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Walden University

College of Social and Behavioral Sciences

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Amy Coffell

has been found to be complete and satisfactory in all respects,
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Review Committee
Dr. Debora Rice, Committee Chairperson, Social Work and Human Services Faculty
Dr. Alice Yick, Committee Member, Social Work and Human Services Faculty
Dr. Donna McElveen, University Reviewer, Social Work and Human Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Hospice Social Workers' Roles and Responsibilities Within Interdisciplinary Hospice Teams

by

Amy Marie Coffell

MSW, University of Southern California, 2013

BS, Michigan Technological University, 2011

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2017

Abstract

The role of the hospice social worker is unclear and misunderstood by interdisciplinary team members due to role blurring, communication challenges, and poor collaboration efforts. This is important because these actions may result in decreased quality of patient care and decreased quality of life for the clinical hospice social workers. The purpose of this action research project was to explore communication, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers. The theoretical foundation for this research was the model of interdisciplinary collaboration (MIC) which was used to describe both the concepts of interdisciplinary collaboration and the influences on that collaboration. The research question addressed the 5 concepts of the MIC to fully understand the collaboration challenges identified within hospice interdisciplinary teams. This action research study utilized the design and method of open-ended questions to gather the information using an online questionnaire. The data were coded by the action researcher to yield the key results of 3 main concepts of challenges for clinical hospice social workers (a) underutilization and misunderstanding of skillsets, (b) role blurring among the disciplines, and (c) working toward cohesive goals. A conclusion of this research was that hospice social workers are misunderstood, which presents a spectrum of challenges for the entire hospice interdisciplinary team. Implications for positive social change occurred through recommendations to reduce or eliminate these challenges, thus improving the quality of patient care and clinical hospice social workers' quality of life.

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Table of Contents

List of Tables iv

Section 1: Foundation of the Study and Literature Review 1

Problem Statement 4

Research Question 9

Purpose Statement 9

Impact on Personal Development 10

Impact on Clinical Social Worker Learning 11

Nature of the Project 11

Potential Limitations and Researcher Bias 13

Theoretical Framework 14

Significance of the Study 16

Values and Ethics 18

Section 2/Part 1: Review of the Professional and Academic Literature 21

Literature Review Related to Key Variables and/or Concepts 21

National Hospice and Palliative Care Organization 21

Interdependence 22

Role Blurring 25

Professional Roles 27

Cohesive Goals 33

Communication 34

Summary 36

Section 2/Part 2: The Project 37
Background and Context..38
Methodology 41
Participants 41
Sources of Data/Data Collection...42
Prospective Data 42
Instruments 44
Ethical Procedures 45
Summary 47
Section 3: Analysis of the Findings 48
Data Analysis Techniques...49
Variables and Outcomes 49
Organizing the Data 53
Analysis Procedures..53
Validation and Legitimation Process 59
Reflexivity..59
Validation Procedures..59
Limitations 60
Findings 61
Demographics 62
Common Themes Identified 62
Learning Points 68

Clinical Practice Impact 69
Unexpected Findings 70
Summary 70
Section 4: Recommended Solutions 71
Application for Professional Practice 73
Analysis and Interpretation 73
Solutions for the Clinical Social Work Setting 77
Applicable Solutions 77
Empower Individuals 78
Action Researcher's Practice 78
Organization Evaluation 79
Implications for Social Change 79
Social Change 79
Contribution to Knowledge 80
Summary 80
Dissemination 81
References 82

List of Tables

Table 1. Pseudonyms for Participant Responses 62

Section 1: Foundation of the Study and Literature Review

Clinical social workers (CSW) face difficulties in clearly defining their roles within hospice interdisciplinary teams (HITs) due to factors such as communication challenges, role blurring, and training (James, 2012; Parker Oliver, Washington, Demiris, Wittenberg-Lyles, & Novak, 2012). This poor interface has impacted the collaboration and functionality of hospice interdisciplinary team members (Kobayashi & McAllister, 2014). Effective collaboration was essential to the interactions of each team member to provide a more cohesive approach to client care.

The purpose of this action research study was to explore communication, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers. Poor communication has been identified as one challenge that can influence effective collaboration (Parker Oliver et al., 2012). Another factor that may hinder productive collaboration is role blurring or the duplication of duties (Reese, 2013). Many of the responsibilities and capabilities of hospice CSWs may overlap with that of other team members, such as nurses and chaplains, thus blurring the roles together. For this research project, role blurring was defined as the imprecise and overlapping of professional responsibilities within the field of hospice care. Another factor that may affect CSW practice and collaboration was the imprecise communications of social workers' abilities and training (Parker Oliver et al., 2012). Research conducted by Weisenfluh and Csikai (2013) showed that social workers do not explicitly promote their skills and competencies on HITs. This lack of explanation created a barrier for communication and interactions, as the skills and abilities of hospice CSWs are unknown.

This role confusion led to the duplication of duties among other team members within the HIT.

The goal of this action research project was to understand what challenges exist to effective HIT collaboration, and the effects of those challenges on the professional roles and responsibilities faced by clinical social workers. Using a rigorous and comprehensive review of the literature and an online questionnaire with six long answer questions, this action research project contributed to building the limited knowledge base about hospice CSWs within hospice agencies. The hope was that the findings of this research would lead to increased collaboration among HITs as well as increased client care. Collaboration could be improved by identifying and addressing challenges present within the HITs. For example, more direct communication could enhance collaboration with hospice clients and their family systems and among HIT members. The result of such collaboration could translate into a more useful definition of hospice clinical social work practice, which could lead to the improved provision of hospice clinical social work services. Using this research goal, the action research methodology aligned with the research question to support the field of clinical social work.

Action research methodology used tools such as focus groups and participants' experiences (Stringer, 2007). Focus groups offer the identification and incorporation of key participants, referred to as stakeholders, in the process of conversation to obtain information. The invited stakeholders for this action research project included several hospice CSWs from nonprofit hospices from Maricopa County, in Phoenix, Arizona. The stakeholders were asked to participate in an online survey to gain an understanding of the

challenges to effective HIT collaboration, and their professional roles and responsibilities.

