Title: A DIFFICULT PATH TO WALK: CRITICAL CARE NURSES' LIVED EXPERIENCE OF CRUCIAL CONVERSATIONS: PERSPECTIVES FROM ONE AUSTRALIAN TEAM

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SIGNED STATEMENT

I certify that this thesis contains no material that has been accepted for any award of any other degree or diploma in any other university.

To the best of my knowledge, this thesis contains no material previously published or written by another person, except where due references has been made in the text.

I give consent to this thesis being available for loan and photocopying, when deposited in the School of Nursing Library.

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ABSTRACT

This practice inquiry reports the lived experience of Crucial Conversations by a small group of critical care nurses in a South Australian quaternary hospital's critical care unit. Crucial Conversations are high stakes, highly emotional dialogues, where opinions and understanding greatly differ. Executed well, these discourses result in increased collaboration, meaningful solutions to challenging issues and improved team performance. Literature reveals other systems in place for quality improvements in unit performance that include TeamSTEPPS and Safety Learning System (SLS) reporting, however, the unique conflict resolution strategies with reflective events has not been adequately covered. Crucial Conversations are one form of a structured resolution process, which addresses this gap. Research regarding the lived experience of Crucial Conversations is an important piece missing from the literature. Using van Manen's hermeneutic phenomenological methods, 'Too hot to handle', 'Anticipatory responding' and 'Moving from who is right to what is right' emerged as themes of the critical care nurses' lived experience of Crucial Conversations. The inquiry findings give complementary views to previous research, add to the body of knowledge related to Crucial Conversations and bring attention to the importance of improving professional relationships on all levels. The study findings lend themselves to a process of implementing Crucial Conversations into the critical care setting. The value of this research lies in the implementation of multidisciplinary strategies for effective ongoing working relationships.

PREFACE

My interest in Crucial Conversations began in 2012, during an amalgamation of the standalone cardiac intensive care, and general intensive care units of a major metropolitan public hospital in South Australia. It was anticipated that amalgamating the two teams of experts would result in a safer more effective clinical environment.

Instead distrust, lack of cooperation poor team cohesion, and disrespectful relationships ensued. The emergence of differences in clinical opinions was seen as a failure of the amalgamation, rather than an integral part of team performance. The expression of differing opinions turned into a struggle of power play with marked hierarchal emergence. The new team operated under stress. Internal team dynamics developed which led to lower performance and disrespectful interactions resulting in the Cardiothoracic Intensive Care External Review Report, 2 September 2013, which was subsequently tabled in the South Australian Parliament in 2014.

As a cardiothoracic critical care nurse I frequently witnessed or was personally involved in situations where individuals raised critical safety issues. Sometimes these discussions went well. At other times they resulted in angry emotional outbursts. On occasions, in corridor conversations my colleagues would discuss their reluctance to raise crucial safety issues for fear of being ridiculed or having their concerns dismissed, preferring instead to raise safety concerns in the Safety Learning System (SLS). Patient care suffered and team morale was low.

Change champions were employed to build cohesion, respectful interpersonal relationships and an acceptance of diverse opinions, in order to strengthen the team. The team was encouraged to create collaborative interdisciplinary care pathways, however there was no improvement in team dynamics.

Around this time I participated in a leadership and management program that introduced me to the concept of 'Crucial Conversations'. The concept described by Paterson et al. (2012) as safety system that develops the personal skills necessary to

articulate difficult to discuss risks in ways that are effective and without the fear of being labelled as confrontational or a bully. My research on Crucial Conversations convinced me that this safety system could offer a way for the two opposing groups to work better together. I provided the book 'Crucial Conversations: tools for talking when stakes are high', to the Clinical Service Coordinator (CSC) of the cardiac intensive care unit (ICU) and the ICU Network Director. Both were supportive of the notion of Crucial Conversations.

The CSC encouraged me to choose Crucial Conversations as a topic for a project component of a Masters' degree. I met with an organisational psychologist, a strong proponent of Crucial Conversations in 2014. Her enthusiasm for the topic and for its exploration in our current working environment further reinforced my commitment. In 2015 I enrolled in a Master's program. In early 2016, I attended a two-day Crucial Conversation training course in Adelaide based on the book, Crucial Conversations by Paterson *et al.* (2012). The purpose was to develop the skills and confidence to have the tough conversations, get great results and build strong relationships.

Disclaimer

Although I have been part of this process described above and, although I know the people involved in this environment, I personally have not been part of any Crucial Conversations with any of the participants in the study and have not discussed this project externally. Hence, this project has been independent of the work environment.