

Nurses' lived experience of delivering temporary epicardial cardiac  
pacing care: an Australian cardiothoracic intensive care finding

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## **Signed statement**

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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

Signature:

Date: June 2017

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## **Abstract**

There are many examples in literature concerning the effectiveness or complications associated with temporary epicardial pacing practice. While surrounding literature identifies elements essential to safe care and challenges faced by clinicians managing temporary epicardial pacing systems, no literature was identified about nurses' experience in managing this practice. This study contributes to understanding of nurses' experiences of managing temporary epicardial pacing.

An interpretive phenomenological framework articulated by Heidegger was used to generate rich and descriptive data of this little known phenomenon. In-depth interviews were conducted with eight registered nurses who work in the specialist cardiothoracic intensive care and had responsibility for delivering temporary epicardial pacing care. The transcripts from the interviews were analysed using Smith's Interpretive Phenomenology Analysis (IPA) method and to gain deeper interpretation, consideration of Benner's five-stage skill acquisition theory was used as a lens to further examine the findings. The participants' shared experiences revealed three major themes; 'Risky business', 'Take time to own' and 'Zeroing in'. These themes were experienced in a variety of ways depending on the skill level of each participant. Furthermore, the interpretation of the study recognized that an internal motivation to use pacing at its optimal best, is characteristic of an expert.

Strengths and limitations and implications for both clinical practice and education are discussed, and suggestions for future research are included.