This research was organized in a manner to describe the hospice CSW experience and the areas of interest to conduct action research in the hospice field of study. To fully explain the problem statement, the first section of this document explicitly stated the clinical social work practice problem and how it related to the social work setting. To show how this problem was addressed, the research question and research methodology were presented. Specifically, the research question included the concepts associated with the social work problem, as well as the goals of the action research project. The key concepts of collaboration, role blurring, and communication were identified related to this action research project and hospice CSW population.

The problem statement identifying possible challenges within hospice IDTs served as the connection between the problem and the focus of the study which was to define and understand the causes of identified challenges. The purpose statement explained how these findings help to improve CSW practice through increased understanding and knowledge of CSWs the field of hospice care. Furthermore, the nature of the project was described to provide a brief rationale for the use of action research. To support the use of action research, the theoretical framework section of this document used the model of interdisciplinary collaboration (MIC) to ground the information. This section concluded with the significance of the study and the values and ethics discussed throughout this research. The next information presented in this document was a comprehensive review of the related literature and the key concepts associated with the

project. The project description section provided the specific information for the context and methodology.

The project section began with the background and context of the project. The stakeholder and roles of colearner were discussed as they related to the context. Continuing through the methodology section, the participants and data collection techniques were discussed. As represented in the data information, the sources of the data were also discussed. The ethical procedures section culminated with the ethical procedures in place for interacting with the stakeholders and data collected. A summary of this work concluded this research.

Problem Statement

A review of the hospice social work literature revealed that the role of the hospice social worker was unclear and misunderstood by interdisciplinary team members resulting in challenges to collaboration such as role blurring and ineffective communication (James, 2012; Parker Oliver et al., 2012). These collaboration challenges contributed to hospice social workers' difficulties defining their roles and responsibilities within hospice interdisciplinary teams.

Payne (2012) defined *poor communication* as the impaired exchange of information and described specific factors that lead to a breakdown in communication among and between members of HITs. Such a breakdown impeded productivity, efficient collaboration, and patient care. Possible reasons contributing to poor communication within hospice interdisciplinary teams included: (a) lack of time, (b)

unclear dichotomy between medical versus psychological perspectives, and (c) unclear professional roles (Payne, 2012).

Researchers have discussed ways that poor communication influence collaboration dynamics, communication techniques and styles, and functionality of HIT members (Kobayashi & McAllister, 2014). Hospice interdisciplinary teams exist within professional standards of practice and operate within the professional code of ethics for each professional discipline (i.e. social work, nursing, medical doctor, spiritual care). To be efficient and provide the best cohesive approach to physical and psychological treatment of hospice patients and their families, the HIT needed to be goal-oriented and function within the clear practice and professional role expectations and directives. Effective communication was essential to the collaboration of each HIT member to provide a cohesive approach to client care.

One factor that may hinder productive communication was *role blurring*, which is defined as the duplication of duties towards the same goal (Reese, 2013). According to Reese (2013) and Reese and Sontag (2001), role blurring was closely associated with collaboration techniques within HITs and client care outcomes, such as pain management, advanced directives establishment, and completed final arrangements. Collaboration techniques for HITs included a treatment plan development, service delivery, and care follow-up. Reese and Reese and Sontag studied the influence of role blurring among HIT members, focusing on hospice CSWs. Findings revealed that many of the responsibilities and capabilities of hospice CSWs overlap with those of other hospice interdisciplinary team members, such as nurses and chaplains (Reese, 2013;

Reese and Sontag, 2001). When multiple HIT members provided similar services, follow-up and accountability for case activity are difficult to identify and address. For example, both social workers and chaplains are trained to counsel families and patients on their feelings such as guilt, anger, and sadness (James, 2012; Lillis, 2013). The result of unclear professional boundaries and roles, and duplication of psychosocial services promoted confusion and perhaps a sense of competition about who was indeed responsible for providing specific psychosocial services.

This overlap of professional roles and responsibilities often leads to increased competitiveness among hospice interdisciplinary team members, and even substandard patient care (Reese, 2013). To compete, by definition, is the goal to outperform another for recognition and additional benefits, which in turn may lead to a situation where information may be impaired between social workers and team members, in which collaboration may be inhibited (Pizzi, 2014). A holistic approach to client care that grounded the hospice philosophy and was the basis of client care required clear division of expectations and roles (Schwarz & Barclay, 2015).

Another factor of collaboration that affected CSW practice and collaboration techniques was the *unclear communication of professional roles* (Parker Oliver et al., 2012). As discussed, this role confusion led to duplication of professional duties among other team members within the HIT. The nurse/physician collaboration with CSWs was an example of possible unclear communication as many tasks such as advanced directives and do not resuscitate orders are many times completed by both the nurse and CSW (James, 2012; Wittenberg, Goldsmith, & Neiman, 2015). From a medical perspective,

many nurses may feel a duty to the client to collect these medical documents; a resistance may be seen to promote communication barriers for social workers, as they may be viewed as nonmedical personnel (Binnebesel & Krakowiak, 2012). The result was that social workers are perceived as outsiders and/or consultants and not a member of the HIT because their abilities and training to collect this information was unclear among the HIT.

Without clear role boundaries and assigned duties, each member of the HIT cannot clearly understand the professional roles, responsibilities, and obligations of hospice CSWs (James, 2012). Several researchers supported the need for further research on role blurring, poor and unclear communication, and the effects on HIT collaboration (Pizzi, 2014; Reese, 2013; Schwarz, & Barclay, 2015; Wittenberg-Lyles, Parker Oliver, Demiris, & Regehr, 2010).

