

REVIEW

Fundamental care: An evolutionary concept analysis

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Abstract

Aim: To report an analysis of the concept of fundamental care in the literature.

Design: An evolutionary concept analysis.

Data sources: PubMed and CINAHL Complete databases were consulted using the key terms: fundamental care, fundamentals of care, essential care, basic nursing care and basic care revised. Articles published from 2008 to 2022, in English and Italian, in scholarly/peer-reviewed nursing journals were included.

Methods: Rodgers's Evolutionary Method of concept analysis was used. Our thematic analysis yielded common themes related to the concept, antecedents, attributes and consequences of fundamental care.

Results: A total of 50 articles were analysed. Thirty-eight attributes were identified, such as integration of care, patient and family centred care and trusting relationship; eight antecedents including nursing care, nursing practice and care context; and 17 consequences including the safety, quality and consistency of care.

Conclusion: This review of literature reveals that there is no consistent definition of the concept of 'fundamental care'. Findings from this exploration of the literature emphasized the importance of communication, the contextual environment, leadership influence and nurse-patient relationship in providing effective and high-quality fundamental care. Our definition of this concept may help nurse leaders in practice, research, education, management and policy to promote and enhance the application of fundamental care.

Impact: *What problem did the study address?*

While numerous studies examine fundamental nursing care, various terms are used with no consensus on definitions emerging. Given the relevance of this topic, reaching a clear and agreed definition of fundamental care is essential.

What were the main findings?

Fundamental care encompasses the importance of communication, the contextual environment, leadership influence and nurse-patient relationship in providing effective and high-quality care.

Where and on whom will the research have an impact?

This definition of fundamental care will assist nurse leaders and researchers to promote and enhance the examination and application of fundamental care in clinical practice to ensure better care outcomes across all healthcare settings.

KEYWORDS

basic care, concept analysis, fundamental care, fundamentals of care, nursing, nursing leadership, nursing basic care

1 | INTRODUCTION

There are various academic studies focusing on the fundamentals of nursing care with equally numerous understandings of this term (Collier et al., 2020; Conroy, 2018; Feo & Kitson, 2016; Kitson, Dow, et al., 2013; Kitson, Robertson-Malt, & Conroy, 2013; Muntlin Athlin et al., 2018; van Belle et al., 2020). The concept of fundamental care, and its importance and relevance to nursing practice, has developed over time alongside conceptual understandings of nursing (Lillekroken, 2019; van Achterberg, 2014). Interestingly, Florence Nightingale early on referred to the fundamentals of care as 'essential elements in providing basic nursing care' (Lillekroken, 2019). Later in 1964, Virginia Henderson defined them as 'human needs' (van Achterberg, 2014). Overall describing such activities emphasizes the importance of nurses supporting basic human needs. More recently, greater attention has been paid to these fundamentals, with Kitson et al. (2010), referring to these nursing activities as encompassing 12 basic needs in a conceptual framework that places emphasis on the nurse-patient relationship, context and patient and family safety (Alderman et al., 2018; Feo, Kitson, & Conroy, 2018; Rey et al., 2020). However overall, there is no consistent definition of fundamentals of care in the modern health care or nursing context. Fundamentals of nursing care are, therefore, are variously defined in the literature as basic care; basic nursing care; essential care and essential needs, with no consensus emerging. This lack of consensus about conceptual definition has implications for both nursing research and practice as inconsistent definitions provide challenges to developing a cohesive body of knowledge of this topic and can impede understandings and developments.

2 | BACKGROUND

Fundamentals of care are those activities that form part of the comprehensive care of a patient from a physical, psychosocial and relational point of view (Feo, Kitson, & Conroy, 2018). They are oriented towards the fulfilment of 12 basic human needs such as nutrition, mobility, rest-sleep, communication, hygiene, elimination, safety, physical comfort, emotional support, dignity, privacy and respecting choice (Kitson et al., 2010). These elements are essential in providing high quality and safety of care to patients. However, they are at times undervalued by nursing professionals since they are seen as simple tasks that can be relegated also to nursing assistants (Feo

et al., 2019). Registered nurses thus favour leadership and management aspects of their role rather than seeing the importance of continuing to support and provide clear oversight of the basics of and nursing care (Norman & Griffiths, 2019; Richards et al., 2018).

