

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Speaking Up for Fundamental Care: A Position Statement from the 2019 International Learning Collaborative (ILC) Meeting, Aalborg, Denmark
AUTHORS	Kitson, Alison; Carr, Devin; Conroy, Tiffany; Feo, Rebecca; Grønkjær, Mette; Huisman-de Waal, Getty; Jackson, Debra; Jeffs, Lianne; Merkley, Jane; Muntlin Athlin, Åsa; Parr, Jennifer; Richards, David; Sørensen, Erik; Wengström, Yvonne

VERSION 1 – REVIEW

REVIEWER	Marie Elf Dalarna University, Sweden
REVIEW RETURNED	24-Sep-2019

GENERAL COMMENTS	<p>Thanks for the opportunity to review this refreshing and inspirational manuscript, which addresses an important topic (fundamental care), which is not new but presented in a new interesting way. The paper is well-written and easy to follow.</p> <p>The authors have declared in an argumentative, almost agitating way, what is needed to achieve a care where nurses really engage and value fundamental care such as making sure that people admitted to the care department do not lie in their own urine in the their bed or suffer from severe malnutrition. Those kind of fundamental but important care actions that almost are recognized as “fluffy” in the current healthcare. Bad nursing care has become the norm, advocated by lack of time and resources. The authors turn to nurses but believe that all health care professionals must value fundamental care and implement that in the healthcare system. Examples of lack of fundamental care from reality as the group presents for the reader are so fundamental that it should be obvious for nurses to focus precisely on these during their work and meetings with vulnerable persons.</p> <p>The strength of the paper is that the authors present examples from the healthcare of poor care (which many of us recognize) and link it to the literature on care / basic care / person-centered care. As an educator I wonder why higher education year after year fails to educate our students about fundamental care or nursing.</p> <p>Why is it important with a new concept – fundamental care? Why don't use nursing care? Don't you think it is enough with person-centred care? I understand you don't want to use the word basic since it reduces the importance of the fundamental care. I guess you use the word fundamental care since it should be the cornerstone in care regardless of discipline. How does</p>
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	<p>fundamental care links to person-centred care? Share-decisions making etc...</p> <p>I read the text as that you think that a revolution in healthcare is needed not small improvement projects or how can we work together with implementation scientist to implement fundamental care at micro and macro level?</p>
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REVIEWER	Lorelei Jones School of Health Sciences Bangor University
REVIEW RETURNED	25-Sep-2019

GENERAL COMMENTS	<p>Thank you for the invitation to review the position statement on speaking up for fundamental care from the International Learning Collaborative.</p> <p>The statement is important and is of relevance and interest to readers of BMJ Open.</p> <p>The statement is generally clear, although I suggest that it includes a positive articulation of what is meant by 'fundamental care' in the abstract, and early on in the statement, perhaps at the beginning. There are many dimensions of 'care' and the term is used differently by different professions and disciplines. The end of the first paragraph in the main body of the text implies that the statement is concerned with care that is 'not dehumanising' but the statement would be strengthened by articulating this in the positive. In paragraph 7 (Value fundamental care) the concept is elaborated as consisting of three dimensions: 'nurse-patient relationship; integration of physical, psychosocial and relational elements of care; and consideration of the context where that care happens.' While this is a helpful academic framework, a lay summary would also be helpful. It is not until the end of the statement, under the section on research, that reference is made to responding to people's needs for 'nutrition, hygiene, toileting and mobility'. Therefore I suggest moving this to earlier in the statement.</p> <p>Readers of BMJ Open might also expect some more references to the research evidence, for example, to support the claims made in the first paragraph under the section 'Talk Fundamental Care'.</p> <p>Readers would also expect the statement to include references to patient views on what they value in healthcare, either by referencing statements from patient groups, or making reference to research on patient's views on, and experiences of, healthcare. (Given that patient representatives attended the conference is it possible to include representation in the list of authors? or to include a formal statement of how the patient representatives were involved in the preparation and revision of the statement?).</p> <p>While I understand that your analysis of the issue is the background, rather than the focus, of this statement, the statement might be strengthened by making this analysis more comprehensive, whilst remaining succinct. For example, there is a reference to 'staff shortages', but it is unclear whether you are referring only to those caused by problems with retention, or if your analysis includes other sources of staff shortages such as</p>
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	<p>national/local problems with recruitment and strategic understaffing/skill mix aimed at cost control.</p> <p>I hope these comments are helpful</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Marie Elf

Institution and Country: Dalarna University, Sweden

Please state any competing interests or state 'None declared': None declared':

Please leave your comments for the authors below

Thanks for the opportunity to review this refreshing and inspirational manuscript, which addresses an important topic (fundamental care), which is not new but presented in a new interesting way. The paper is well-written and easy to follow.

