Deleuzians of Patient Safety:

A Video Reflexive Ethnography of End-of-Life Care

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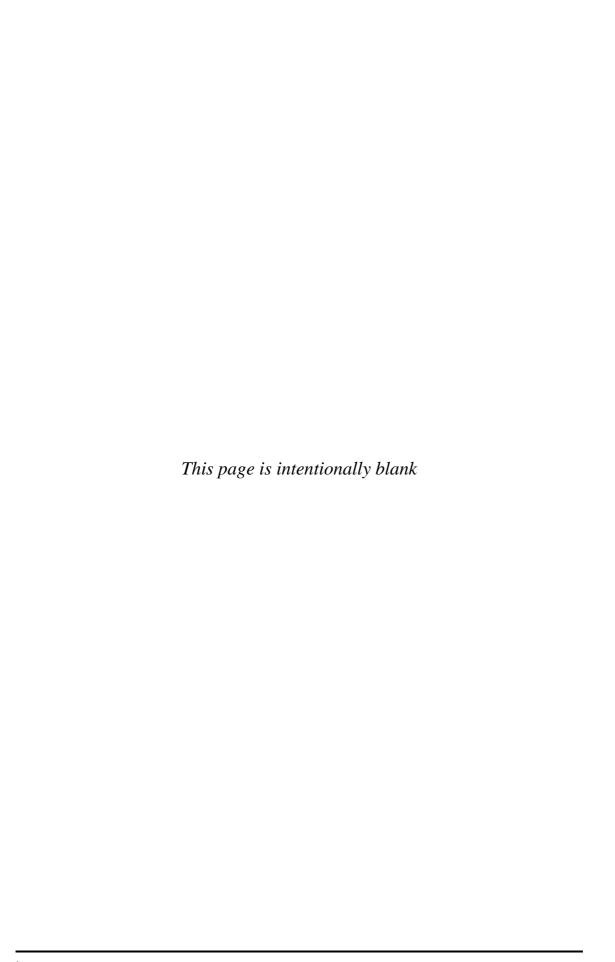
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I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate

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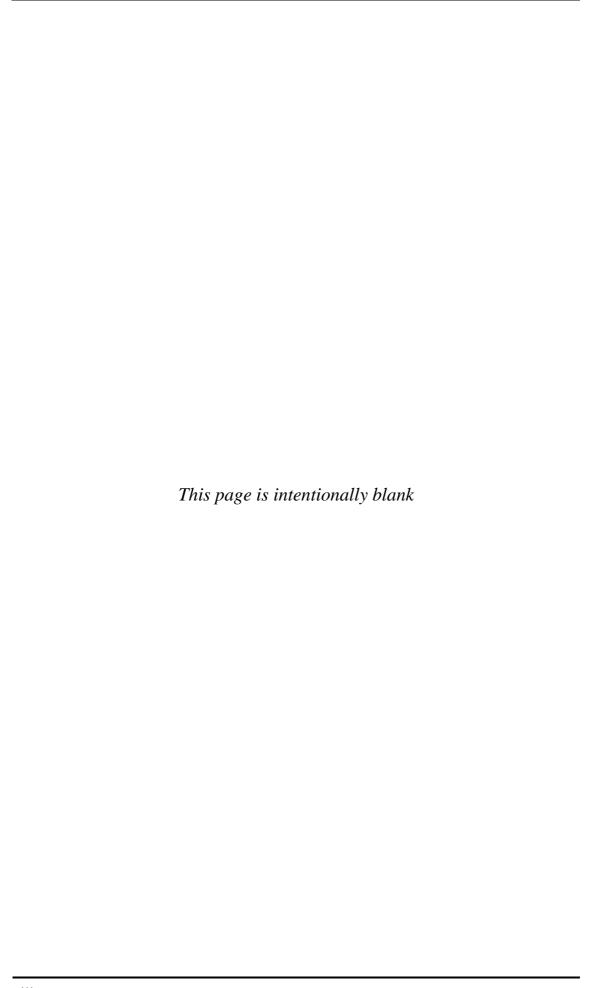


