has a world-wide reputation for innovation in nursing, particularly in the 1980s and 1990s (17, 18). The Practice Development Movement was one of the first globally in nursing to connect the systematic study of what nurses did to generating an evidence base (19, 20). Even though it is hard to comprehend that systematic approaches to generating knowledge for nursing care are so recent, great strides have been made and the establishment of the ILC was one of the rich legacies emanating from this fruitful time in Oxford’s nursing heritage. This highlights the importance of the ILC position statements as they reflect the rich and sustained legacy of, and commitment to, excellence in nursing practice and to person-centred fundamental care.

The 2024 ILC Oxford conference attracted 194 attendees from 16 different countries. The conference theme was ‘Empowering Care Excellence – embedding the fundamentals of care into practice, research, education and policy’. During the two-day conference, participants were able to attend oral presentations, view posters, and attend workshops on research, practice or education. The conference content promoted much discussion and debate that took place during the sessions and continued during the networking opportunities during the two days.

2.1. Keynote presentations

Keynote speakers included Yvonne Christley, Chief Nursing Officer at Oxford University Hospital who gave a powerful opening talk, sharing personal and professional insights from her career as a registered nurse and nurse leader. She acknowledged the strong reputation and legacy of ‘Oxford nursing’ and called for more work to reclaim this transformational legacy. These insights included aspirations to better fit care to the needs of the patients – rather than be limited by the lack of resources in healthcare systems.

Professor Alison Leary, Chair of Healthcare & Workforce Modelling at London South Bank University and Deputy President of the Royal College of Nursing (RCN), made a strong case for nursing being a safety critical profession rather than being perceived as a ‘gap-filler’ for other professions in the healthcare system. Building on Benner’s From Novice to Expert research (21), Leary argued that because nursing’s expertise is often not recognised, the

workforce is constantly experiencing competency and proficiency challenges, stemming from healthcare systems' lack of investment in the appropriate or requisite proportions of novice, advanced beginner, competent, proficient and expert nurses. This situation has been exacerbated by the impact of the COVID pandemic where many healthcare systems have seen an exodus of experienced nurses (proficient and expert) being replaced by junior, less experienced staff (at best competent). She compared nursing to other safety critical occupations (such as air traffic control) and suggested that very few safety-critical occupations would be working with the proportions of what she called 'rookies' in the system.

Chief Nursing Officer at Maine Medical Centre, USA, Dr Devin Carr took us on a tour of the hard work and changes they are being undertaken at Maine Health to embed and integrate fundamental care practices across the organisation. He described their efforts as a 'snail going up a mountain'. Devin reflected on the ILC Aalborg statement (14) and gave examples of how Maine Health is espousing the qualities of Value, Talk, Do, Own, Research fundamental care.

Dr Crystal Oldman, CEO of the Queen's Nursing Institute (QNI), delivered a keynote about understanding and articulating the value of nurses in the community setting, and their experiences of positive progress and everyday challenges. Oldman provided examples of how the QNI works to strengthen the image of nursing. Underlining how nursing is political, Oldman mentioned the 'I am a nurse'-campaign, which aims to ensure those who serve others every day receive the recognition and respect they deserve and offering politicians shadowing opportunities in different healthcare settings as part of their work. Speaking truth to power on behalf of the biggest and most trusted workforce in healthcare, Oldman also highlighted the QNI mantra for nursing to "Be at the table or be on the menu".

Sylvia Buckingham & Marilyn Rackstraw (Partners in Fundamental Care - The Patient Perspective) reinforced the importance of person-centred fundamental care and its link to safety and quality initiatives across the Oxford Trusts by describing multiple initiatives. These included the PLACE initiative (Patient Led Assessment Care Environment) where patient representatives and staff collaborate on how to improve such services as cleanliness, patient mealtimes, and promoting a safe environment. They also talked about shared decision making and how engaging patients in collaborative, trusting conversations about their treatment and care can build feelings of trust, empowerment, and collaboration.

Professor Dimitri Beeckman, Professor of Nursing Science at Ghent University (Belgium) and Örebro University (Sweden), discussed fundamental care research and the utilisation of pragmatic randomised controlled trial design to test interventions in real-life settings. Beeckman illustrated how the pragmatic design offers a way to balance routine practice with the robustness of the randomised controlled trial. He argued how this approach could be used to test fundamental care interventions in the diverse and complex settings that nurses work.

