

## PART 1: ESTABLISHING THE RELATIONSHIP

Fundamentals of care is a conceptual framework that involves 3 components; 1) establish the relationship 2) the integration of physical, psychological and relational care needs and 3) within the context of care. The core of the framework rests on the ability of the healthcare practitioner to establish a relationship and make explicit their commitment to care. This requires a connection with the patient so that fundamental care needs can be met.

The first part of the framework, establishing positive and trusting therapeutic relationships with patients, has long been recognised as an essential component of healthcare practice, and patients who say they have good relationships with their care team report a significantly better experience in hospital. Many of you likely understand the concept of whanaungatanga, which describes relationships that occur through shared experiences and working together which provides people with a shared sense of belonging. Whakawhanaungatanga (literally, to do whanaungatanga) describes the process of creating and maintaining the relationship. This is also one of our four DHB values and speaks specifically to what is involved in establishing good relationships and nurturing ongoing connections with patients and consumers by all health disciplines and staff. Establishing the relationship or whakawhanaungatanga is explored in this report using five key elements\* of our commitment to care to make this explicit.

We understand that it isn't always easy to establish positive and trusting relationships. Various challenges in clinical practice, such as lack of time and resources, demand, or systems issues can make it increasingly difficult to deliver effective care centred on relationships. We also know, however, that good relationships lead to a better care environment and better patient safety. To gain an understanding of what this process looks like from patients perspectives, we have used qualitative data from the Patient Experience survey for the 12 months from March 2019 to March 2020 to identify what it looks like when the process works well, as well as some of the challenges and barriers.

Our aim is that you can use these examples to reflect on your own practice and experience in providing authentic and effective care for our CM Health patients.

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\*1) developing a trusting relationship with the patient; 2) focusing on them and giving them your undivided attention; 3) anticipating their needs or concerns; 4) knowing enough about them to act appropriately; and 5) evaluating the quality of the relationship (Kitson et al 2013).

## REFERENCES

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## 1. BUILD TRUST

### BEGIN WITH AN INTRODUCTION

Patients tell us that a trusting relationship begins when staff introduce themselves and briefly outline the role they will play in their care and treatment.



The medical staff would always introduce themselves and ask how I would like to be addressed, Mister, or Christian name. (NZ European patient)

The [doctor] did not introduce himself so I had to ask him if he was my doctor. (NZ European patient)



### BE CALM AND REASSURE

For many patients, clinical settings are an unfamiliar and unsettling environment. Patients appreciate it when we check to see how they are coping and reassure them when they are worried. They say when we do this it makes them feel valued, safe and that they are in the right place.



Each person that came to see me would ask how I was coping and offered reassurance if and when I needed it. I was grateful for as this showed me that they really take care of their patients and listened to me. (NZ European patient)

Some nurses spoiled it for the rest. They treated me like I should know what I need to be doing and felt like they didn't want to be there or help me and made me feel uncomfortable and not worth their time or effort. (Maaori patient)



### PRIORITISE SAFETY

Our patients trust that we have the right knowledge, skill and expertise to know how to keep them safe from any harm, and many tell us that at CM Health they feel "in safe hands". For some, however, this trust is compromised when staff openly disagree with each other, when mistakes are made with medication or when a patient has an adverse reaction to blood collection or PICC line insertion (e.g. pain, bruising).

[Staff] were patient and in good spirits. They gave clear instructions, explained the situation, supported me through the whole process and checked in regularly. They went above my expectations and I felt in very safe hands and confident I was being well looked after ('Other' ethnicity).

I was offered the wrong medication on a number of occasions, urgent medication was not ordered when charted and there was a 24 hr delay in receiving it. For 4 days a nurse gave me [the wrong dose of my medication]. (NZ European patient)



### ASSESS AND BUILD ON HEALTH LITERACY

Actively engaging the patient and drawing on their perspective of what it means to be ill is not only the beginning of a trusted relationship, it is also an effective way of assessing how the patient is feeling, their level of understanding of their condition, and where they might need more information.



The entire team would discuss the next steps with me, checking often that I had a complete understanding of the next procedure or step that may be coming up. They would listen to all of my concerns and address them in a way that 'made sense' to me. (Maaori patient).

The consultant didn't explain the rationale for treatment, [they] pretty much told me to take a medication for the rest of my life and walked out, no indication why or explanation. Felt like [they] didn't care. (Maaori patient).



