

# Nurse managers' strategies promoting a Fundamentals of Care-based approach among nurses: A scoping review

D. Lombardi Fortino<sup>1,2</sup>, A. Galazzi<sup>3</sup>, S. Chiappinotto<sup>3</sup>, A. Palese<sup>3</sup>

*Key words: Fundamentals of Care, nurse manager, scoping review*

*Parole chiave: Fondamenti dell'assistenza, coordinatore infermieristico, revisione scoping*

## Abstract

**Introduction.** In the last few years, shortcomings in caring for patient needs have promoted a growing interest in the Fundamentals of Care (FoC) to promote the quality of nursing care. However, which strategies nurse managers should implement to facilitate a FoC-based nursing care approach have not been mapped to date; therefore, the intent of this study was to map those strategies related to the nurse manager role that have been documented as being capable of promoting (or hindering), a FoC-based approach among nurses.

**Methods.** A scoping review following the Preferred Reporting Items for Systematic Review and Meta-Analysis – Extension for Scoping Reviews (PRISMA-ScR) guidelines. The PubMed, CINAHL, Cochrane Library, Scopus and Web of Science databases and the conference proceedings of the International Learning Collaborative 2022 Annual International Conference were consulted. Studies exploring the relationship between FoC and nurse managers using any methodology, published from 2008 (year of birth of the FoC movement) to September 2022, in Italian or English, were eligible for inclusion. Findings were categorized narratively, according to their similarities and differences.

**Results.** Four qualitative studies, four discussion papers, two reviews and one mixed-method study, published from 2017 to 2021, predominantly in Australia, were included. Several strategies have emerged as promoting a FoC-based care approach by nurse managers. At the macro level, there is a need to disseminate a culture of attention towards patients that should be incorporated in the strategy of the entire system; moreover, synergies and effective leadership styles should be promoted by also providing education both in the undergraduate and continuing education settings. At the micro levels, among others, the required resources should be available, and the quality of the environment promoted.

**Conclusion.** Nurse managers may facilitate a FoC-based approach among nurses through a set of strategies that should be included and considered in their educational pathways.

---

<sup>1</sup> University of Tor Vergata, Rome, Italy

<sup>2</sup> Azienda Ospedaliera Universitaria delle Marche, Ancona, Italy

<sup>3</sup> Department of Medicine, University of Udine, Udine, Italy

## Introduction

Attention to patients' needs, values and expectations has always been a cornerstone of nursing care and of the public health system (1, 2). However, there are an increasing number of documented episodes of "missed nursing care" or "detachment from the bedside" (3), in which nurses give low priority to some needs, even failing to satisfy them, especially when they do not perceive immediate negative outcomes of their missed care (2, 4). Several structural, organizational and educational factors have been reported as triggering the phenomenon of missed care. Moreover, the occurrence of missed care has been proven to concern mainly the Fundamentals of Care (5), threatening the care centred on the patient's needs, which is encouraged by both the nursing profession (6) and the World Health Organization (7). To ensure the fulfilment of fundamental needs such as mobilization, nutrition, communication and respect for dignity, since 2008 a growing interest in the Fundamentals of Care (FoC) has been generated by a group of nurses from the Green Templeton College of the University of Oxford (8). Thus, a group called the International Learning Collaborative (ILC) was formed, and an international network of experts to explore aspects related to FoC research, education and implementation has been developed. Alongside the theoretical and the practical contribution, the group has defined two concepts, namely "Fundamental Care" and "Fundamentals of Care": the first refers to a broad concept encompassing all phases of the nursing care process aimed at achieving the satisfaction of the patient's needs (e.g. hygiene, communication, comfort) and at outlining an ideal model of care (9). The second, describes the elements of the nursing care: the essential needs of individuals, from a physical, relational and psychosocial point of view,

and the nursing interventions required to satisfy them through a positive and trusting relationship with each patient (9).

During the 2019 ILC annual congress, the nursing leaders from 11 countries, together with patient representatives, confirmed that the FoCs are still undervalued as nurses appear reluctant to address their relevance (10), which generates discomfort for both patients and the nurses themselves (11).

Over the years there has been growing attention paid to factors that can support nurses in taking care of the basic needs of patients. However, little has been explored to date on the role of nurse managers (12, 13). Nurse managers promote a professional culture by planning, coordinating and managing resources; they are also called to encourage and support nurses in the implementation of patient-centred care models (14, 15). In addition, the nurse managers may influence the allocation of resources (16) and promote the quality of care by addressing the priorities through an effective leadership style (17-22). Their role is crucial in promoting nursing care; however, which strategies nurse managers should implement to facilitate a FoC-based nursing care approach have not been mapped to date. Providing a map of strategies that nurse managers may enact in their practice, may (a) inform the educational pathways at the postgraduate level; (b) support nurse managers in undertaking local initiatives and in promoting strategic plans in their hospitals; (c) develop the research in the field by informing intervention studies aimed at discovering the effectiveness of some strategies in facilitating a FoC-based nursing care approach; and ultimately, (e) may inform policies in the field to promote patient and public trust in the health-care system and to prevent the negative outcomes, including dissatisfaction with nursing care. Therefore, the intention of this study was to map the strategies related to the nurse manager role, as documented in the literature, that are

capable of promoting (or hindering) a FoC-based approach among nurses.

## Methods

### *Design*

A scoping review was conducted according to the methodology proposed by Arksey and O'Malley (23), modified by Levac et al. (24). In addition, the Preferred Reporting Items for Systematic Review and Meta-Analysis Extension-Scoping Review (PRISMA-ScR) guidelines were followed (25).

### *Search question*

The following research question was addressed: 'Which nurse manager's strategies have been investigated to date as facilitating (or hindering) a FoC-based approach among nurses?' Therefore, the research question was based on the Population, Intervention/Comparison, and Outcome (PIO) framework: namely, the "P" represented the nurse managers, the "I" the interventions/strategies as capable of enhancing a FoC-based nursing care approach that was the "O", thus the outcome.

