

Patient-centred nursing, compassion satisfaction and compassion fatigue in Australian intensive care units

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A thesis presented in fulfilment of the requirements for the degree of

Doctor of Philosophy

Faculty of Health
University of Technology Sydney

April 2018

Certificate of original authorship

I certify that the work in this thesis has not previously been submitted for a degree nor

has it been submitted as part of requirements for a degree except as fully acknowledged

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I also certify that the thesis has been written by me. Any help that I have received in

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This research was supported by an Australian Government Research Training Program

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Statement of contributions to jointly authored works within this thesis

This thesis contains published work and work that has been submitted for publication or is currently under peer review (Chapters Two, Three, Five, Six and Seven). Justification for choice of journal and journal characteristics are outlined in Appendix 2.

Primarily I have been responsible for determining the research questions, managing data collection, analysis and drafting manuscripts. Professor Lin Perry and Doctor Joanne Lewis have provided valuable advice and also been involved in data synthesis, interpretation and manuscript editing.

I take full responsibility for the accuracy of information and findings presented in this thesis.

Publications and presentations related to this thesis

- Jakimowicz, S. & Perry, L. 2015, 'A concept analysis of patient-centred nursing in the intensive care unit', *Journal of Advanced Nursing*, vol. 71, no. 7, pp. 1499-517.
- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'An integrative review of supports, facilitators and barriers to patient-centred nursing in the intensive care unit',
 Journal of Clinical Nursing, vol. 26, no. 23-24, pp. 4153-71.
- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'Compassion satisfaction and fatigue: A cross-sectional survey of Australian intensive care nurses', *Australian Critical Care*, vol. 30, no. 2, pp 127 (online).

- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'Insights on compassion and patient-centred nursing in intensive care: a constructivist grounded theory, *Journal of Clinical Nursing*. In Press (accepted 9 December 2017 Appendix 16)
- Jakimowicz, S. & Perry, L. 2017, 'Applying Bowen Family Systems Theory to nursing in the intensive care unit: a discussion, *Journal of Advanced Nursing*, Under review.

Conference presentations related to this thesis

- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'Thinking outside the flags to enhance compassion satisfaction', paper presented to the *ANZICS/ACCCN Intensive Care Annual Scientific Meeting*, Gold Coast, QLD. Awarded Australian Critical Care Nursing - Best Nursing Paper 2017.
- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'The Hidden Cost of Caring
 ANZICS/ACCCN Intensive Care Annual Scientific Meeting, Gold Coast, QLD.
 Poster presentation
- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'Compassionate patient-centred nursing in Australian intensive care units', paper presented to the *Australian* College of Nursing National Nursing Forum, Sydney, Australia.
- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'Making compassion happen: combatting compassion fatigue, Australian College of Nursing National Nursing Forum, Sydney, Australia. Poster presentation

- Jakimowicz, S., Perry, L. & Lewis, J. 2016, 'Compassionate patient-centred nursing in Australian intensive care units', paper presented to the ANZICS/ACCCN Intensive Care Annual Scientific Meeting, Perth, WA.
- Jakimowicz, S., Perry, L. & Lewis, J. 2016, 'Compassion satisfaction and compassion fatigue in Australian intensive care units', ANZICS/ACCCN
 Intensive Care Annual Scientific Meeting, Perth, WA. Poster presentation
- Jakimowicz, S., Perry, L. & Lewis, J. 2016, Patient-centred nursing, compassion satisfaction and compassion fatigue in intensive care units', paper presented to the *Australian College of Nursing National Nursing Forum*, Melbourne, VIC.
- Jakimowicz, S., Perry, L. & Lewis, J. 2016, Patient-centred nursing, compassion satisfaction and compassion fatigue in intensive care units', paper presented to the *British Association of Critical Care Nurses' 33rd Annual BACCN Conference*, Glasgow, United Kingdom.
- Jakimowicz, S. & Perry, L. 2015, A concept analysis of patient-centred nursing in ICU', paper presented to the *Australian College of Nursing National Nursing Forum*, Brisbane, QLD.
- Jakimowicz, S., Perry, L. & Lewis, J. 2015, Barriers or facilitators to patientcentred nursing in intensive care, paper presented to the ANZICS/ACCCN Intensive Care Annual Scientific Meeting, Auckland, New Zealand.

