

## **45th Biennial Convention (16-20 November 2019)**

### **From Carer to Recipient: Nurses' Experiences of Being a Healthcare Consumer**

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#### **Background**

It has been well established in recent years that a predominant culture in healthcare exists where graduates and students often confront unique work and organisational requirements that question the values and practices articulated in university courses. Healthcare contexts propagate behaviours that focus on the completion of 'tasks' and behaviours that do not 'rock the boat', where the newly qualified nurse can struggle with the incivility that they may experience (Halpin, Terry & Curzio, 2017). Rather than challenge experienced nurses, student and graduate nurses find it easier to conform to existing ward practices. Not only is there a negative impact on the novice nurse, patient care also suffers in such a negative environment (Cottingham, Erickson, Diefendorff, & Bromley., 2013; Francis, 2013).

Indeed, tabloid headlines are quick to depict the nurse as someone who does not care (Darbyshire & McKenna, 2013). With increasing technical advances and more complex workplaces, coupled with the historically constrained socio-cultural practices of health care work environments it is not surprising that consistency in care delivery is compromised with resultant adverse events in patient care (Francis, 2013). As a result of such reports, healthcare consumers are becoming more proactive in having their voices heard. Nurses as consumers of health care are uniquely placed to respond to the current crisis in care, identifying gaps in service provision.

#### **Study aim**

This study sought to explore nurses' experience of being a patient or a consumer of healthcare through the care of a loved one and how this experience has influenced their practice.

#### **Research design**

The study was underpinned by the philosophical theory of hermeneutic phenomenology influenced by van Manen (1997) who has combined interpretive, 'understanding' and descriptive, 'the experience' fundamentals into his approach of 'active interaction'. van Manen's (1997) approach incorporates six processes: identifying the phenomenon, exploring the experience, examining the themes relating to the phenomenon through reflection, expressing the phenomenon through writing and rewriting, academic underpinning to provide focus in relation to the phenomenon, and balance approach to the research reflecting on sections or the total (pp. 30-31).

#### **Sample**

Recruitment of participants was done through an advertisement in a professional nursing journal. Fourteen registered nurses from Victoria, Australia who had been a hospitalised patient or identified as the primary carer for a hospitalised patient volunteered to participate. Inclusion criteria: participants had to be currently practising as a registered nurse in a clinical role, a manager or as an educator.

#### **Data Collection**

Semi-structured audio-recorded interviews with participants were done on two occasions, with an average six-month gap between the two interviews. At the follow-up interview, participants were encouraged to reflect on their story and the meanings attributed to their experience. Interviews were transcribed verbatim.

#### Data Analysis

Applying van Manen's (1997) six processes enabled the researcher to gain insight into the nurses' experiences as they lived them to apply meaning to the phenomenon of being a patient or health care consumer. An iterative analysis guided by van Manen's (1997) four fundamental existentials, lived space, lived body, lived time and lived other was undertaken.

#### **Nurses' experiences as health care consumers**

'Being in the moment' was identified as a major theme of the study where nurses who had lived the experience of being a health care consumer became acutely aware of the importance of their care staff to be with them. Negative care experiences were balanced against positive actions that involved 'doing the little things', things that made a difference. The concepts of 'nursing care' versus 'caring' were explored. Participants associated caring as being truly person centred, yet it was often missing from the task-orientated, technical care they experienced.

Being a nurse and a health care consumer created a dichotomy for most of the participants. They related to their professional carers, empathised with their workloads, and even forgave their lack of attention. There was an overarching bond of 'sister/brother hood' that in some way was more important than the care they received. Although many of the participants did not voice their concerns at the time of receiving care, they did reflect on their experience of being a healthcare consumer. These nurses returned to their workplace with a heightened awareness to change practice. In most cases, this was not done in a formalised way, but in modelling person-centred care to their colleagues.

#### **Conclusion**

Nurses remain nurses, even when patients. More importantly, these nurses take their learnings and empower other nurses to improve their practice. This augers well for changing the workplace environment to one with a person-centred focus, incorporating caring with nursing care and improving the patient experience. Person-centred care needs to be at the forefront of care delivery if we are to embrace a workplace culture that is supportive of new graduates and students, where 'doing the little things' are not considered unimportant but are a fundamental component of nursing care.

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#### **Title:**

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#### **Keywords:**

healthcare consumer, person centred care and phenomenology

#### **References:**

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### **Abstract Summary:**

This study reports on nurses' lived experiences as a health care consumer. The findings highlight how their experience has influenced their subsequent practice as a clinician, manager or educator in delivery of person-centred care.

### **Content Outline:**

Introduction

1. Transitions to practice for newly qualified nurses and students remains ongoing issue
2. Increasing concerns about lack of care and compassion in nursing practice
3. Body
4. Main Point #1 Public reports on adverse events in patient care
5. Supporting point #1\_Governmental enquires in care delivery from the UK (Francis, 2013)
6. a) Further recent evidence from Australia in 2017
7. b) Need to create change in practice and service delivery
8. Supporting point #2 Nurses as healthcare consumers are well positioned to inform practice
9. a) Nurses should be able to identify gaps in service provision
- 10.b) Nurse should be able to articulate what caring is
- 11.Main Point #2 Research Design
- 12.Supporting point #1 Phenomenology
- 13.a) Justification for using van Manen's approach
- 14.b) Outline of the van Manen's four existentials
- 15.Supporting point #2 Data collection
- 16.a) Reasons for two interviews and reflection
- 17.b) Iterative analysis steps
- 18.Main Point #3 Key themes
- 19.Supporting point #1 Lived Space – subthemes
- 20.a) *I am a patient* - don't treat me as a nurse but do involve me in decision making.
- 21.b) *Get me out of here* - this is not my space and is uncomfortable

- 22. Supporting point #2 Lived Body - subthemes
- 23. a) *Loss of control -too sick to control* - requires trust; with loved ones felt a duty to control.
- 24. b) *Identity* – sick role and identifying with patients
- 25. Supporting point #3 Lived Other
- 26. a) *Nurse / patient dichotomy* - collegiality between nurse-patient and nurse-carer vs not disclosing I'm a nurse
- 27. Supporting point #4 Lived Time -sub themes
- 28. a) *Being in the moment* - tiny acts of kindness showed empathy.
- 29. b) *This changes everything* - being a patient is transformative.
- III. Conclusion
- 1. Need for person-centred care – improving patient outcomes
- 2. Implications for health care practitioners: Education – teach students about doing the little things; empathy, touch, 'caring about' rather than 'caring for'; raising expectations of care and encouraging to speak up

First Primary Presenting Author

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**Author Summary:** Jennifer Newton is a highly experienced educational researcher and was the recipient of a 3- year Australian Research Council post-doctoral fellowship in 2006 examining workplace learning in nursing. From 2012-2014, Jennifer was the lead investigator on a two-year ARC Discovery project on workplace learning in healthcare. She has presented at numerous international and national conferences and has over 100 refereed publications and conference abstracts.