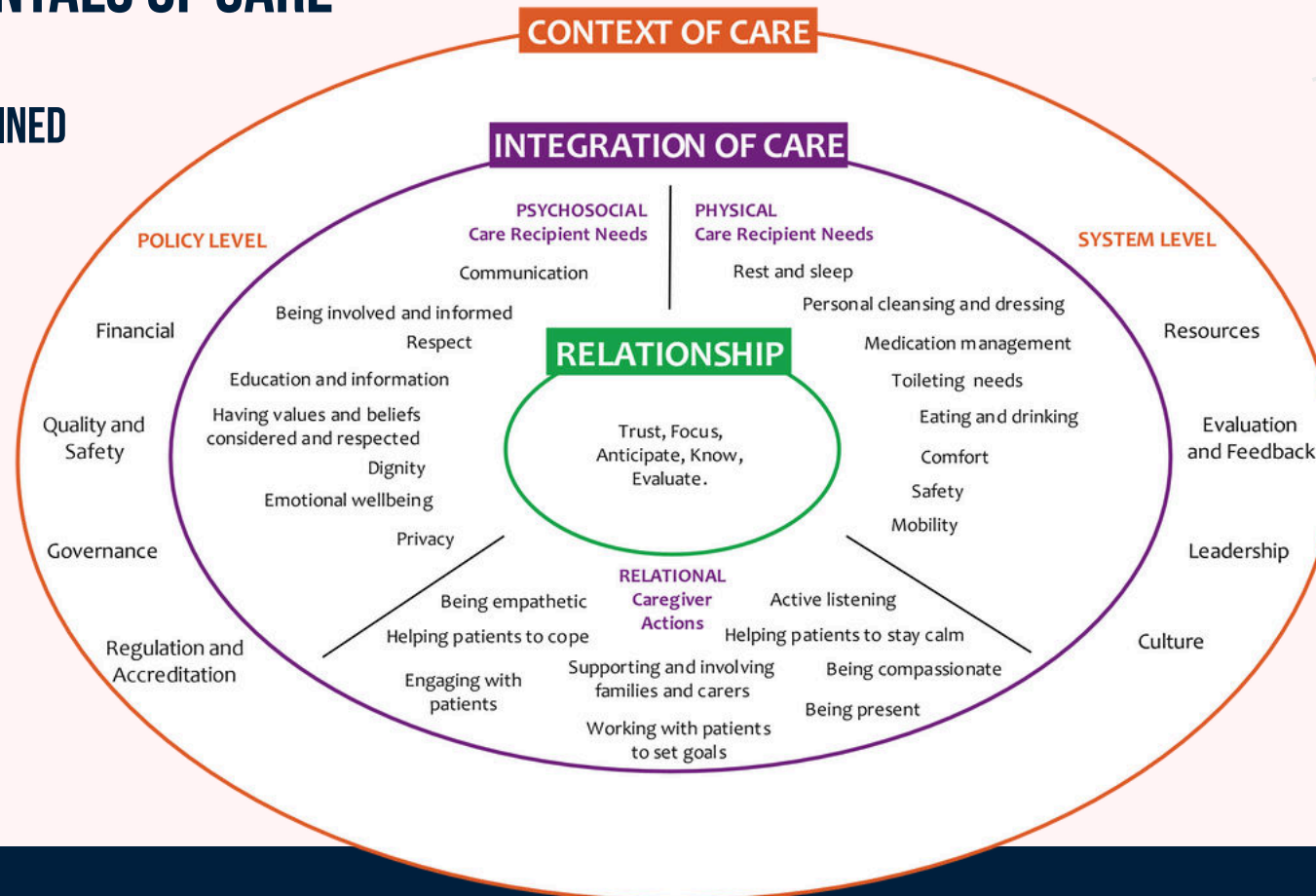


THE FUNDAMENTALS OF CARE FRAMEWORK

THE FRAMEWORK DEFINED

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The Fundamentals of Care Framework helps healthcare professionals deliver holistic, person-centered, and high-quality care. It ensures individuals' physical and psychosocial needs are met through strong relationships and a supportive healthcare environment.



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RELATIONSHIP

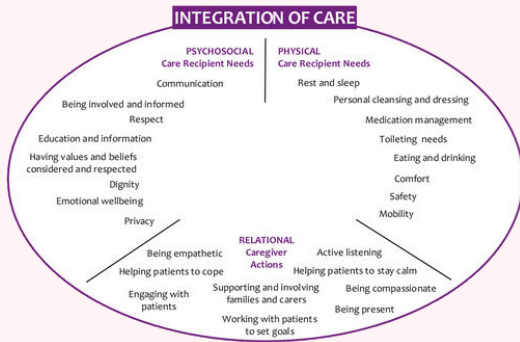
Trust, Focus,
Anticipate, Know,
Evaluate.