Contemporarily, in fast paced environments, there is much more attention on technical tasks and skills. For some, this has led to a belief that care is becoming less rather than more holistic, with an increase in task orientated care that at times neglects patients' fundamental care needs, such as mobility, nutrition and hygiene (Ball et al., 2018; Jangland et al., 2017). In addition to the increasing demands of the health care environment, this lack of attention to fundamentals could also be due to a lack of consensus in defining and addressing fundamental aspects of nursing care (Feo, Kitson, & Conroy, 2018). This devaluation of fundamental care is also reflected at an educational level, where students perceived them to have less importance than other advanced techniques or tasks (Jangland et al., 2018). Indeed fundamentals of care ought to be taught more explicitly to nursing students, through identified conceptual frameworks that explain the principles more fully, and through use of concordant terminology, learning appropriate clinical skills, structured debriefings and opportunities for students to play the role of the patient (Feo, Donnelly, et al., 2018). However, it is important to point out that the reason for not providing fundamental care is not always and necessarily due to the devaluation of these tasks or to the attention in conducting nursing care, but this could also be due to overload and several other factors such as work environment, nurse staff level and burnout (Liu et al., 2018; Pattison & Corser, 2022). Furthermore, fundamental care is often associated with missed care, since the most frequent nursing tasks that are left undone, when staff or time shortage occur, are elements of fundamentals of nursing care (Ball et al., 2018; Palese et al., 2021). Since missed nursing care also occurs when nurse staff levels are lower, it is also related to and influenced by staffing levels, which in turn effects patients' nursing-sensitive outcomes and has patient safety implications (Ball et al., 2018).

Fundamental care is essential for every human being, it has a significant impact on quality of life, wellbeing and health outcomes. All health professionals, as well as the society in general ought to be more aware of fundamentals of care and value it more (Conroy, 2018; Kitson et al., 2019; Kitson 2016). Despite this, this concept is inconsistently defined and inadequately described and studied (Savoie et al., 2022). Given the relevance of this topic, it becomes essential to reach a clear and agreed definition of what

fundamental care is to provide a strong rationale that values these elements of care encounter and to target future interventions providing effective nursing care outcomes (Feo, Donnelly, et al., 2018; Muntlin Athlin, 2018). The need of such concept analysis was also highlighted in several studies (Feo, Donnelly, et al., 2018; Kitson et al., 2010; Savoie et al., 2022) showing that patients' outcomes are often sensitive to fundamental care (Conroy et al., 2021; Kitson, Dow, et al., 2013; Kitson, Robertson-Malt, & Conroy, 2013; Savoie et al., 2022; Vollman, 2013). Therefore, having a clear and agreed definition of this concept, could also provide nursing leaders from different settings (practice, education, research) with means to develop policies ensuring that fundamental care is properly fulfilled and disbursed by clinical nurses.

3 | THE STUDY

3.1 | Aim

Concept analysis is an important step in developing a theory related to a specific concept. The aim of this concept analysis is, therefore, to better analyse and provide a comprehensive and unambiguous conceptual definition of fundamental care that can be universally recognized and used in different settings.

3.2 | Design

Rodger's Evolutionary Model method for conducting concept analysis seems to be the most suitable to deal with the concept of fundamental care as it leaves the question open to the evolution of the theme over time (Rodgers, 2000). This method is usually related to concepts that are of great interest to nursing. It is based on the main assumption that concepts are constantly evolving. This means that it refuses a fixed and essentialist view of a concept seen as a single and unchangeable phenomenon. According to this assumption, concepts are seen as complex mental groups of ideas that are explicated through words. Therefore, the methodology consists of identifying all the antecedents, related terms, all the nuances that the concept can take on and then summarizing how the concept can be used in the various fields to clarify the key characteristics or distinguishing elements of a concept concerning the field of nursing. Through the Rodgers approach, it could be possible to have an initial definition of this concept that can evolve and change over time, as also nursing discipline itself evolves. To clarify a concept, the Rodgers evolutionary method for a concept analysis includes: the identification of the concept and related terms; identification of the setting and sample (e.g. the timeframe and the disciplines adopted to search the literature); the collection of data to identify key characteristics of the concept, a description of the contextual factors of the idea (situational, temporal, socio-cultural and disciplinary), antecedents and consequences of the concept's use; data analysis to verify the attributes; finding an exemplar; and a description of any implications for

further development of the concept. The Rodgers concept analysis process is circular, meaning that the steps may coincide like a cyclical process (Rodgers, 2000).

