5-2017

Making it Right in the End: Conflict on the Hospice Interdisciplinary Team

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by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University- University of St. Thomas School of Social Work in St. Paul, Minnesota and it conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The purpose of this qualitative study is to explore the role of social workers in addressing conflict on the hospice interdisciplinary team. Seven semi-structured interviews were completed to generate qualitative data from licensed social workers on hospice interdisciplinary teams in the Twin Cities metropolitan area. A brief review of literature showed there are many causes of conflict on the hospice interdisciplinary team including role blurring, leadership in the interdisciplinary team, and physical aspects of care superseding psychosocial. There are many studies exploring social work roles on the hospice interdisciplinary team, factors contributing to success on an interdisciplinary team in a hospice setting, and communication on a hospice interdisciplinary team. There have been few comprehensive studies exploring the experiences of social workers in addressing or managing conflict within a hospice interdisciplinary team. Analysis of the interviews indicated the importance of positive and negative previous experiences with conflict, organizational structure, communication, theoretical perspectives and values, time, and conflict as an opportunity for positive change. Hospice interdisciplinary teams rely on social workers to bridge the gaps between various disciplines in order to decrease conflict and promote effective collaboration. This research may enhance the ability of social workers in understanding the roles, challenges, and strengths of conflict resolution on an interdisciplinary team as way to provide better end-of-life care. These finding suggest future research is needed to ensure all interdisciplinary team members have adequate training on roles within the team and the importance of integrating social work perspectives within the medical model to improve care at end-of-life.

Keywords: Social work, conflict, hospice, interdisciplinary team

Acknowledgements

I would like to express my deepest gratitude to my research chair, Dr. Rajean Moone for his unfaltering direction and support throughout this process. To my committee members, Angela Mueller and Sarah Olsen, thank you for taking time to participate in this research project and for your unwavering support and encouragement. I am grateful to all the participants for their open, honest conversations and the fantastic insight they contributed. I also want to express deep gratitude to my friends, family and classmates for making up my village.

My success in this project and my master's studies would not have been possible without my husband, Doran, whose ever present optimism is both unnervingly persistent and enlivening. I would like to thank him for believing in me and reminding me of that belief, even when I doubted myself.

Lastly, I want to thank my children, Charlie, Colin, and Vivian B., who have been my loudest, most rambunctious cheerleaders through this process. I would like to thank them wholeheartedly for inspiring me to always follow my dreams.

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According to the Centers for Disease Control (CDC), in the next 25 years, the population of Americans 65 years and older will double to 72 million (Centers for Disease Control, 2012). The CDC (2012) estimates the United States population to be 20 percent older adults by 2030. With the leading causes of death shifting from acute illness and infection to chronic, degenerative diseases, an increased number of older adults are having extended end-of-life experiences and utilizing hospice services. In 2011, hospice related services were estimated to be involved in 44.6 percent of all deaths in the United States (National Hospice and Palliative Care Organization, 2012). This drastic change in demographics will expand opportunities for social workers to work on interdisciplinary hospice teams.

An interdisciplinary approach has been a keystone of the hospice philosophy since its inception in the United States in the early 1970s. This approach calls for numerous disciplines both inside and outside of the medical field to provide input on all aspects of patient care to give a robust perspective of the patient as a whole. Increasingly, social workers are part of interdisciplinary teams within the medical model in various settings, such as medical clinics, in-patient facilities and in private homes. Hospice services do not differ in their variety of forms. Social workers may find themselves working in hospice facilities, group homes, assisted living, or in private homes. In each of these settings, teamwork is key to improving patient care. The interdisciplinary team model is based on collaboration done in an organized way between disciplines with different philosophies, perspectives, and outlooks on how to solve a specific problem (Parker-Oliver & Peck, 2006). The interdisciplinary team consists of four principles: 1.) holistic care, 2.) self-determination of the patient and family, 3.) comfort, 4.) development

continuum (death is the final stage of development). The intent of this approach is to try and find solutions not otherwise considered to improve care at end-of-life (Parker-Oliver & Peck, 2006).

Social workers are vital members of the hospice interdisciplinary team, but face many challenges in their role. The extent of collaboration can vary across service settings. Often, in-home hospice services are delivered by team members that may not work directly alongside each other. This approach brings specific challenges to a social worker on a hospice interdisciplinary team. They are often seen as an ancillary role with the psychosocial needs of the patients secondary to medical needs. Social workers have a good understanding of their role on the interdisciplinary team, but may work with others who are confused about the social work role. They work alongside nurses, physicians, or chaplains who feel they are able to adequately address a patient's psychosocial needs when the social worker is not available. Converse to this, social workers often feel they are unable or not qualified enough to take on tasks usually associated with other professions on the interdisciplinary team which tend to be focused on medical services (Day, 2012; Kulys & Davis, 1986; Reese, 2011; Reese & Sontag, 2001).

Although the role of social workers in hospice interdisciplinary teams have been widely researched, their role in addressing conflict on the hospice interdisciplinary team is not understood. Furthermore, frameworks to help social workers in addressing conflict on a hospice interdisciplinary team are lacking and not included in traditional social work education. The purpose of this study is to explore how social workers on a hospice interdisciplinary team address conflict.

Literature Review

Interdisciplinary Care Teams

Hospice care has existed in the United States since the 1970s. It was brought to the modern age by Cicely Saunders of England in the 1960s (Cowles, 2012). From its inception, hospice services included in-patient centers and in-home care. Hospice services are designed to provide pain management, education, and support to the patient and family in end-of-life care (Cowles, 2012). Hospice care is delivered through a holistic theoretical lens (Day, 2011; Monroe & DeLoach, 2004; Parker-Oliver & Peck, 2006). In 1982, hospice benefits were approved to be covered by Medicare under the Tax Equity and Fiscal Responsibility Act. These federal guidelines required hospice services to provide interdisciplinary team services including, nurses, social workers, doctors, home health aides, and chaplains (Lawson, 2007; Wittenberg-Lyles et al., 2009).

Roles in the interdisciplinary team. In-home hospice interdisciplinary teams are often made up of social workers, nurses, chaplains, physicians, administration, pharmacists, home health aides, and other therapists (Parker-Oliver & Peck, 2006). Nurses are often viewed as the primary medical provider (or case manager) on the hospice interdisciplinary team (Lawson, 2007). Nurses treat the patient's physical conditions, provide comfort cares, symptom management, medication administration, and education about physiological processes surrounding death and dying (Lawson, 2007; Monroe & DeLoach, 2004). The nurses role can also include addressing any on-call needs or safety issues in the home (Parker-Oliver, Bronstein, and Kurzejeski, 2005; Reese, 2011).

The social workers' role includes identifying unmet social, emotional, and spiritual needs (Lawson, 2007). Social workers do this by completing assessments, provide counseling,

addressing financial needs, facilitating conversations surrounding end-of-life care planning, addressing safety issues, and helping to find resource support for any gaps in a patient's care (Csikai, 2004; Lawson, 2007; Monroe & DeLoach, 2004; Reese, 2011).

Home Health Aides provide physical and personal cares associated with activities of daily living. This can include bathing, dressing, housekeeping, shopping, and respite care (Monroe & DeLoach, 2004). Chaplains on the hospice interdisciplinary team provide spiritual care and guidance to the patient. This includes spiritual counseling and facilitating conversations of end-of-life-planning (Reese, 2012). Physicians on the hospice interdisciplinary team mainly provide oversight with medications, complete infrequent home visits, and provide consultation (Day, 2012, Monroe & DeLoach, 2004). Administrators on the hospice interdisciplinary team have virtually no contact with patients. Their role is to complete management tasks associated with the interdisciplinary team (payroll, scheduling, budgets), as well as create norms for the team and facilitate education and communication for team members to function at their highest ability (Day, 2012; Reese & Sontag, 2001).