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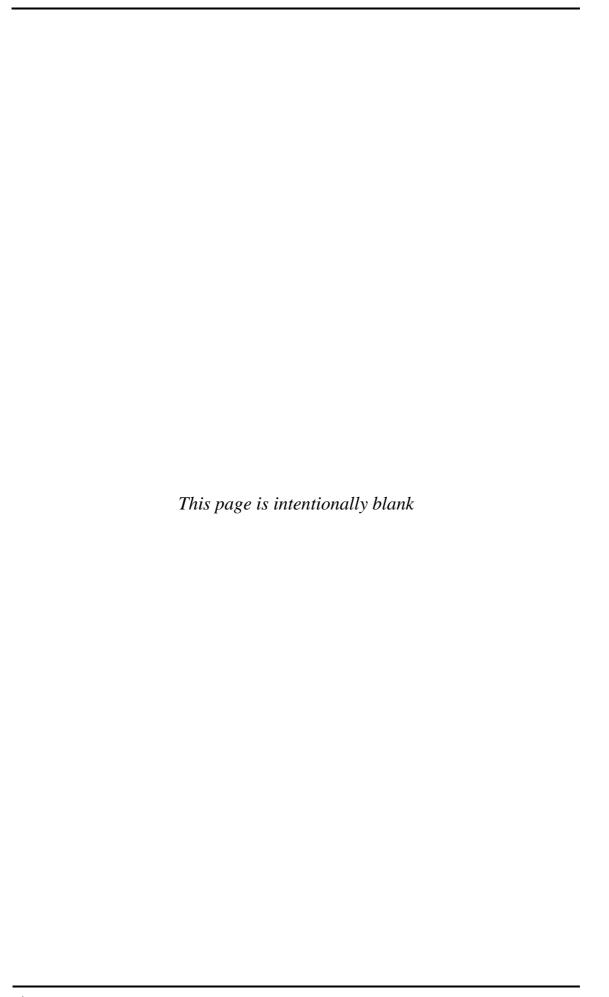
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* Video clips have restricted distribution and disclosure



Glossary of abbreviations

ANUM Acting Nurse Unit Manager

CCU Coronary Care Unit

CPR Cardiopulmonary resuscitation

CT scan Computed Tomography scan

CTC Cancer Therapy Centre

DNR Do Not Resuscitate

EDD Expected Date of Discharge

EN Enrolled Nurse

GP General Practitioner

ICPS International Classification for Patient Safety

ICU Intensive Care Unit

IIMS Incident Information and Management System

M&M Morbidity and Mortality

MRSA Methicillin-resistant Staphylococcus Aureus

NSW New South Wales

NUM Nurse Unit Manager

OECD Organisation for Economic Co-operation and Development

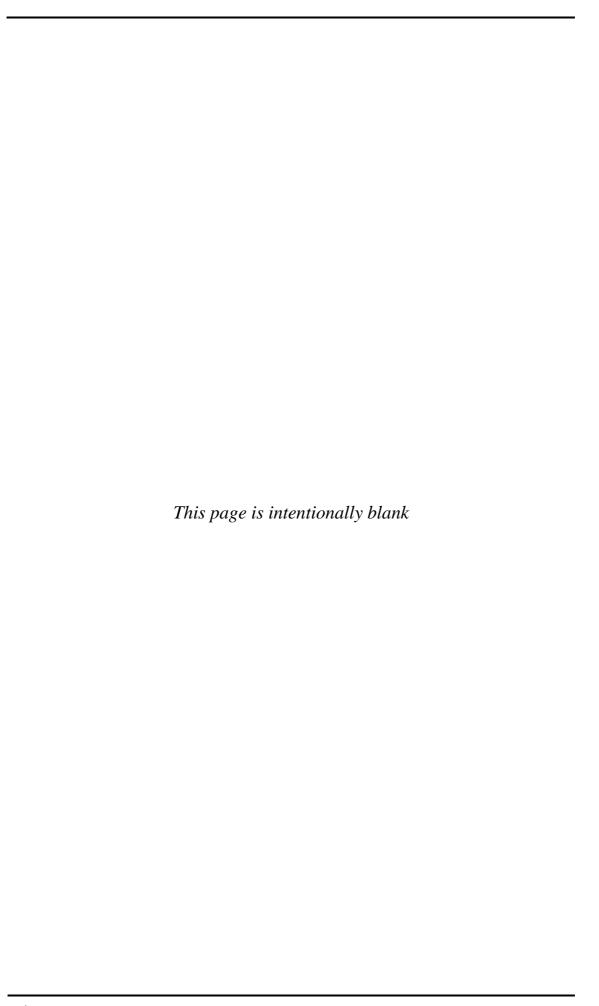
PEG Percutaneous Endoscopic Gastrostomy

RN Registered Nurse

SUPPORT Study to Understand Prognoses and Preferences for Outcomes and

Risks of Treatment

WHO World Health Organisation



Glossary of hospital roles and terms

Director of Nursing The Director of Nursing is a registered nurse who oversees

the nursing care of the acute hospital.