Dugan Day (2012) and Oliver, Wittenberg-Lyles, Washington, and Sehrawat (2009) showed that during interdisciplinary team meetings, time was not given to all disciplines equally, indicating a dominant role by nurses and medical personnel. Social workers reported that they feel they contributed to the collaboration process but in a supportive role yet not an intricate role to the team members (Dugan Day, 2012). These social workers reported not having critical client roles such as initiating pain management discussions even though they were expected to assess each patient for pain levels (Oliver, et al. 2009). These views from other HIT members of inferiority and qualification have left social workers uncertain about professional roles in essential areas such as assessment, treatment planning, and treatment implementation.

With undefined and unclear professional roles, expectations, and perhaps unclear professional expertise and training of each member of the HIT, assumptions have been made and roles blurred in the effort to provide the expected care to patients. While job descriptions, professional duties, and vocational training outlined the roles of each interdisciplinary team member within hospices, the practical implementations are not reflected in daily activities. The possible outcome then was poor communication and ineffective collaboration among and within HITs (Demiris, Washington, Oliver, & Wittenberg-Lyles, 2008; Kobayashi, & McAllister, 2014; Payne, 2012). The confusion and role blurring were exhibited in increased information repetitiveness, decreased job satisfaction among social workers, and increased interprofessional conflict (Duner, 2013).

According to the literature, poor communication, role blurring, and unclear communication about social worker abilities and training presented collaborative challenges for social workers within HITs. The current state of evidence from professional practitioners and researchers supported the relevancy and significance of this action research project to the development of CSW practice (Reese, 2013; Reese & Sontag, 2001). The work of Demiris et al. (2008), Kobayashi and McAllister (2014), Lillis (2013), James (2012), Payne (2012), & Wittenberg et al. (2015) supported the need for further research on collaboration challenges among all HIT members.

Social workers, interdisciplinary team members, patients, families, and the participating agencies benefit from this project. The exploration of the roles and responsibilities of hospice social workers within hospice interdisciplinary teams provided information essential to improving collaboration within the teams (O'Connor & Fisher,

2011; Sanders, Bullock, & Broussard, 2012). Social workers communicated effectively their roles within the HIT to ensure personalized and comprehensive approaches to each client and their family. Social workers focused their efforts and resources as needed without fear of redundancy, such as unnecessary usage of agency resources to collect the same information.

Research Question

The research question was: What were the collaboration challenges faced by clinical social workers on hospice interdisciplinary teams in Maricopa County, Arizona regarding the key concepts of interdependence, role blurring, professional roles, cohesive goals, and communication? These concepts were identified based on the theoretical model and explored through the literature as factors that directly influenced the HIT's collaboration effectiveness. The concept of interdependence and role blurring included the training and education within the HITs. The concept of professional roles explored how each discipline worked together. The concepts of cohesive goals and communication included the efforts used within the HIT to ensure a collective endeavor.

Purpose Statement

The purpose of this action research study was to explore collaboration challenges faced by clinical social workers on hospice interdisciplinary teams in Maricopa County, Arizona regarding the key concepts of communication, interdependence, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers. Specifically, this action research project provided insight into the influence of collaboration challenges HITs and the effects on CSW practice with stakeholders and

their families. The results collected helped to ameliorate the future actions of social workers within these interviews for the betterment of client care which offered a more cohesive and defined treatment approach for all HIT members.

Current hospice CSW practice is faced with a significant gap regarding collaboration challenges including communication, role blurring, and unclear division of abilities and activities (Demiris et al., 2008; James, 2012). Through the information collected, I sought to understand the reasons for this gap and the ways in which the profession of social work could be improved through recommendations for future research and interventions. Future research endeavors can assist in clarifying underlying concerns and issues with the identified challenges. By addressing the root causes, CSWs can obtain professional development opportunities to provide optimal care. Intervention recommendations offer remedies to current challenges thus promoting positive change by clearly defining hospice CSW roles and responsibilities.

Impact on Personal Development

Personal reflection and research technique feedback offered this researcher clinical and professional development for future evaluation and implementation efforts. For example, my experiences in hospice social work have been improved with clear goals and objectives to ensure accuracy and to avoid wasting limited resources. These clear duties and responsibilities allow hospice interdisciplinary teams to function efficiently and collaboratively to meet the needs of the client and their families.

Impact on Clinical Social Worker Learning

Future research opportunities allow the continued improvements to the profession and others' learning within the field of hospice care. For example, this action research could promote future research into continued challenges that hospice social workers face in their daily duties. This action research project sought to conduct the research needed to discover information necessary to make positive social change, while influencing others' knowledge in the field of hospice clinical social work, and future endeavors.

Nature of the Project

Action research was a methodological tool of inquiry that required the active participation and integration of the researcher in the community of participants (Stringer, 2007). Action research used an insider perspective to build trust and facilitate information gathering from key stakeholders. This integration required cultural competence into the population as well as the professional training and skills to identify key stakeholders and participants. These characteristics are directly aligned with the profession of social work. As social workers place a great emphasis on becoming an insider in the treatment of at-risk populations, the field of social work requires the competency to behave professionally and reactively with each stakeholder and their community. These characteristics aligned to support the use of action research in this proposed research project. A specific characteristic that was used for this project was the epistemological paradigm.

Heron and Reason (1997) discussed the merits of the participatory paradigm supporting action research. They explained how the participation process, should be used

as a view of the world, as opposed to views such as positivism and constructivism. This worldview sees the interactions and forms of inquiry as collaboration amongst people. This view was utilized within the process of action research as the method involving the collaboration of stakeholders and the information they possessed.

This action research capstone project had the focus of understanding collaboration challenges that CSW may face and improving work environments to support HITs to avoid further challenges. Many characteristics are present during the daily interactions required for client care within hospice organizations. For instance, the process of developing care plans required the efficient and cohesive work of each HIT member within the interdisciplinary team. I committed to obtaining relevant training material to improve the social work practice by identifying collaboration challenges present in HITs.