3.3 | Search methods

The search question was: "How is fundamental care addressed within the literature?". PubMed and CINAHL Complete databases were consulted for their relevance to nursing using the following search strategy with keywords: *fundamental care*, *fundamentals of care*, *essential care*, *basic nursing care*, *basic care revised*.

The research queries entered in the databases are:

((("fundamental care"[Title/Abstract]) OR ("fundamentals of care"[Title/Abstract])) OR ("essential care"[Title/Abstract])) OR ("basic nursing care"[Title/Abstract]) OR ("basic care revised"[Title/Abstract]) [PubMed].

"fundamental care" OR "fundamentals of care" OR "essential care" OR "basic care" OR "basic care revised"[CINAHL].

Articles published from 2008 to 2022, in English and Italian language, in scholarly/peer-reviewed nursing journals were included. We chose this time frame because the concept was first introduced in 2008 (Kitson et al., 2010; Vollman, 2009). Articles that did not meet all the inclusion criteria described above and were not consistent in analysing the concept of fundamental care in the context of nursing were excluded.

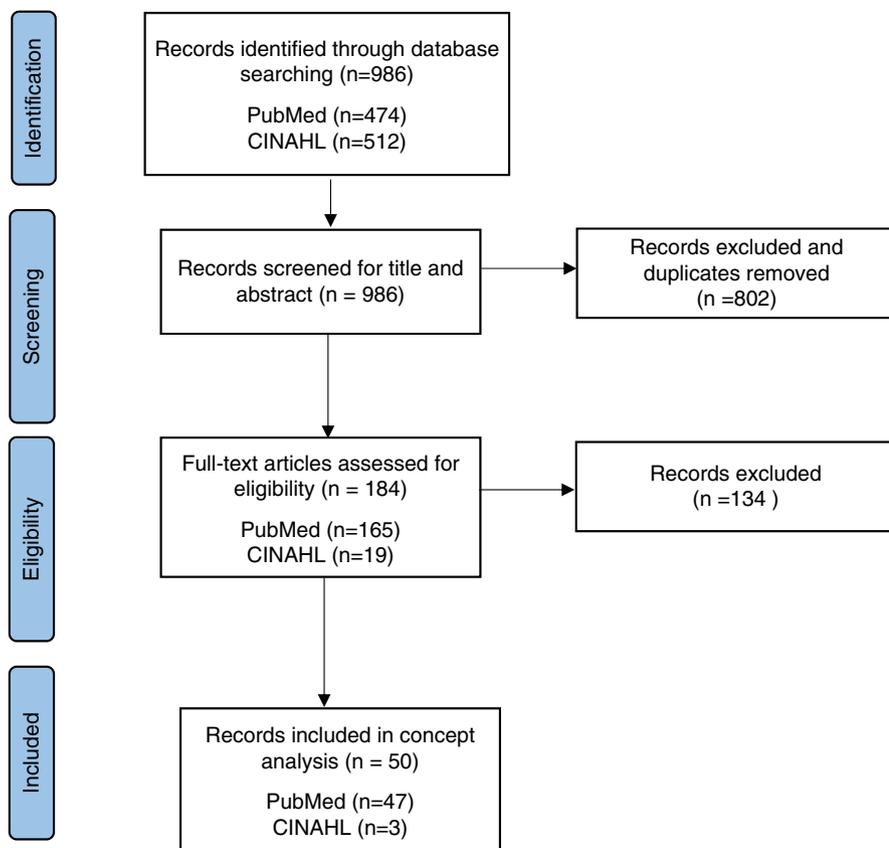
3.4 | Search outcomes

The search retrieved a total of 474 articles on PubMed and 512 on CINAHL meeting the inclusion criteria described above. Duplicates were removed after screening. Each title and abstract were reviewed by three researchers for relevance and articles that did not examine in depth the concept of fundamental care or were not focused on fundamental care were removed resulting in a final sample of 184 articles (165 from PubMed and 19 from CINAHL). These works were read full text by three researchers and a reference check was conducted. Finally, a total of 50 articles (47 from PubMed and 3 from CINAHL) were included and full texts were analysed. They included qualitative, quantitative, mixed-method studies, discussion papers and editorials. The research and screening process is reported in the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) (Page et al., 2021) (Figure 1).