- Jakimowicz, S, Perry, L. & Lewis, J. 2015 An integrative review of facilitators
 and barriers to patient-centred nursing in the intensive care unit paper
 presented to the ANZICS/ACCCN Annual Scientific Meeting, Auckland, New
 Zealand.
- Jakimowicz, S. & Perry, L. 2014, Patient-centred nursing in the intensive care unit: a concept analysis. ANZICS/ACCCN Intensive Care Annual Scientific Meeting, Melbourne, VIC. Poster presentation.

Local Health District presentations related to this thesis

- Jakimowicz, S., Perry, L. & Lewis, J. 2017, 'Compassionate patient-centred nursing in Australian intensive care units', paper presented to *Nursing Research Forum*, *Illawarra Shoalhaven Local Health District*, Wollongong Hospital.
- Jakimowicz, S., Perry, L. & Lewis, J. 2016, 'Compassionate patient-centred nursing in Australian intensive care units', paper presented to Nursing Research Forum, South Eastern Sydney Local Health District, Prince of Wales Hospital
- Jakimowicz, S., Perry, L. & Lewis, J. 2015, Barriers or facilitators to patientcentred nursing in intensive care, paper presented to *Nursing Research Forum*, *Illawarra Shoalhaven Local Health District*, Wollongong Hospital.
- Jakimowicz, S. & Perry, L. 2014, Patient-centred nursing in the intensive care
 unit: a concept analysis paper presented to *Nursing Research Forum*, *Illawarra*Shoalhaven Local Health District, Wollongong Hospital.

Dedication

I dedicate this thesis to Michael.

He is my inspiration.

His belief in me has taken me on a journey ~ introducing me to the world of learning.

I did not graduate from high school but have completed

not one degree, but three

and now submitting a Doctoral Thesis for examination.

Because of him I have been able to travel this learning pathway.

Acknowledgements

Many people have helped me over the four years of my PhD candidature. Thank you to my supervisors, Professor Lin Perry and Doctor Joanne Lewis who have guided me with their expert knowledge, wisdom and kindness. Their patience and understanding have opened up the research world and helped shape, not only my work, but build my character.

Thank you to Associate Professor Alex Wang for his statistical expertise, Dr Terrence Royce, for his written and linguistic expertise and advice; and Professor Cathrine Fowler, for advice around family systems theory. I also thank Associate Professor Christine Stirling, Dr Shandell Elmer, Professor Kenneth Walsh and Dr Susan Sumskis for their contribution to the initial stages of my PhD journey. I have valued the input and thank the critical care nurses across two hospitals who gave their time to share stories of their experiences and feelings.

Thank you to all of my children and my Mum and Dad (who passed away this year) for loving and believing in me; Dad was so proud. Finally, I am incredibly grateful to my husband Michael. Thank you for your never-ending encouragement and support. Thank you for teaching me about the statistical, editorial and academic world and asking questions that I would never have thought to ask. Thank you for not letting me give up. Thank you for waiting for me to finish, so we can get on with our lives together.

I was very fortunate to have been supported by an Australian Government Research Training Program Scholarship together with the Vice Chancellors Scholarship.

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5.1

Glossary of Terms

| Abbreviation | In Full | Definition | | |
|--------------|--------------------------------|---|--|--|
| General | | | | |
| BFST | Bowen Family Systems Theory | An existing theory that focuses on patterns within a family/group with a goal of diffusing anxiety and increasing individual empowerment | | |
| ВО | Burnout | Exhaustion, physically, cognitively and emotionally as a result of chronic stress or frustration | | |
| CF | Compassion fatigue | A combination of secondary traumatic stress and burnout | | |
| CS | Compassion satisfaction | The pleasure derived from alleviating others' suffering and completing your work the best you can | | |
| CCN | Critical care nurse/nursing | A registered nurse working or qualified to work in an intensive care or high dependency unit | | |
| | Differentiation of self | The ability to respond intellectually rather than react emotionally to any given situation | | |
| | Emotional Cut-off | Where an individual may become distant, disengaged as a consequence of emotional 'stuckness'. | | |
| | Emotional process | The way individuals within a group may react to chronic anxiety | | |
| | Family | Broadly refers to those close to the patient, or who the patient considers family, significant other, next of kin, relative or close friend | | |
| | Family System | A family system – a system of interrelated variables or in this case a system of interrelated people | | |
| HDU | High Dependency Unit | A ward within a hospital that cares for critically ill patients requiring one-to-two nursing care | | |
| ICU | Intensive Care Unit | A ward within a hospital that cares for critically ill patients requiring one-to-one nursing care | | |
| | Patient | An individual requiring medical treatment in a hospital setting – in the case of this thesis, an intensive care unit | | |