**This dimension of the Framework
focuses on how healthcare
professionals develop and maintain
therapeutic relationships with care
recipients.**

ELEMENT	DESCRIPTION
Trust	Healthcare professionals develop a trusting relationship with care recipients and their carers/family members. This involves being both trustworthy (i.e., demonstrating certain qualities) and trusting (i.e., healthcare professionals engaging with care recipients in ways that demonstrate they trust recipients).
Focus	Healthcare professionals focus on the care recipient and give them their undivided attention. This involves noticing and acknowledging the care recipient (e.g., when entering a care recipient's room or house) and providing appropriate eye contact when talking/interacting with them.
Anticipate	Healthcare professionals anticipate care recipients' needs and concerns. This involves: asking care recipients about their needs and how they can best be addressed; asking care recipients about their previous experiences of care; helping care recipients become familiar with the care environment and of any changes that might occur in that environment; observing care recipients to understand how their needs might change; and being attuned to even slight changes in care recipients' needs and clinical condition(s).
Know	Healthcare professionals know enough about care recipients to act appropriately. This involves: acknowledging that care recipients are the experts on their own experience; finding out what aspects of care are most important to care recipients, including what they are apprehensive about; getting to know each care recipient and their carers/family to understand how best to meet their unique care needs; and balancing the need to know information with the care recipient's sense of control, privacy, and dignity.
Evaluate	Healthcare professionals evaluate the quality of the relationship and determine whether it is functioning effectively. This involves: talking to and observing care recipients to understand how they are experiencing the relationship and how the relationship is progressing; identifying any contextual factors that might have impacted the relationship; and determining whether the care recipient's expectations for the relationship have been met or whether new expectations have arisen.

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PSYCHOSOCIAL

This dimension of the Framework outlines the different fundamental care needs that care recipients might have, and which must be addressed.

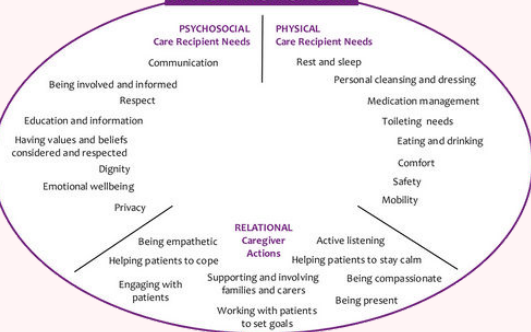
This dimension is separated into three sub-dimensions: Physical, Psychosocial, and Relational. The Physical and Psychosocial sub-dimensions refer to care recipient needs, whilst the Relational sub-dimension refers to healthcare professional actions.

ELEMENT	CARE RECIPIENTS' NEEDS
Respect	Care recipients are treated with respect, regardless of their age, ethnicity, gender, sexual orientation, religion, linguistic or cultural background, or the presence of a mental health issue, disability, illness, or injury.
Education & information	Care recipients are kept up-to-date about all aspects of their proposed and ongoing care and they and their families/carers are provided appropriate education to support the care recipient's recovery (if possible) or ongoing management.
Emotional well-being	Care recipients are listened to and encouraged to talk about their feelings and needs in relation to care delivery. Care recipients' emotional reactions relating to care delivery are validated.
Having values & beliefs considered & respected	Care recipients' values and beliefs are listened to, respected, and used in the planning and delivery of care, particularly when these values and beliefs might be affected by or affect care delivery. These beliefs and values include but are not limited to religious, cultural, and spiritual practices.
Communication	Care recipients are communicated with person-to-person – that is, they are seen as a person and not just a care recipient and are communicated with in ways that are courteous and considerate. Communication is attuned to care recipients' verbal (e.g., intonation) and non-verbal cues (e.g., body language, facial expressions).
Being involved & informed	Care recipients are invited to participate in decisions that directly relate to their care, treatment, and/or management. This requires care recipients receiving appropriate and timely information provision about their illness/injury, recovery (if possible), and/or care.
Privacy	Care recipients' right to privacy and confidentiality is respected. The right to privacy and confidentiality is observed during such care activities as cleansing, dressing, and toileting, and in relation to the sharing of care recipients' information. Care recipients' right to privacy in relation to their personal and medical information is balanced with relevant reporting requirements for healthcare professionals.
Dignity	Care recipients are treated with dignity, regardless of their age, ethnicity, gender, sexual orientation, religion, linguistic or cultural background, or the presence of a mental health issue, disability, illness, or injury.