### *Search strategy*

The PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, Scopus and Web of Science databases were explored on September 15<sup>th</sup>, 2022.

The following keywords were used: "Fundamentals of care" and "Chief nursing officer"; "Fundamentals of care" and "Nurse leader"; "Fundamentals of care" and "Nurse executive"; "Fundamentals of care" and "Nurse manager"; "Fundamentals of care" and "Chief nurse".

A manual search was also carried out by searching for the references cited in the retrieved studies and conference papers of the ILC 2022 Annual International Conference.

### *Inclusion and exclusion criteria*

Included were (a) primary and secondary studies, published in peer-reviewed journals; (b) abstracts (as grey literature) of the ILC 2022 Annual International Conference according to their global relevance to the topic; (c) studies using any research methodology; (d) studies exploring strategies/actions enacted by nurse managers to facilitate a FoC-based nursing care approach; (e) studies published from 2008 (when the FoC model was established) (26), and (f) written in Italian or in the English language.

### *Screening and study selection*

A total of 428 records were identified from which duplicates and non-pertinent studies were removed; the process was performed by two researchers (DLF and AG) and then checked by a third (AP), in case of disagreements. In the end, 11 studies were included, as reported in Figure 1.

### *Data abstraction*

A table extraction grid was developed and piloted in two studies. According to the aim of the scoping review, the essential characteristics of the studies (e.g. aim, study design, country, research group involved) were identified and then reported in the grid; moreover, factors facilitating – or hindering – FoC-based nursing care strategies related to the nurse managers were identified in each study as reported in the findings section, extracted and then transcribed in the grid.

### *Data synthesis*

All strategies documented in the studies were categorized and summarized (24) by two researchers (DLF and AG) who worked independently and then together to reach a consensus. A third researcher (AP) supervised the process to ensure rigour. A total of 12 themes have emerged as expressing facilitating or hindering strategies

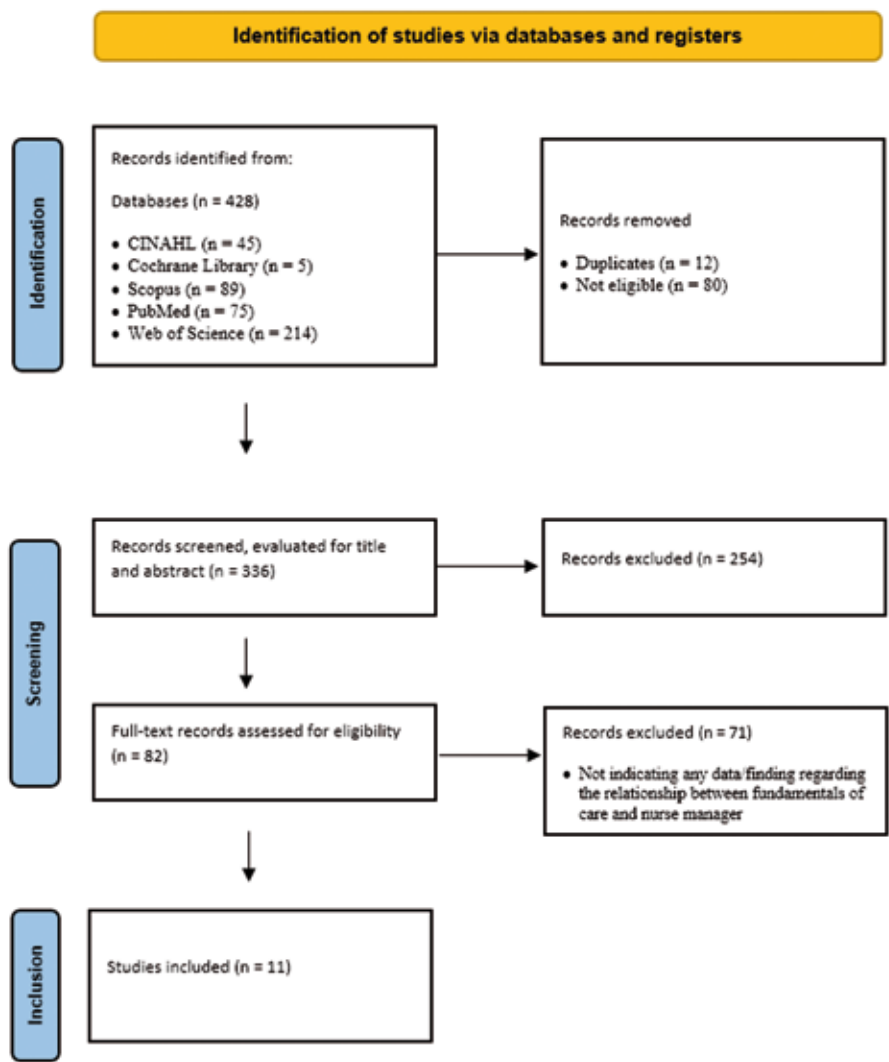


Figure 1 - PRISMA 2020 – Flow diagram, extension for scoping reviews (25)

affecting a FoC-based nursing care approach and related to the nurse managers' role.