| Abbreviation | In Full | Definition |
|---------------|---|--|
| | Patient / Person | 'Patient' and 'person' are used interchangeably throughout literature; with patient appearing more often in papers addressing critical care. For consistency, 'patient' is used throughout this program of work as the definition of patient refers to a 'person'. |
| PFCC | Patient and Family Centred Care | A model of care where the patient and family are treated as one |
| PCN | Patient-centred nursing | A model of care where the patient is the focus, not the disease |
| STS | Secondary Traumatic Stress | Emotional distress resulting from repeated exposure to direct trauma of another individual |
| | System conflict | Developing conflict from competing needs of the elements of a family system |
| | Triangling | A configuration of three individuals within a relationship |
| Methodology | | |
| CCA | Constant Comparative Analysis | Revisiting data, going back over data collection. Simultaneous collection, coding and analysis of data with the aim of generating theory |
| | Theoretical sampling | A process of deduction to verify the category properties. Revisiting data, going back over data collection with a different perspective. |
| | Structuralism | A theoretical perspective that views social behaviour and culture as a communication code. Behaviour and culture may be communicated through non-verbal and verbal coding. |
| SPSS | Statistical Package for the Social Sciences | Software used in statistical analysis and data management |
| NVivo | NVivo | Software used in qualitative data analysis and management |
| Miscellaneous | | |
| ACCCN | Australian College of Critical Care Nurses | Australian regulatory body of critical care nurses |
| JAN | Journal of Advanced Nursing | An international peer reviewed journal |
| JCN | Journal of Clinical Nursing | An international peer reviewed journal |
| ACC | Australian Critical Care | A peer reviewed journal |

Abstract

Aim

To develop a conceptual framework outlining processes involved in patient-centred nursing and compassion satisfaction or compassion fatigue in the context of critical care nursing.

Background

The aggressive curative setting of intensive care may compromise elements of patient-centred nursing. Critical care nurses are *expected* to employ bio-medical nursing expertise while delivering compassionate nursing care to critically ill patients; they are at high risk of anxiety and fatigue with no assurance their patients will recover despite their best efforts. Compassion satisfaction and compassion fatigue influence nurses' intention to leave; workforce turnover is high.

Methods

Mixed method research using an explanatory sequential design together with constructivist methodology was adopted. A concept analysis defined patient-centred nursing in context and an integrative literature review examined barriers and facilitators to patient-centred nursing in intensive care. A cross-sectional survey collected data from nurses of two adult Australian intensive care units measuring compassion satisfaction and fatigue. Grounded theory methods were employed to examine critical care nurses' experience of compassion satisfaction, compassion fatigue and patient-centred nursing. In a novel approach to the discovery of new knowledge, Bowen Family Systems Theory was applied to intensive care nursing. Data were integrated at various points using a constructivist paradigm contributing to conceptual development.

Findings

Patient-centred nursing in intensive care is different to other areas of healthcare. The critical care environment and complex challenges faced by critical care nurses were found to compromise their ability to provide effective patient-centred nursing. Overall, critical care nurses had mid-range levels of compassion satisfaction and fatigue. Workplace, education, tenure, age and experience were found to be predictive and contributing factors to compassion satisfaction and fatigue. Early to mid-career critical care nurses were at greatest risk. The experience of compassion satisfaction or fatigue impacts the ability to deliver compassionate patient-centred nursing. Moments of compassion satisfaction and fatigue may occur along a continuum, keeping time with critical care nurses' expectations being met and their ability to meet perceived expectations. Bowen Family Systems Theory, when applied to intensive care nursing identified possible strategies to assist critical care nurses' provision of patient-centred nursing. Findings from each subsection of this program of work were brought together, contributing to the development of the conceptual framework comprising five levels: workplace, expectations, differentiation, patient-centred nursing and compassion. Existing knowledge and new knowledge is threaded through the framework.

Conclusion

This innovative approach resulted in new insights into processes surrounding patient-centred nursing, compassion satisfaction and compassion fatigue in intensive care nursing. Applying Bowen Family Systems Theory to intensive care nursing resulted in new knowledge and recommendations to develop workplace culture and enhance critical care nurses' compassion satisfaction.

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