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INTEGRATION OF CARE



PHYSICAL

This dimension of the Framework outlines the different fundamental care needs that care recipients might have, and which must be addressed.

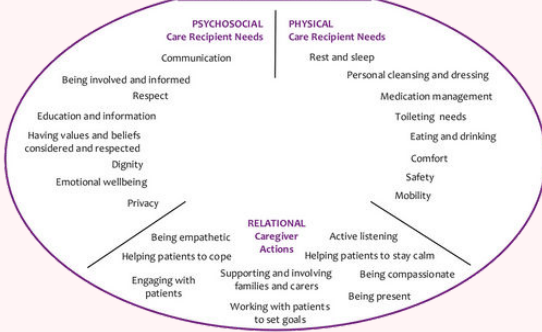
This dimension is separated into three sub-dimensions: Physical, Psychosocial, and Relational. The Physical and Psychosocial sub-dimensions refer to care recipient needs, whilst the Relational sub-dimension refers to healthcare professional actions.

ELEMENT	CARE RECIPIENTS' NEEDS
Personal cleansing & dressing	Care recipients' needs and preferences regarding hygiene, grooming, dressing (i.e., clothing), and their physical appearance are respected and addressed. Personal cleansing includes oral/mouth as well as bodily care.
Toileting needs	Care recipients' toileting needs are met in an appropriate and timely manner. This includes care recipients: being assisted to the toilet and helped to toilet if necessary (such as when mobility is an issue); being provided alternative means for toileting (such as a bed pan) when mobility is restricted; being assessed for any discomfort that might indicate issues with toileting; and having their toileting needs attended to as soon as possible to prevent anxiety and distress that might arise from fears of incontinence.
Eating & drinking	Care recipients have adequate food and drink. This includes: receiving their allocated meals; being able to reach food and drink; being able to open food packets or containers, and use utensils; being assisted to eat and drink when mobility or cognitive impairment are an issue; and having their dietary requirements and choices (including allergies, intolerances, and preferences) assessed and attended to.
Rest & sleep	Care recipients receive adequate rest and sleep. This includes: having their sleeping habits and preferences (e.g., their usual sleeping and waking times) accommodated, where possible; having any difficulties with sleeping assessed and minimised as much as possible (e.g., care recipients are provided strategies for promoting good quality sleep or settling during the night); and being assisted (where necessary) with any equipment they require during sleep (e.g., CPAP machine for sleep apnoea).
Mobility	Care recipients' mobility needs are met. This includes care recipients: being assisted with tasks that require them to be mobile (e.g., toileting); being helped and encouraged to remain mobile (as much as they can) to promote recovery and prevent injury and deconditioning; being assisted to turn or change positions regularly and being taught different ways of relieving pressure; being assisted with the use of mobility aids; and having their mobility preferences considered and accommodated, where possible.
Comfort	Care recipients are comfortable in that they: receive adequate relief from pain, are breathing easily, are not too hot or too cold, and are positioned comfortably.
Safety	Care recipients are safe from physical harms (e.g., infections, complications, violence from other care recipients or from staff) and environmental harms (e.g., unhygienic, cluttered, or untidy care settings; inappropriate bed location and height; inadequate lighting). This requires appropriate risk assessment and management.
Medication management	Care recipients' medications are safely dispensed and administered. This involves healthcare professionals understanding the importance of adverse drug reactions and medication errors and how to report them as well as care recipients receiving appropriate education on medication administration.

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INTEGRATION OF CARE



RELATIONAL

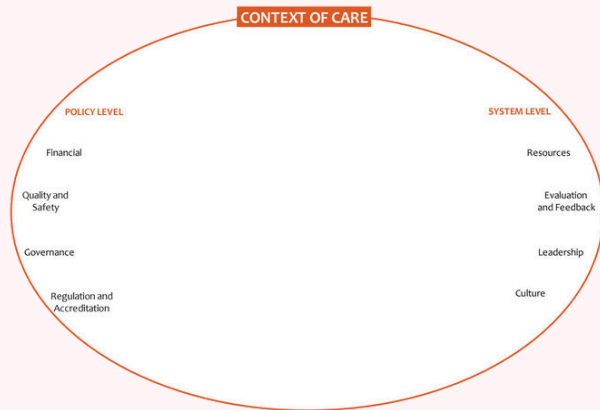
This dimension of the Framework outlines the different fundamental care needs that care recipients might have, and which must be addressed.

This dimension is separated into three sub-dimensions: Physical, Psychosocial, and Relational. The Physical and Psychosocial sub-dimensions refer to care recipient needs, whilst the Relational sub-dimension refers to healthcare professional actions.

