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Evaluating Nurse Manager Strategies for Effective Implementation of the Fundamentals of Care

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ABSTRACT

Introduction: The Fundamentals of Care (FoC) framework offers a person-centered, holistic approach to nursing care by emphasizing physical, psychosocial, and relational needs within therapeutic relationships. Despite growing recognition of its relevance, systematic implementation of the FoC model remains limited due to organizational, structural, and cultural barriers. Nurse managers (coordinators) play a pivotal leadership role in promoting and integrating FoC practices within clinical settings. **Objectives**: To evaluate the strategies implemented by nurse managers in Italian hospitals to support the effective adoption of the FoC framework, and to explore their perceptions, knowledge, and leadership practices related to FoC. **Methods**: A cross-sectional descriptive study was conducted using a validated questionnaire distributed to nurse managers with Organizational Function Assignments. A purposive sampling approach was used through national scientific associations (SIDMI and CNC). Descriptive, inferential, and multivariate statistical analyses were performed using SPSS v.26. Principal Component Analysis (PCA) was applied to identify latent dimensions of leadership practices. **Results**: Out of 156 questionnaires received, 65 fully completed responses were analyzed. While most participants demonstrated basic knowledge of the FoC model (55.4%), only 16.9% reported having received specific training, and just 12.3% indicated institutional support for implementation. Key strategies perceived as effective included continuous staff education (65%) and regular team feedback (85%). Five principal components of leadership emerged from the PCA: empowerment, development, governance, visibility, and quality. Higher scores were associated with greater experience in the coordination role and specific training in FoC. However, systemic barriers and lack of structured support were commonly reported. Conclusions: Nurse managers are key facilitators of FoC integration in hospital settings, primarily through relational and supportive leadership. Their ability to guide teams relies on adaptable leadership styles, focused on empowerment, education, and clinical presence. Nonetheless, broader institutional investment is needed to create conditions conducive to widespread and sustainable implementation of the FoC model.

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Background

The Fundamentals of Care (FoC) model represents an integrated and holistic approach to nursing care, aimed at ensuring the satisfaction of a person's fundamental needs by promoting physical and psychological well-being, as well as interpersonal relationships, within an effective therapeutic relationship based on trust, respect for dignity, and continuity of care (1–3). The Fundamentals of Care (FoC) also represent a key element in promoting person-centred care, ensuring both quality and safety in healthcare delivery. Their implementation contributes to improving clinical outcomes, increasing patient satisfaction, and reducing the risk of "missed care" (2,4,5). Several studies have shown that patients' fundamental needs are often among the most neglected aspects of nursing care, particularly in settings with high workload intensity. Poor attention to these needs can negatively impact patient safety and health outcomes. Despite their importance, the systematic implementation of the Fundamentals of Care (FoC) still faces significant barriers, related to structural, cultural, organizational, and educational challenges (6,7). In this context, nursing leadership - and particularly the role of the nurse coordinator - plays a strategic and crucial role in driving change and supporting the team in adopting care practices based on the FoC. The coordinator can act as a change facilitator by promoting a patient-centered culture, ensuring favorable organizational conditions, and supporting staff in integrating the FoC into daily practice (8,9). Nurse coordinators contribute to shaping the care culture, planning and coordinating resources, and directly influencing the quality of care through their leadership style (10). They also serve as a vital link between strategic management and the care team, encouraging attention to patients' fundamental needs and integrating person-centred care models into daily practice. The literature has highlighted that positive leadership characteristics - such as relational and supportive leadership - demonstrated by nurse coordinators are associated with improved quality of care delivery (9). Until recently, it was still unclear which concrete strategies nursing leaders should adopt to effectively promote and support a Fundamentals of Care (FoC) approach in clinical settings. The lack of specific operational guidance represented a significant knowledge gap (11). In line with this issue, a recent qualitative study conducted in Australia, Denmark, and New Zealand highlighted that nurse coordinators often lack clear action plans to support staff in the delivery of FoC, which increases the risk that these fundamentals may be overlooked. The authors emphasize the usefulness of additional resources and specific guidelines to help nurse coordinators effectively support FoC in clinical wards, suggesting the need to develop targeted strategies and dedicated training to strengthen this role (11).