The role of all of the interdisciplinary team members is to treat the patient and work with the family by examining the patient and family from multiple perspectives (Kovacs et al., 2006; Monroe & DeLoach, 2004). The overlap and ambiguity in tasks assigned to various roles as well as having a variety of professional perspectives can contribute to both effectiveness and conflict within the interdisciplinary team.

Contributing Factors to Effective Care Teams in Hospice

The benefit of an interdisciplinary approach is that attention can be given to physical, spiritual, and psychosocial elements of the patient in addition to medical needs. These issues can be addressed simultaneously while providers work on one common goal; to have the best death

possible (Parker-Oliver et al, 2006; The Partnership for Health in Aging Workgroup on Interdisciplinary Team Training in Geriatrics, 2014). Because interdisciplinary team members come from various disciplines, the different perspectives to a problem can help all members reach conclusions that might not have been otherwise considered. (Parker-Oliver & Peck, 2006). Some factors that can decrease conflict on the interdisciplinary team include styles of teamwork, educational background, role clarity, and individual characteristics of the interdisciplinary team members (Nandan, 1997). Five factors in improving positive collaboration on the interdisciplinary team have been identified as interdependence, newly created professional activities, flexibility, collective ownership of goals, and reflection on process. Other contributing factors to effective care teams in hospice include supervision and support, definition of collective goals, job satisfaction, and communication (Bronstein, 2003).

Supervision and support. Social workers on hospice interdisciplinary teams have better performance outcomes when they have leaders who are supportive (Day, 2012; Monroe & DeLoach, 2004). The influence of leadership is a factor of job satisfaction among hospice social workers. Social workers among interdisciplinary teams may have more meaningful client contacts when they have leadership from their profession (Monroe & DeLoach, 2004; Parker-Oliver et al., 2005; The Partnership for Health in Aging Workgroup on Interdisciplinary Team Training in Geriatrics, 2014; Wittenberg-Lyles et al., 2009). Collaboration on the hospice interdisciplinary team is improved when leaders minimize hierarchy in roles between doctors, social workers, and nurses (Bronstein, 2003; Bruusgaard, Pinto, Swindle, & Yoshino, 2010; Nandan, 1997).

Definition of collective goals. Members of the hospice interdisciplinary team are more committed when roles are clear. Clear roles are defined as having expectations, behaviors, and

activities outlined for all members of the interdisciplinary team (Nandan, 1997). The more

interdisciplinary teams can identify goals, perceptions of work, and individual roles, the more

successful they are in meeting positive outcomes (Bruusgaard, Pinto, Swindle, & Yoshino, 2010).

Another important aspect of effective communication on an interdisciplinary team is shared

language. Team members in hospice settings seek out common language in order to have better

understanding of each other and to develop clear patient goals (Day, 2012; Reese, 2011). Goals

for individual patients are important for an interdisciplinary team to work towards in a

collaborative manner. Interdisciplinary team functioning as a whole is greatly improved when

common team goals are identified and developed together (Parker-Oliver & Peck, 2006; The

Partnership for Health in Aging Workgroup on Interdisciplinary Team Training in Geriatrics,

2014).

Job satisfaction. Social workers on interdisciplinary teams in hospice care have many

challenges to overcome. Because hospice social work is done in a predominately medical field,

social workers often encounter issues with autonomy on the team (Monroe & DeLoach, 2004;

Parker-Oliver & Peck, 2006; Reese & Sontag, 2001). Autonomy is defined as the amount of

power a person perceives they have in deciding how to do their job (Monroe & DeLoach, 2004).

For hospice social workers, autonomy was operationalized as being able to control their work

schedules, having input on deciding tasks, and having influence over things that affect them on

the job. Social workers report less job satisfaction due to feeling as if they had less autonomy to

preform functions of their jobs than nurses and other providers (Monroe & DeLoach, 2004).This

lack of freedom and decreased job satisfaction within the hospice interdisciplinary team can lead

to higher turnover within the hospice field. When hospice social workers are able to make more

decisions about how to best complete the functions of their jobs, they are more likely to report

positive impressions of the interdisciplinary team (Monroe & DeLoach, 2004).

      Communication. Research shows communication is one of the most important indicators

of functioning on an interdisciplinary team. The nature of hospice care gives the social worker an

opportunity to collaborate and communicate with many different providers within various

disciplines. Communication between interdisciplinary team members can be formal and informal

and good communication is the best indicator of collaboration (Parker-Oliver & Peck, 2006).

Formal communication occurs in hospice interdisciplinary team meetings through case

consultation and conversations about operations. While interdisciplinary team meetings are

mandated by Federal guidelines, not every hospice agency uses these meetings to foster

collaborative communication (Wittenberg-Lyles et al., 2009). Informal communication occurs

outside of interdisciplinary team meetings when one professional seeks out another for

consultation or feedback on a patient such as before or after a patient appointment, or via phone

(Parker-Oliver & Peck, 2006). Formal communication in structured interdisciplinary team

meetings is found as one of the most common ways providers communicate about patient care

outside of patient appointments, while informal communication can be critical in maintaining an

atmosphere in the patient's best interest (Parker-Oliver & Peck, 2006). Regular, structured

interdisciplinary team meetings can improve communication (Wittenburg-Lyles et al., 2009).

This type of communication can unite the interdisciplinary team and ensure providers are on the

same page with recommended treatment plans (Wittenberg-Lyles et al., 2009). In contrast to this,

informal communication outside of interdisciplinary meetings is the most effective way to

communicate about patient pain. Family members appreciate backstage communication from

providers and identified increased communication as being a factor in receiving improved

services (Parker-Oliver et al., 2005).

Conflict in Hospice Care Teams

Members of the hospice interdisciplinary team experience unique challenges to carrying

out effective practices on the team. Infrequent interaction with team members, communication

gaps, and ambiguous roles increase the likelihood of conflict within the interdisciplinary team in

the best of circumstances. Some of the main reasons for conflict on a hospice interdisciplinary

team are role blurring, physical aspects of care superseding psychosocial aspects, and lack of

social workers in leadership positions.

Role blurring. Social workers have consistently been an important member of the

interdisciplinary team. Literature suggests social workers are a vital component of the

interdisciplinary team and work as a bridge to understanding the patient as a whole from a

psychosocial perspective (Day, 2011; Parker-Oliver & Peck, 2006; Parker-Oliver et al, 2003;

Saunders et al, 2012). Despite this, social workers roles on the interdisciplinary team are often

unclear. Because of this, social workers in hospice settings may not be engaged fully in roles

ascribed to them by their profession (Resse, 2011). There are many causes of this phenomena.

One reason for this is role blurring, which is defined as interdisciplinary team members

providing services outside their area of expertise (Wittenburg-Lyles et al., 2009). An example of

role blurring is a nurse meeting with a patient and choosing to do work around the patient's

psychosocial supports. As much as nurses might address psychosocial concerns, social workers

may find themselves addressing the patient's pain or another physical issue (Day, 2011). Social

workers have an ethical responsibility to patients to work within their education and competence

(NASW, 2015). This ethical responsibility includes taking extra steps to ensure patients are

protected from harm in settings such as hospice where there are opportunities for the social work role to cross into roles of other professions. Role blurring can be a common occurrence and is not necessarily an indicator of poor interdisciplinary team performance, but can lead to conflict on the team if there is poor communication around the behavior (Day, 2011).

