

# Fundamental care—the quest for evidence

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Fundamental care lies at the very heart of nursing practice. It reflects the values of nursing, and highlights the primacy of being with, doing for and engaging authentically with patients and those that support them, and encompasses the most intimate of personal needs. Although there are some issues around conceptual clarity (Feo et al., 2018), the term fundamental care denotes a holistic and patient-centred framework for care, encompassing nursing actions “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” (<https://intlearningcollab.org/mission/the-fundamentals-of-care/>). Fundamental care then encompasses a range of activities comprising physical (such as personal hygiene, comfort, rest and sleep), psychological (such as privacy, dignity, emotional care and social interaction) and relational (such as empathy, compassion and support) domains (<https://intlearningcollab.org/mission/the-fundamentals-of-care/>). When receiving care of this nature, patients can feel exposed and vulnerable, and even embarrassed; however, in providing this bespoke personal and intimate care, bonds of trust are formed between nurses and our patients.

In addition to being essential to patient comfort, provision of effective fundamental care is also closely linked to patient safety, and this link can be clearly seen when fundamental care is missed (Jang-land, Teodorsson, Molander, & Muntlin Athlin, 2018). Numerous harms are associated with missed fundamental care, and types of harm that can result include pressure injuries, increased infection and emotional harms associated with loss of dignity and autonomy and perceived lack of compassion. However, despite the centrality of fundamental care to nursing and to optimal care experiences and outcomes for patients, a review by Richards, Hilli, Pentecost, Goodwin, and Frost (2018) suggests the existing evidence for fundamental care interventions is woefully inadequate and highlights the crucial “lack of evidence of effectiveness for interventions in core areas such as elimination, nutrition, mobility and hygiene” (Richards et al., 2018).

This lack of evidence is very concerning: as nurses and health professionals, we embrace evidence-based practice and exhort nurses of all levels to draw on evidence in planning and delivering care for patients. We do this on the assumption that quality evidence exists. That is, we assume the evidence is out there, and it is simply a matter of uptake—of nurses locating the evidence and drawing upon it to shape their practice, in policy and at point of care. In reality, however, there are many key areas of nursing practice that suffer because we have failed to provide rigorous evidence to support it. Fundamental care is such an area—as highlighted by Richards et al., to date we have failed to provide the necessary evidence supporting the crucial nature of many aspects of fundamental care to patient outcomes, including how such care is best delivered, when and by whom. If we consider pressure damage for example—while it is generally accepted that movement is a crucial element of care to prevent patients experiencing harm from pressure—there is still little evidence to guide nurses in recommending optimal patterns and frequency of movement to patients that will reduce

pressure injuries or enhance the healing of existing pressure damage (Gillespie et al., 2014; Moore & Cowman, 2015).

Furthermore, when we think of fundamental care, we often think of hospital care and in this special issue of the journal, and we see compelling arguments for the importance of fundamental care in a range of in-hospital care settings, including critical care (Minton, Batten, & Huntington, 2018) and surgical environments (Jangland et al., 2018). However, in addition to its importance in the hospital setting, excellent fundamental care should occur right across the care trajectory, in all settings, wherever patients are and wherever care is delivered. The need for evidence as to what constitutes optimal fundamental care is increasingly urgent, as models of care are changing and increasing numbers of patients with chronic and complex care needs are being cared for in the out-of-hospital environment. We know that community-dwelling patients may have unmet fundamental care needs such as poorly controlled pain, even when having regular home visits from nursing personnel (Jackson et al., 2017a,b; Jackson, Durrant, Hutchinson, et al., 2017), suggesting a need for research to inform more efficacious practice in this key area of fundamental care.

We are proud to introduce this important collection of papers and hope that they raise awareness of the importance of fundamental care and particularly the challenges of effectively reporting and measuring it. It is our hope that this special issue contributes to the international conversation on fundamental care—care that is indeed fundamental to our patients' outcomes and their experiences of care, and fundamental to the practice of nursing.

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