The authors have declared in an argumentative, almost agitating way, what is needed to achieve a care where nurses really engage and value fundamental care such as making sure that people admitted to the care department do not lie in their own urine in the their bed or suffer from severe malnutrition. Those kind of fundamental but important care actions that almost are recognized as “fluffy” in the current healthcare. Bad nursing care has become the norm, advocated by lack of time and resources. The authors turn to nurses but believe that all health care professionals must value fundamental care and implement that in the healthcare system. Examples of lack of fundamental care from reality as the group presents for the reader are so fundamental that it should be obvious for nurses to focus precisely on these during their work and meetings with vulnerable persons. The strength of the paper is that the authors present examples from the healthcare of poor care (which many of us recognize) and link it to the literature on care / basic care / person-centered care. As an educator I wonder why higher education year after year fails to educate our students about fundamental care or nursing.

Why is it important with a new concept – fundamental care? Why don't use nursing care? Don't you think it is enough with person-centred care? I understand you don't want to use the word basic since it reduces the importance of the fundamental care. I guess you use the word fundamental care since it should be the cornerstone in care regardless of discipline. How does fundamental care links to person-centred care? Share-decisions making etc...

How person-centred care links to fundamental care is an interesting point. Whilst we are unable to debate this point in depth, we have added the following on p. 11: “This shift is crucial if healthcare systems worldwide are to achieve the goal of person-centred care, which is at risk of becoming merely rhetoric. Delivering high-quality fundamental care is a key prerequisite for working with patients in a person-centred way. If we are to move beyond mere rhetoric, healthcare professionals must have the tools to achieve person-centred fundamental care in practice and to move their care delivery from a series of tasks to a coordinated, integrated, relationship-centred healthcare encounter.”

The term ‘fundamental care’ is used to represent care needs that are both universal (i.e., fundamental to all persons) and fundamental to everyone’s health, wellbeing and (if possible) recovery. The term is now used internationally (in English and non-English speaking countries), as evidenced by the work produced by members of the International Learning Collaborative.

I read the text as that you think that a revolution in healthcare is needed not small improvement projects or how can we work together with implementation scientist to implement fundamental care at micro and macro level?

On p. 11 we have included the following in relation to effecting a shift from a ‘task and time’ approach to a ‘thinking and linking approach’: “To be effective, this shift must occur at all levels of healthcare systems: the micro level (e.g., in nurses’ attitudes and behaviours and in their everyday interactions with patients), meso level (e.g., in the culture and policy of a single organization, including at a

unit/ward level) and macro level (e.g., in national health policies and nursing accreditation standards for both clinical practice and education).”

We have not included specific details about the role of implementation scientists given that the science around many aspects of fundamental care is still rudimentary (as shown by Richards DA, Hilli A, Pentecost C, et al. Fundamental nursing care: A systematic review of the evidence on the effect of nursing care interventions for nutrition, elimination, mobility and hygiene. *J Clin Nurs* 2018;27:2179-88). As such, there is little that can be implemented yet. We need to first generate the rigorous evidence required to improve fundamental care delivery.

Reviewer: 2

Reviewer Name: Lorelei Jones

Institution and Country:

School of Health Sciences

Bangor University

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

Thank you for the invitation to review the position statement on speaking up for fundamental care from the International Learning Collaborative. The statement is important and is of relevance and interest to readers of BMJ Open.

The statement is generally clear, although I suggest that it includes a positive articulation of what is meant by 'fundamental care' in the abstract, and early on in the statement, perhaps at the beginning. The abstract now includes the following: "The International Learning Collaborative (ILC) is an organization dedicated to understanding why fundamental care, the care required by all patients regardless of clinical condition, fails to be provided in healthcare systems globally."

There are many dimensions of 'care' and the term is used differently by different professions and disciplines. The end of the first paragraph in the main body of the text implies that the statement is concerned with care that is 'not dehumanising' but the statement would be strengthened by articulating this in the positive.

The sentence referring to dehumanising care has been revised as follows (p. 6): "However; when this action becomes the norm, when it is tolerated and even normalised within teams and institutions, it is necessary to reflect critically on why patients are treated in such dehumanising ways,^[2] and what can be done to ensure patients receive high-quality, safe, dignified care for their fundamental needs."