To obtain this information, I utilized my collaboration skills with the stakeholders of the study. Stakeholders are defined as any person who was affected by a change or who could affect that change concerning the identified organization (Stringer, 2007). Potential stakeholders for this project were HIT members and hospice personnel. Action research was a methodological tool of inquiry that does not have a predetermined solution to the problem (Stringer, 2007). This process required successful teamwork and communication with the hospice coordinators, volunteers, interdisciplinary team members, and directors of the nonprofit hospice agencies in Maricopa County in Phoenix, Arizona. The facilitation actions of the researcher were designed to be purposeful to understand the challenges faced by hospice CSWs.

Potential Limitations and Researcher Bias

Bias and limitations were aspects of the project that the researcher needed to anticipate and address as much as possible to avoid unnecessary disruption to the data collected. These aspects could have presented from items within the study such as the instrument selected, to the participants, to the researcher's internal processes. Limitations were expected due to the nature of the project and all can be addressed to reduce the impact as much as possible.

Limitations identified for this action research project included those aspects that are out of the researcher's control. Such aspects include the sample size of the participating stakeholders, and the self-reporting of the data collected. This action research study was a qualitative study that used the experiences of the stakeholders to identify and propose solutions to their concerns. The recollections of their experiences may have presented errors and personal interpretation biases that may have skewed the data. These limitations were expected when requesting the participants to provide their personal experiences (Padgett, 2016; Thomas & Magilvy, 2011). The sample size of this study may also have affected the data collected if only a few social workers had agreed to participate. With a small sample size, the data may not have been transferrable and could not be determined to be consistent across the hospice organizations (Padgett, 2016).

Potential researcher bias may have appeared in the personal interpretations of the data, the chosen theoretical perspective used to ground the study, and the researcher's previous experiences within the field. The interpretation biases presented through the coding process that may be unintentionally skewed to find expected and/or supported

data. Through the transcription and coding process, my interpretation was a potential researcher-bias of this action research project. To address this limitation, along with any bias based on my previous experiences with the filed, the action researcher conducted two full coding and analysis processes, weeks apart to allow for an unbiased review (Saldaña, 2015). To address the issue of the theoretical perspective, the supporting literature demonstrated the previous use of the framework on similar studies (Bronstein, 2003; Dugan Day, 2012).

Theoretical Framework

To understand the collaboration of each hospice interdisciplinary team member, the MIC was used to frame and ground the proposed action research project. The research used to guide the MIC showed consistent use of concepts when evaluating and understanding team collaboration and communication (Bronstein, 2003; Dugan Day, 2012). The MIC was a theoretical model describing both the concepts of interdisciplinary collaboration and the influences on that collaboration (Bronstein, 2003). This theoretical model identified the five key concepts necessary for optimal HIT collaboration.

The MIC was developed by Laura R. Bronstein in 2003 to address the unclear models used to guide social workers in interdisciplinary work (Bronstein, 2003). To support the development of the MIC, Bronstein used data from previous peer-reviewed theoretical literature and conceptual research. To highlight the importance of developing this supportive model, Bronstein used contemporary trends of CSW in interdisciplinary practice to show the necessity. The MIC was developed in two parts (a) the four

influences on interdisciplinary collaboration, and (b) the five elements that compose interdisciplinary collaboration between CSWs and other professionals.

This theoretical framework identified five components that are used in this action research study to explore collaboration among HITs. One of the themes identified in this theoretical framework was the concept of interdependence or how each team member relies on the abilities of the other HIT members (Bronstein, 2003). Interdependence was defined as the team's ability to trust and rely on the work of interdisciplinary team members to achieve their desired goal, such as client care. This concept stressed the importance and necessity of effective communication and professional expertise to successfully collaborate as a team. This action research study used this concept to explore the knowledge of hospice CSW's skills and competencies within the team and how/if they are utilized.

Another consistent concept presented in this theoretical framework was the identification of flexibility or role blurring (Bronstein, 2003). This concept was used to understand both intentional and accidental role blurring within the HITs. This concept explained that as teams work together over time, each interdisciplinary team member begins to learn the roles and responsibilities of other team members and accomplish those goals with less time and effort. Bronstein (2003) used this framework to show that role flexibility requires effective communication to prevent it from being a barrier to collaboration.

The third concept of the MIC that was used to guide this action research study was professional activities or roles within the team (Bronstein, 2003). As identified in the

theory, professional activities are defined as the collaborative acts that allow smaller individual activities to become larger outcomes by combining these efforts as a team. This concept was utilized within this action research study to explore the daily functions and responsibilities that require the HIT members to work together as a team.

Another concept of the theoretical framework was that of a collective ownership of the goals or a cohesive goal (Bronstein, 2003). This concept was the identification of individual goals that would produce outcomes towards a larger group goal. This concept was used within this action research study to explore how the HIT works together utilizing CSWs to accomplish identified goals or how their efforts impacted effective collaboration for social workers.

The final concept of the MIC was the reflection on the process or the communication used within the daily practices (Bronstein, 2003). This model explains how the daily and overall group work needed to be evaluated regularly to ensure a strong and effective collaboration. This evaluation used effective communication throughout each professional activity to reinforce the actions towards their identified team goal. This action research study used this concept to guide the exploration of the interactions of the CSW's within the HITs regarding daily activities and their role within.

Significance of the Study

The findings from this action research project identified challenges that clinical social workers face daily within the field of hospice care, offering positive social change opportunities, which contributed to the field of clinical social work. Using the theoretical framework as a guide to the significance of these findings, the resulting data was

explored within the contexts of the five key concepts. These concepts supported previous and existing research and the need to clearly identify the role of hospice social workers and to implement strategies to prevent possible collaboration challenges. The findings from this research study proposed a new understanding of hospice CSW challenges, supported by existing literature. This understanding provided further information adding potential themes, such as duplicated efforts and undefined roles that can be explored in future studies to improve the CSW experience and role with HITs. The stakeholders were impacted by this research, recognizing that experiences and challenges are consistent across HITs in various hospice organizations.