General Manager The General Manager oversees the management of the acute

hospital

Clinical Nurse Consultant A senior nurse appointed to a particular speciality area with a minimum of five years post-graduate experience including experience in and approved post registration qualifications in

the specialty field she/he is working in.

Specialist Palliative Care Team The specialist palliative care team is a multidisciplinary team working in partnership with other healthcare workers to provide palliative care to patients and families in a range of

settings.

Staff

Specialist/Specialist

A senior level doctor who has attained a fellowship of a recognised Australasian specialist college and has spent at least five years in the practice of medicine

Social worker

A social worker is an allied health professional who provides counselling and support to patients and families as well as other practical assistance including coordination and participation in case conferences, discharge planning, and financial support.

Diversional Therapist

In this thesis a diversional therapist is an allied healthcare professional who coordinates and provides diversional therapy for individuals and groups in the palliative care inpatient unit, the palliative care day hospital and patients' homes. The diversional therapist facilitates leisure and recreational activities and programmes to support peoples' wellbeing.

Junior doctor

In this thesis, a junior doctor can refer to a registrar (A doctor who is training in a particular medical specialty, such as haematology) or a resident (The most junior doctor on the team, also known as a Resident Medical Officer)

Registered Nurse

A registered nurse refers to a nurse who has completed training and is registered with the nursing and midwifery board of Australia. A registered nurse is accountable for the provision of nursing care in a range of settings and delegates care to enrolled nurses and other healthcare workers.

Enrolled Nurse

An enrolled nurse is a nurse who has complete enrolled nurse training and provides nursing care in a range of settings. An enrolled nurse works under the direction and supervision of a registered nurse. Nurse Unit Manager The Nurse Unit Manager is the nurse in charge of managing

the ward. A NUM is a registered nurse (RN) who oversees, co-ordinates, and directs the activities of nurses in a specific ward or unit of a hospital or community team, including outpatient departments. The NUM is also responsible for the business and management functions and processes of the

ward or unit.

Senior nurse In this thesis, a senior nurse refers to an experienced nurse

with more than three years post-graduate clinical experience.

Grand Rounds In this thesis, 'grand rounds' refers to a weekly presentation

open to all healthcare professionals in the acute hospital. Specialist teams rotate responsibility to present a 'case' of interest or research findings pertaining to their specialty.

Glossary of key terms

Space A dynamically produced and reproduced product of

> interconnection that is always unfinished where everything is connected to everything else in pre-discursive and practical

ways.

Affect The capacity of one body (human or otherwise) to affect or be

> affected by another incorporating pre or transpersonal intensities that exceeds any single human subjectivity.

Multiplicities The simultaneous enactment of objects when those objects

> are said to be the same and where different realities co-exist in independent locations without interfering with one another.

Assemblage Non-static collections of heterogenous human and non-human

affective entities. In this thesis, the term assemblage is used

instead of space to foreground multiplicities.

The dynamic unfolding of 'being' that is always immanent **Becoming**

and moved or activated in relation to the collective body.

Nomadic Subject A subject that is open to becoming-other, resisting fixed

identity, order and categorisation.

Body with Organs (Body Singular)

A clearly bounded individual or fixed enclosed unit in which organs are enveloped in a container of skin and the body is a set of physiological processes as in the medical-technical

view

Body without Organs

(Body Multiple)

A body (human or otherwise) that can mean different things at the same time and emerges from the physical and social

world.

Territorialisation 'Normalisation' of social structures that produces order and

categorisation.

De-territorialisation Denotes escape from predetermined patterns of order and

categorisation.

Lines of flight Creative potentials that lead to de-territorialisation

Adverse Events In this thesis, adverse events refer to events defined by

patients and families as harmful as well as by healthcare

workers and clinical governance departments.

Becoming-harm Collectives of human and non-human affective entities that

predispose patients, families and healthcare workers to harm.

Clinical technical

assemblages

Assemblages that are privileged towards technical medical procedures and are focused towards the needs of healthcare workers and the hospital rather than patients and families.

Atmospheres that emanate from but exceed the assembling of **Affective** Atmospheres

bodies affecting and being affected.

Becoming-safe Collectives of human and non-human affective entities that predispose patients, families and healthcare workers to safety assemblages

and make healing possible.