### Results

#### *Main characteristics of the studies*

Four qualitative studies (27-30), four discussion papers (31-34), two reviews (35, 36) and one mixed-method study (37) were

included, as summarized in Table 1. Just over half of the studies were designed and conducted by academic researchers and the remainder by nurses affiliated to hospital settings, from 2017 (27, 28) to 2021 (29-34, 37), predominantly in Australia (four, 27, 29, 30, 32), Denmark (two, 30, 33) and the United Kingdom (two, 34, 37). The aims of the studies were to: (a) examine the effects of leadership styles or behaviours on the quality

Table 1 - Main characteristics of the studies included

<b>Authors Affiliations Setting</b>	<b>Aims Study design Main methods</b>	<b>Nurse managers and FoC-based nursing care approach promotion</b>	
		<b>Facilitating strategies</b>	<b>Hampering strategies</b>
Akbiyik et al. (35)  Izmir Katip Celebi University in Izmir, Turkey  Settings: -	To observe the impact on the quality of care and on the care outcomes of leadership styles or behaviours  Literature review  All studies investigating the relationship between leadership styles and/or behaviours and patient outcomes across all health-care institutions; with full text in English or Turkish; no limitation in the research design 13 studies published between January 2010 and May 2016	Supporting and promoting the quality of nursing care  Encouraging positive relations within the team to ensure an environment based upon an open communication	Leadership styles that are authoritative or task focused
Cahill et al. (32)  Royal Brisbane and Women's Hospital, Herston, Queensland, Australia  Setting: Intensive-care unit	To describe the process of translation and cultural adaptation of the FoC conceptual framework, from the original English version to the Swedish one  Discussion paper  Description of a multidisciplinary programme, designed to support the staff in implementing FoC.  The project is called "Eat Walk Engage", based on the implementation of a support offered to all staff to provide FoC to hospitalized elderly patients, and reduce episodes of delirium and functional decline associated with hospitalization, with the aim of improving outcomes	Implementing multidisciplinary and multilevel programmes  Ensuring supportive nurse manager leadership  Enacting strategies to facilitate the delivery of the FoC  Measuring and monitoring nursing outcomes	Implementing inappropriate organizational model of the health-care system  Prioritization systems
Conroy (27)  Adelaide Nursing School, Adelaide, Australia  Setting: 650-bed metropolitan hospital	To explore the factors that influence the delivery of the FoC as perceived by nurses and patient representatives  Qualitative study  Scenario simulation based on typical critical care delivery, focus groups attended by nurses (=7), nurses with leadership roles (=7) and patient representatives (=4)	Recognizing the nursing leadership  Acting as a role model  Allocating appropriately the resources taking into account different factors (e.g. skill mix)	Lacking in staffing  High workloads compared to the resources available in the workforce  Implementing inappropriate organizational model (e.g. functional model vs teams, primary nursing)  Lacking in training with respect to the patient's characteristics (e.g. the new employee)
Durante et al. (36)  Treviso, Italy  Setting: -	To identify possible strategies to ensure the FoC  Literature review  251 studies; 14 included and analysed	Promoting a positive leadership (organizational culture)	Organizational factors such as limited time and higher workloads

Authors Affiliations Setting	Aims Study design Main methods	Nurse managers and FoC-based nursing care Facilitating strategies	Hindering strategies
Grønkleier et al. (33) Clinical Nursing Research Unit, Aalborg University Hospital, Aalborg, Denmark Setting: Six Danish health-care facilities	To describe the process of implementing the care model inspired by the FoC, creating a connection between clinical nursing, education and research Discussion paper/case study A partnership was created involving professionals engaged in clinical, educational and research settings; partners introduced the FoC framework to professionals working in the clinical, educational and organizational fields, offering support and guidance in its implementation. They collaborated with nurse researchers on projects regarding the use of FoC in clinical practice	Planning strategically to integrate the FoC conceptual framework in practice Establishing an interinstitutional partnership Involving the strategic management Establishing a steering committee (patient panel + advisory board) Collecting contributions from several institutions Implementing a research programme Working groups and leadership	-
Jangland et al. (28) Department of Surgical Sciences, Uppsala University, Uppsala, Sweden Setting: Two surgical wards of a Swedish university hospital	To observe the perception of patients with respect to a management based on the FoC Qualitative ethnographic study Data collected through observation of participants during interviews. Participants were patients with acute abdominal pain who were transferred from the emergency to the surgical department Observation mini rounds, on defined days; a total of 20 observations, 12 women (range 21–89 years) and 5 men (37–73 years). Data analysed through a deductive approach using the FoC model	Ensuring resources Promoting the culture Defining who is responsible for the care of that patient Evaluating and monitoring Giving feedback	Working with limited resources Being unclear in the leadership
Merkley et al. (31) Sinai Health, Toronto, Ontario, Canada Setting: Toronto University Hospital	To describe the experience of a university hospital in the process of implementing a care model inspired by the FoC Discussion paper Implementation of educational courses to increase the attitude of health-care personnel to the FoC, with the intent of establishing the framework as an integral part of the organizational strategies for the development of educational programmes Invest in evidence-based, quality improvement plans	Sharing organizational and caring processes with the whole team Setting goals to achieve best practices Investing in training and research Developing a culture based on “value-based medicine” by planning valuable nursing interventions Including the strategy in the quality policy of the institution	Lacking in knowledge and awareness
Mudd et al. (29) College of Nursing and Health Sciences, South Australia, Australia Setting: Hospital wards, hospital/community clinics, residential aged care, mental health, palliative care	To observe the strategies used by nurse leaders to facilitate the delivery of FoC in their clinical area Qualitative study (descriptive-interpretative) 24 clinical leaders, responsible for nursing direction and quality Semi-structured interviews conducted individually by telephone or videoconference, according to the participant's preference	Promoting positive model behaviours, to act as a role model “Being there” to support the quality of care Involving and supporting the staff Recognizing difficulties in prioritizing patients' needs	Lacking in strategies to support nurses Lacking in clarity regarding priorities of care needs Expressing issues in how to support the nurse-patient relationship Setting expectations on nursing without a planning