3.5 | Data extraction and synthesis

Each article selected was entirely read and reviewed paying attention to the study methodology, sample and setting, how fundamental care was implemented, and all the main characteristics, antecedents and consequences of the concept were identified. Data were analysed through thematic content analysis (Rodgers, 2000), so that data

FIGURE 1 PRISMA diagram.



categories (i.e., attributes, antecedents and consequences) are thoroughly examined independently, until the main themes are identified. Initially, the data were entered into a table including study type, context, surrogate and related terms, and then they were reorganized into a table to mark emerging themes related to the concept's surrogate and related terms, attributes, antecedents and consequences (Table 2).

4 | RESULTS

4.1 | Definition of fundamental care

The term *fundamental* means the foundation, the basis of something, that can serve as support. Fundamental also means the basics of a discipline. Furthermore, the term “*care to*” means standing beside; being close to someone offering support, help, and assistance to give a person's autonomy in performing daily activities. Based on this definitions, fundamental nursing care is the basis and the foundation of nursing actions which support, help, and assist patients and their families (Voldbjerg et al., 2020).

The 50 articles analysed in this work identified a variety of perspectives about fundamental care. These are influenced by the nursing theories and perspectives taken by the nurses and researchers in the literature (Kitson et al., 2010; Van Achterberg, 2014). On one hand, fundamental care is identified as a series of purely practical nursing activities, such as the 12 basic nursing care activities identified by Kitson et al. (2010) and redefined by Feo, Donnelly, et al. (2018) presented in Table 1.

TABLE 1 Fundamentals of care (Feo, Donnelly, et al., 2018)

Fundamentals of Care (12 basic needs)
1. Safety and prevention of harm
2. Communication and education
3. Nutrition and fluids
4. Elimination
5. Personal cleaning and dressing
6. Rest and sleep
7. Physical comfort, including pain management
8. Emotional support
9. Dignity
10. Privacy
11. Respecting choice
12. Mobility

On the other hand, fundamentals of care are presented as complex, multidimensional constructs that underline not only nursing tasks but also the need to develop trusting and positive relationships with patients (Feo, Donnelly, et al., 2018). These more in-depth approaches also consider the context of care. Fundamental care is also defined as a crucial component, an essential element and the heart of good nursing practice (Cummings et al., 2018; Jackson & Kozłowska, 2018; Meehan et al., 2018; Ryder et al., 2022). An important working definition emerged from the literature as follows:

TABLE 2 Summary of terms resulted from concept analysis

Surrogate term	Related term	Attributes	Antecedent	Consequences
Basic care	Essential needs	Framework	Nursing care	Establishing and maintaining trusting relationships with patients, family and carers
Basic nursing care	Fundamental care needs	Trusting nurse–patient relationship	Nursing practice	Safety of care
Basic elements of nursing care	Human needs	Integration of Care	Physiological and psychosocial needs	Quality of care
Daily nursing care	Basic needs	Patient centred care	Supportive care context (positive)	Consistency of care
Essential care	Patient's individual needs	Family centred care	Care context	Well-being, patient safety, recovery, comfortable and positive experiences in any healthcare setting
Essence of care	Foundational skills	Personal hygiene and dressing, mobility, rest and sleep, temperature control, communication, and education, expressing sexuality, safety, prevention and medication, dignity, privacy, respecting choices and comforting, and pain management	Personalized care	Caring
Fundamental care	Essential elements	Universal/generic care needs	Trusting relationship	Improve patient care
				Dignity
				Respect
				Emotional support
				Promoting critical thinking
		Compassionate (care compassionate behaviours of health professionals, compassionate practice, compassionate person-centred nursing practice, compassionate care and compassionate nursing care)		
		Nursing activities		
		Physical needs		
		Psychological needs		
		Caring		
		Holistic		
		Complex versus simple		
		Interactive process		
		Multidimensional and multifaced phenomenon		
		'Common sense'		
		Invisible		

"Fundamental care involves actions on the part of the nurse that respect and focus on a person's essential needs to ensure their physical and psychosocial wellbeing. These needs are met by developing a positive and trusting relationship with the person being cared for as well as their family/carers" (International Learning Collaborative, 2020).

Resultingly, and because of the development work by this International Learning Collaborative in relation to understandings of fundamental care, we adopted this as our core definition. Work in this group is ongoing since 2010, the term fundamental care evolving over time building on an initial definition by Kitson et al. (2010). However, to better understand this concept in more detail, we identified the surrogate and related terms, attributes, antecedents and consequences, and reported these in Table 2.