The key stakeholders of this action research project were hospice clinical social workers in Maricopa County, Arizona. This population was identified utilizing the methods identified during the creation of the MIC, specifically for CSWs within an interdisciplinary team. Stakeholders were defined as the participants interested in the collaboration challenges present in HITs and who would offer experiential information on the topic. A potential implication for these CSWs and their corresponding agencies was a firm understanding of potential challenges for effective HIT collaboration and an understanding of the professional roles and responsibilities of CSWs. Using the findings in this research, HITs were given feedback that can offer the tools essential for positive social change such as improving collaboration and ultimately client care for Maricopa County Hospice CSWs and their clients. The participants can use the information learned from the interviews to enhance collaboration, communication, and clarify active professional roles and responsibilities. Collaboration among HIT members could be

improved with the findings from this action research study. Ultimately, increased efficiency, productivity, and positivistic motivation may offer more personalized care to the patients and their family members (Ciemins, Brant, Kersten, Mullette, & Dickerson, 2016; Youngwerth & Twaddle, 2011).

Values and Ethics

Social workers are advised to adhere to the National Association of Social Workers (NASW) Code of Ethics in all actions, to include hospice interdisciplinary teams' actions with hospice team members (NASW, 2008). The purpose of the NASW Code of Ethics was to protect social workers as well as patients and families during care. These defined criteria offered social workers with resources, such as training materials and relevant documents, to make professional and ethical decisions. The most significant ethical principle related to this study was the value of service. Clinical social workers have the primary goal to address social problems and assist people in need. When CSWs are not able to communicate, and execute the skills they possess, the efficiency of the HIT suffers, directly reflecting on patient care.

The importance of human relationships was another principle and value related to this study and the problem statement (NASW, 2008). Social workers use collaboration and many other skills to strengthen the relationship among others including their HIT members. These relationships are the vehicle in which hospice agencies promote positive social change and professional development. When conflict arises, social workers have the dedication to promote and enhance the well-being of the HIT. The welfare of the HIT also links directly with their ethical commitment to their clients, to offer the most

efficient services possible in the face of problems. To help to ensure use of appropriate values and ethics, membership organizations such as the National Hospice and Palliative Care Organization are available.

As each agency selected for participation must meet the inclusion criteria for participation, each agency was a member of the National Hospice and Palliative Care Organization (NHPCO). The NHPCO has clear rules and regulations that guide the actions of HITs, including the roles of CSWs. The NASW (2008) Code of Ethics guides CSW practice as reflected in each organization's values and goal statements (NHPCO, 2015a). Of the values identified by the organization, competency and collaboration are among the most referenced. The value of professional and cultural competency necessitated the optimal care for clients and the actions of the HITs. For example, understanding the professional guidelines for each profession assisted in understanding the motivators and duties when working together. The value of collaboration was evident as an essential characteristic of HIT members. For example, hospice services prompted complex and arduous discussions with clients and family members about the appropriate course of treatment, alternative treatment options, and the deliverance of end-of-life information. Without efficient and professional collaboration skills, hospice CSWs are not be able to perform their duties. This project supported these values through the purpose to help them identify and understand challenges for hospice clinical social workers concerning collaboration through concepts such as role blurring, poor communication, and the competency of each team member to work collaboratively. In this study, I identified potential ethical issues within the daily practices of the HITs, such

as improper documentation or relaying of pertinent information, intentional denial of resources, or possibly the misidentification of social problems within the population (Reese, 2011; Sanders et al., 2012).

The next section will provide a review of the academic and professional literature. This review helps to clarify various aspects of the problem and explore the current state of research related to the subject area.

Section 2/Part 1: Review of the Professional and Academic Literature

Researchers have found that hospice social workers face difficulties in clearly defining their roles within hospice interdisciplinary teams (James, 2012; Parker Oliver et al., 2012). There is a need for clinical social workers to understand communication challenges among hospice clinical social workers and how it may intersect the hospice interdisciplinary team's collaboration. To explore the five key concepts identified in the theoretical model, the MIC, the following literature review will discuss each concept regarding current professional literature and knowledgebase.

The following literature review will describe the specific concepts related to this study, also the role of National Hospice and Palliative Care Organization (NHPCO), the use of interdisciplinary teams in hospice organizations, the unique position of CSW on those teams, and challenges to collaboration within the HITs. The purpose of the literature review was to provide an understanding of the current state of knowledge supporting the study and offer guidance for the development of an appropriate data collection instrument.

Literature Review Related to Key Variables and/or Concepts

National Hospice and Palliative Care Organization

The NHPCO was the largest membership organization supporting United States hospice and palliative agencies (NHPCO, 2015b). The mission of the NHPCO was to 'lead and mobilize social change for improved care at the end of life' (NHPCO, 2015b). To help to ensure use of appropriate values and ethics, membership organizations such as the NHPCO are available. The NHPCO has clear rules and regulations that guide the

actions of hospice interdisciplinary teams. Among these guidelines, the organizations' values are found, directly reflected from the NASW Code of Ethics (NHPCO, 2015a). For example, each individual hospice organization member's values and goals listed on their personal websites correlate directly with that of the NASW and NHPCO to offer the resources and services to the betterment of those in need. Of the values identified by the organization, competency and communication are among the most frequently referenced and offer justification for the selection of the NHPCO variable within this project. For these reasons of consistency, this organization was utilized to select the population for the study to help mitigate differing job expectations and duties among the participants.

Interdependence

The NHPCO required professionals in their respective fields of expertise address the use of an interdisciplinary team approach to ensure quality patient care. These interdisciplinary teams consisted of the medical and nonmedical personnel to include the physicians and social workers. This MIC concept of interdependence was used to explore how each HIT member utilizes the skills and competencies of the other members.