In 2023, a scoping review was conducted to address the existing knowledge gap regarding the most effective strategies that can be adopted by nurse coordinators. The review systematically mapped the documented strategies that coordinators can implement to promote care centered on the Fundamentals of Care (FoC) framework (5). The review included 11 scientific publications from 2017 to 2021, mostly qualitative in nature, and provided an overview of potentially effective initiatives across various care settings. The analysis revealed a complex set of multi-level strategies that nurse coordinators may adopt to encourage and sustain the delivery of fundamental nursing care. These strategies were categorized into two levels: at the macro level—that of systems and organizations—the importance of promoting a care culture centered on essential patient needs emerged. This involves integrating the FoC into the institutional mission and values, fostering effective leadership styles, developing multidisciplinary collaboration, and activating specific

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training programs both in undergraduate education and in continuing professional development for nurses (5,12). At the micro level, within individual care units, key measures include ensuring adequate resources—both human and material—to support basic nursing care, and improving the care environment. The aim is to create working conditions that allow staff to focus appropriately on patients' fundamental needs (5). The scoping review provided a comprehensive overview of FoC-oriented managerial strategies available in the literature, illustrating how nurse coordinators can act at both organizational and operational levels to improve the quality of fundamental care. The review's authors emphasized the importance of integrating and strengthening these skills and initiatives within training pathways and professional development programs designed for leadership roles (5). Building on the review's findings, a second observational and descriptive study was carried out to validate a questionnaire developed to explore nurse coordinators' perceptions of the strategies they implement to support their teams in delivering FoC (6). In this study, the questionnaire was administered to a sample of nurse coordinators working in inpatient units, enabling the collection of data on both the psychometric properties of the instrument and participants' lived experiences regarding FoC implementation in their wards. The results demonstrated strong internal consistency of the questionnaire (Cronbach's alpha = 0.89) in measuring the intended constructs. Descriptively, the majority of coordinators perceived the support strategies they apply in everyday practice as effective. Specifically, 65% indicated continuous staff training as the most useful measure, while 85% emphasized the importance of providing ongoing feedback to the team. These findings highlight a strong awareness of their leadership role and show that coordinators primarily rely on educational and communicative tools to support nurses in delivering fundamental care. The study also confirmed the validity of the questionnaire, proposing it as a useful tool for monitoring perceptions and managerial practices over time in relation to FoC support. However, some critical issues emerged from the responses: more than half of the coordinators reported a lack of structured institutional support for implementing the FoC framework in their contexts. This suggests that, despite individual efforts, organizational barriers persist that hinder uniform application of the model. It is therefore not surprising that many participants expressed the need for greater engagement from top management and nursing leadership in developing and promoting FoC-oriented strategic programs, advocating for their integration into quality care policies.

Finally, the pilot project identified the next step as expanding the investigation on a larger scale, to test the questionnaire's transferability and compare the effectiveness of FoC strategies across various clinical contexts, with the aim of identifying the most effective organizational levers to support FoC systemically (6).

Objectives

To evaluate the strategies implemented by nurses holding Organizational Function positions (Coordinators) to support the implementation of the Fundamentals of Care (FoC) in Italian hospitals.

Methods

A cross-sectional descriptive study design was adopted, targeting professionals holding a

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Functional Organizational Role (Coordinators) in the nursing field. Data collection was conducted using the "Survey Research Methods" approach (13), which involves the systematic administration of questionnaires to a representative sample of individuals or groups, with the aim of gathering information on the topics under investigation. In line with this approach, two reverse-polarity items were included in the questionnaire - statements that conveyed the opposite meaning compared to the overall positive tone of the instrument - in order to assess the consistency and attention of respondents. As observed in our sample, while the majority of items were phrased positively, the reverse-polarity items presented oppositely framed statements, allowing for the identification of inattentive or inconsistent responses.