2.2. Oral and poster presentations

Oral and poster presentations were presented from a diverse range of countries. The posters showcased projects across several settings such as home care nursing, stroke care, acute care, emergency care, intensive care, neonatal care, medical and intermediate care, and surgical and orthopaedic care. They also reflected the growing interdisciplinary nature of the fundamental care work with several interdisciplinary teams working together to showcase the importance of shared understanding and work across discipline boundaries in the pursuit of better person-centred fundamental care. A range of topics were covered such as embedding the Fundamentals of Care Framework in leadership activities in clinical practice, applying it into learning activities in preregistration education, and testing tools and nursing interventions.

During the two days of the conference, many examples of what might hinder care excellence were presented. Also, despite these hinderances how nurses and healthcare colleagues around the world are building excellent person-centred fundamental care capacity within different nursing care practices and specialities and across different professional groups and organisations were highlighted, providing key inspirational points in our quest to unite, change and lead.

3. Key strategic statements: Interpreting the evidence and generating our position statement

A central theme of the conference was the concept of ‘empowerment’. This was defined as the practice of motivating self and others to accomplish important goals and objectives (4, 22, 23). Characteristics of empowerment include the ability of the individual to feel they are in control of their work and environment, that they understand how they can become stronger and more confident in controlling their decisions, emotions and actions and can create an environment where they feel trusted, supported and capable of taking initiatives and making decisions.

Five common activities have been identified in the literature (4, 22, 23) that support empowerment. These include: 1) fostering a sense of belonging; 2) supporting autonomy and authority to take actions; 3) enabling opportunities for growth; 4) recognising and celebrating strengths, and 5) the ability to communicate clearly and effectively. These five activities have helped to shape the way the recommendations of the position statement were crafted.

3.1. Fostering a sense of belonging

From the conversations across the conference sessions participants from nursing and increasingly from other disciplines felt they ‘belonged’ to the ILC. Many talked about finding their voice and feeling happy and excited to talk about person-centred fundamental care at a conference. The conversations were respectful, inclusive, non-judgemental, challenging, exciting, and practical. New relationships and alliances were formed with a focus on strengths and opportunities for collaboration rather than what was missing or deficient in systems. Overall, participants talked about feeling involved and included which inspired a sense of confidence in them.

3.2. Supporting autonomy and authority

Conversations about the need for nurses to claim their authority and autonomy emerged particularly after Alison Leary and Crystal Oldham’s keynote speeches. These presentations focused on the specialist treatment and care offered to patients from expert and experienced nurses with an exhortation from the speakers not to undermine the importance of what nurses do for patients. What was important was to describe the competencies and skills required to deliver what Leary called ‘safety- critical’ care. Nurses had the responsibility to ensure that healthcare colleagues were involved in making person-centred fundamental care a reality by

valuing the care work nurses in particular do; using common language, collecting data that informed the whole care journey and making care a much more central part of any conversation with or about a patient. This meant that nurses were in a position to share the central importance of getting care right and in giving it the due recognition and respect it needed in order to keep patients safe, informed and respected; and to keep interdisciplinary clinical and care teams working effectively together.

3.3. Enabling opportunities for growth

As evidenced at the conference; providing practitioners opportunities to connect with likeminded professionals from various clinical specialisms, such as education, practice, research, policy and leadership facilitated numerous rich and dynamic conversations. Participants were immersed in conversations that stimulated their thirst for new knowledge and fanned the flame of lifelong learning and in particular learnings that could be tested out in their own practice experience. Conversations were respectful, robust and critical with participants keen to share experiences and seek feedback on thoughts and ideas around what many of them described as ‘basic’ skills before they came to the conference but were now describing as ‘complex’, ‘intricate’ and ‘ethical’ work. These conversations took place in an atmosphere of mutual respect and positive regard, inclusive of all professions in their quest to improve person-centred fundamental care.