<b>Authors Affiliations Setting</b>	<b>Aims Study design Main methods</b>	<b>Facilitating strategies</b>	<b>Nurse managers and FoC-based nursing care approach promotion Hindering strategies</b>
Mudd et al. (30)  College of Nursing and Health Sciences, South Australia, Australia  Setting: Denmark (e.g. anaesthesia, cardiology); Australia (e.g. transplant nephrology); New Zealand (e.g. surgery, anaesthesia)	To explore strategies used by nursing managers to support nurses in using FoC  Qualitative approach Nurse managers of three publicly funded urban hospitals were invited to participate in group interviews to discuss how they support FoC in their clinical settings.  Six interviews between February 2017 and March 2020; 31 nurse managers participated	Valuing FoC Understanding and developing the skills of the staff Monitoring the FoC indicators Ensuring visibility in clinical practice Including the FoC model in daily practice and nursing activities	Enacting negative styles of leadership Implementing checklist approach (task-oriented)
Pattison et al. (34)  University of Hertfordshire, Hatfield, United Kingdom  Setting: -	To reflect on correlations between different leadership styles and the delivery of FoC  Discussion paper The conceptualization of the FoC model is a hot topic among nursing leaders given the cognitive dissonance when they have to balance the needs of the organization, the patients and the nurses. The theoretical potentialities of some leadership styles (collective, compassionate and transformative) in implementing the FoC framework in care models were examined	Promoting awareness of the leadership model Promoting relational leadership Acting as a role model Understanding shared values and empowering nurses Ensuring that competing priorities are listened to and addressed	-
Sugg et al. (37)  University of Exeter, Exeter, United Kingdom  Setting: Public general hospitals including teaching hospitals, tertiary-level hospitals, private health care	To identify the strategies used by nurses to overcome the barriers in the delivery of FoC to patients on non-invasive ventilation affected by COVID-19  Mixed-method study Telematics survey of 1062 nurses, with open-ended questions conducted in August 2020 to learn about strategies used to overcome obstacles in FoC-based care delivery, in the management of non-invasively ventilated patients with COVID -19	Ensuring multiple interventions capable of involving the group Ensuring material availability Promoting teamwork Training and informing the staff Supporting the staff	-

Abbreviations: FoC, Fundamentals of Care; COVID-19, coronavirus disease 2019.

of nursing care oriented towards FoC and care outcomes (32, 33, 35); (b) analyse the role of nurse managers in supporting nurses to implement FoC-based care (29, 30) or the factors influencing its delivery (27) in specific care situations (e.g. the coronavirus disease 2019 (COVID-19) pandemic) (37); and (c) identify strategies to ensure a FoC-based approach (28, 31, 33, 36). The reviews included nine (36) to 13 studies (35), while the qualitative and the mixed-method studies comprised from 18 (27) to 1062 participants (37), including nurses, nurse managers and patients (27, 28).

#### *Strategies facilitating FoC-based approach according to the nurse manager role*

Several facilitating strategies have emerged at the macro and micro level as summarized in the following 12 themes. At the macro level, there is a need to disseminate a culture of attention towards patients that should be incorporated in the strategy of the entire system; moreover, synergies and effective leadership styles should be promoted by also providing education both in the undergraduate and continuing education settings. At the micro levels, the required resources should be available, and the quality of the environment promoted. Nurse managers should ensure an effective team management, guiding the prioritization processes daily. In designing approaches of care delivery, they should promote the patient-centred care models and act as a role model towards both patients and nurses. The quality of care should be measured, and the findings emphasized and disseminated.

Specifically, the emerged strategies are the following:

1) *Disseminating a culture of attention towards patients.* It is necessary that the nurse managers contribute to spreading a shared culture of the principles of the FoC (28), which should be part of the founding elements of the organization. Currently,

organizations do not always attribute value (30) and awareness (31) to this topic, being oriented toward tasks/ performance to be carried out as quickly as possible (28).

2) *Developing a system strategy.* Making the nursing practice capable of being based on FoC requires a strategic system that value it (33). Efforts at the unit level are not enough: system actions are needed through strategic programmes involving all levels of management, long-term aims and transparency, including the project in the hospital quality policies (31). Cahill et al. (32) documented the importance of nurse manager planning in supporting and sustaining care improvements and in modulating a compassionate approach in intensive-care settings, where it can become even more complex to harmonize the purely specialized aspects with those that are FoC-based. The systemic strategy should be presented and discussed with the team (33) to underline its relevance. Mudd et al. (30), in fact, documented that the absence of a strategy is one of the factors hindering the implementation of a nursing care approach based on FoC.

3) *Creating synergies.* It is necessary to establish a partnership among all actors in the care process by involving the top positions of the nursing management, those at the clinic/unit levels and those with educational and research responsibilities (33, 28). These synergies ensure an overall and integrated change process, capable of influencing all components of the organization and acting on many facilitating factors, neutralizing the hindering ones (33). By creating synergies between these fields and involving leadership at various levels, it is possible to overcome the difficulties of the system and support an approach based on FoC (32).

4) *Implementing an effective leadership model.* Akbiyik et al. (35), in their systematic review, concluded that a relationship-centred leadership adopted by the nurse manager improves patient outcomes and



the quality of care; on the other hand, an authoritarian and task-based leadership hinders care that is attentive to the needs of patients. Pattison et al. (34) also emphasized the role of relationship-based leadership embodying a compassionate style, capable of expressing the caring for the group and of guiding/inspiring it towards the FoC. Other authors emphasized the role of individual leadership skills (28) in initiating and maintaining effective relationships with staff (30), but also in recognizing and valuing the relationship that nurses have with patients (27, 36). The nurse manager may facilitate a FoC-based approach by encouraging and supporting the team to take into consideration the fundamental needs of the patients (29); the approach is instead hindered if the leadership is unclear or confused (28).

5) *Educating nurses.* The knowledge possessed by nurses is not always adequate, and this can represent a hindering factor in the implementation of a care model based on FoC (27). Nurses' knowledge of FoC should be developed (29, 30); moreover, nurses who express a limited view of patients (e.g. are very focused on the pathology) should be helped to have a more global approach to their needs (29) by designing specific educational pathways (37).

6) *Ensuring resources needed.* Nurse managers should ensure that there is that the amount of resources available is adequate and an appropriate skill mix to avoid excessive workloads (32, 36), which impose an efficiency approach that inevitably leads to the task-oriented model. Jangland et al. (28) emphasized the importance of the right allocation of resources to prevent excessive workloads. Material resources are also important: when nurses have access to the required resources, they ensure better attention to patients' needs (37).