In addition to role blurring, social workers may not have a good understanding of the roles and different theoretical models of other professionals on the interdisciplinary team (Reese & Sontag, 2011). Social workers are trained to address problems from a systems theory approach. Nurses, physicians, and other team members may address problems through a medical model, often looking for a cause and solution (Reese & Sontag, 2011). Social workers may see these approaches as a deficit to the provider's care of the patient (Day, 2011; Reese & Sontag, 2011). As much as social workers may not have an understanding of other interdisciplinary team member's roles, research shows the converse is true as well. There may be a lack of understanding or recognition of social work services on a hospice team. Some nurses report social workers as not being qualified to provide counseling or behavioral therapy for bereaved families and patients (Reese, 2011). Role clarity can also ensure all members of an interdisciplinary team are examining patient care in a way that minimizes boundary issues and help give clarity to situations that may be ethically questionable (Sanders et al., 2012). Social workers on interdisciplinary team report increased frustration when they perceive nurses were doing social work tasks (Parker-Oliver et al., 2005). This suggests defining roles within the team can help empower the social worker to have increased job satisfaction, encourage social workers to function at the highest level of the profession, and help improve team dynamics with patients and families (Monroe & DeLoach, 2004; Sanders et al., 2012).

Physical aspects supersede psychosocial. Although the social work role is recognized as an important role within the interdisciplinary team, psychosocial concerns are often secondary to the patient's physical concerns. Sharing of medical information is normative in team communication while psychosocial information sharing is not. In formal team meetings, social workers spend more time relating their impressions and insights to the patient's medical diagnosis (Wittenberg-Lyles et al., 2009). Insights from the social worker are often used to describe influences of pain or other physical maladies (Day, 2012). These communications are often short in nature unless medical professionals acknowledge and encourage more insight from the social worker (Wittenberg-Lyles et al., 2009). This lack of assertive communication is a normative process for the interdisciplinary team, which adds to the perception of social workers as an ancillary role (Day, 2012; Reese &Sontag, 2001). Interdisciplinary hospice teams are "preoccupied" with medical conditions over psychosocial elements of a person, which results a limited perspective and less quality care (Parker-Oliver & Peck, 2006). To further complicate this, social workers often feel they are limited in the amount of visits they can make while other providers are able to see the patient more frequently, resulting in more information being gathered on medical conditions than psychosocial (Parker-Oliver & Peck, 2006).

Leadership. Conflict between social workers and medical practitioners has been a long standing area of stress and a major factor in a hospice social worker's job satisfaction (Monroe & DeLoach, 2004; Reese, 2011). Social workers often have little to no role in leadership and supervision within the hospice interdisciplinary team (Day, 2012; Kulys & Davis, 1986; Monroe & DeLoach, 2004; Reese, 2011). On some interdisciplinary teams, nurses and administrators share the belief that social work roles were not essential to the team's functioning (Reese, 2011). Along with this, there are fewer opportunities for social workers to advance within healthcare

organizations and fewer social workers in administrative positions in agencies within the medical model (Day, 2012; Monroe & DeLoach, 2004). Social workers would be an asset in leadership because of a multidimensional perspective stemming from social work education and knowledge of teamwork through the ecological perspective (Gwyther, Altilio, Blacker et al., 2005; Reese & Raymer, 2004). With most of the research acknowledging the benefits of a social worker as part of a hospice interdisciplinary team, it is important for administration to provide opportunities for advancement and competitive job markets for social workers in order to ensure they remain an integral part of hospice care.

The NASW Standards for Palliative and End of Live Care (2004) recognize commitment to the interdisciplinary team as one of the core standards for social workers. Social workers have a unique ability to positively influence professionals on the interdisciplinary team and should strive to collaborate and work to reinforce relationships with providers while advocating for the patient (NASW, 2004). Social workers on a hospice interdisciplinary team are in a unique position to work with each member of the team in different capacities. There has been sufficient research on contributing factors to effectiveness and conflict on the hospice interdisciplinary team. This research stops short of examining the social worker's role in addressing conflict. The research questions being addressed in this study is, what is the role of social workers in addressing conflict on the hospice interdisciplinary team?

Conceptual Framework

The conceptual framework for this research study was the social functioning perspective. Social functioning perspective is the theory that individuals find belonging through the performance of established social roles (Ashford, LeCroy, & Lortie, 2006). Social roles are defined as, "a unit of analysis that links individuals with within various social systems" (Ashford, LeCroy, & Lortie, 2006. p. 23). These social roles serve as a connection between people and how they identify in their environment. In examining individuals through a social functioning lens, behavior is interactions between various systems (Ashford, LeCroy, & Lortie, 2006). Successful interactions are ones in which each individual performs functions within their role according to the expectations and beliefs of others.

Individuals are identified as part of groups, which are occupied by roles. Roles are performed in an attempt to meet other's expectations of pre-established norms. In interdisciplinary teams, group members work closely with one another within these expected norms. When interdisciplinary team members perform well, they are accepted or rewarded within the group (Michener, DeLamater, & Myers, 2004). When group members perform outside of the expected norms, conflict is created through other members' disapproval.

The social functioning perspective influenced this research by giving an understanding on how conflict on a hospice interdisciplinary team manifested along with the motivations for addressing it. In order to best meet the needs of patients, members of a hospice interdisciplinary team need to work to minimize conflict by working effectively within their roles. Although there are clearly defined roles on hospice interdisciplinary teams, the specific functions of these roles can be ambiguous. Research shows conflict on a hospice interdisciplinary team often occurs when there is ambiguity about roles and the functions they serve. This role blurring between

professions leads to adaptation in order to increase effective social functioning on the

interdisciplinary team. Blakely and Dziadosz (2007) define adaptation as, "successful

management…and appropriate responses to the expectations of others in the social environment"

(p. 152). This research helped examine the organization of roles within the hospice institution,

implications for social workers to have successful functioning when there is ambiguity in roles,

and social worker's role as agents for positive adaptation on the hospice interdisciplinary team.

Methods

Research Design

This qualitative study was designed to explore social workers' perceptions of their role in addressing conflict on a hospice interdisciplinary team. While there is a great deal of literature on the causes of conflict for social workers on hospice interdisciplinary teams, research was lacking on how social workers address conflict with other professionals. The focus of this research was to understand social workers' perceptions of causes of conflict in the interdisciplinary team and evaluate effective approaches to addressing conflict. As there was a lack of research on this topic, this study explored strategies various hospice agencies employed to reduce conflict on the interdisciplinary team.

The findings were based on qualitative research conducted with hospice social workers who provide in-home hospice services. Conducting this research with hospice social workers gave knowledge in understanding the relationship between hospice social workers, the professionals on a hospice interdisciplinary team, and how social workers navigate conflict between these relationships. This research intended to improve the quality of care for patients in hospice care by giving social workers a framework for addressing conflict on the hospice interdisciplinary team.

Sample

In this qualitative research, participants were licensed hospice social workers from the Twin Cities metropolitan region. These social workers were chosen based on their experience as hospice social workers from various agencies. Participants were found using public contact information on various hospice agencies websites and through a snowball sample. Twenty-one e-mails were sent by the researcher to identified participants. Potential participants were sent a

letter of explanation via e-mail with pertinent information about the research study. Those

interested in participating sent a reply to the researcher and scheduled interviews. This resulted in

ten potential participants scheduled for interviews. Two potential participants scheduled

interviews and cancelled the day of the interviews. One potential participant did not show up to

the interview and did not respond to the researcher after further attempts to contact them were

made. The goal was to recruit eight to ten participants, however this number was reduced to

seven due to last minute cancellations. Seven hospice social workers participated in an hour long,

private interview. Participants will be referenced with an assigned letter including, A, B, C, D, E,

F, and G. There were seven hospice social workers interviewed for this study. One was a LSW,

three identified as LGSW, two identified as LISW, and one was a LICSW. All participants were

females between the ages of 25 years old to 63 years old. The participant's years of experience as

hospice social workers ranged from nine months to 17 years.