Context, Population, and Sampling

On the occasion of the reform of the "Pact for a New Welfare on Non-Self-Sufficiency," definitively approved through the Legislative Decree implementing Delegated Law 33/2023, the Italian National Federation of Orders of Nursing Professions (FNOPI) published a report in 2024 (14,15) on the occupational status of nurses in Italy. The document, based on data from the ISTAT Continuous Labour Force Survey (16), shows that as early as 2015, the number of nurses registered with the professional Orders exceeded 440,000. Among them, approximately 4,000 held managerial positions (including about 1,500 in executive roles and their respective staff), while over 35,000 served in nursing coordination roles. In light of these data, which highlight the scale and importance of nurse coordinators within the national healthcare system, the present study was conducted to explore in greater depth the characteristics and perceptions of this professional figure within hospital settings.

For data collection, a non-probabilistic purposive sampling method was employed. The questionnaire was distributed via an online link, circulated through two key Italian scientific associations representing nurse coordinators: the Italian Society of Directors of Health Professions (SIDMI) and the National Coordination of Head Nurses – Nurse Coordinators (CNC). These channels were selected for their broad national representation and their ability to effectively reach the specific professional target of the study—nurse coordinators working in hospital settings. Participation was voluntary and anonymous. The questionnaire was made available online from December 15, 2024, to March 30, 2025, for a total duration of 15 weeks. A total of 156 completed questionnaires were received from Nurse Coordinators, forming the initial sample. Of these, 65 questionnaires (41.7%) were considered valid for analysis, having been completed in full. Two questionnaires, initially excluded due to the absence of the birth date, were later reassessed and included among the valid responses. The remaining 91 questionnaires (58.3%) were excluded from the analysis due to missing data or incomplete completion.

Statistical Analyses

Statistical analyses were performed using IBM SPSS Statistics software, version 26 (2021). Descriptive, inferential, and multivariate techniques were employed to analyze the role of nurse coordinators in implementing the FoC model and to examine potential differences among participant subgroups. Sociodemographic and professional variables were analyzed using descriptive statistics (absolute and relative frequencies, means, and standard

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deviations). To compare mean scores related to the perception and implementation of the FoC between two independent groups (e.g., gender, specific training received, use of strategies, implementation in the setting), the Wilcoxon rank-sum test was used, a non-parametric test appropriate for non-normally distributed samples. For comparisons among more than two groups (e.g., educational level, level of knowledge of the FoC model), the Kruskal-Wallis test was applied. The association between continuous variables - such as age, total work experience, and experience as a coordinator - and the average FoC-related scores was assessed using Spearman's rank correlation coefficient (ρ). Lastly, to explore the latent structure underlying the questionnaire items, a Principal Component Analysis (PCA) with rotation was conducted. Sample adequacy for PCA was confirmed by a Kaiser-Meyer-Olkin (KMO) value of 0.8417, indicating a good level of inter-variable correlation. All analyses were conducted with a significance level set at $p < 0.05$.

Ethics

The questionnaire used for data collection was validated through a pilot study approved by the Ethics Committee of the Marche Region (CET 365/2023). Data collection was authorized by Company Resolution No. 179 dated 08/03/2024, within the framework of the same project. The results of the pilot study demonstrated high internal reliability of the instrument, with a Cronbach's Alpha value of 0.89, confirming the robustness of the questionnaire in measuring the dimensions under investigation.

Results

Sample Characteristics: The sample consisted of 65 nurse coordinators. The majority were female (n = 52; 80%). The average age of participants was 50.95 years (SD = 7.77). The coordinators had a high level of professional experience, with a mean of 183.15 months [15 years and 3 months] (SD = 123.35) as nurses and 165.66 months [13 years and 10 months] (SD = 114.85) in a coordination role. The most common educational qualification was a university diploma or equivalent degree (29.2%), followed by a regional nursing diploma (24.6%), a master's degree (23.1%), and a bachelor's degree (20%).

Level of Knowledge and Implementation of the FoC Model: A total of 55.4% [n=36] of the sample reported having a basic knowledge of the Fundamentals of Care (FoC). Additionally, 15.4% [n=10] and 4.6% [n=3] indicated having, respectively, a good or excellent knowledge of the care framework. Only 11 participants (16.9%) stated that they had received specific training on the FoC model. Active implementation of the framework in their clinical setting was reported by 36.9% [n=24] of the sample, while 35.4% [n=23] indicated the use of specific implementation strategies. Organizational support for implementation was reported by 12.3% [n=8].