Medicare hospice regulations used the term interdisciplinary group interchangeably with interdisciplinary team. As defined by the NHPCO (2015a), an interdisciplinary team was a representation of current standards of practice. The code of ethics within each interdisciplinary discipline was to be goal-oriented to provide the best cohesive approach to the physical and psychological treatment of the patients and their families. Based on Hospice Medicare Guidelines, Conditions of Participation, the interdisciplinary team consists of physicians, nurses, home health aides, social workers,

counselors, chaplains, therapists, and trained volunteers (NHPCO, 2015a). The findings from a qualitative literature review conducted by Demiris et al. (2008) and Parker Oliver et al. (2012) showed continued communication and role definitions within hospice interdisciplinary teams were critical. The incorporation of each of these disciplines into one interactive team was justification for the use of this variable in this action research project.

When working with specific populations such as hospice, CSWs must consider how these standards of practice will be incorporated into their daily responsibilities and tasks. The standard of developing a specialized skill set to properly assist with hospice duties is an ongoing responsibility that social workers must be mindful of regarding working directly with the patients and among their HITs (NASW, 2016). For social workers, many skills are needed to work with patients and their colleagues. As time, experience, and expectations change, so must the education and training that social workers receive and provide, to work efficiently and effectively within the population (Damron-Rodriguez, 2013).

The professional standard of responding to all stakeholders within their scope of practice may be difficult for hospice social workers as many lifestyles, races, and beliefs are present during the end-of-life process (Supiano & Berry, 2013). For hospice CSWs, the end-of-life process demands a collaborative approach from the entire HIT, family members, care givers, care facilities, and resources. Hospice CSWs complete daily tasks such as, but not limited to, establishing final arrangements and power of attorneys, bereavement support, and grief counseling. When family members and/or HIT members

cannot communicate and work effectively and efficiently, the CSW must work harder to overcome these hurdles to ensure the patients are not negatively affected by these actions, possibly taking away from time with patients (Dziegielewski, 2013).

The work of the HIT required the work of all identified disciplines, to include, but not limited to, the nurses, doctors, chaplains, and music therapists (NHPCO, 2015b). The responsibilities of each of these areas of practice should be clearly identified and executed daily. With these responsibilities came the information gathered from these daily interactions and observations, which was a necessity for social workers to be knowledgeable of their clients' situations. This information was obtained both from the patient and the interactions of the HIT members. Without accurate, timely, and complete information, the CSW cannot fully understand the needs of their patients. Clinical social workers have the standard of practice to be knowledgeable about their community resources and to advocate for the patient for appropriate referrals (NASW, 2016). It was essential that CSWs have productive and effective communication with HIT members.

An obligation that CSWs have when practicing was accessibility to their patients (NASW, 2016). This standard of care sets the guidelines for CSWs responsibilities to offer varying options to make contact. There are many ways in which the CSW can provide availability options, such as, telephone numbers and message systems, email, and competent peer support when unavailable. The requirements leading to a competent peer was not clearly outlined by the NASW, as it would vary greatly on the duties of the CSW. It was therefore unclear who on the HIT would be the most appropriate competent peer in the absence of the social worker.

As stated previously, one purpose of the HIT within hospice was to provide the most optional care possible by incorporating the abilities of multiple professional disciplines (NHPCO, 2015b). A professional standard for CSWs was to maintain and safeguard the patients' confidentiality (NASW, 2016). There are specific instances in which all CSWs and other mental health providers are required to break that confidentiality. For example, when the patient divulges information about harming themselves or others, the CSW must report this appropriately. Short of these mandated reasons for reporting, social workers have the obligation to inform patients and their families how and by whom their information will be available to, if more than themselves.

For beginning social workers, supervision and consultation was required to ensure patients receive professional and expert care (NASW, 2016). Many situations require more than the minimum amount of supervision for CSWs to properly develop and offer professional services. These situations and many others may present during hospice care. During the end-of-life process, CSWs and the HIT members are given information from patients, in the effort to help resolve thoughts and past actions. This information may require the CSWs to seek consultation to best assist the patient. This action research project assessed for any collaboration challenges of practice for CSWs that may hinder the CSW from seeking and obtaining effective consultation.

Role Blurring

According to Reese (2013) and Reese and Sontag (2001), the MIC concept of role blurring was closely associated with collaboration challenges within HITs and client care

outcomes, such as pain management, advanced directives establishment and/or completed final arrangements, which may be found to be a contributing factor in ineffective communication and collaboration. Their empirical research assessed, using a qualitative research method consisting of interviews and literature reviews, the influence of role blurring among hospice interdisciplinary team members, focusing on clinical hospice social workers. Many of the responsibilities and capabilities of hospice social workers overlapped with that of other hospice team members, such as nurses and chaplains. These overlapping services may cause confusion and ineffective accountability, promoting a competitive environment. Collaboration techniques for hospice interdisciplinary teams may include treatment plan development, service delivery, and care follow-up. Their research assessed, using interviews and literature reviews, the influence of role blurring among hospice interdisciplinary team members, focusing on clinical hospice social workers. Findings revealed that many of the responsibilities and capabilities of hospice social workers overlap with that of other hospice interdisciplinary team members, such as nurses and chaplains.

When multiple hospice interdisciplinary team members provide similar services, follow-up and accountability for case activity may be difficult to identify and address. For example, both social workers and chaplains are trained to counsel families and patients on their feelings such as guilt, anger, and sadness (James, 2012; Lillis, 2013). The result of unclear professional boundaries and roles, and duplication of psychosocial services promotes confusion and perhaps a sense of competition about who is indeed responsible for providing specific psychosocial services.

This overlap of professional roles and responsibilities often leads to increased competitiveness among hospice interdisciplinary team members, and even substandard patient care (Reese, 2013). To compete, by definition, is the goal to outperform another for recognition and/or additional benefits which may lead to a situation where information may be impaired between social workers and team members, in which collaboration may be inhibited (Pizzi, 2014). A holistic approach to client care that grounds the hospice philosophy and has been the basis of client care requires clear division of expectations and roles (Schwarz & Barclay, 2015).