Protection of Human Subjects

Participants were selected by a snowball sample through contacts provided by coworkers

and professional acquaintances. A letter of explanation (Appendix A) was sent via e-mail to all

potential participants explaining the research study before they agreed to participate. Participants

were recruited based on working as in-home hospice social workers in the Twin Cities

metropolitan region and were not compensated for their participation in this study.

Written consent was provided to participants in this study, which included consent to be

audio recorded. Participants were given a copy of the consent form (Appendix B), which was

approved by the St. Catherine University Institutional Review Board. The researcher reviewed

the consent form with each participant and gave them an opportunity to ask questions about the

consent form, confidentiality, and the nature of the research study. Participants were notified that

by participating in this study, there was the potential for emotional risk. This risk was minimized by informing participants they could choose not to answer any question asked and they were provided with United Way 211 if needed. Participants were also free to withdraw from the research at any time.

The time and location of the interviews was decided by the participants and was in a private location. Participants' names were omitted from any published documentation and participation in the study was not disclosed by the researcher. Information obtained during the interviews was seen by the researcher and the research chair. All records and data were kept in a locked filing cabinet to which only the researcher had access. Electronic records were kept in a password protected file on the researcher's computer. All audiotapes and transcripts will be destroyed by the researcher by June, 2017.

Data Collection

Information was collected by one data collector who is a Licensed Social Worker. The in-depth interviews were semi-structured interviews constructed of open-ended questions (See Appendix C). The series of open-ended questions was developed to elicit responses on the experiences of a social worker in addressing conflict on the interdisciplinary team. Interview questions were approved by the Institutional Review Board of St. Catherine University to ensure they met IRB criteria. These questions focused on experiences working on the interdisciplinary team, how conflict is managed within the organization, how conflict is successfully resolved, and social worker's roles in addressing conflict on the interdisciplinary team. The interviews lasted sixty to seventy-five minutes. Interviews were recorded and transcribed to ensure accuracy in analyzing the data collected. The questions in Appendix C were used in the interview, but were not always asked in order due to the natural discourse of the conversation.

Data Analysis

Grounded Theory Methodology was utilized to explore emerging patterns in the raw data by means of constant comparisons (Padgett, 2008). This research methodology worked best in this project as the subject had not been closely examined. There were many studies exploring social work roles on the hospice interdisciplinary team, factors contributing to success on an interdisciplinary team in a hospice setting, and communication on a hospice interdisciplinary team. There were few comprehensive studies exploring the experiences of social workers in addressing or managing conflict within a hospice interdisciplinary team. For this reason, grounded theory allowed the data collected to help the relevant themes and concepts become apparent in the research. The researcher reviewed interview transcripts multiple times to determine codes in the data. These codes were compared to develop common themes in the data. Codes and themes were compared for completeness and clarity in order to ensure a thorough representation of data from the interviews.

Results and Findings

This research study explored the role of social workers in addressing conflict on the hospice interdisciplinary team. There were six themes identified within the interviews conducted with hospice social workers. The six themes present included: 1.) positive and negative previous experiences with conflict, 2.) organizational structure, 3.) communication, 4.) theoretical perspectives and values, 5.) time, 6.) conflict as an opportunity for positive change. The results of the findings are described below in identifying the role of social workers in addressing conflict on the hospice interdisciplinary team.

Positive and Negative Previous Experiences

The first theme present within the findings was 'positive and negative previous experiences. The responses given by participants indicated social workers take on roles in addressing conflict on the hospice interdisciplinary team based on previous positive and negative professional and personal experiences with conflict. All seven participants used language indicating previous personal or professional experiences were an influence in how comfortable they were in addressing conflict on the hospice interdisciplinary team. Five participants reported their previous work experiences influenced their approach to addressing conflict within their current teams. These experiences included internships, work with previous hospice agencies, and social work positions in other areas. When describing the impact of previous work experience on current work, Participant D stated, "In child protection, I had a lot of training in mediation. Much more so than anything I've done in hospice. So, I'm pretty comfortable with that." Other participants cited the benefit of having a better understanding of differences in structures specific to interdisciplinary teams in healthcare. Participant B told the researcher:

I had great experiences elsewhere with the two agencies I was with. I had wonderful,

incredible experiences, but it was helpful to come into this social work position knowing

and having observed for myself that there's kind of this historic hierarchy in healthcare.

This was supported by Participant C, who stated, "Working with a few different hospice

agencies, working with a lot of teams, a lot of personalities and dynamics within the teams has

helped a lot with my comfort level." Participant A reported a correlation between previous

negative work environments and current responses to conflict, "Working in toxic environments

and being treated a certain way or feeling not respected, so therefore in this situation, I'm feeling

not respected and it makes me feel like how I have in the past; small and unimportant."

Another factor contributing to the social worker's role in addressing conflict is previous

personal experience. Along with professional experience, this was both positive and negative.

Three of the participants discussed personal experience with conflict as an influence in their

current work. Participant A stated, "I grew up in a household where conflict was difficult and so,

being a people pleaser as well…when there is conflict or people are not happy around me, those

really stick out in my memory." Participant E also reported prior experience as an influence on

current practice, stating, "I think there are some people who through their experience with their

families are more likely to interpret something one way and then somebody else sees it

differently."

Five of the participants stated they were more comfortable and more willing to address

conflict because of prior experiences in addressing conflict. Participant E reported, "I've become

much more comfortable with it that it just doesn't bother me the way it used to." This included

experiences with conflict on their current hospice interdisciplinary teams. When asked about

these experiences, Participant G stated:

I am much more comfortable with conflict than I used to be. I think in recognizing or

learning how to have conversations around conflict that aren't fights, I've grown

comfortable with it…you know, it doesn't have to be a fight.

Organizational Structure

Another factor impacting the social worker's role in addressing conflict on the hospice

interdisciplinary team was organizational structure. Organizational structure included

organizational culture, management and supervision styles, and the organization's approach to

conflict. Six of the participants indicated the organizational culture and norms affected their

approach to conflict on the team. When discussing organizational culture, Participant B stated, "I

feel very lucky to be with a team who, for the most part, there's a culture of respect here."

Three participants discussed the design of their office space as a factor in reducing

conflict on the team. Participant E was reported:

 We have an open office where everyone works together. We're in this open space,

literally back to back in a tight confined space, there's just not a lot of room for

conflict…It's like sharing a bedroom with your sister…you know everything about

everybody. You know your personal stuff and your family stuff, your aches and pains,

your bathroom schedule…There's no privacy. But I think because of all that, they are all

extremely supportive of each other. It's such a dynamic office and really where one

person falls short, another person is going to pick up the slack.

Three participants also named informal and formal teambuilding activities sanctioned by their

organizations as successful in reducing conflict on the interdisciplinary team. Participant B

stated, "Our agency funds a couple times a year ways for staff to be together outside the work

setting. It's like a preventative measure for conflict by creating cohesion among the team away from the workplace." This was supported by Participant F, who indicated:

Doing teambuilding exercises and fun things and really getting to know one another. One day we had to go through a maze in teams. One person had their eyes closed and the other team members had to tell them how to get through the maze…I think if you really feel comfortable with them emotionally, you are able to let them know when you are not seeing eye to eye.

Participant D also reported formal and informal teambuilding was beneficial to the cohesion of the team, stating, "That's the purpose…it was specifically meant to build trust and increase camaraderie on the team."