3.4. Recognising and celebrating strengths

Another feature of the conference was the way that participants focused on the positive experiences of changing the discourse around fundamental care delivery from a ‘task-and-time’ view to one that embraced a ‘thinking-and-linking’ (or a caring and connected) mindset(24). The simplest way to devalue person-centred fundamental care in any system is to disaggregate it to a series of tasks that are independent of the patient’s or nurse’s experience of holistic or integrated care delivery. Many systems by default have moved to a ‘checklist’ mentality, often assuming that it is easier and safer to monitor compliance by checking discrete tasks. The unintended consequence of this is to have professionals operating at a level of ‘task competency’ rather than using their critical thinking skills to make decisions that are appropriate for the patient and their unique care needs. By embracing a strengths-based approach to care, health care teams can show an appreciation for the diverse person-centred fundamental care needs of their patients and celebrate problem solving and collaborative decision-making with patients along their care journey.

3.5. Clear and effective communication

Conference participants talked about the value of a common language and a shared purpose. Central to any transformation of person-centred fundamental care in an organisation is the need to hone care professionals' active listening skills. Nurses have identified that they need to shift from a 'task-and-time' mentality to embracing a 'thinking-and-linking' view of their practice. Nurses who are not being receptive to the unique care needs of a patient means that a nurse is operating at best as an advanced beginner or competent practitioner and not reaching the point where they are proficient or expert in their recognition of the fundamental care needs of their patient. This is not for want of personal recognising or trying to improve – many contextual and systems issues work against nurses being able to develop and hone these skills. But what is important is to be able to talk about this sort of care using the same definitions and language, have the same ways of measuring impact, and to involve patients, carers and other professionals in the conversation. This will lead to richer and more effective care.

4. Recommendations

The learning experiences around empowering activities gathered from our ILC Oxford conference, are summarised as three recommendations to empower fundamental care excellence:

1. *Unite* – share experiences, shape common visions for fundamental care, and establish trustful collaborative work environments across all disciplines and with patients, carers and their care networks. We need to invite stakeholders, from the bedside to management level as well as academia to establish practical and real-world solutions.
2. *Change* – initiate and continue systematic and structural change work to enhance and demonstrate proficiency for fundamental care delivery enabling and encouraging collaboration across disciplines, boundaries, organisations and systems. There is a need to identify culture and context-specific solutions.
3. *Lead* – educate, foster, advocate for the right environment, culture and resources and mentor fundamental care leadership for nursing and other health professional groups from the bedside to management and executive level. Individual nurses' own leadership, together with nurse managers' leadership are crucial to drive and develop nursing practice together with educators and researchers. By educating nurse leaders

at all levels within clinical practice, education and research, we can empower nursing practice. It is only when nurses and nursing leaders embrace their role in making person-centred fundamental care a reality in health care systems that we can feel fully empowered as nursing leaders and enable professional colleagues to lead the fundamental care transformation with us together.

The key recommendations encourage empowerment to apply fundamental care in nursing practice from nurse managers to frontline nurses, as well as from the perspectives of educators and researchers. Nurses are the ‘guardians’ of person-centred fundamental care. Their job is to embed it into all our systems and processes, working collaboratively with patients, carers and other professionals to make person-centred fundamental care a reality.

5. Discussion

This position statement highlights the importance of the global initiative focused on empowering the provision of high-quality fundamental care. When summarizing the ILC conference the message is clear: It is time to start celebrating the transformative power of skilled, knowledgeable, empowered nurses who can take the lead in delivering person-centred fundamental care. The conversation must shift from focusing on what nurses lack, to showcasing their professional strengths, their expertise, their leadership, and their ability to drive safety, effectiveness, and quality in patient care. Person-centred fundamental care is far from simple. It demands critical thinking, clinical judgment, and the competence to assess, evaluate, and intervene the impact of care. Reducing it to a checklist of basic tasks is not only misleading, but it also undermines the very essence of what makes nursing so vital and complex. Nurses are highly trained professionals, and the care they provide requires expertise and constant reflection. Nurses are not just caregivers, they are leaders, innovators, and change agents as well. But they need to have a sense of greater empowerment to take charge in healthcare settings and to work with other members of the interdisciplinary team to showcase what excellence in person-centred fundamental care looks like. This ILC Oxford statement has described what empowerment activities look like and outlines three recommendations that can only be achieved through collaboration: unite, change, and lead.

To truly fulfil nurses' role in society in terms of delivering safe, person-centred fundamental care, we need a common language, a framework that articulates the unique contributions of nurses and other healthcare professions in fundamental care delivery. A shared language will unite professionals across disciplines, amplifying the value of nursing in ways that are measurable, actionable, and widely understood. The Fundamentals of Care framework can function as such and is the unifying force for empowerment in our health care systems.

