Deleuzians of Patient Safety:

A Video Reflexive Ethnography of End-of-Life Care

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Doctor of Philosophy
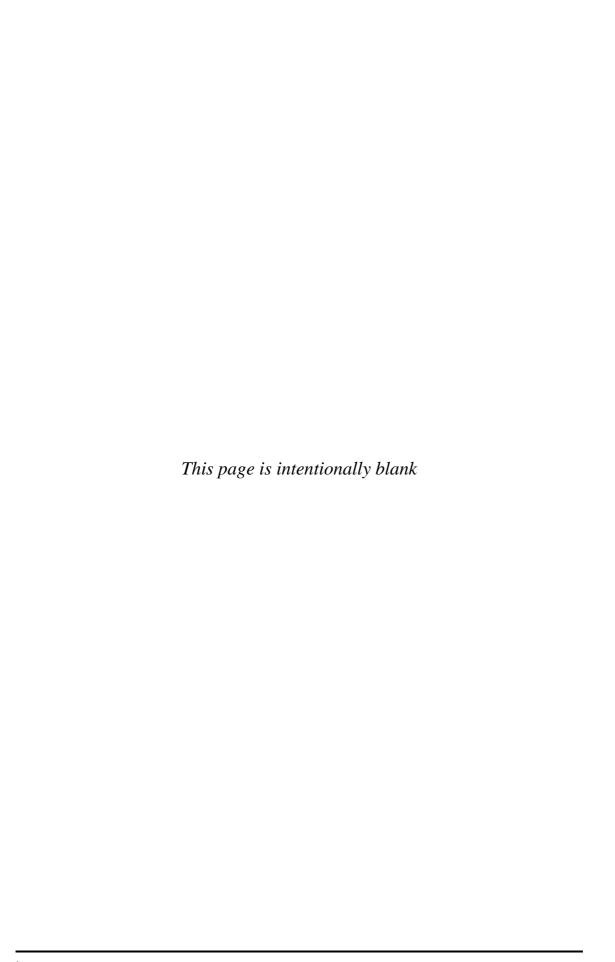
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Certificate of Authorship/Originality

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 within the text.

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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Acknowledgements

I dedicate this thesis to participants, all of whom in the face of death showed great courage and determination to ensure others learn from their experiences.

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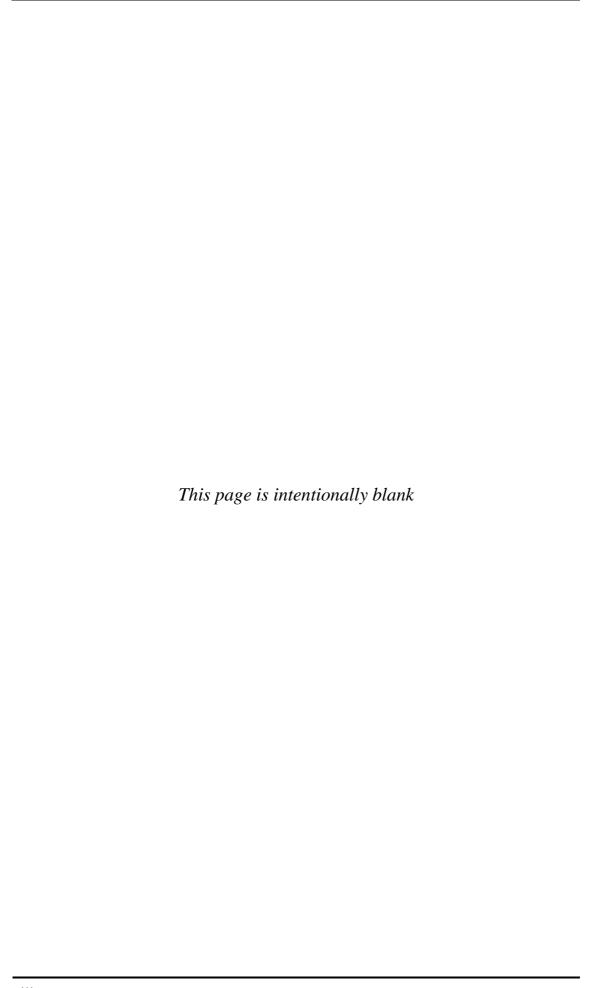
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List of video vignettes∗