Six of the participants reported their roles in addressing conflict on the interdisciplinary team were dependent on the leadership roles and styles of their managers or supervisors. Four participants reported a high level of involvement in conflict resolution and management from their supervisors. Participant A said, "If two people are having conflict, they will go in for a personal meeting with our director of nursing or administrator and that's how it's typically been done." This was supported by Participant E, who reported, "If there were conflicts, that conflict would be brought to her and she would figure out how it was dealt with." In describing the influence of supervisors in addressing conflict, Participant G stated:

All the department heads are very involved in everything…I think that attitude of being able to bring things up with either managers or directly to other staff. There's a lot of communication and openness and respect in the office to be open to hearing other people's opinions and other people's thoughts. I think that decreases conflict a lot.

One participant indicated more participation in conflict resolution due to the supervisor being less involved. Participant C stated, "We get through conflict better without the presence of our supervisors just because we have that ability to be more open and honest and they respect that so they give us our monthly meetings without them."

Another major factor in social workers role in addressing conflict is the organization's approach to conflict. This includes the organization's ability to recognize conflict on a systemic level and address it through effective policies and procedures. Two participants reported a lack of organizational policies or procedures as a reason for increased conflict on the team. In recalling a time where there was a great deal of conflict on the interdisciplinary team surrounding drug diversion, Participant G stated:

> I don't necessarily think we have a very strong 'this is what we do in this situation.' So whenever we expect there might be some drug diversion going on, there can be conflict about what we do next…I would say it's because individual members have their own ideas of what should be done and a lack of organizational policy.

When discussing an instance of conflict with another professional on the team, Participant E said:

> We didn't have a process where we could have our concerns addressed about physicians conduct…and you really couldn't address the person directly…but there was nobody we could go to because we all answer to different people and those bosses, they're not parallel.

In addition to addressing conflict through policies and procedures, organizational structure between roles and professions influence the amount of conflict on the interdisciplinary team and how it is addressed. Three participants identified increased conflict on the

interdisciplinary team due to pronounced hierarchy of roles. Participant F stated, "For example, our physician lead the meetings and it was kind of what he wanted to talk about. And so, that kind of led us to problems too." This was supported by Participant D, who, when asked about structure of the interdisciplinary team reported:

> Where I work now, it's the RN who takes the lead and we are right now trying to make a more purposeful discussion with everyone at the table and so that the goals we have to make every week are not just medical model type goals.

In contrast to this, three participants identified a collaborative structure of teamwork as decreasing conflict in the team. Participant E stated, "There's a lot of cohesiveness, there's a lot of respect for each other and I would have to say our nurses are incredibly supportive of the social workers and we are all supportive of each other." Participant C supported this by saying, "It's not just the social worker managing the family while the nurse manages the patient. It's kind of a team effort."

Communication

One of the most predominant themes identified in this study is communication. All seven participants indicated the social worker's role on the hospice interdisciplinary team is to facilitate and foster communication to both address and minimize conflict. All seven participants identified their role in addressing conflict as listening and validating their teammate's concerns while supporting them through conflict. When asked to describe the social worker's role in conflict, Participant A stated, "The nature of social workers is people see us as a safe space to air their grievances and their frustrations and conflict of any kind. I always want to actively listen and validate their feelings." When asked to respond to specific skills used in reducing conflict, Participant C said, "I would say active listening. Just truly allowing the peer to have the space to

voice whatever the concern." This was supported by Participant G, who said, "It's just a lot of validation and sort of recognizing one person's opinion over another." Three participants described their role in addressing conflict as proving support to teammates during conflict. Participant B stated, "A lot of our role is to be supporting not only to our patients and families, but in providing emotional support to our nurses." In addition to that, Participant F said, "My role was, I kind of looked at it to build collaboration with the team…kind of brought people up when they weren't doing well. Like if there was a hard death, just being there to support them."

Six of the participants identified encouraging and facilitating communication between two or more people during conflict as a role of the social worker on the hospice interdisciplinary team. Participant E stated, "If a conflict was brought to me, I wouldn't hesitate. I would probably talk with them separately and see is it appropriate to have a conversation together." This was supported by Participant G, who reported, "I certainly have called meeting and just said maybe we should all three talk about this… on the team, I kind of facilitate conversation when there is conflict." In describing a conflict between two members of the interdisciplinary team, Participant D stated:

> There was a situation where one member of the team discussed feeling very uncomfortable. It had to do with an ethical issue…and then did not bring it up when we were with the doctor. And so I said something. I asked the person to say more…and I thought it was important to do that so we all had our cards on the table.

Six participants also all identified one on one communication with the person they have conflict with as part of the social worker's role in conflict resolution on the interdisciplinary team. When asked to describe how conflict would be resolved on an ideal team, Participant C stated, "Just open and honest dialogue, face to face, not between e-mails or text messages. That's

really important now days." This was also supported by participant E, who said, "If I was involved in a conflict myself, I would feel comfortable saying, 'hey, can we talk about this?' I personally would feel very comfortable if there was a conflict in bringing it up." Participant D also shared, "I always talk to the person one on one first in a more informal setting."

Theoretical Perspectives and Values

The fourth theme identified in the study was theoretical perspectives and values. All seven participants expressed language indicating social workers view their role in addressing conflict on the interdisciplinary team as working to promote social work values as well as well as all professional perspectives in an effort to decrease conflict and improve team functioning. These include advocating for a person-in-environment perspective within the medical model, encouraging all members of the team to see conflict through a broader lens, and promoting dignity and self-determination of the patient. All seven participants identified advocating for the person-in-environment perspective within the hospice interdisciplinary team as a way to decrease conflict. This was reflected in Participant D's interview, who stated:

 When conflict arises, everyone's voice would be heard and valued and it would not be an automatic default to the medical model. It would be a discussion using the hospice philosophy in seeing the patient as a whole person and not just the medications and diagnosis.

This was supported by Participant G, who also stated:

Pulling in the person-in-environment is, I think, huge. It is something that can get missed by nurses and physicians…being able to pull in the family's perspective…I think it's a different perspective and I think it helps the team.

Participant B spoke at length about the challenges of honoring social work values within the medical model by reporting:

> In my work, perhaps I have a spouse who's anticipating the loss of their partner of 60 years. I got nothing. I don't have this tangible tool. I don't wear anything on me that can fix the pain or fix that grief. Maybe other disciplines can't see the tools I'm implementing. So I think that's often time the most common recipe for conflict.

Five participants identified the social work role in addressing conflict as encouraging all members of the hospice interdisciplinary team to view conflict or situations through a broader perspective. When asked to identify benefits of working on an interdisciplinary team, Participant F stated, "Getting a variety of ideas from all different avenues and experience of people." This was supported by Participant B, who reported:

> We all want to help, we all think there's a right way to help, and while there's a great value in a variety of clinical lenses, they are different clinical lenses. Conflict can result when there's a problem identified and we each have a different take on how to approach that problem.

Having many solutions to conflict was also identified by Participant C, who stated, "With different disciplines comes a lot of different angles to come to a solution to a problem." When describing the value of the social work perspective, Participant G told the researcher, "I am coming from a different perspective that is important too."

Four participants identified promoting dignity and self-determination of the patient as a social work role in addressing conflict on the interdisciplinary team. These participants indicated conflict was created in situations where interdisciplinary team members questioned patient's safety over self-determination. Participant E said, "It's trying to find your role in how do I

diffuse this? How do we keep the patient's rights at the forefront?" This was corroborated by Participant B, who stated:

> The perfect breeding ground for conflict…is patients who live alone, are their own
>
> decision makers, and what do we as social workers value? Right to self-determination. I
>
> go out there, I'm valuing autonomy and self-determination. I can offer all the resources
>
> and talk through all the options, but if at the end of that visit, if they are going to continue
>
> to refuse assistance, I'm going to walk away. Well, how does that make the nurse feel?