Finally, how can ILC as an organisation make change? How can individuals, educators, policymakers, and the nurse 'on the floor' make change? How can changes be supported by this ILC Oxford statement? The recommendations will be used in disseminating the message that leaders need to take the baton, unite like-minded people and then together we will make change happen. Recommendations are not enough, they must be disseminated and used in discussions with/between patients, nurses, other clinicians, managers, organisations, educators, researchers, and other stakeholders. Recommendations need to be tested and evaluated using the most robust methods to provide a solid foundation of evidence to make change in care of patients. With these recommendations we also want to acknowledge that nurses in clinical practice must be supported by their wider context and by leadership to create change.

The Fundamentals of Care Framework is continuing to prove its transformative potential. Now, advancing to the next level of achieving critical mass—from bedside to management and executive leadership—we are ready to further catalyse a global movement, which means to unite, drive change, and lead efforts globally; embedding and elevating fundamental care across healthcare practices worldwide, as articulated in this position statement. The take home message from the ILC conference was and is, do not give that power away. To empower fundamental care excellence globally, we as nurse leaders, can and should unite, make changes happen, and lead with confidence and courage. Through that leadership we will join forces with our colleagues who share the same vision around delivering person-centred fundamental care as empowered and strong professionals working to their full scope of practice.

In a time when healthcare demands are evolving fast, this is our collective mandate: to work together, support one another, and function as a single, unstoppable force for improvement. Lasting cultural and organizational change does not happen overnight, but with purposeful

action and unwavering teamwork, we can create a person-centred fundamental care culture that is resilient, supportive, and capable of leading health care forward. Working collaboratively with our professional colleagues; through a shared vision and commitment; we will redefine the future of care, transforming fundamental care into a standard of excellence that is safe, effective, and empowered by the strength of a unified nursing profession.

6. Conclusions

Empowering nurses globally to take control of their profession is essential for advancing person-centred fundamental care, interprofessional collaboration, healthcare quality and patient outcomes. The ILC works as a global voice for fundamental care and with this position paper we outline key recommendations to continue and empower the work around the Fundamentals of Care Framework. By fostering leadership skills and creating collaborative work environments, we can continue to support nurses to work to their full scope of practice and demonstrate proficiency to drive meaningful changes for fundamental care. A united nursing community with a shared vision amplifies the profession's voice to achieve collaborative action, ensuring that nurses lead initiatives that directly benefit patient care and deliver better, more consistent person-centred fundamental care experiences. This transformation not only elevates and respects nursing practice but also strengthens healthcare systems and advances equity, positioning nurses at the forefront and leading to the provision of excellent fundamental care.

Acknowledgements

The authors are grateful for the valuable contributions of all the oral and poster presenters, keynote speakers and workshop leads of the conference.

The authors also appreciate the input of the ILC Strategy & Policy Forum, the ILC Management Committee and the ILC Support Team for their efforts to strengthen and validate the Oxford 2024 Statement.