Perceptions of the Coordinator's Role: The analysis of nurse coordinators' perceptions regarding their organizational and leadership role within the care team was conducted using a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree). The dimensions with the highest average scores were: a) The coordinator's role in the daily management of the professional team (M = 4.42; SD = 0.77); b) Support in defining coherent and patient-centered care priorities (M = 4.40; SD = 0.77); c) The relevance of organizational strategies for improving care (M = 4.37; SD = 0.82); d) Team support through effective

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communication and psychological encouragement (M = 4.31; SD = 0.85). Conversely, the lowest average score was recorded for the statement: "The active presence of the coordinator does not affect the quality of daily clinical practice" (M = 3.12; SD = 1.34), suggesting an overall positive perception of the coordinator's influence on care quality.

Subgroup Analysis

- *Educational level*: No statistically significant differences were found in the overall FoC score based on educational level (p = 0.892), although coordinators with a regional diploma reported higher mean values compared to other groups (M = 102.50; SD = 11.05).
- *Knowledge of the framework*: Although no statistically significant differences were observed in the overall scores (p = 0.147), the subgroup with "good knowledge" obtained the highest mean score (M = 106.60; SD = 8.15).
- *Specific training on FoC*: Participants who received training scored significantly higher on three items: the promotion of strategic partnerships (p = 0.012), the adoption of a compassionate leadership style (p=0.023), and the optimization of patient contacts (p=0.041). The total score was also higher in this group (M = 104.55 vs. 97.94), with a trend toward significance (p=0.076).
- *Implementation of the model*: Coordinators reporting the implementation of the model achieved a higher average overall score (M = 102.21 vs. 97.22), with a difference that was not statistically significant (p=0.178), but significant for the perceived impact of the coordinator's active presence in daily clinical practice (p=0.027) and for the perceived need for systemic actions (p=0.019).
- *Organizational support*: Participants who recognized the value of organizational support reported a higher mean score (M = 109.25) compared to those who considered it less relevant (M = 98.84), with a difference approaching statistical significance (p=0.053).

Correlations

The Spearman correlation analysis revealed weak but statistically significant associations between the duration of experience as a nurse coordinator (expressed in months) and three specific variables:

- the organization of training programs on the Fundamentals of Care (ρ=0.32; p=0.010),
- the orientation of staff toward a holistic approach to patient needs (p=0.25; p=0.042),
- the promotion of appropriate spaces for effective teamwork (p=0.38; p=0.002).

No significant correlations were found with respect to age or overall nursing experience. To explore the latent structure of dimensions related to nurse coordinators' perceptions of their role in organizational and care contexts, a factor analysis was conducted on the questionnaire items. Specifically, a Principal Component Analysis (PCA) with oblique rotation was performed, aiming to simplify the observed variables and identify potential underlying correlation patterns, thereby facilitating the identification of common latent factors.

The analysis led to the identification of five main components, which are briefly summarized in Table 1.

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Component	Concept	Keyword	Key Items	Meaning
COMP1	Leadership and Team Support	Empowerment	Priority setting, team support, daily coordination	Represents the operational leadership and managerial role of the coordinator within the clinical setting.
COMP2	Training and Organizational Culture	Development	Team training, onboarding of new staff, appropriate spaces, resource management	Indicates the commitment to skill development and team growth.
COMP3	Strategic Governance and Institutional Integration	Governance	Policy integration, institutional partnerships, systemic vision	Expresses the ability to promote structural and strategic actions at the organizational level.
COMP4	Operational Proximity	Visibility	Coordinator's presence in daily clinical activities	Relates to the perceived presence of the coordinator in daily clinical practice.
COMP5	Monitoring and Continuous Improvement	Quality	Audits, outcome sharing, patient feedback	Reflects the focus on outcome evaluation and continuous improvement.

Table 1 – Latent Components

Table 2 reports the factor loadings (pattern matrix) obtained from the Principal Component Analysis (PCA), highlighting the latent structure underlying the questionnaire items. Each item was associated with one of the five components based on the highest factor loading.

The clear distribution of items across components confirms the construct validity of the instrument and supports the hypothesis of a multidimensional structure of the nurse coordinator's role in the promotion and implementation of the Fundamentals of Care (FoC).