Conflict between nurses and social workers surrounding professional values was also identified by Participant G, who reported:

> That's the time I most disagree with the nurses, when they say the patient needs to get out
>
> of their house. It's like social work 101. I'm going to validate your concerns, I'm going to
>
> let you know I agree with you and then I'm going to pull in the patient's concerns and
>
> pull in their point of view and remind you what happens to this patient is not your fault.

Time

The fifth theme identified in the findings of this study is time. Six participants identified the social work role in addressing conflict as dependent on time, including the amount of time patients have to live. Participant D indicated the amount of time to work with patients can influence the types of conflict addressed on the interdisciplinary team. Participant D stated:

> Sometimes you don't have a patient very long, and so it is a medical crisis and of course
>
> you have to address pain and medical things. But as time allows, given the acuity of the
>
> patient that you really try to address everything with everybody on the team.

When describing a conflict with a doctor, Participant E stated, "The way it was resolved, I mean, nature kind of took its course and the patient did die." Two participants identified conflict on the

hospice interdisciplinary team as being influenced by change as a constant. When describing the amount of change on the interdisciplinary team, Participant G said, "Usually I just move on…eventually that patient will die and the case will close and you just move on. I think that does happen where conflict is unresolved, people die, and we move on." This was supported by Participant C, who shared:

> In hospice there's always change. So perhaps if it's a struggle with a co-worker, I leave or they leave or the patient passes away and then the crisis is kind of over. So, for better or for worse, in hospice there is a lot of change.

Social workers may also take on limited roles in some conflict as it fades over time. Participant C said:

> I have found just not being surprised by change and knowing that in a sense, time does heal. So instead of running away from conflict and being fearful it will always be there, knowing it will resolve over time with hard work and change. Circumstances change and patients change...so just being ok with that, I think.

Opportunity for Positive Change

The last theme identified in the research was opportunity for positive change. Social workers view conflict on the hospice interdisciplinary team as an opportunity for positive change and growth for both themselves as individuals and for the team as a whole. Three participants identified their role as using conflict as a catalyst to promote more effective team dynamics. Participant A stated, "Conflict is a catalyst to us to better ourselves or to not and it's our choice." This was seconded by Participant E, who described the team after resolving conflict:

I think we all kind of felt like an alliance in a way...as a department, it made us all

stronger and trust each other more…it was difficult, but I think we were much better and

stronger because of it.

Participant F identified conflict as an indicator for more effective teams, stating, "Conflict isn't

always a bad thing. Healthy and constructive conflict is a function of a lot of effective teams."

Two participants indicated conflict can lead to improved professionalism for individuals and lead

to better patient care. Participant F stated, "How you handle conflict determines how it can affect

the team. If the team can get through it in a good way, it will actually help deliver better care."

Three participants indicated they are more likely to take on a role in confronting conflict because

of positive feels towards conflict and the results thereof. Participant A said, "Not all conflict is

negative…so it's not necessarily something that I'm afraid of or going to back off on because

that's a part of everyday life."

The research findings gathered through interviews with seven participants provided

insight into the role of the social worker in addressing conflict on the hospice interdisciplinary

team. Six themes were identified within the data gathered from the interviews. The six themes

presented included: 1.) positive and negative previous experiences with conflict, 2.)

organizational structure, 3.) communication, 4.) theoretical perspectives and values, 5.) time, 6.)

conflict as an opportunity for positive change. Within the following section, the researcher will

explore how the themes identified in the study relate to the current literature regarding how

social workers on hospice interdisciplinary teams address conflict as well as implications for

social work practice, implications for policy, implications for further research, and strengths and

limitations of this research study.

Discussion

This study investigated social worker roles in addressing conflict on the hospice interdisciplinary team. The research question sought to examine social worker's perception of causes of conflict on the interdisciplinary team and to evaluate effective approaches to address conflict. The research also explored strategies hospice agencies employed to reduce conflict on the interdisciplinary teams, factors contributing to success, and communication. Seven qualitative interviews were conducted with social workers on hospice interdisciplinary teams to explore this research topic. The following is a discussion of how the findings of this research relate to current literature to this topic, as well as implications for social work practice, implications for policy, implications for further research, and strengths and limitations.

Relationship to Current Literature

Communication. Communication is an important factor in increasing effectiveness and efficiency on an interdisciplinary hospice team. One challenge of communication on an in-home hospice interdisciplinary team was miscommunication. Research suggested communication between team members needs to be more frequent in order to ensure all parties have appropriate knowledge to provide proper treatment to the patient. In an environment where the interdisciplinary team members don't always see each other, extra care must be taken to have clear communication to reduce the likelihood of miscommunication or misinterpretation. If social workers have questions or are unclear on a team member's communication, they should take steps to clarify appropriately in a direct manner with the person they have conflict with. This should be done in a professional manner so as not to affect the patients or family in any way and is more effective when communication is face to face. It is important for the social worker and the interdisciplinary team to consider how communication affect the patient and family.

Literature showed communication as one of the most important factors influencing the effectiveness of the interdisciplinary team. The research suggested clear communication on the hospice interdisciplinary team can lead to better quality care for the patients, caregivers, and family members.

  Role Clarity. Along with communication, role clarity resulted in improved patient care. When each team member was clear on their specific role, the team worked more efficiently within the best practice of their discipline. Communication on role clarity can be essential to improving the outcomes of patient care in a hospice setting where time may be limited. This research suggested the element of limited time both contributes to conflict on the interdisciplinary team and affects how conflict is addressed. Because conflict can be time sensitive in the hospice setting, social workers must act quickly to decide which conflict they will address and how that will occur. Within a medical model, social work roles may be considered ancillary. More than other professions, hospice social workers on an interdisciplinary team need to continue to education their peers on their role. The literature showed social workers within a hospice setting are responsible for addressing the psychosocial aspect of a person. The work they do within that might be unclear. Social workers in hospice settings may encounter ethical dilemmas unique to their practice. For example, a hospice social worker might work with a patient on resolving strained familial relationships before their death. Different interventions on how to accomplish this might vary across individual social workers. Would it be appropriate for a hospice social worker to call an estranged child of a patient and advocate for reunification? Social workers in hospice settings should give attention to these possible ethical issues and refer to the National Association of Social Workers Code of Ethics to ensure they are working within acceptable confines of the profession.

The research also suggested social workers may take on roles of other disciplines, such as addressing a patient's level of pain or other unmet medical needs. However, within this, social workers are limited in what they can address. Social workers are more likely to refer patients and their family members to medical professionals to address medical concerns. The literature stated other disciplines (such as nursing) are more likely to address psychosocial needs in a patient. This is seen when the respondent indicated nurse case managers as the designated main point of contact if they already have a relationship with the patient or caregiver. The research suggested nurses are more comfortable taking on social work roles than social workers are in taking on nursing roles.

Holistic Approach to Care. Within the medical model, it is important for the interdisciplinary team to recognize the person as a whole. Social work education from a systems perspective helps the social worker be best able to look at a person holistically. The research suggested the social worker can help the interdisciplinary team recognize the patient as more than a diagnosis. Psychosocial aspects of a patient may affect the patient's medical diagnosis. This can especially be true when working with older adults who may report pain or increased medical concerns as symptoms of psychosocial distress. Hospice social workers can help bring understanding to providers about values and beliefs surrounding death and end-of-life care. The research suggested the quality of care is improved for patients and families in hospice when providers are able to have an understanding beyond medical needs. Acknowledging psychosocial aspects of a person are an essential element in end-of-life care. A holistic approach may also help family members with anticipatory grief. Overall, social workers ability to view a patient from a holistic approach adds value to a hospice interdisciplinary team and helps all team members provide quality care for the patient and family.