## 2. BE FOCUSED

### ACTIVELY ENGAGE

Our patients report a more positive experience when they feel staff have been able to actively engage them and give them undivided attention for short bursts of time without distraction. Being able to focus in this way is hugely important in terms of surveillance, anticipation and detecting changes.

Though the doctors were busy they gave me undivided attention when I needed it. (Ethnicity not stated).



The Doctor I saw was abrupt and seemed more concerned about his students than me. (Maaori patient).

### ATTEND TO THE HIDDEN STUFF

Comments from a number of patients would suggest that they are highly attuned to the 'hidden' parts of interactions. Body language, unconscious bias, and even the choice of location can influence how a patient feels about an interaction. Examples of negative interactions include eye rolling, glancing at a watch, answering a phone, speaking to others as though the patient isn't there or having private conversations in a public space.

I never once sensed anything negative like sighing, eye rolls, mumbling, body language or anything between staff that could have made me slightly uncomfortable. (NZ European patient)



Most of the time doctors spoke more to the team they were with rather than me and so I was confused about what was going on. (Maaori patient).

## 3. ANTICIPATE

### ANTICIPATE SUPPORT NEEDS

We heard from a number of patients who found it difficult to complete basic tasks such as showering, eating or toileting on their own at different times during their hospital stay, and who felt healthcare staff assumed they could do this for themselves. Anticipating and assessing what patients can do for themselves, and what they might need support with can help greatly with patients' feelings of trust and safety.

When I need assistance the nurses on duty were able to answer the bell and even help with what I needed. They were so mindful and ask if I need anything else and check on me. (NZ European patient)



I felt unsafe, there was lack of staff to help with showering and keeping clean. I always had to ask for help it was never offered. (Maaori patient).

### STAY ONE STEP AHEAD

Being one step ahead of patients' needs, particularly around pain management, physical comfort and information contributes towards a positive experience for patients.

[The nurses] anticipated needs before I articulated them, were confident in what they were doing, and treated me with huge compassion and dignity. (NZ European patient).



When I told a nurse I was in pain, they did not get back to me. Said that I have to wait 30 minutes but never came back at all, it happened twice to me during my stay. (Maaori patient).

## 4. KNOW

### RECORD AND READ

Patients appreciate when we approach them with some knowledge of them and their condition. They get frustrated when they have to repeat the same information to numerous staff.



Even though I saw different doctor teams everyday, the care was consistent. I didn't have to repeat myself.  
(NZ European patient).

I found that having a different midwife every shift meant re-introducing my concerns every time.  
(Maaori patient).



### ENGAGE IN CULTURALLY SAFE WAYS

Patients say that when staff know enough about them to be able engage in a culturally safe manner they feel 'seen' as a human being. Some tell us of their appreciation of staff who value their worldview and life experience, and who use this to establish a trusting relationship and guide their interactions. Whilst cultural safety is far more complex than small gestures, in practice, many of the actions patients appreciate are extremely simple. These include checking name pronunciation, ascertaining how people would like to be greeted and respecting cultural practices around nudity and the return of body parts.



I don't want my body to be exposed to any males. This is a culture and religious issue.  
(Asian ethnicity).

Awareness of my cultural beliefs and values is important to me and my whaanau. Staff were really friendly and helpful people. However, their understanding of tikanga/kawa was very limited.  
(Maaori patient).



## 5. EVALUATE

### REVIEW AND FEED BACK

Patients appreciate it when their healthcare team continuously reviews progress and gives feedback as to how things are going, checking that they understand what is happening and are aware of next steps.



The entire team would discuss with me the next steps with me, checking often, that I had a complete understanding of the next procedure or step that may be coming up.  
(NZ European patient).

I left the hospital still unsure about the seriousness of one of my conditions and what I need to / can do to manage the condition.  
(NZ European patient).



### INCLUDE WHAANAU ON THE TEAM

Whaanau can offer insights and solutions that can help the care team evaluate and determine the abilities of the patient to self-manage. Many of our patients tell us that involving their whaanau and support people in their care (and decisions around their care) is particularly important. For many, this reflects the fact that whaanau, family carers and other support people are their most important source of long-term support.

If there was anything that myself or my whanau needed to know or needed, it was never ever a problem so I rate it a 10.  
(Maaori patient).



Be good to let the support person have a say and something decent to rest on if requested because they are important to my care.  
(Maaori patient).