7) *Being aware of the importance of the working environment.* The work environment can facilitate or hinder the

FoC-based approach. The nurse manager should promote the best quality of the work environment, for example by controlling noise and overcrowding of beds in the same room and offering support when the flow processes are intense. An inadequate environment threatens some of the basic needs of patients (e.g. sleep) (28) and may also affect the quality of the working life of nurses; therefore, nurse managers should be aware of this and ensure that spaces are appropriate for nurses' work, as well as for their rest and breaks, allowing them to feel supported and ensuring that meetings with other nurses are facilitated (37).

8) *Ensuring an effective team management.* Merkle et al. (31) underlined the importance of the nurse manager's role in the day-to-day management of the team to guide, support and motivate nurses and deliver the best care. Sugg et al. (37) documented the importance of supporting the team during the COVID-19 pandemic, acting through communication and encouragement and even offering psychological support for nurses.

9) *Guiding the process of prioritization.* Some systems that do not focus on patients' needs or set inconsistent or unclear priorities can hinder a FoC-based nursing care approach (29, 32). However, it can be challenging for a nurse manager to address the team's priorities because organizational priorities appear stronger than clinical ones, leaving the needs of the patients overlooked (32, 34).

10) *Facilitating patient-centred care models.* Nurse managers can act in several ways:

- Reducing the emphasis on tasks. Checklist-type approaches (30) should be avoided to prevent purely procedural nursing practice; task-based organizational models (27) and nurse managers who emphasize task performance as an expression of good nursing care should also be prevented (32).

- Helping nurses in identifying who is responsible for each patient's care. Patients

need to be able to identify who is the referent nurse; when they are cared for by many professionals entering and leaving the room, they feel less well cared for in their needs (26). The implementation of team-based and/or primary nursing care models may facilitate approaches based on the FoC (27).

- Facilitating a clustering intervention approach. This has been a widely known approach during the COVID-19 pandemic that has facilitated the delivery of comprehensive care. Entering rooms and ensuring all needs are provided for in a unified way and avoiding contamination between rooms and wastes (e.g. personal protective equipment) have enhanced nurses' attention to the assessment of patients' needs and their full satisfaction (37).

*11) Acting as a role model.* Nurse managers should act as a positive example and role model to gain respect among both patients and nurses (27, 29, 34). Furthermore, it is important to stay close to patients and nurses. The active presence of the nurse manager in the units, close to the nurses, adds value to their daily practice and their attention to patients' needs (30, 36), helping them to achieve the expected good quality standards of care and to address any failings (29). It also allows nurses to give voice to their concerns by collecting and reporting/addressing them (34).

*12) Valuing and disseminating the results.* Jangland et al. (28) and Merkley et al. (31) stated that, regardless of the level of patient complexity and the specific care settings, nurse managers, together with nurses, should systematically evaluate the outcomes and share the findings as the basis for reflection and improvement. Mudd et al. (30) encouraged both formal (e.g. audit) and informal monitoring of the quality of care. The systematic collection of patients' experiences with nursing care can be a starting point for developing improvement projects (28, 30).

## Discussion

### *Methodological discussion*

Eleven studies documenting strategies that nurse managers can apply to promote a FoC-based approach among nurses were identified. At the methodological level, some interesting features of this research field have emerged.

Almost half of the studies focused on the role of nurse managers and their leadership (e.g. 29, 30, 32, 34, 35) while the remainder identified its relevance in the context of other factors (e.g. resources) related to the nurse manager role (e.g., 28). These findings could be explained from two perspectives. It has been emphasized over the years that the profile of the nurse manager's role is closer to the needs of the organization than those of the nursing care at the bedside (35). On the other hand, regarding the responsibility of promoting an approach based on FoC, some studies have attributed this to clinical nurses; others have recognized a relevant role for the nurse manager while yet others have attributed it to the entire multidisciplinary team. The latter view has long been encouraged (9, 32), suggesting the development of multidisciplinary studies, including all those who are involved in patient-centred care (32).

Some studies have taken the FoC model as an explicit point of reference, while others have considered individual needs/problems (e.g. malnutrition) (35) as an indirect indicator of a lack of attention to patients' needs. From a methodological point of view, we have adopted an inclusive approach rather than only considering studies strictly concerning the FoC in the consideration of the recent development of the conceptual model.

Among retrieved studies, there is a tendency to document facilitating factors rather than hindering ones (38), thereby suggesting a different approach from that of missed care, in which greater attention paid to facilitating factors can be traced in the

literature, rather than to those that prevent an FoC-based approach.

Overall, this field of research appears to be characterized by discussion papers (e.g. 32, 33) and primary qualitative studies including the entire unit (e.g. through ethnographic approaches 27), a group (27) or individual nurse managers (e.g. 29, 30) and also patients (27, 28). Therefore, this is an early-stage research area, where efforts to discuss the issue (31–34) and generate new perspectives seem to be prevalent (27–30).

### *Discussion of the findings*

The nurse manager is responsible for the care provided in the unit and therefore also for the organizational model through which such care is provided (29). According to the findings, studies clearly attribute the ability to influence the practice in its capacity to meet patients' needs to the nurse manager (e.g. 29). Reasons for poor attention to patients' needs very often reside in the tendency to standardize the care process to ensure efficiency, thus limiting the time spent at the bedside (39): in this regard, nurse managers can play an important role. By combining the findings of the 11 studies, 12 different themes emerged expressing a variety of strategies, all related to each other, both at the micro- and at the macro-level, suggesting that it is essential to act locally but also at the system level. The pressure applied to all nurses does not derive only from the unit (28), but also from hospital and systemic priorities. One example is the permanent restrictions on family members' access to wards, which, while exceptional and necessary in the early phase of the COVID-19 pandemic (40, 41), today represents a violation of the basic needs of patients (37, 42). A strategic engagement of the whole health-care system (43) is encouraged to develop greater awareness of the value of nursing care regarding the patients' needs (44) in order to promote a FoC-based approach.