The literature indicated conflict between social workers and nurses is a common occurrence in hospice. This research indicated the degree of conflict between nurses and social workers varies across hospice organizations and is dependent on organizational structure, organizational culture, and personality traits. The literature also noted social workers are an ancillary role and often try to minimize the psychosocial aspects of the person to fit into the medical model. Social workers are more likely to tie psychosocial elements to specific medical diagnosis. It is important for social workers within any interdisciplinary team to recognize the importance of being able to adapt to many different circumstances and personalities. It is of equal importance for social workers to continue to advocate for social work to be recognized as a research-based, clinical profession that is an integral part of the interdisciplinary team. Research suggested a social worker's training from a systems perspective puts them in a prime position on an interdisciplinary team to be able to adapt and serve as a bridge between the different team members to promote a broader understanding of the patient.

Collective Goals

In hospice care, the main goal is to provide patients with the best death possible. Despite this overarching goal, members of different disciplines on the hospice interdisciplinary team have ideas that vary widely on how that goal will be attained. Research showed one of the main causes of conflict different approaches or views between professionals on how to provide the best patient at end-of-life. A main cause of conflict occurred over patient self-determination and dignity versus safety, which stemmed from a variety of different professional values, theoretical perspectives, and personal viewpoints related to end-of-life. When one person assumes control in of developing goals of care for patients, other members of the interdisciplinary team perceive their professional judgement as invalid. Literature showed positive outcomes are increased by

teams that work in a collaborative manner toward developing individual patient goals. A collaborative approach to forming shared goals improves team functioning and positive outcomes.

In addition to better patient outcomes, social workers reported a higher level of job satisfaction when they experienced collaborative approaches on the team. This was consistent with literature, which indicated one challenge social workers face on hospice interdisciplinary teams is having little autonomy in their work. Research suggested social workers perceive they have more autonomy on the interdisciplinary team when they are included in developing patient goals and determining the social work role in assisting patients and families in attaining shared goals.

Implications for Social Work Practice

The information in this study has many implications for social work practice. Findings from this research study showed the need for further clarification and awareness of roles on the hospice interdisciplinary team. Social workers often voluntarily adopt an informal role in addressing conflict on the hospice interdisciplinary team because of their educational background and professional values. The majority of social workers interviewed in this research study acknowledged working as an informal mediator between two people. The identified their role as promoting effective communication on the team in an effort to diminish conflict and increase team functioning. Clarification of the social work role in conflict resolution on the team and clear, structured leadership from managers may decrease social workers tendency to take on mediation tasks between team members. In addition to this, clear guidelines or boundaries within the hospice interdisciplinary team would help social workers understand when assuming a role in conflict is appropriate.

Social workers interviewed in this study also reported their role in addressing conflict on the interdisciplinary team was influenced by previous positive and negative personal and professional experiences. This indicated a strong need for more education surrounding how to manage conflict as a professional as well as self-reflection on how personal experience with conflict impacts future experiences with conflict on a professional interdisciplinary team. This education should be done within higher education coursework, in field placements, at a professional level, and within professional licensing supervision.

Organizational structure is important in considering social work practice within the hospice interdisciplinary team. When looking for a place of employment, social workers should consider organizational structure and culture, policies and procedures, mission statements, and values. Interdisciplinary teams within the medical model that operate with emphasis on a hierarchy of roles have more difficulty understanding social work values and perspectives, which leads to increased conflict. Social workers within hospice interdisciplinary teams should be educated on the historical hierarchy and the effects this hierarchy can have on daily practice and patient outcomes. Additionally, social workers need to educate and advocate for the recognition of social work values on the hospice interdisciplinary team. Specifically, in regards to the importance of understanding the patient from a person-in-environment perspective. Hospice social workers also will take on the role of advocating and educating members of other disciplines on the importance of the values of dignity and self-determination at end-of-life in an effort to decrease conflict and increase better patient outcomes.

Implications for Policy

This research study indicated several implications for policy on both the mezzo and macro levels, including social work education, organizational structure, and the importance of

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professional supervision within social work. On implication for policy would be requiring more education on recognizing and addressing professional conflict as part of social work curriculum in higher education. Most of the social workers interviewed expressed comfort with managing conflict on the interdisciplinary team because of previous experience. Only one of the respondents identified having the skills to adequately address conflict as a result of social work education. By including curriculum specific to conflict on the interdisciplinary team, social workers would have a better understanding of systems within a professional scope, how to recognize and maneuver team dynamics, and more comfort in setting boundaries when addressing conflict. Social workers would also have more comfort and familiarity with skills and language appropriate for conflict resolution. This would include recognizing how individual's previous experiences influence current attitudes and approaches to conflict.

Discussions must also happen at an organizational level within healthcare organizations and health systems to have clearer professional expectations across various disciplines on the hospice interdisciplinary team. Health care organizations have the unique position of managing teams compromised of many different professional orientations. Each of these has a different educational background, operates under different theoretical lenses, and has different professional values. This research shows the need for hospice organizations to carefully examine the organizational structure of interdisciplinary teams, as well as implement policies for training and full integration of each role within the team. By examining leadership styles, a better understanding of role clarity, and creating common goals, organizations can take steps to ensure their teams works at the highest level of efficiency in providing positive outcomes for patients.

The last implication for policy is the need for professional supervision within social work practice. Social work supervision helps social workers examine their biases, attitudes,

transference, and countertransference with other professionals on the interdisciplinary team. Many hospice agencies have no policies regarding professional supervision or explicitly do not support social workers in receiving supervision. Along with this, many social workers on hospice interdisciplinary teams report their direct supervisors are of another discipline and do not understand social work values, theoretical perspective, or challenges unique to social workers within the team. Ensuring social workers have supportive supervision would increase cohesion on the team.

Implications for Research

There are many implications for future social work research as a result of this study. These largely focus on training and the role of psychosocial approaches in hospice care and their effect on patient care, social work education, and the role of social workers in leadership roles within the medical field. More research can be done on effective training techniques and strategies for successfully integrating social work values on interdisciplinary teams within the medical model. Increased research on how interdisciplinary team members view patient's dignity and self-determination would be beneficial in understanding the value of the social work perspective on interdisciplinary teams, and effective advocacy tools for social workers.

Social workers in hospice often cite a lack of education on end-of-life care in their academic programs as a barrier to success. Participants in this study identified years of experience in the hospice interdisciplinary team as an indicator of comfort levels in addressing conflict. Social workers with more years of experience were more likely to take on informal roles addressing conflict and reported conflict resolution as less difficult than those who had less years of experience. This indicates a need for further research in education on end-of-life care in

academic programs and its effectiveness in preparing students for the unique challenges social workers face in hospice care.

Social workers are often not put in leadership positions within hospice interdisciplinary teams. Many social workers identified their direct supervisors as nurses, having a Master's of Business Administration, or another degree outside of social work. Additional research is needed to explore the impact of social workers in leadership roles on effective team functioning. This would include how social workers could increase their presence and opportunities for leadership roles and any positive differences in patient outcomes on the interdisciplinary teams. All of these areas of future research would serve to strengthen the profession of social work within hospice care.