The table also presents the factor loadings obtained through PCA with oblique rotation, further illustrating the latent structure underlying the questionnaire items.

Items	Empowerment	Development	Governance	Visibility	Quality
Q_1. The Nurse Coordinator promotes a culture based on the core principles of the Fundamentals of Care as structural elements of the organization	-0.1378	0.3967	0.2329	0.0538	-0.1541
Q_2. System-level actions involving top management and nursing leadership are needed through transparent, long-term strategic programs, including them in hospital quality policies	-0.0179	0.0163	0.5154	-0.0245	-0.0041
Q_3. The organizational strategies used by the Nurse Coordinator are important to guide, support, and sustain care improvement	0.1415	0.0505	0.275	-0.086	0.0786
Q_4. Establishing partnerships among all actors in the care process, involving leadership in clinical, educational, and research settings, facilitates the implementation of the Fundamentals of Care	-0.0213	-0.0332	0.5631	-0.0297	-0.0181
Q_5. The leadership style adopted by the Nurse Coordinator, characterized by a compassionate approach and group awareness, improves outcomes and the quality of care based on the Fundamentals of Care	0.1099	0.1872	0.0854	0.1517	-0.2245
Q_6. The Nurse Coordinator guides staff with a limited view of the patient (e.g., overly focused on pathology) toward a holistic approach to needs, aiming to align knowledge levels on the Fundamentals of Care	0.1472	0.1006	0.1852	0.0398	0.0333
Q_7. The Nurse Coordinator organizes targeted training to address gaps and align the team's knowledge on the Fundamentals of Care	-0.1016	0.5525	-0.0594	-0.0163	0.0242
Q_8. The Nurse Coordinator ensures specific training on the Fundamentals of Care for newly hired staff	0.0614	0.4675	-0.1057	-0.1594	-0.0004
Q_9. The Nurse Coordinator ensures adequate resources and a balanced skill mix to avoid overloads that may lead to task-oriented care	0.2142	0.0886	0.0309	-0.0726	0.0934
Q_10. The Nurse Coordinator optimizes material resource management and improves access to them, promoting greater attention to patient needs	0.2243	0.1776	-0.0871	0.1032	-0.2722
Q_11. The Nurse Coordinator promotes a quality work environment (e.g., noise level monitoring, bed overcrowding management) to ensure essential patient needs are met	0.183	-0.0558	0.2365	0.1459	-0.0854
Q_12. The Nurse Coordinator promotes the creation of adequate spaces ensuring safety, comfort, and effective teamwork, assessing workspace and team meeting area quality.	0.0607	0.2695	0.0985	0.0351	0.0513
Q_13. The active presence of the Nurse Coordinator in clinical settings does not impact the quality of daily practice or patient care	0.0238	-0.0661	-0.0566	0.5906	-0.0422
Q_14. The Nurse Coordinator supports the team through effective communication, encouragement, and psychological support	0.2596	0.0305	0.1194	-0.0146	-0.0153
Q_15. The role of the Nurse Coordinator is fundamental in managing the professional team daily, providing support and motivation to achieve care goals	0.3551	-0.0629	0.0922	-0.0666	-0.1243
Q_16. The Nurse Coordinator supports the team in defining care priorities clearly and coherently, keeping patient needs central	0.3624	-0.0374	0.0148	-0.0764	-0.0534
Q_17. The Nurse Coordinator implements organizational models that promote autonomy and professional responsibility, facilitating effective care planning	0.3227	0.1485	-0.2343	-0.105	0.0212
Q_18. The Nurse Coordinator facilitates the identification of the caregiver responsible for the patient	0.1475	0.1972	-0.0331	0.083	0.0618
Q_19. The Nurse Coordinator facilitates the optimization of interventions, reducing patient access frequency and enhancing attention to needs assessment	0.3021	0.0028	-0.2184	0.2666	-0.0517
Q_20. The Nurse Coordinator serves as a positive example and role model, gaining the respect of both patients and nurses	0.2131	-0.0298	0.1338	0.1134	0.0777
Q_21. The active presence of the Nurse Coordinator in clinical practice enhances daily care, facilitates patient need management, helps define quality standards, and supports challenge resolution	0.276	0.0232	-0.0367	0.1379	0.0623
Q_22. System-level actions are not necessary; instead, local efforts are important to implement the FoC within the organizational model	-0.2407	0.1224	0.0479	0.6167	0.0514
Q_23. The Nurse Coordinator, in collaboration with the care team, regularly assesses outcomes through formal audits and informal data collection	-0.0365	0.1742	0.0246	0.0654	0.5596
Q_24. Systematic collection of patient feedback can represent the starting point for improvement projects	0.224	-0.1854	0.0692	0.1831	0.2881
Q_25. The results obtained from monitoring are regularly shared with the entire care team	0.0731	0.0429	-0.0118	-0.0356	0.6236