∗ Video clips have restricted distribution and disclosure

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Glossary of abbreviations

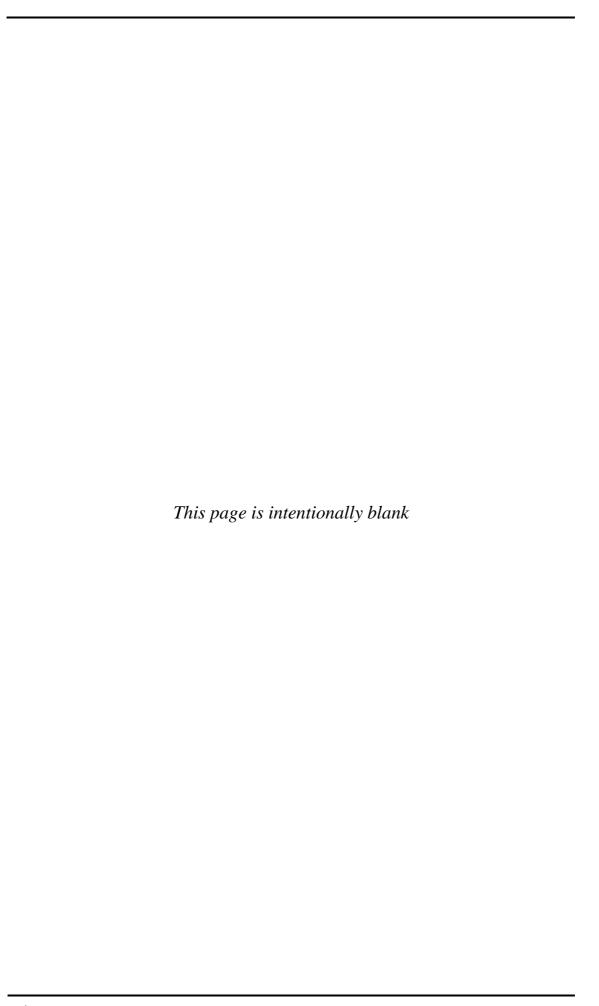|	
ANUM	Acting Nurse Unit Manager
CCU	Coronary Care Unit
CPR	Cardiopulmonary resuscitation
CT scan	Computed Tomography scan
CTC	Cancer Therapy Centre
DNR	Do Not Resuscitate
EDD	Expected Date of Discharge
EN	Enrolled Nurse
GP	General Practitioner
ICPS	International Classification for Patient Safety
ICU	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

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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 in-patient 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.
Becoming	The dynamic unfolding of 'being' that is always immanent 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.

Affective Atmospheres	Atmospheres that emanate from but exceed the assembling of bodies affecting and being affected.
Becoming-safe assemblages	Collectives of human and non-human affective entities that predispose patients, families and healthcare workers to safety 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

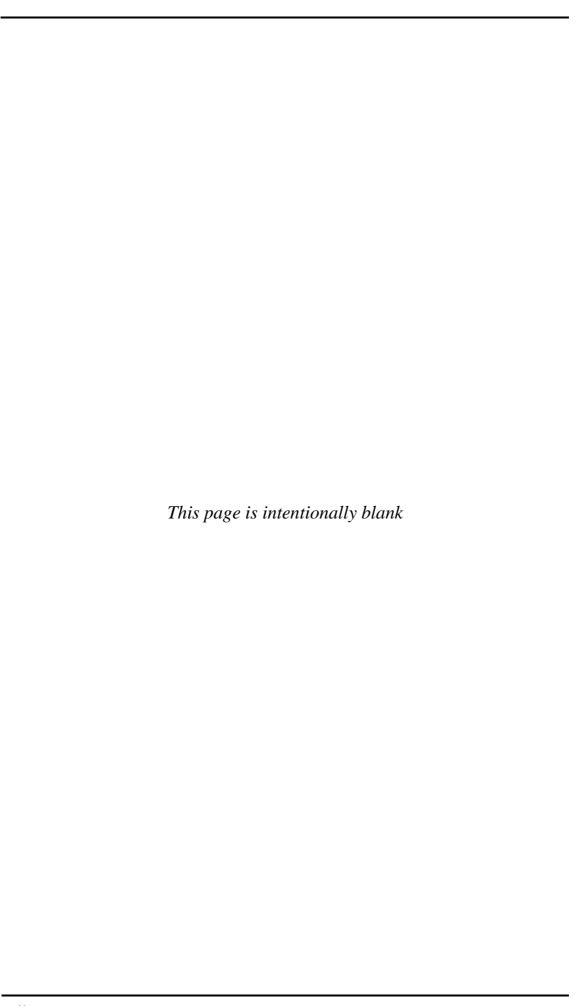|	
FI	Field Interview
EFN	Ethnographic Field Note
PC	Phone Call
RD	Reflective Diary
SSI	Semi-Structured Interview
VRM #1	Video Reflexive Meeting (small group-internal)
VRM #2	Video Reflexive Meeting (one-on-one)
VRM #3	Video Reflexive Meeting (large group-external)

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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,

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[1]   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.