Conflicts of interest: *Nil*

Funding sources: *No external funding was received.*

References

1. Feo R, Kitson A. Promoting patient-centred fundamental care in acute healthcare systems. *International journal of nursing studies*. 2016;57:1-11.
2. Feo R, Conroy T, Marshall RJ, Rasmussen P, Wiechula R, Kitson AL. Using holistic interpretive synthesis to create practice-relevant guidance for person-centred fundamental care delivered by nurses. *Nursing inquiry*. 2017;24(2):np-n/a.
3. Kitson AL. The Fundamentals of Care Framework as a Point-of-Care Nursing Theory. *Nursing research (New York)*. 2018;67(2):99-107.
4. Bradbury-Jones C, Sambrook S, Irvine F. Empowerment and being valued: a phenomenological study of nursing students' experiences of clinical practice. *Nurse Educ Today*. 2011;31(4):368-72.
5. Jangland E, Teodorsson T, Molander K, Muntlin Athlin Å. Inadequate environment, resources and values lead to missed nursing care: A focused ethnographic study on the surgical ward using the Fundamentals of Care framework. *Journal of Clinical Nursing*. 2018;27(11-12):2311-21.
6. Avallin T, Muntlin Athlin Å, Björck M, Jangland E. Using communication to manage missed care: A case study applying the Fundamentals of Care framework. *J Nurs Manag*. 2020;28(8):2091-102.
7. Chaboyer W, Harbeck E, Lee BO, Grealish L. Missed nursing care: An overview of reviews. *Kaohsiung J Med Sci*. 2021;37(2):82-91.
8. Palese A, Longhini J, Danielis M. To what extent Unfinished Nursing Care tools coincide with the discrete elements of The Fundamentals of Care Framework? A comparative analysis based on a systematic review. *J Clin Nurs*. 2021;30(1-2):239-65.
9. Kitson A, Conroy T, Kuluski, K, Locock, L & Lyons, R. Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs School of Nursing Faculty of Health Sciences The University of Adelaide, South Australia, 5005: Kitson, A, Conroy, T, Kuluski, K, Locock, L & Lyons, R; 2013 [Available from: <https://core.ac.uk/download/pdf/12796681.pdfv>].
10. Feo R, Conroy T, Jangland E, Muntlin Athlin Å, Brovall M, Parr J, et al. Towards a standardised definition for fundamental care: A modified Delphi study. *Journal of clinical nursing*. 2018;27(11-12):2285-99.
11. Muntlin Å, Jangland E, Laugesen B, Voldbjerg SL, Gunningberg L, Greenway K, et al. Bedside nurses' perspective on the Fundamentals of Care framework and its application in clinical practice: A multi-site focus group interview study. *International journal of nursing studies*. 2023;145:104526-.
12. Savoie C, Rey S, Yokota S, Dallaire C, Kimura S, Takatani S, et al. Fundamental Care's state of knowledge around the world: Where are we now? A scoping review. *Journal of advanced nursing*. 2023;79(3):865-84.
13. Kitson AL, Dow C, Calabrese JD, Locock L, Athlin ÅM. Stroke survivors' experiences of the fundamentals of care: A qualitative analysis. *International journal of nursing studies*. 2013;50(3):392-403.
14. Kitson A, Carr D, Conroy T, Feo R, Grønkjær M, Huisman-de Waal G, et al. Speaking Up for Fundamental Care: the ILC Aalborg Statement. *BMJ Open*. England: British Medical Journal Publishing Group; 2019. p. e033077-e.
15. Kitson AL, Conroy T, Jeffs L, Carr D, Huisman-DeWaal GJ, Muntlin A, et al. 'No more heroes': The ILC Oxford Statement on fundamental care in times of crises. *Journal of advanced nursing*. 2023;79(3):922-32.

16. Kitson A, Carr D, Feo R, Conroy T, Jeffs L. The ILC Maine statement: Time for the fundamental care [r]evolution. *Journal of advanced nursing*. 2025;81(1):523-36.
17. Ward MF, Titchen A, Morrell C, McCormack B, Kitson A. Using a supervisory framework to support and evaluate a multiproject practice development programme. *J Clin Nurs*. 1998;7(1):29-36.
18. Binnie A, Titchen, A. . *Freedom to Practise: The Development of Patient-centred Nursing*. : Oxford: Butterworth Heinemann; 1999.
19. Kitson A, Harvey G, McCormack B. Enabling the implementation of evidence based practice: a conceptual framework. *Quality in Health Care*. 1998;7(3):149-58.
20. Kitson A, Ahmed LB, Harvey G, Seers K, Thompson DR. From research to practice: one organizational model for promoting research-based practice. *Journal of advanced nursing*. 1996;23(3):430-40.
21. Benner P. From novice to expert: excellence and power in clinical nursing practice. *The American Journal of Nursing*. 1984;84(12):1479.
22. Bradbury-Jones C, Irvine F, Sambrook S. Empowerment of nursing students in clinical practice: spheres of influence. *J Adv Nurs*. 2010;66(9):2061-70.
23. Laschinger HK, Finegan J. Empowering nurses for work engagement and health in hospital settings. *J Nurs Adm*. 2005;35(10):439-49.
24. Kitson A, Athlin Å, Conroy T. Anything but Basic: Nursing's Challenge in Meeting Patients' Fundamental Care Needs. *Journal of Nursing Scholarship*. 2014;46(5):331-9.

ILC FOUNDING PARTNERS



Email Address

admin@ilccare.org



Website

ilccare.org



INTERNATIONAL
LEARNING
COLLABORATIVE