Table 2 – Rotated Factor Loadings (Pattern Matrix)

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The analysis of the five factors emerging from the PCA [Empowerment, Development, Governance, Visibility, and Quality] (Table 2) was further enriched by cross-referencing them with contextual variables included in the dataset. The objective was to explore potential statistically significant differences related to organizational and educational factors. Several noteworthy findings emerged: I) *Visibility*: a statistically significant difference was observed based on the self-reported level of knowledge of the FoC model. Coordinators with a good level of knowledge reported higher mean scores (M=106.60±8.15) compared to those with no knowledge (M=99.81±13.60) or only basic knowledge (M=97.56±12.06), although the overall significance was borderline (p=0.147, Kruskal-Wallis test). This trend suggests a greater perceived visibility of one's role in promoting fundamental care needs among more experienced professionals; II) *Governance* and *Visibility*: Both were significantly associated with the receipt of specific training on the FoC model. Those who had received such training reported higher mean scores (M=104.55±16.49) than those who had not (M=97.94±15.27), showing a significant trend (p=0.076). Moreover, individual items related to leadership (p=0.023) and strategic partnerships (p=0.012) showed significant differences between groups, confirming a stronger integration of the model into organizational practice among trained professionals; III) *Governance*: Higher scores were observed among Coordinators currently implementing the FoC model in their clinical settings (M=102.21±13.39) compared to those who are not (M=97.22±16.57), with a relevant level of significance (p=0.178, Wilcoxon test). Additionally, this group showed significantly higher scores on items rejecting the idea that the coordinator's presence does not influence daily practice (M=3.63 vs. M=2.83; p=0.027), suggesting that operational adoption of the model is associated with a greater perception of influence over both organizational and clinical dynamics.

Discussions

The findings of this study confirm the crucial role of nurse coordinators in the implementation of the Fundamentals of Care (FoC) framework within Italian hospital settings (6). The high mean scores obtained in dimensions related to daily leadership, prioritization of care, and effective communication highlight the coordinator as a key figure in guiding the team toward patient care centered on fundamental needs. However, it clearly emerges that this positive influence is exerted primarily at the micro-organizational level, while systemic gaps and barriers persist. Despite an awareness of their strategic role, less than 17% of the sample reported having received specific training on the FoC model, and only 12.3% indicated having received explicit organizational support from their institution. This suggests a need for greater investment by healthcare institutions in continuing education and in the creation of structural conditions that support widespread and consistent implementation of the model. Moreover, subgroup analysis revealed a significant correlation between coordination experience and the ability to promote training initiatives and a suitable working environment. This finding supports the idea that professional development and on-the-job experience are fundamental levers for strengthening a culture based on the FoC. In parallel, coordinators who received specific training reported significantly higher scores in terms of promoting strategic partnerships and compassionate leadership, underscoring the effectiveness of targeted educational interventions. Factor analysis identified five main components that

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comprehensively describe the coordinator's contribution to FoC implementation: empowerment, development, governance, visibility, and quality. This framework confirms the multidimensional nature of the coordinator's role and suggests that effective implementation strategies must act in an integrated manner across these various domains (5).

Conclusions

The results of the study clearly highlight the crucial role of nurse coordinators in the effective implementation of the Fundamentals of Care (FoC) within hospital settings.