4.2 | Surrogate terms

The surrogate terms are defined as the exact words or phrases used to describe the concept (Rodgers, 2000). From the studies identified the surrogate terms retrieved related to fundamental care were basic care, basic nursing care and basic elements of nursing care (Feo et al., 2019; Rey et al., 2020; van Belle et al., 2020; Voldbjerg et al., 2020; Vollman, 2009; Zwakhalen et al., 2018). The other surrogate terms identified were daily nursing care, essential care, essence of care and fundamental care (Aspinall et al., 2020; Feo et al., 2019; Feo, Donnelly, et al., 2018; Palese et al., 2021).

4.3 | Related terms

These terms are identified as phenomena that have some but not all features of the concept under scrutiny. We found eight related terms: essential needs, fundamental care needs, human needs, basic needs, patients' individual needs, foundational skills, essential elements and universal/generic care needs (Alderman et al., 2018; Feo & Kitson, 2016; Lillekroken, 2019; Mudd et al., 2020; Muntlin Athlin et al., 2018; Vollman, 2009; Zwakhalen et al., 2018). The patients' individual needs were defined, in the literature, as the basic activities of the fundamentals of care (Avallin et al., 2018), referring to the 12 basic needs in Feo and Kitson's nursing theory already presented in Table 1 (Feo, Donnelly, et al., 2018; Kitson et al., 2010).

4.4 | Attributes

Attributes are described as the key aspects that describe a given concept (Rodgers, 2000). Based on our search, fundamentals of care could be described as a multidimensional and multifaceted phenomenon (Feo, Donnelly, et al., 2018) of nursing activities (Palese et al., 2021; Rey et al., 2020) based on patient and family

centred care needs (Aspinall et al., 2020; Avallin et al., 2018; Jeffs et al., 2018; Pene et al., 2021; van Belle et al., 2020; Zwakhalen et al., 2018). The fundamentals of care are holistic (Avallin et al., 2018; Jackson & Kozłowska, 2018; Meehan et al., 2018), compassionate (Feo, Donnelly, et al., 2018; Jeffs et al., 2018), invisible, complex nursing activities (Parr et al., 2018) and yet they are straightforward for nurses to carry out (Feo et al., 2019; Feo, Donnelly, et al., 2018). These different aspects were already expressed in the Fundamentals of Care Framework (Mudd et al., 2020; Palese et al., 2021; Voldbjerg et al., 2018) that was described by Kitson (2018) and identified as below. The centre of this framework is the relationship between nurse and patient based on trust (Aspinall et al., 2020; Feo, Donnelly, et al., 2018; Hansen & Jørgensen, 2020; Jeffs et al., 2018; Kitson, Dow, et al., 2013; Kitson, Robertson-Malt, & Conroy, 2013; Meehan et al., 2018; Pavedahl et al., 2021; Pene et al., 2021; Pinero de Plaza et al., 2021) to establish a continued interaction; the 12 basic needs (Table 1) focus on the patient's physical care needs (nutrition and hydration, personal hygiene and physical comfort) (Feo, Donnelly, et al., 2018; Feo, Kitson, & Conroy, 2018; Kitson et al., 2010; Lillekroken, 2019; Vollman, 2009), and on the attention by the nurse for the patient's psychological and emotional needs (Kitson, 2018).

4.5 | Antecedents

The antecedents are defined as events of qualities, primary causes or manifestation that preceded and are associated with fundamentals of care in this case (Rodgers, 2000). In this analysis, only seven antecedents were identified: nursing care; nursing practice; physical and physiological needs, supportive care context, care context, personalized care and a trusting relationship. The physical and physiological needs play an important role in the fundamentals care (Bagnasco et al., 2020; Collier et al., 2020; Mudd et al., 2020) they are at the centre of the framework created by Feo, Donnelly, et al. (2018). There is a connection between patient and the family's needs and fundamental care (Haslund-Thomsen et al., 2021; Rey et al., 2020). Caring for patients and their families and solving their needs is important to develop an interactive process based on three dimensions named as the key to fundamental care: create a trusting relationship (Alderman et al., 2018; Bagnasco et al., 2020; Pene et al., 2021), integration of care (Mudd et al., 2020; Palese et al., 2021) and the context of care (Conroy, 2018; Kitson et al., 2010; Meehan et al., 2018; Pavedahl et al., 2021). The nurse and patient relationship based on trust is fundamental and this relationship is an attribute, an antecedent and a consequence of the fundamental care. It is defined as a core of the Fundamentals of Care Framework (Kitson, 2018). Creating this type of relationship is not only the starting point but it is crucial for all nursing care: from the moment you meet the patient until a relationship of nursing care is necessary (Haslund-Thomsen et al., 2021; Mudd et al., 2020; Pene et al., 2021). This is an ongoing process that allows to keep an interaction which continually builds and reinforces nurse and patient trust (Kitson, 2018). Through the