In paragraph 7 (Value fundamental care) the concept is elaborated as consisting of three dimensions: 'nurse-patient relationship; integration of physical, psychosocial and relational elements of care; and consideration of the context where that care happens.' While this is a helpful academic framework, a lay summary would also be helpful.

The explanation of the Framework's 3 dimensions has been expanded as follows (p. 8): "The Fundamentals of Care Framework consists of three core dimensions. These are: 1) the development of a positive, trusting relationship between the nurse (or other care provider) and patient; 2) integrating and addressing, in every episode of care, a patient's physical (e.g., nutrition), psychosocial (e.g., dignity) and relational needs (e.g., empathy); and 3) being cognizant of how the context in which care takes place can facilitate or hinder the accomplishment of the first two core activities, working to mitigate or enhance these impacts where possible.^[5]"

It is not until the end of the statement, under the section on research, that reference is made to responding to people's needs for 'nutrition, hygiene, toileting and mobility'. Therefore, I suggest moving this to earlier in the statement.

On p. 8, the expanded description of the Fundamentals of Care Framework now contains examples of fundamental physical, psychosocial and relational needs to ensure this is clearer earlier in the paper.

Readers of BMJ Open might also expect some more references to the research evidence, for example, to support the claims made in the first paragraph under the section 'Talk Fundamental Care'.

The following reference has been added (p. 9):

- Hripcsak G, Vawdrey DK, Fred MR, et al. Use of electronic clinical documentation: Time spent and team interactions. *Journal of the American Medical Informatics Association* 2011;18:112-7

Readers would also expect the statement to include references to patient views on what they value in healthcare, either by referencing statements from patient groups, or making reference to research on patient's views on, and experiences of, healthcare. (Given that patient representatives attended the conference is it possible to include representation in the list of authors? or to include a formal

statement of how the patient representatives were involved in the preparation and revision of the statement?).

References to patients' views and their experiences of healthcare have been added on p. 7: "These stories are also strongly supported by existing empirical evidence, spanning more than a decade of research, regarding patients' views and experiences of care across a range of healthcare settings and systems.^[3, 4] This research demonstrates the central importance that patients place on their relationships with care providers, and the need for nurses to display not only technical competence in relation to physical aspects of healthcare but also relational competence, where patients' psychosocial needs are integrated and addressed in every episode of care.^[5-12]"

The patient representatives have also been included as part of the acknowledgements.

While I understand that your analysis of the issue is the background, rather than the focus, of this statement, the statement might be strengthened by making this analysis more comprehensive, whilst remaining succinct. For example, there is a reference to 'staff shortages', but it is unclear whether you are referring only to those caused by problems with retention, or if your analysis includes other sources of staff shortages such as national/local problems with recruitment and strategic understaffing/skill mix aimed at cost control.

The argument around staff shortages has been expanded to include the following (p. 12): "Yet, we know that in many countries, nursing is facing severe shortages due to issues such as poor recruitment into the profession and poor retention during nursing education and early career employment; an ageing population, which is creating greater demand for health services; an ageing nursing workforce; and strategic understaffing of registered nurses within healthcare systems in a bid to reduce healthcare costs.^[20-22] Perhaps most worrying, the shortage is also underpinned by many nurses' decision to leave the profession, citing burnout, stress, understaffing, high workloads, minimal job satisfaction, emotional exhaustion, and poor patient safety as reasons.^[23-28]"

VERSION 2 – REVIEW

REVIEWER	Marie Elf Dalarna University
REVIEW RETURNED	24-Oct-2019

GENERAL COMMENTS	<p>Review of "Speaking Up for Fundamental Care: A Position Statement from the 2019 International Learning Collaborative (ILC) Meeting, Aalborg, Denmark". BMJ open-2019-033077.R2.</p> <p>Thank you, the authors have clearly discussed other reviewers' and my comments on the article and conducted the necessary revisions.</p> <p>I am satisfied even though I do not entirely agree with the authors that a discussion of implementation knowledge can be overlooked in relation to fundamental care with the argument that the field do not have enough evidence to implement fundamental care. Of course, we have enough evidence of many fundamental care activities, which you also have shown so exceptionally well.</p>
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REVIEWER	Dr Lorelei Jones School of Health Sciences Bangor University
REVIEW RETURNED	01-Nov-2019

GENERAL COMMENTS	Thank you for the invitation to review this important contribution to healthcare policy, practice and research.
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