ELEMENT	CARE RECIPIENTS' NEEDS
Being empathetic	Healthcare professionals seek to understand care recipients' perspectives, and genuinely care about what happens to them.
Helping care recipients to cope	Healthcare professionals help care recipients to cope with the stress that might from their health condition (e.g., pain, poor prognosis) and/or from their care delivery (including distress relating to any treatment or diagnostic procedures).
Engaging with care recipients	Healthcare professionals engage care recipients as members of the healthcare team and encourage them to be active participants in their care (if they wish to do so). To ensure engagement, healthcare professionals should ensure that care recipients can provide information and feedback to the healthcare team and can ask questions of the team related to their care.
Supporting & involving families & carers	Healthcare professionals recognise, respect, and support families/carers in providing care to care recipients. This involves healthcare professionals determining the appropriate level of family and carer involvement and how this involvement can be supported through information sharing and in the processes of care planning.
Working with care recipients to set, achieve, & evaluate goals	Healthcare professionals work with care recipients to set mutually agreed, realistic goals for care and recovery (if possible). Goals are evaluated and renegotiated when and as needed.
Active listening	Healthcare professionals acknowledge, through verbal and non-verbal means, that they are listening attentively to care recipients. For example, healthcare professionals: nod, maintain eye contact, and smile when appropriate; allow care recipients to finish speaking before asking questions; ask questions that reflect they listened to what care recipients said (such as by paraphrasing what care recipients said and asking them to confirm professionals' understanding); respond to care recipients in ways that demonstrate insight into what care recipients have told them; and provide care in ways that demonstrate their understanding of what care recipients have told them.
Helping care recipients to stay calm	Healthcare professionals help care recipients to stay calm by acknowledging and addressing any frustrations care recipients might have in relation to their clinical condition or care delivery, and by minimising noise and distractions.
Being compassionate	Healthcare professionals are conscious of care recipients' distress and suffering relating to their condition, illness/injury and/or care. Health professionals work to minimise this distress by demonstrating characteristics such as sensitivity, kindness, and warmth.
Being present & with care recipients	Healthcare professionals spend time with care recipients and are both physically and emotionally present. This act of 'being present' means being available, accessible, and willing to interact with care recipients and address their needs.

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POLICY LEVEL **SYSTEM LEVEL**

This dimension of the Framework relates to the context in which care is delivered and how this context can facilitate or hinder high-quality fundamental care. This dimension is comprised of two sub-dimensions: the Policy Level and the System Level.

ELEMENT	POLICY LEVEL
Financial	Financial refers to whether there are sufficient resources to support safe, quality care delivery.
Quality & safety	Quality and safety refers to the processes in place to review and improve care delivery. These processes can include but are not limited to local, national, international, and disciplinary-specific quality and safety standards. These processes might be implemented at team, unit/ward, and/or organisational levels.
Governance	Governance refers to decision-making and accountability. That is, whether there are appropriate systems and processes in place to support decision-making (e.g., around the establishment of priorities, implementation of policies and procedures etc.) and whether there are appropriate accountability systems to determine how these decisions should be implemented and reviewed.
Regulation	Regulation refers to the registration processes that individual healthcare professionals must undergo to ensure they are suitably trained and can practice safely in their specific jurisdiction. Different disciplines and countries will likely have different registration processes and requirements that healthcare professionals must adhere to.
Accreditation	Accreditation refers to the programs and processes that involve assessment or review of performance against predetermined standards. Within the Framework, 'Accreditation' refers specifically to the accreditation programs and processes that healthcare professionals or organisations must undergo to ensure they are compliant with relevant standards and can continue to practice/operate. Different countries, disciplines, and organisations will likely have different standards they need to comply with.

ELEMENT	SYSTEM LEVEL
Resources	Resources refers to both physical and human resources that support high-quality healthcare delivery. Examples of physical resources include appropriate and easily accessible equipment and infrastructure. Examples of human resources include appropriate skill-mix and staffing levels.
Culture	Culture refers to the values, norms, beliefs, attitudes, and practices of a specific care context. These can relate to whether and how staff are respected and valued, the commitment to innovation and learning, and the goals and mission of the care context.
Leadership	Leadership refers to how staff employed in leadership positions provide appropriate and effective support for the staff they manage/lead. Elements of effective leadership can include role modelling of appropriate behaviours; providing mentoring and coaching to staff to enhance their capability and foster growth; supporting staff to engage in education and training; and establishing, communicating, and monitoring shared priorities, values, and goals.
Evaluation & feedback	Evaluation and feedback refer to the processes that enable staff (i.e., healthcare professionals) to provide and receive feedback in relation to care delivery in supportive and constructive ways.

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