Healthcare Safeties The combined safety of healthcare workers, patients and

families leading to safety that is co-produced.

Glossary of data sources

FI Field Interview

EFN Ethnographic Field Note

PC Phone Call

RD Reflective Diary

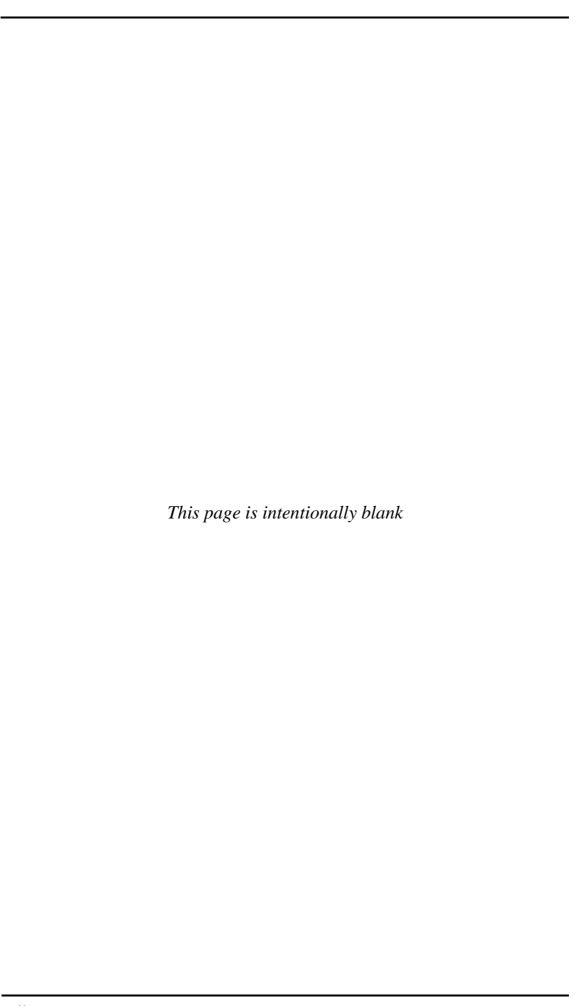
SSI Semi-Structured Interview

VRM #1 Video Reflexive Meeting (small group-internal)

VRM #2 Video Reflexive Meeting (one-on-one)

VRM #3 Video Reflexive Meeting (large group-external)

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Abstract

This thesis explores healthcare space(s) towards the end of life. It critically examines the links between the places/spaces where dying people find themselves, and how spaces enable or constrain their agency and contribute to the quality of the care they receive. There is a dearth of research that is concerned specifically with end of life care space(s) and patient safety. This thesis addresses this gap. It draws on several theoretical approaches. Principally concerned with the concept 'space', the theoretical lens of the research is inspired by French philosophers Deleuze and Guattari.

This thesis differs from previous studies by positioning dying people centrally in the research. Using an indigenous ethics research framework of relationship and reciprocity, the study challenges current positioning of dying patients as vulnerable research subjects. In so doing, it searches out alternatives to conventional methods in order to give recognition to agency. Comprising a written dissertation and a video component, this thesis integrates the visual with the written text providing a platform for the reader to process it somaesthetically.¹

This research study found that the field of patient safety does not presently address the care quality and safety needs of dying people. Habitual care patterns expose dying patients and their families to harm along with those healthcare workers caring for them. Visual methods provide a disruptive innovation that challenges these normative and habitual rhythms of inattentiveness to healthcare (un)safeties. This thesis finds that safety and 'healing' reside within dynamic assemblages arising from bodies affecting and being affected by others. When healthcare workers 'learn to be affected' and thus become attuned to the implications of safety and dying, healthcare safeties become possible. Healthcare safeties are contingent on weaves of commitment netting in relationships of trust by bringing together healthcare worker expertise and the expertise of patients and their families to *co-produce* safety. This thesis contends that rather than a place where interventions happen, healthcare settings *are* clinical interventions. Lastly, researcher stances and research methods are, therefore, not to be formed separately from the healthcare setting but to be articulated through and in the setting,

A term coined by Shusterman to represent a philosophy that takes account of the body: "denotes not mere physical body but the lived, sentient, intentional, body that involves mental, social, and cultural dimensions" (Shusterman 2011, p315).

and become a part of it. This methodological conclusion indicates that we as researchers need to move away from our conventional and habitual patterns maintained by disciplinary status and constraint, in order to become part of open-ended, collaborative communities unfolding research and lived change together.