Professional Roles

Another theoretical framework concept of optimal collaboration that may affect CSW practice and collaboration techniques was the unclear communication of professional roles (Parker Oliver et al., 2012). As discussed, this role confusion led to a duplication of professional duties among other team members within the HIT. The nurse/physician collaboration with CSWs was an example of possible unclear communication as many tasks such as advanced directives and do not resuscitate orders are many times completed by both the nurse and CSW (James, 2012; et al., 2015). From a medical perspective, many nurses feel a duty to the client to collect these medical documents; a resistance was seen to promote communication barriers for social workers, as they may be viewed as non-medical personnel (Binnebesel & Krakowiak, 2012). The result was that social workers are perceived as outsiders and/or consultants and perhaps not a member of the HIT because their abilities and training to collect this information was unclear among the HIT.

Without clear role boundaries and assigned duties, each member of the HIT may not clearly understand the professional roles, and responsibilities, and obligations of hospice CSWs (James, 2012). The need for further research on role blurring, poor and unclear communication, and the effects on HIT collaboration was supported by the current research of Pizzi (2014), Reese (2013), Schwarz and Barclay (2015) & Wittenberg-Lyles et al., 2010).

Dugan Day (2012) and Oliver et al. (2009) showed that during interdisciplinary team meetings, time may not be given to all disciplines equally, showing a dominant role by nurses and medical personnel. This research study used observations and testimonials to gather their data from the HITs. Social workers reported that they feel they contributed to the collaboration process but as a supportive role yet not an intricate role to the team members. These social workers reported not having critical client roles such as initiating pain management discussions even though they are expected to assess each patient for pain levels. These views of other hospice interdisciplinary team members of inferiority and/or qualification left social workers uncertain about professional roles in essential areas such as assessment, treatment planning, and treatment implementation.

With undefined and unclear professional roles, expectations and perhaps unclear professional expertise and training of each member of the HIT, assumptions were made and roles blurred in the effort to provide the expected care to patients. While job descriptions, professional duties, and professional trainings outline the roles of each interdisciplinary team member within hospices, the realistic implementations do not reflect in daily activities. The possible outcome then was poor communication and

ineffective collaboration among and within HIT (Demiris et al., 2008; Kobayashi, & McAllister, 2014; Payne, 2012). The confusion and role blurring was often exhibited in increased information repetitiveness, decreased job satisfaction among social workers, and increased inter-professional conflict (Duner, 2013).

Findings from a qualitative research conducted by Demiris et al. (2008), showed unclear role definition lead to redundancy of information gathered and reported among HIT members. This research study used 81 patient care discussions within four different hospice teams throughout the Midwest. The discussions were recorded and transcribed for analysis. An example of the unclear roles and redundancy includes various interdisciplinary hospice team members repeating the same information about clients at least three different times exhibited this redundancy. Furthermore, through personal observations within this research revealed that the discussions within the HITs were also focused on shifting the dialogue to any member that had access to the patient chart. These findings seemed to indicate that there was poor communication and collaboration between team members as information was repeated multiple times and teamwork approaches are dismissed for solitary reporting.

Clearly identified roles provide similar benefits for the other members of the HIT. These clear roles offer the opportunity for proper accountability and productiveness. Accountability allowed for increased communication to improve stakeholder outcomes. Research has proven that employees perform better when their actions and routine was regularly reviewed (Ghafoor, Qureshi, Khan, & Hijazi, 2011). This research study used a qualitative approach to measure behavioral development of 270 employees within a given

company. Also found in this study was that when one team member's performance depends on another professional's performance, collaboration was more likely to occur to find solutions and compromises. With increased collaboration and patient outcomes, there was a growth in family satisfaction, directly influencing social workers' satisfaction.

Social worker role. The NASW defined clinical social work in 1989 as "professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders (NASW, 2016, p. 1)." Through the guidance of the NASW, social workers completed their daily responsibilities following the goals of standards of practice as set forth. CSWs were tasked with the overall goals to improve and maintain the quality of services offered, to establish expectations, and a framework to monitor and evaluate their practice and behaviors, and to inform stakeholders of their standards of practice.

CSWs follow eleven standards of practice set forth when conducting activities within their organizations and practice (NASW, 2016). These standards provide guidance for all aspects of clinical practice. Such standards include the right to establish an independent private practice with proper qualifications and to present an accurate public representation. Many of these standards are directly reflected in clinical social work practice within hospice. Such standards include developing a specialized skill set within their designated populations, assisting all that seek help, being knowledgeable about their community resources and to make appropriate referrals, be accessible to their clients, and to maintain confidentiality and access to professional case consultation and procedures.

How each of these roles relate to hospice social work will be discussed in the following section.

Understanding the social work role on HITs. A review of the hospice social work literature revealed that the role of the hospice social worker was unclear and misunderstood by HIT members resulting from experiences of role blurring and ineffective communication (James, 2012; & Parker Oliver, et al., 2012). These challenges contributed to hospice social workers' difficulties defining their roles and responsibilities within hospice interdisciplinary teams.

Assessing the four core disciplines within HITs (physicians, nurses, social workers, and chaplains), Kobayashi and McAllister (2014) provided information that social workers have significantly different views of their roles and satisfaction within the HITs. This quantitative research revealed that social workers feel the most undervalued and isolated from other interdisciplinary team members compared to the other three professionals' perspectives (chaplains, nurses, and physicians). These findings are supported by previous research offering consistent results (Oliver & Peck, 2006; Oliver, Tatum, Kapp, & Wallace, 2010; Wittenberg-Lyles et al., 2008). This section will go on to explain the critical role that social workers play within the HIT.