Their function goes beyond mere managerial or organizational duties: it represents a form of relational leadership capable of inspiring, motivating, and guiding the team toward a culture of care centered on the fundamental needs of the person (17–19). The nurse coordinator is not simply an operational supervisor, but a true agent of change. Their leadership style—when oriented toward compassion, support, and effective communication—can have a significant impact on the work environment, nurses' engagement (20) and the actual integration of the FoC framework into daily practice. Specifically, leadership emerges as a key lever to: a) define shared care priorities aligned with the core values of the FoC; b) promote a holistic view of the patient, moving beyond a fragmented and technical approach to care; c) foster inclusive work environments where nurses feel supported and valued; d) encourage professional growth through ongoing education and mentoring programs (6,21,22). In this regard, the coordinator's leadership may take on different forms—transformational, situational, participatory—but what proves most effective is the ability to adapt leadership style to team dynamics, contextual complexity, and care goals.bA leadership approach that is authoritative but not authoritarian, participatory yet goal-oriented, appears to be the most suitable model to support the successful implementation of the FoC framework (21,22).

Another key finding of the study is the need to support coordinators through clear policies, dedicated resources, and specific training. Without systemic involvement from healthcare management and top-level executives, even the most competent leadership risks operating in a fragmented environment that is not conducive to change.

In conclusion, the role of the nurse coordinator represents a strategic link between organizational guidelines and day-to-day clinical practice. Strengthening this role means investing in quality, safety, and patient-centered care, making the FoC a living and coherent practice within our hospitals.

Limits

This study presents several methodological limitations that should be taken into account when interpreting the results: i) *Small and non-probabilistic sample*: The use of purposive sampling allowed researchers to target a specific population (nurse coordinators with an Organizational Function Appointment), but limited the statistical representativeness of the sample. The final sample size (n=65) does not allow for generalizable inferences to the broader national population of nurse coordinators; ii) *Uneven geographical distribution*: The questionnaire was disseminated through professional associations, which likely facilitated the participation of professionals actively engaged in the scientific community. However, this approach did not ensure a balanced regional representation, possibly

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leading to the underrepresentation of peripheral areas or contexts with lower association involvement; iii) *Self-reported data*: The responses were based on participants' subjective perceptions, which may be affected by social desirability bias or by over- or underestimation of the strategies implemented. In the absence of triangulation with objective data or direct observations, the results should be interpreted with caution; iv) *Questionnaire content*: Although the tool used was validated, it primarily focused on perceived aspects of the nurse coordinator's role, without directly measuring the actual impact of the strategies on care outcomes. Further investigation is needed to assess the real effects of each strategy on clinical outcomes, as well as the interaction between the various dimensions identified (e.g., empowerment, governance, visibility); v) *Limited generalizability due to high exclusion rate*: A large proportion of the questionnaires (58.3%) were excluded from the analysis due to incomplete responses, representing a significant methodological concern. This high exclusion rate—nearly six out of ten questionnaires—suggests a potential selection bias. It is likely that only the most motivated participants, or those with greater familiarity with digital tools, completed the survey, further limiting the representativeness of the analyzed sample.

These limitations highlight the need to revise both the questionnaire structure and its administration procedures in order to improve completion rates and obtain more reliable and generalizable data.

Perspectives and Strategies to Deepen Understanding of the Phenomenon

To overcome the aforementioned limitations and enhance the understanding of the dynamics that facilitate the adoption of the Fundamentals of Care (FoC), the following research strategies are recommended: I) Expand the sample at the national level through multicentric studies conducted across heterogeneous organizational contexts, in order to increase representativeness; II) Adopt longitudinal research designs to monitor over time the evolution of organizational culture and the effectiveness of strategies implemented by nurse coordinators; III) Employ mixed-method approaches (quantitative and qualitative), including focus groups, semi-structured interviews, and ethnographic observations, to explore the lived experiences of nursing professionals; IV) Correlate managerial strategies with objective care indicators, such as levels of missed care, patient satisfaction, or rates of adverse events; V) Develop and test experimental training models, grounded in key dimensions such as empowerment and visibility, to assess the impact of targeted education on leadership styles and the ability to promote FoC.

These strategies may provide a more robust, systemic, and context-sensitive understanding of the phenomenon, thereby contributing to strengthen the role of the nurse coordinator as a strategic lever for innovation in person-centered care delivery.

Conflict of Interest

The authors declare that there is no conflict of interest.

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