process of mutual trust, another relevant antecedent is identified: the personalized care. Indeed, in a nurse–patient trust relationship, healthcare workers give more importance to the patients' needs acting appropriately, anticipating their needs and evaluating the quality of the context of care (Mudd et al., 2020). Meeting patient's individualized needs is more important than continuing to use and follow a standardized protocol, care path or guideline to offer the best care (Kitson, 2020).

4.6 | Consequences

Consequences are described as situations that occur following the incidence of a concept (Rodgers, 2020). They include the outcomes attributable to a specific concept analysed, meaning the implications related and both influenced by the fundamental care. The consequences emerged from the studies analysed are identified into safety of care, quality of care, consistency of care, emotional support, dignity and respect (Bagnasco et al., 2020; Feo, Donnelly, et al., 2018; Palese et al., 2021; Pavedahl et al., 2021; Pene et al., 2021). This means that if fundamental care needs are fulfilled by nurses, patients' satisfaction increases (Richards et al., 2018) and mortality rate decreases (Jangland et al., 2018; Kitson, Dow, et al., 2013; Kitson, Robertson-Malt, & Conroy, 2013; Parr et al., 2018). Another consequence is establishing and maintaining a trusting relationship with patients, family and careers as explained before in the antecedents (Alderman et al., 2018; Avallin et al., 2018; Meehan et al., 2018).

The consequences are not only for the patients and the family, but also for the nurses. In fact, implemented fundamental care improves patient care (Rey et al., 2020; Voldbjerg et al., 2020; Zwakhalen et al., 2018), promotes critical thinking (Lillekroken, 2019) and ensures a safer environment over time to generate a high-quality context of care (Aspinall et al., 2020; Collier et al., 2020; Jackson & Kozłowska, 2018; Jeffs et al., 2018; Kitson, 2018; Pene et al., 2021).

5 | DISCUSSION

This concept analysis has exposed knowledge and use of the term fundamental care in nursing research and practice. On one hand, this concept is seen as basic care with a tendency to under evaluate these tasks linking them to 'common sense' or simple actions that can be relegated to others (Feo et al., 2019; Richards et al., 2018). On the other hand, it can be seen as a more comprehensive concept involving the complexity of nurse–patient encounter considering all the contextual factors influencing it. The first connotation puts the focus on how fundamental care is perceived by nurses (Kitson et al., 2014) and why frequently they are omitted (Ball et al., 2018; Palese et al., 2021). While the second view is similar to the Fundamentals of Care framework (Kitson et al., 2010) where patient's individual needs are identified and the fundamental nursing care is to put together the physical and the psychosocial aspect of the patient (Collier et al., 2020; Feo, Donnelly, et al., 2018; van

Belle et al., 2020) creating an effective nurse–patient trusting relationship in a multidimensional context (Feo et al., 2019; Muntlin Athlin et al., 2018; Rey et al., 2020). A quality nurse–patient relationship helps provide an effective therapeutic alliance that is linked with positive healthcare outcomes (Hartley et al., 2020) that are also recognized as outcomes of the concept of fundamental care analysed in this study. When fundamental care is delivered in a proper manner, it can contribute to ensure safe, and quality of care provided (Feo, Donnelly, et al., 2018). Also, given its relevance, fundamental care should be considered at all levels of nursing (Kitson et al., 2019). It is important to consider the weight of different healthcare contexts (including organizational factors, and type of nursing leadership) and how these affect fundamentals of care knowledge, application, and implementation into practice (Coster et al., 2018).

