Adapting the Empirical Model of Compassion for Pediatricto-Adult Healthcare Transitions

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Background

- Sinclair et al. created first model of compassionate healthcare from patient perspective.¹ • Context of palliative cancer care.
- Healthcare transitions characterized by fragmentation, confusion, and emotional burden.²
- Transitions improved by **continuity**, communication, and coordination: key aspects of compassionate pediatric care.³

Research Question

What is the relevance of the first model of compassion in the context of pediatric-to-adult healthcare transitions from the perspectives of youth and their caregivers?

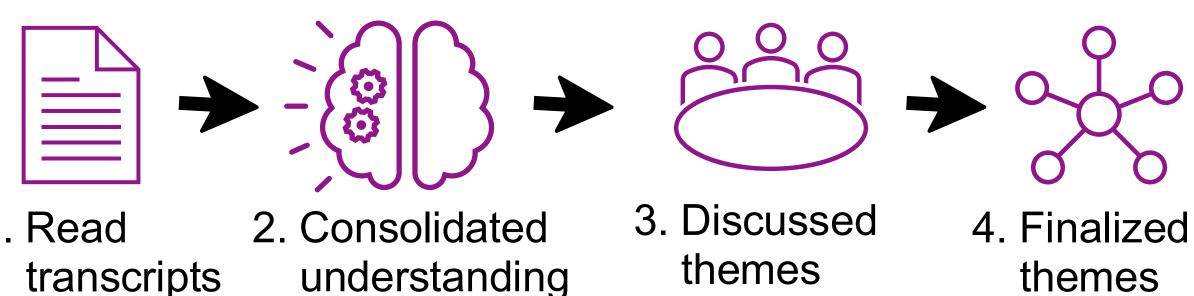
Methods & Analyses

Secondary analysis of interviews:

- o 12 youth aged 18 30 and 5 caregivers
- Asked to define compassionate care and its facilitators

Followed Braun & Clarke's **reflexive thematic analysis**:

- Coded inductively using Sinclair et al.'s model
- Coded deductively to reflect context of transitions



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Domains	Themes	Domains	Theme
Virtues	Genuineness	Seeking to	Seekin
	Love	Understand	Unders
	Openness		person
	Honest		Seekin
	Authenticity		Unders
	Care		Person Needs
	Understanding	Relational	Demea
	Tolerance	Communicating	Affect
	Kindness		Behavi
	Acceptance		Engage
Relational Space	Patient	Attending to Needs	Compa
	Awareness	/ thomaing to moodo	Related
	Engaged		Timely
	Caregiving		Action
Virtuous	Knowing the	Patient Reported	Allevia
Response	Person	Outcomes	Sufferir
	Person as		Enhand
	Priority		Wellbe
	Beneficence		Enhand

Sinclair et al.'s Model:



themes

es ng to stand the ng to stand the anor

iours ement assion d Needs

tes ng ces eing Enhances Care

New model of compassionate healthcare for youth to adult transitions emphasizes flexibility and systemic factors.

Systems Outcomes

Healthcare Provider Virtues

Compassionate Healthcare **Transitions**

> Relational **Dynamics**





Patient-Reported Outcomes

> **Action-Oriented** Care



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Results

Domains Healthcare **Provider Vir**

Relational **Dynamics**

Action-Orier Care

Patient-Repo Outcomes

Systems Ou

Key Features of Adapted Model:

- flexibility of care

Adaptions to Sinclair et al.'s Model:

- Beneficence
- Flexible
- **Oriented Care**

Conclusions

Relevance to Clients & Families

Model informs targeted **interventions** and contextualizes healthcare transition quality indicators.

Key References

- Management. 2016;51(2), 193–203.
- 2020;51: 57-66.

Adapted Model:		
	Themes	
tues	Attentive Presence	
	Respectful	
	Knowledgeable	
	Flexible	
	Openness	
	Transparency	
	Beneficence	
	Seeking to Understand	
	Building Rapport	
	Communication	
nted	Support	
	Timely	
orted	Alleviates Suffering	
	Enhances Wellbeing	
	Enhances Skill Development	
utcomes	Structural Barriers	
	Culturally & Developmentally Sensitive	

 Compassion addresses goals and needs Emphasizes importance of continuity and

Modified Virtues: Respectful, Transparency,

• New Virtues: Attentive Presence, Knowledgeable,

Modified Domains: Relational Dynamics, Action-

• New Domain: Systems Outcomes

Compassionate care must: • Be understood in **context**, not isolation Include systemic factors to capture structural barriers • Be flexible, action-oriented, and goal-driven

. Sinclair S, McClement S, Raffin-Bouchal S, Hack TF, Hagen NA, McConnell S et al. Compassion in health care: An empirical model. Journal of Pain and Symptom

2. Kokorelias KM, Lee TJ, Bayley M, Seto E, Toulany A, Nelson MLA et al. "I have eight different files at eight different places": Perspectives of youths and their family caregivers on transitioning from pediatric to adult rehabilitation and community services. Journal of Clinical Medicine. 2023;12(4), 1693.

3. Sinclair S, Kondejewski J, Schulte F, Letourneau N, Kuhn S, Raffin-Bouchal S et al. Compassion in pediatric healthcare: A scoping review. Journal of Pediatric Nursing.