

# Adapting the Empirical Model of Compassion for Pediatric-to-Adult Healthcare Transitions

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## Background

- **Scoping review** identified key aspects of compassionate pediatric care: **continuity, communication, and coordination**.<sup>1</sup>
- Essential during healthcare transitions, characterized by **fragmentation, confusion, and emotional burden**.<sup>2</sup>
- Sinclair et al. created **first model** of compassionate healthcare from patient perspective.<sup>3</sup>

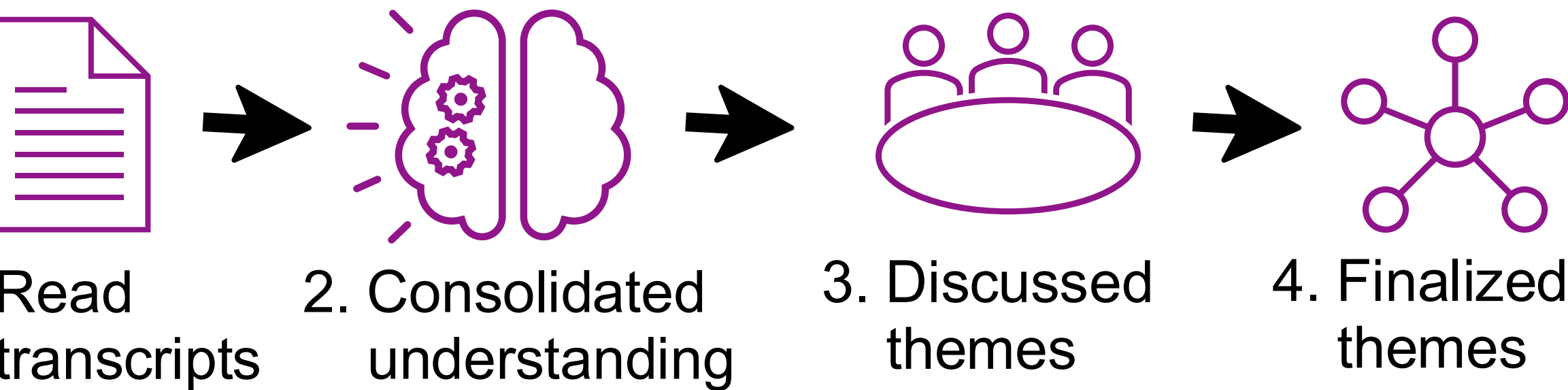
## Research Question

What is the relevance of Sinclair et al.’s model in the context of pediatric-to-adult healthcare transitions from the perspectives of youth and their caregivers?