Findings also suggest the importance of designing and conducting explicit, deliberate (31) and visible initiatives involving all levels of a given hospital in an inter-institutional approach (33), including the units and both the educational (e.g. nursing programmes) and the research centres, in which not only patients but also students are beneficiaries. Therefore, a global, multilevel, long-term strategy is required (31), in which contamination between sectors can promote a FoC-centred care approach among current and future generations of nurses.

Some strategies emerged also at the unit level, as those regarding the promotion of the quality of the work environment, the attention given to the resources, the materials, and the relationships. These strategies can be enacted locally by the nurse manager in a context where the support of the whole system is essential. Alongside these strategies, it is important to introduce a systematic data collection at all levels, to trace the capacity of the nursing system to meet the patient's needs, thereby promoting timely quality improvement processes (e.g. preventing missed care).

### *Limitations*

This scoping review has several limitations. First, the review protocol was not registered, and the quality appraisal of the included studies was not performed according to the nature of the study design. Second, the profiles of the nurse managers across countries were not described and compared; their different competences and responsibilities can play a role in promoting a FoC-based approach among nurses. Third, the data analysis was performed by researchers sharing a common background: their previous experiences, knowledge and values in the field, may have influenced the findings.

## Conclusions

Nurse managers have an important role in facilitating a FoC-based nursing care approach. However, several strategies are beyond their role, and should be promoted at the systemic level. At the overall level, a good unit management enacted by a nurse manager capable of promoting multidimensional actions, in a system where multilevel initiatives are ensured, is effective in promoting a FoC-based nursing care approach.

### *Implications for practice and for future research*

Strategies to promote a FoC-based approach on the part of nurse managers are close to those reflecting a “good management” of the unit. Nurse managers should be trained in considering the needs of both nurses and patients, and to act as a role model; their time should be protected to allow them to stay close to the clinical nurses. However, with the increased numbers of advanced educated nurses at the unit level, there will be a need to understand whether this dual role (clinical and organizational) should be shared between nurse managers and advanced educated nurses.

Moreover, the set of strategies that emerged may inform the design of complex interventions and the following research priorities: in this regard, more health service research on strategies implemented by nurse managers is needed to provide a better understanding of their effectiveness on patient outcomes (e.g. incidence of pressure ulcers, health-care-associated infections), on nurses (e.g. intention to stay) and on organization (e.g. saving costs). Moreover, exploring the individual (e.g. education) and the organizational (e.g. support system) factors enabling nurse managers to undertake effective actions is also suggested in this field.

**Funding:** None.

**Institutional Review Board Statement:** Not required.

**Conflicts of Interest:** The authors declare no conflict of interest.

## Riassunto

### *I coordinatori e le strategie per facilitare una assistenza infermieristica basata sulle Fundamentals of Care. Una scoping review*

**Premessa.** Negli ultimi anni, per contrastare le carenze riscontrate nell'assistenza si è generato un crescente interesse verso le Fundamentals of Care (FoC). Tuttavia, ad oggi, non è disponibile una mappa delle strategie che i coordinatori infermieristici possono attivare per facilitare un'assistenza basata sulle FoC. L'obiettivo di questo studio era mappare le strategie che i coordinatori infermieristici possono implementare per facilitare un'assistenza basata sulle FoC.

**Metodi.** È stata condotta una scoping review seguendo le linee guida Preferred Reporting Items for Systematic Review e Meta-Analysis extension-Scoping Review (PRISMA-ScR). Sono state consultate le banche dati PubMed, CINAHL, Cochrane Library, Scopus, Web of Science e gli atti congressuali dell'International Learning Collaborative 2022. Erano eleggibili gli studi che con qualsiasi metodologia esploravano la relazione tra il ruolo del coordinatore infermieristico e la promozione delle FoC, pubblicati dal 2008 (anno di nascita del movimento FoC) a settembre 2022, in italiano o in inglese. È stata effettuata una sintesi narrativa dei risultati emersi in accordo alle loro similitudini e differenze.

**Risultati.** Sono stati inclusi quattro studi qualitativi, quattro discussion paper, due revisioni e uno studio mixed-method, pubblicati dal 2017 al 2021, prevalentemente in Australia. A livello macro, è necessario diffondere una cultura di attenzione verso i pazienti che dovrebbe essere incorporata nella strategia dell'intero sistema; inoltre, dovrebbero essere promosse sinergie e stili di leadership efficaci, fornendo anche formazione sia a livello universitario che di formazione continua. A livello micro, tra l'altro, si dovrebbero rendere disponibili le risorse necessarie e promuovere la qualità dell'ambiente.

**Conclusioni.** I coordinatori infermieristici possono promuovere una pratica basata sulle FoC attraverso una serie di strategie che dovrebbero essere insegnate e sperimentate anche nei percorsi formativi.