Strengths and Limitations

Conducting this research with a qualitative approach was a strength to this study. By completing qualitative interviews from participants from various healthcare agencies and systems, the researcher gathered a robust data set from multiple perspectives on the complex phenomena of human relationships. Participants were given the opportunity to share lived experiences and their responses expanded the scope of topics to cover those not considered initially. An example of this is the theme of social work values and perspectives. In developing questions for participants, the researcher did not consider how social work values and perspectives might influence social worker's roles in conflict resolution on the interdisciplinary team. The interviews with participants found this to be a predominate theme throughout the independent interviews. Because interviews were semi-structured, the researcher was able to direct the conversation in a way that provided more information when topics arose that were not previously considered. Another strength was the sample. Although only seven participants were

found, five hospice agencies were represented. This included three health systems and two individual organizations. Participants were also found within the entire Twin Cities metropolitan region. By gathering qualitative responses from multiple participants' perspectives, the researcher got a wide variety of data to compare.

There were some limitations to this research. The information gathered may be influenced by the comfort level of participants in sharing experiences with professional conflict with a stranger. They may also be affected by the researcher's personal bias in asking follow up questions. Because this study was based on semi-structured interviews with time constraints, some of the questions were not answered in full. Another limitation was the sample. As stated previously, seven social workers were interviewed from five different hospice agencies. There were large health systems represented and two small, independent hospice agencies. All seven participants were female. The sample was narrow and the findings may not be generalized to the broader population. All of these limitations could have affected the ability of the research study to provide an accurate depiction of conflict on the hospice interdisciplinary team. Despite these limitations, the research appears to have a strong correlation to previous research in this area.

The research findings in this study were consistent with current literature related to how social workers address conflict on the hospice interdisciplinary team. Social workers assume informal roles in addressing conflict based on organizational structure, organizational culture, and the role of leadership on the hospice interdisciplinary team. A broader understanding of different disciplines within interdisciplinary teams leads to improved functioning and better patient outcomes. The data gathered from each of the seven participants indicated the need for further research on the benefits of incorporating how to address conflict within social work

curriculum. Further research on this topic may aid in the development of a clear framework for social workers to utilize when addressing conflict on the hospice interdisciplinary team.

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Appendix A

Letter to Potential Participants

My name is Sarah Green, and I am a graduate student at St. Catherine University and the University of St. Thomas School of Social Work. I am writing to ask for your participation in a qualitative research study I am conducting on the role of hospice social worker's in addressing conflict on the hospice interdisciplinary team. You were identified as a potential participant because you are a licensed hospice social worker.

The focus of this research is to understand causes of conflict in the interdisciplinary team, evaluate effective approaches to address conflict, and study the effect conflict has on service delivery. Conducting this research with hospice social workers will give knowledge in understanding the relationship between hospice social workers, the professionals on a hospice interdisciplinary team, and how social workers navigate conflict between these relationships. This research intends to improve the quality of care for patients in hospice care by giving social workers a framework for addressing conflict on the hospice interdisciplinary team.

If you choose to participate, you will be asked to take part in a face-to-face interview lasting approximately 60-75 minutes. This interview will be audio recorded. Participants will determine with the researcher meeting times and locations that will fit their schedules. Your participation in this study is voluntary. Your decision to participate or not will not affect your current or future relations with the researcher, advisor, Saint Catherine University, or the University of St. Thomas. Your participation will have no impact on your agency and your participation in this study will not be disclosed to anyone in your agency. Should you decide to participate, you are free to withdraw your participation at any time.

If you would like to participate in this research, or would like to learn more, please reach me at the contact information listed below.

Thank you,

Sarah E. Green
Gree1639@stthomas.edu
651-403-9220

ST CATHERINE UNIVERSITY
Informed Consent for a Research Study

Study Title: Making it Right in the End: The Social Worker's Role in Addressing Conflict on a Hospice Interdisciplinary Team.

Researcher(s): Sarah E. Green, B.S.W., L.S.W.

You are invited to participate in a research study. This study is called Making it Right in the End: The Social Worker's Role in Addressing Conflict on a Hospice Interdisciplinary Team. The study is being done by Sarah E. Green, a Master's student at St. Catherine University and the University of St. Thomas in St. Paul, MN. The faculty advisor for this study is Dr. Rajean P. Moone, School of Social Work at St. Catherine University and the University of St. Thomas.

The purpose of this study is designed to explore social workers' perceptions of their role in addressing conflict on a hospice interdisciplinary team. The focus of this research is to understand causes of conflict in the interdisciplinary team, evaluate effective approaches to address conflict, and study the effect conflict has on service delivery. This study is important because it will help provide a framework for social workers in addressing conflict on a hospice interdisciplinary team. Approximately 8-10 people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You were selected as a possible participant because you are a hospice social worker on an interdisciplinary team. You are eligible to participate in this study because you are an in-home hospice social worker in the Twin Cities metropolitan region.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- I will be asking a series of predetermined questions in a face-to-face interview over the course of sixty to seventy-five minutes in a private location.

In total, this study will take approximately sixty to seventy-five minutes over one session.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. Your decision of whether or not

to participate will have no negative or positive impact on your relationship with St. Catherine University, the University of St. Thomas, nor with any of the students or faculty involved in the research.

What are the risks (dangers or harms) to me if I am in this study?

The study has risks. The research topic may put the participant at emotional risk. The participant is free to skip or decline to answer any question asked. The participant is also free to withdraw from the research at any time. Should the participant have emotional distress due to the research, the participant can call a specialist at United Way 211 at 651-291-0211. Participants will choose the location and time of their interview and interviews will only take place in a private location. The researcher will not disclose your participation in this study and will omit your name from any published documentation. All records and data collected will be kept in a locked filing cabinet only the researcher will have access to.

What are the benefits (good things) that may happen if I am in this study?

There are no direct benefits for participating in this study.

Will I receive any compensation for participating in this study?

There will be no monetary compensation for participation in this study.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be audiotaped and later, transcribed, and analyzed. The findings will be presented in a written paper and an oral presentation. Your identity will be confidential, your name and agency will be omitted from the written assignment as well as the oral presentation. I will keep the research results in Research records will be kept in a password protected file on my computer. All printouts of the transcript will be kept in a locked filing cabinet in my home that only the researcher will have access to. Only I and the research advisor will have access to the records while I work on this project. I will finish analyzing the data by May, 2017. I will then destroy all original reports and identifying information that can be linked back to you. The audiotape and transcript will be destroyed by June, 2017.

Any information that you provide will be kept confidential, which means that you will not be identified in the any written reports or publications. Anonymity cannot be guaranteed by the researcher. Given the snowball sample, it is possible de-identified quotes could be recognized inadvertently by other social workers involved in the conflict. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Are there possible changes to the study once it gets started?

There are no anticipated changes to this research study once it gets started. If during the course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at 651-403-9220. If you have any additional questions later and would like to talk to the faculty advisor, please contact Rajean Moone, PHD, LNHA, at 651-235-0346. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

I consent to participate in the study and agree to be videotaped/audiotaped.

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

_____

Signature of Participant   Date

_____

Signature of Researcher   Date

Appendix C

How Do Social Workers on a Hospice Interdisciplinary Team Address Conflict?

Interview Questions

1. Tell me about your role as a hospice social worker.

2. Describe some benefits of working on a hospice interdisciplinary team.

3. What reasons do you see for conflict on the interdisciplinary team?

4. Who are the biggest allies in your work on the interdisciplinary team?

5. Describe your role in addressing conflict on the hospice interdisciplinary team.

6. On an ideal interdisciplinary team, how would conflict be resolved?

7. Tell me about a time you were successful at managing conflict on the hospice interdisciplinary team. What skills did you use and how did you obtain those skills?

8. Tell me about a time you were not successful in addressing conflict on the hospice interdisciplinary team. What was the outcome?

9. What have you done when you have been unable to resolve conflict?

10. What strategies does your company employ that help reduce conflict on the hospice interdisciplinary team?

11. How have you evolved in social work practice through your experience with conflict?

12. Is there anything else you think would be important for me to know about addressing conflict on a hospice interdisciplinary team?