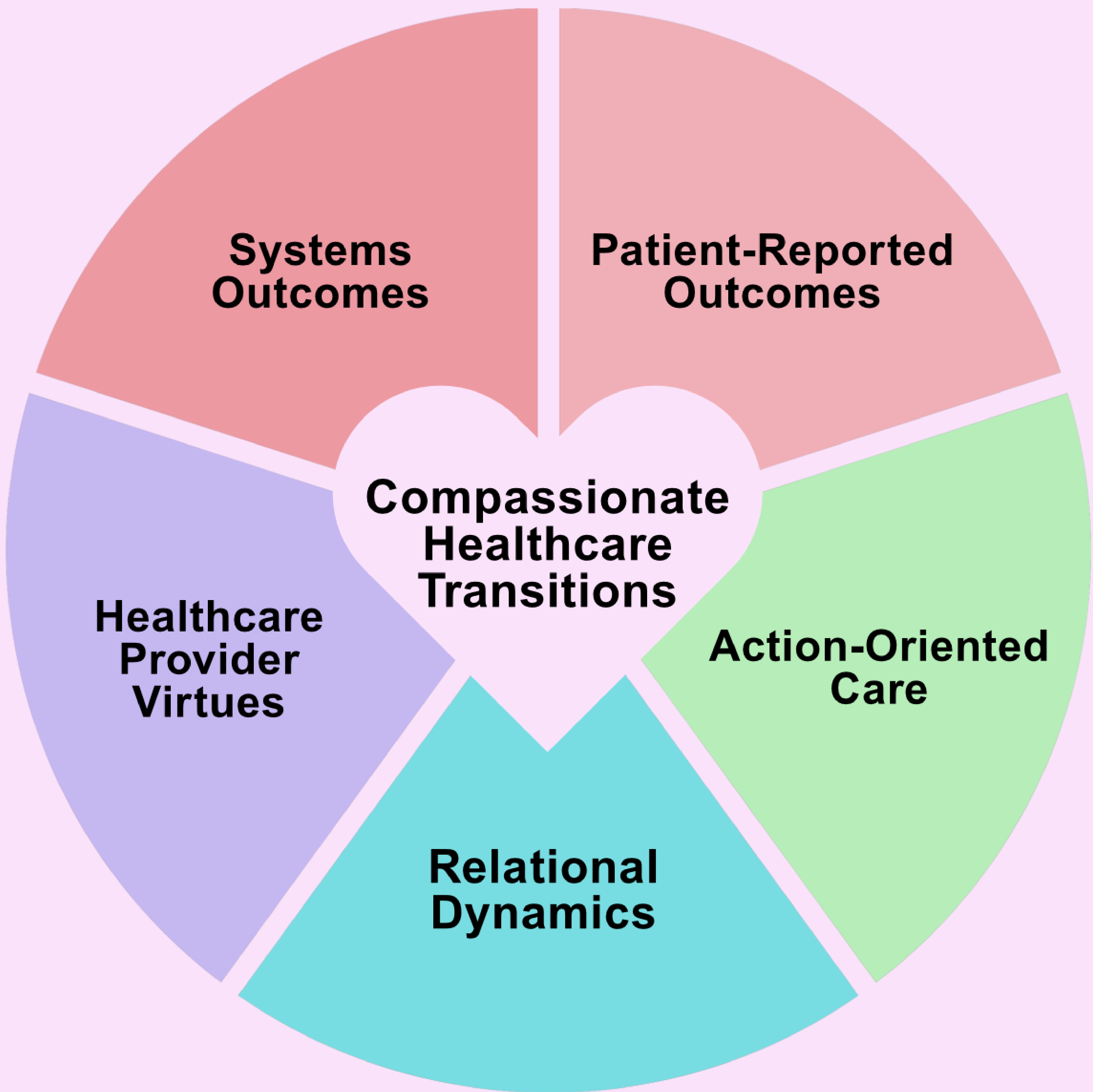
## Methods & Analyses

- Secondary analysis** of semi-structured interviews:
- **12 youth** aged 18 - 30 and **5 caregivers**
  - Asked to define compassionate care and its facilitators

- Followed Braun & Clarke’s **reflexive thematic analysis**
- Data coded:
    - **Inductively** using Sinclair et al.’s model
    - **Deductively** to reflect context of transitions



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



## Results

Domains	Themes
Virtues	Attentive Presence
	Respectful
	Knowledgeable
	Flexible
	Openness
	Transparency
	Beneficence
Relational Dynamics	Seeking to Understand
	Building Rapport
	Communication
Action-Oriented Care	Support
	Timely
Patient-Reported Outcomes	Alleviates Suffering
	Enhances Wellbeing
	Enhances Skill Development
Systems Outcomes	Structural Barriers
	Culturally & Developmentally Sensitive

### Key Features of Adapted Model:

- Compassion addresses **goals and needs**
- Emphasizes importance of continuity and flexibility of care

### Adaptions to Sinclair et al.’s Model:

- Modified Virtues: Respectful, Transparency, Beneficence
- New Virtues: Attentive Presence, Knowledgeable, Flexible
- Modified Domains: Relational Dynamics, Action-Oriented Care
- New Domain: Systems Outcomes

## Conclusions

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

## Relevance to Clients & Families

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

## Key References

1. 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. 2020;51: 57-66.

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, 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 Management. 2016;51(2), 193–203.