## References

1. Arcadi P, Bonetti L, Busnelli A, et al. Di quali bisogni di salute si occupa l'infermiere? Studio

- qualitativo multicentrico. *L'Infermiere* 2016; **53**(5): e89-e103.
2. Zeleníková R, Gurková E, Jarošová D. Missed nursing care measured by MISSCARE Survey - the first pilot study in the Czech Republic and Slovakia. *Cent Eur J Nurs Midw*. 2019; **10**(1): 958-66. doi: 10.15452/CEJNM.2019.10.0002.
3. Visintini E, Inzerillo M, Savaris M, et al. Factors triggering the progressive detachment of nurses toward the fundamental needs of patients: findings from a qualitative study. *Intern Emerg Med*. 2023 May 4; 1-9. doi: 10.1007/s11739-023-03289-6. Epub ahead of print.
4. Kalisch BJ, Williams RA. Development and psychometric testing of a tool to measure missed nursing care. *J Nurs Adm*. 2009 May; **39**(5): 211-9. doi: 10.1097/NNA.0b013e3181a23cf5.
5. Chaboyer W, Harbeck E, Lee BO, Grealish L. Missed nursing care: An overview of reviews. *Kaohsiung J Med Sci*. 2021 Feb; **37**(2): 82-91. doi: 10.1002/kjm2.12308. Epub 2020 Oct 6.
6. Palese A, Mattiussi E, Fabris S, et al. Il Movimento 'Back to the Basics': un ritorno al passato o indicatore di un'infermieristica 'matura'? [The 'Back to the Basics' movement: return to the past or sign of a 'mature' nursing?]. *Assist Inferm Ric*. 2019 Jan-Mar; **38**(1): 49-52. doi: 10.1702/3129.31110.
7. World Health Organization (WHO). Global strategy on people-centred and integrated health services Interim Report WHO/HIS//SDS/2015.6 S. Available on: <https://apps.who.int/iris/handle/10665/155002>. [Last access: 2023 February 15].
8. The International Learning Collaborative 2021. ILC history. Available on: <https://ilccare.org/about/history/>. [Last access: 2023 February 15].
9. Feo R, Conroy T, Jangland E, et al. Towards a standardised definition for fundamental care: A modified Delphi study. *J Clin Nurs*. 2018 Jun; **27**(11-12): 2285-99. doi: 10.1111/jocn.14247. Epub 2018 Feb 12.
10. Kitson A, Carr D, Conroy T, et al. Speaking Up for Fundamental Care: the ILC Aalborg Statement. *BMJ Open*. 2019 Dec 9; **9**(12): e033077. doi: 10.1136/bmjopen-2019-033077.
11. Feo R, Conroy T, Marshall RJ, et al. Using holistic interpretive synthesis to create practice-relevant guidance for person-centred fundamental care delivered by nurses. *Nurs Inq*. 2017 Apr; **24**(2). doi: 10.1111/nin.12152. Epub 2016 Aug 22.
12. McCauley L, Kirwan M, Riklikiene O, Hinno S. A scoping review: The role of the nurse manager as represented in the missed care literature. *J Nurs Manag*. 2020 Nov; **28**(8): 1770-82. doi: 10.1111/jonm.13011. Epub 2020 Jul 4.
13. Enterkin J, Robb E, McLaren S. Clinical leadership for high-quality care: developing future ward leaders. *J Nurs Manag*. 2013 Mar; **21**(2): 206-16. doi: 10.1111/j.1365-2834.2012.01408.x. Epub 2012 Mar 30.
14. González-García A, Pinto-Carral A, Villorejo JS, Marqués-Sánchez P. Competency Model for the Middle Nurse Manager (MCGE-Logistic Level). *Int J Environ Res Public Health*. 2021 Apr 8; **18**(8): 3898. doi: 10.3390/ijerph18083898.
15. González-García A, Pinto-Carral A, Pérez-González S, Marqués-Sánchez P. Nurse managers' competencies: A scoping review. *J Nurs Manag*. 2021 Sep; **29**(6): 1410-19. doi: 10.1111/jonm.13380. Epub 2021 Jul 12.
16. Ofei AMA, Paarima Y, Barnes T. Exploring the management competencies of nurse managers in the Greater Accra Region, Ghana. *Int J Afr Nurs Sci*. 2020; **13**: 100248. doi: 10.1016/j.ijans.2020.100248. Epub 2020 Sept 13.
17. Wong CA, Spence Laschinger HK, Cummings GG. Authentic leadership and nurses' voice behaviour and perceptions of care quality. *J Nurs Manag*. 2010 Nov; **18**(8): 889-900. doi: 10.1111/j.1365-2834.2010.01113.x.
18. Wong CA, Cummings GG, Ducharme L. The relationship between nursing leadership and patient outcomes: a systematic review update. *J Nurs Manag*. 2013 Jul; **21**(5): 709-24. doi: 10.1111/jonm.12116.
19. Westerberg K, Tafvelin S. The importance of leadership style and psychosocial work environment to staff-assessed quality of care: implications for home help services. *Health Soc Care Community*. 2014 Sep; **22**(5): 461-8. doi: 10.1111/hsc.12084. Epub 2013 Dec 6.
20. McKinney SH, Corazzini K, Anderson RA, et al. Nursing home director of nursing leadership style and director of nursing-sensitive survey deficiencies. *Health Care Manage Rev*. 2016 Jul-Sep; **41**(3): 224-32. doi: 10.1097/HMR.0000000000000072.
21. Ma C, Shang J, Bott MJ. Linking Unit Collaboration and Nursing Leadership to Nurse Outcomes and Quality of Care. *J Nurs Adm*. 2015 Sep; **45**(9): 435-42. doi: 10.1097/NNA.0000000000000229.

