Collaborative Practice Revisited: Compassion as the Missing Antecedent
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BACKGROUND

**Collaborative Practice**
“Occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings” (WHO, 2010, p.13).

**Benefits:**
- Overall: Reductions in patient morbidity and mortality (Aiken et al., 2002; Baggs et al., 1992)
- Decreased hospital length of stay (Aiken, 2001)
- Overall delivery of care (Zwarenstein, Reeves, & Perrier, 2005)
- Overall improvements in health (CHSRF, 2007)

At End of Life:  
- Improved patient outcomes: symptom control and self-determination at end-of-life (Hearn & Higginson, 1998)
- Care provider job satisfaction (Manojlović, 2005)
- Increased resource-efficiency, innovation, holistic care, and skill development among care providers (Firth-Cozens, 1998; 2001)

**Challenge:** Difficulty to fully achieve in practice

**Solution:** Compassion as a missing antecedent

**Compassion**
“To sympathize; sympathetic consciousness of other’s distress with a desire to alleviate it.” (Webster’s Dictionary)

“Emotional pain of another; from Latin ‘co-suffering’” (Webster’s Dictionary)

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Empathetic consciousness, sharing, partnership, interdependency, emancipatory, process

**THE PROCESS**

**HOW WILL I KNOW IT WHEN I SEE IT?**

- Select concept
- Determine aims/purpose of analysis
- Identify all uses of the concepts
- Determine the attributes
- Construct model case, negative case, borderline case
- Identify antecedents and consequences
- Define empirical indicators

**Attributes**
- Recognition of suffering, readiness to engage with others
- Empathy, knowing self and others, communication, skills
- Respect and trust

**Antecedents**
- Emotional Resilience
- Model personal integrity
- Model emotional resiliency

**HOW WILL WE GET THERE?: COLLABORATIVE LEADERSHIP**

**APPLY KNOWLEDGE, SKILLS AND ABILITIES TO:**

- Lead self
- Engage others
- Develop coalitions
- Achieve results
- Transform the system

(The LEADS in a Caring Environment Framework, Canadian College of Health Leaders, 2010)

**OBJECTIVES**

1. Identify the antecedents and attributes of compassionate collaborative practice. “How will I know it, when I see it?”
2. Map the process of compassionate collaborative practice, its challenges and facilitators, develop strategies to answer the questions: “How will we get there?”
3. Identify the skills, abilities and knowledge to answer the question: “How can I lead and transform compassionate collaborative practice in my organization?”

**MODEL CASES**

**A Negative Case - Harvey S.**
38 year old male with adenocarcinoma of the ascending colon, metastatic to liver & bone. Husband and father of 3 under 13 years of age.
- Anger and unmanaged pain
- “Ticked off” with Hospice being labelled “death squad”
- Quote: “You go out there & tell them (staff) ‘do not label me terminal’, give me a measure of hope and speak to my living!”

**A Positive Case - Schwartz Rounds**
A time for interprofessional dialogue of the social and emotional aspects of care, the focus is on the human dimension of care. Caregivers share experiences, thoughts, and feelings about patient cases.
- “a place where people who don’t usually talk about the heart of the work are willing to share their vulnerability, to question themselves… an opportunity for dialogue that doesn’t happen anywhere else….”
  (The Schwartz Center, 2015).

**A Borderline Case - Maria G.**
42 year old female with infiltrating ductal carcinoma of the left breast - stage IV, bone and liver metastases.
- Constant resilience was a promise of a lovely funeral, with burial in sacred ground
- Maria began singing a powerful but garbled rendition of “The Battle Hymn of the Republic” with “Glory, glory Hallelujah” waking the unit. “Singing tells me I’m still alive.”
- With the support of the palliative care team, unit staff listened to and addressed her fears about dying, pain management and life after death.

**POTENTIAL OUTCOMES/CONSEQUENCES**

- Improved patient outcomes: increased dignity, reduced pain and suffering, innovation, holism
- Improved provider outcomes: Improvements in recruitment, retention, perceived collaborative practice, reductions in compassion fatigue.