Nursing leadership at all levels of nursing is significantly linked to better patient outcomes, especially patient satisfaction (Wong et al., 2013). Furthermore, since nursing leadership should balance organizational, nursing and patient needs, it plays a key role in increasing the quality of fundamental care (Pattison & Corser, 2022). Training nurse leaders on what fundamental care is and in how to apply these standards correctly is essential (Mudd et al., 2022; Pentecost et al., 2020). Therefore, nursing leaders should be aware of how their role can shape the way fundamental care is delivered (Conroy, 2018). For example, relational leadership has been shown to be effective in supporting the provision of fundamental care (Pattison & Corser, 2022). Given the role played by nursing leaders in guiding clinical nurses and providing a connection between front-line staff and achievement of organizational goals (Parr et al., 2018), it is necessary to further explore how nursing leaders perceive and promote fundamental care to plan interventions that can facilitate this knowledge and application into clinical practice (Kitson et al., 2019). Nursing leaders have a responsibility in determining the levels of skill mix and staffing and in distributing the workloads and responsibility of patient care, which are factors have an effect on the delivery of the fundamental care (Pattison & Corser, 2022). Furthermore, we ought to explicitly embed fundamental care in policies, safety, quality and educational standards and research offers. We also need to make sure that nursing leaders speak up for fundamental care worldwide (Kitson et al., 2019). To improve fundamental care and interventions, nurses from leaders to clinical nurses need to create a culture-based approach on fundamental care (Jangland et al., 2017), and to demonstrate that partnerships with patients in delivering essential nursing care is prioritized to improve quality of nursing care and patients experience of care (Pentecost et al., 2020).

Given the link found between fundamental care and missed nursing care, we need to further explore how nurses prioritize the delivering of medical treatments rather than communicating, comforting, educating patients when staff shortage occurs (Jangland et al., 2018; Norman & Griffiths, 2019). Exploring the link between fundamental care and patient outcomes and cost correlation is another area that need to be studied. When fundamental care is

delivered in an inappropriate way, this affects patient safety and wellbeing, compromises communication, emotional support, reciprocal dignity and ultimately respect (Feo & Kitson, 2016; Savoie et al., 2022). Considering the impactful consequences of fundamental care delivery described in this concept analysis (e.g. safe and quality of care, increased patient's satisfaction, decreased mortality rate), the next steps to undertake are recognizing and measuring/evaluating these outcomes to generate better and innovative outcome measures strategies linked and specific to fundamental care (Conroy et al., 2021; Kitson et al., 2019). An example of this future perspective could also be the application of innovative technologies to record and evaluate fundamental care (Conroy et al., 2021).

To reach all these goals, we need to implement and raise awareness of the concept of fundamental among all members of the healthcare team: educators, students, clinicians, leaders, researchers, policymakers and politicians. If the aim of fundamental care is improving high-quality nursing care (Collier et al., 2020; Voldbjerg et al., 2020) through a positive experience of recovery and optimal safety (van Belle et al., 2020), it will be necessary to develop this mentality in the new nurses (Feo, Donnelly, et al., 2018; Muntlin Athlin, 2018). In the literature it is also reported that a nursing care based on the Fundamentals of Care framework (International Learning Collaborative, 2020) promotes critical thinking in healthcare workers (Lillekroken, 2019), a skill that nurses must develop to offer a high-quality care (Rey et al., 2020).

5.1 | Limitations

Although this study was conducted systematically according to Rodger's Evaluation Method, only two databases with articles published in nursing journals were consulted. This can be considered as a limitation even if Rodger's method considered this information secondary (Rodgers, 2000).

6 | CONCLUSIONS

This concept analysis, by providing a definition of fundamental care can help nurses from various levels and contexts to know and understand better what fundamental care is and how it can be recognized and implemented systematically into practice. The analysis demonstrated the attributes, antecedents and consequences particularly relevant to identify a common conceptualization of fundamental care to facilitate in-depth understanding for nurses in different settings (clinical, leaderships, education) and other healthcare workers. The different connotations of the concept underline the need to better specify and clarify this concept allowing nurses at all levels to have a deep knowledge and awareness of what fundamentals of care are, how they can be implemented and measured into practice, and how these activities influence patient outcomes in the nurse-patient encounter. To do this, systematic and high-quality

investigations to generate evidence and data on fundamental care should be performed.

These study results with a better clarified definition, and it can help also nursing leaders in being more aware of what fundamentals of care are, and consequently on how they can be recognized, promoted and implemented into practice. Since nursing leaders at all levels are a role model for clinical practice, they can become the key point in implementing fundamentals of care delivery and thus ensuring better patient outcomes through a process of coordinated and collaborative effort.

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PEER REVIEW

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DATA AVAILABILITY STATEMENT

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