22. Havig AK, Skogstad A, Kjekshus LE, Romøren TI. Leadership, staffing and quality of care in nursing homes. *BMC Health Serv Res*. 2011 Nov 28; **11**: 327. doi: 10.1186/1472-6963-11-327.
23. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International J Soc Res Methodol* 2005; **8**(1): 19-32. doi: 10.1080/1364557032000119616.
24. Levac D, Colquhoun H, O'Brien KK. Scoping studies: Advancing the methodology. *Implement Sci*. 2010 Sep 20; **5**: 69. doi: 10.1186/1748-5908-5-69.
25. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018 Oct 2; **169**(7): 467-73. doi: 10.7326/M18-0850. Epub 2018 Sep 4.
26. Kitson AL. The Fundamentals of Care Framework as a Point-of-Care Nursing Theory. *Nurs Res*. 2018 Mar-Apr; **67**(2): 99-107. doi: 10.1097/NNR.0000000000000271.
27. Conroy T. Factors influencing the delivery of the fundamentals of care: Perceptions of nurses, nursing leaders and healthcare consumers. *J Clin Nurs*. 2018 Jun; **27**(11-12): 2373-86. doi: 10.1111/jocn.14183. Epub 2018 Jan 24.
28. 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. *J Clin Nurs*. 2018 Jun; **27**(11-12): 2311-21. doi: 10.1111/jocn.14095. Epub 2017 Dec 6.
29. Mudd A, Feo R, McCloud C, Conroy T. Elucidating strategies used by clinical nurse leaders to facilitate fundamental care delivery: A qualitative study. *J Adv Nurs*. 2023 Mar; **79**(3): 1069-1081. doi: 10.1111/jan.15352. Epub 2022 Jul 12.
30. Mudd A, Feo R, Voldbjerg SL, et al. Nurse managers' support of fundamental care in the hospital setting. An interpretive description of nurse managers' experiences across Australia, Denmark, and New Zealand. *J Adv Nurs*. 2023 Mar; **79**(3): 1056-68. doi: 10.1111/jan.15139. Epub 2022 Jan 7.
31. Merkley J, Ronald K, Amaral N, et al. Enculturating, embedding and investing in fundamental care in an academic health science centre. *J Adv Nurs*. 2023 Mar; **79**(3): 933-941. doi: 10.1111/jan.15332. Epub 2022 Jun 24.
32. Cahill M, Neill S, Treleaven E, et al. Eat Walk Engage: Enabling acute care teams to deliver consistent fundamentals of care for older people. *J Adv Nurs*. 2023 Mar; **79**(3): 961-9. doi: 10.1111/jan.15363. Epub 2022 Jul 21.
33. Gronkjaer M, Voldbjerg SL, Jorgensen L, et al. Establishing and leading a cross-institutional partnership to integrate fundamentals of care into clinical practice, nursing education and research. *J Adv Nurs*. 2023 Mar; **79**(3): 951-60. doi: 10.1111/jan.15366. Epub 2022 Jul 16.
34. Pattison N, Corser R. Compassionate, collective or transformational nursing leadership to ensure fundamentals of care are achieved: A new challenge or non-sequitur? *J Adv Nurs*. 2023 Mar; **79**(3): 942-50. doi: 10.1111/jan.15202. Epub 2022 Mar 17.
35. Akbiyik A, Korhan EA, Kiray S, Kirsan M. The Effect of Nurses' Leadership Behavior on the Quality of Nursing Care and Patient Outcomes. *Creat Nurs*. 2020 Feb 1; **26**(1): e8-e18. doi: 10.1891/1078-4535.26.1.e8.
36. Durante L, Mazzariol E, Buffon M. Strategie per l'attuazione delle Cure Fondamentali: una revisione della letteratura. *Scenario*. 2020; **37**(4): 37-42. doi: 10.4081/scenario.2020.454.
37. Sugg HVR, Richards DA, Russell AM, et al. Nurses' strategies for overcoming barriers to fundamental nursing care in patients with COVID-19 caused by infection with the SARS-COV-2 virus: Results from the «COVID-NURSE» survey. *J Adv Nurs*. 2023 Mar; **79**(3): 1003-17. doi: 10.1111/jan.15261. Epub 2022 Apr 25.
38. 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 Jan; **30**(1-2): 239-65. doi: 10.1111/jocn.15543. Epub 2020 Nov 10.
39. Bottega M, Palese A. Come spendono il tempo-lavoro gli infermieri e quali strategie utilizzano per ottimizzarlo: una scoping review [How nurses spend their time-shift and the strategies adopted to maximize it: a scoping review]. *Assist Inferm Ric*. 2022 Jul-Sep; **41**(3): 129-38. doi: 10.1702/3920.39048.
40. Multidisciplinary Working Group "ComuniCovid" [Italian Society of Anesthesia and Intensive Care (SIAARTI), Italian Association of Critical Care Nurses (Aniarti), Italian Society of Emergency Medicine (SIMEU), and Italian Society of Palliative Care (SICP)]. Come comunicare

- con i familiari dei pazienti in completo isolamento durante la pandemia da SARS-CoV-2. *Recenti Prog Med.* 2020 Jun; **111**(6): 357-67. doi: 10.1701/3394.33757.
41. Galazzi A, Binda F, Gambazza S, et al. The end of life of patients with COVID-19 in intensive care unit and the stress level on their family members: A cross-sectional study. *Nurs Crit Care.* 2023 Jan; **28**(1): 133-40. doi: 10.1111/nicc.12783. Epub 2022 May 22.
  42. Cura Della Redazione A. La visita ai propri cari ricoverati: un diritto dei familiari e dei pazienti. *Assist Inferm Ric.* 2022 Oct-Dec; **41**(4): 190-4. doi: 10.1702/3974.39539.
  43. Butterworth T, White M. Il Productive Ward - un programma di miglioramento ed innovazione guidato dagli Infermieri [Productive Ward: Releasing Time to Care™. A qualitative, ward-based team perspective.]. *Assist Inferm Ric.* 2021 Oct-Dec; **40**(4): 233-5. doi: 10.1702/3743.37262.
  44. Pitacco G, Urli N, Centonze S, et al. Questioni etiche emergenti nella pratica clinica: risultati di un'indagine regionale [Emerging ethical issues in clinical practice: a regional survey]. *Assist Inferm Ric.* 2021 Jan-Mar; **40**(1): 4-19. doi: 10.1702/3599.35802.

***Corresponding Authors:***

Dott. Domenico Lombardi Fortino, Department of Biomedicine and Prevention, University of Tor Vergata, Viale Montpellier 1, Rome, Italy

e-mail: domenico.lombardifortino@ospedaleiriuniti.marche.it

Dott.ssa Stefania Chiappinotto, Department of Medicine, University of Udine, Viale Ungheria 20, Udine, Italy

e-mail: stefania.chiappinotto@uniud.it