According to The John A. Hartford Foundation (2013), "social work is the profession of hope- fueled by resilience and advocacy. Social workers matter because they help millions of struggling people every day dream differently (NASW, 2013)." In qualitative research conducted by Reckrey et al., (2014) on the importance of CSWs in the care of homebound patients, such as those in hospice care, found that clinical social

workers play a critical role in care. This research used the data collected from interviews with colleagues and clients on their view of the social worker role.

According to the Centers for Medicare and Medicaid Services (2003) a patient was considered homebound when the ability to leave that home is only under great difficulty and for only infrequent, short durations. This definition clearly includes end-of-life patients in hospice care services. As supported by Cohen-Mansfield, Shmotkin, and Hazan (2010) and Qiu et al. (2010), homebound patients have inexplicably higher rates of mortality, disease, and functional limitations. With these medical concerns also presents the psychological and psychosocial issues such as depression and isolation. Reckrey et al., (2014) discussed their findings of the essential role that social workers have in the care of homebound patients.

Reckrey et al., (2013) conducted a qualitative study using job descriptions, daily responsibility reporting, and interviews within a homebound primary care practice that focused on care for ethnically and socioeconomically diverse homebound patients. The population data was gathered from more than 1000 individuals across the United States. The clients presented with significant symptom burden, a wide variety of chronic illnesses, unmet psychosocial needs, and a significant level of caregiver burden. To address these needs, Reckrey et al., (2013) found that a multifaceted care plan was essential, an interdisciplinary team approach. This study showed that no one interdisciplinary team member duplicated the daily responsibilities and expectations of the social workers within homebound patient care. Due to the extensive training and

knowledge base of social workers, case managers and other HIT members could offer the same services to patients and families in a comprehensive manner.

Cohesive Goals

To explore the concept of cohesive goals, the environment and behaviors of the HIT members must be reviewed. The competitive environment within the HIT members can lead to irregular behavior seeking recognition for the accomplished tasks (Reese, 2013). The need to outperform within the hospice interdisciplinary team may lead to ineffective information transmission and communication barriers, in which collaboration may be inhibited (Pizzi, 2014). Many of the responsibilities and competencies of hospice social workers overlapped with that of other interdisciplinary hospice team members, such as nurses and chaplains. When multiple hospice team members provided similar services, follow up and accountability may be difficult to address and allocate. This overlap of duties led to increased competitiveness thus decreased patient care (Reese, 2013; Townsend-Gervis, Cornell, & Vardaman, 2014). This sense of competition provides a situation where information and collaboration were impaired between hospice social workers and interdisciplinary team members.

To address the issue of inter-professional conflict/competitiveness and the effects on collaboration among hospice interdisciplinary team members, Payne (2012) considered the interactions between overlapping professionals, social workers, and chaplains. This review of current literature found that professionals find a sense of responsibility to their areas of study and expertise. This responsibility to their clients and care approaches resulted in a conflict between care providers within similar or adjacent

fields of practice. Also, discussed in this literature was that professionals who are dissimilar in practice expertise, such as physicians and social workers, there was a level of stereotyping that presented due role blurring and confusion. For example, a lack of understanding regarding codes of ethics or values resulted in the sense of responsibility for each interdisciplinary team member to do the work themselves to ensure accuracy and professionalism leading to redundancy, inhibiting collaboration (Payne, 2012).

Communication

Researchers have found, due to factors such as communication challenges, that social workers face difficulties in clearly defining their roles within hospice interdisciplinary teams (James, 2012; Parker Oliver et al., 2012). This concept of communication has been seen to have an impact on the collaboration challenges and functionality of the hospice interdisciplinary team members (Bhatt & Mitchell, 2015; Kobayashi & McAllister, 2014; Townsend-Gervis et al., 2014). Effective communication was essential to the collaboration of each team member to provide a more cohesive approach to client care.

Payne (2012) defined poor communication as the impaired exchange of information, described specific factors that lead to a breakdown in communication among and between members of hospice interdisciplinary teams. Such breakdown impeded productivity, efficient collaboration, and patient care. Possible reasons contributed to ineffective communication within hospice interdisciplinary teams include: 1) lack of time; 2) unclear dichotomy between medical versus psychological perspectives; and 3) unclear professional roles.

Researchers have discussed ways that poor communication influenced collaboration dynamics, communication techniques and styles, and functionality of hospice interdisciplinary team members (Kobayashi & McAllister, 2014). Hospice interdisciplinary teams existed within professional standards of practice and operated within professional code of ethics for each professional discipline (i.e. social work, nursing, medical doctor, spiritual care). To be effective and provide the best cohesive approach to physical and psychological treatment to hospice patients and their families, the hospice interdisciplinary team needed to be goal-oriented and function within clear practice and professional role expectations and directives. Effective communication was essential to the collaboration of each hospice interdisciplinary team member to provide a cohesive approach to client care.

Findings from research conducted by Demiris et al. (2008), showed redundancy of information gathered and reported among HIT members. This study utilized 81 HIT meeting video recordings and transcripts in which patient care was discussed. Demiris et al. (2008) showed several concepts that effected information flow, such as access to recorded information and documented services, and the missing information from absent HIT members. For example, various HIT members repeated the same information about clients at least three different times exhibited redundancy. Furthermore, the observations from this research revealed that the discussions within the HITs were also focused on shifting the dialogue to any member that had access to the patient chart. These findings indicated that there was poor communication and collaboration between team members

as information was repeated multiple times and teamwork approaches are dismissed for solitary reporting.

Summary

A synthesis of the literature provided a clear review of the concerns related to the research question and clinical social work problem. Researchers in clinical social work have studied the challenges faced by CSWs towards effective interdisciplinary hospice team collaboration, communication, and their professional roles and responsibilities through a variety of empirical studies. The requirement for using interdisciplinary teams, the role of the social worker on those teams, and challenges with collaboration have been described thoroughly in the literature review. However, this knowledge has not been applied to the hospice social workers in Maricopa County, Arizona. The next section will describe the project methodology used in this action research project to identify the collaboration challenges faced by social workers on hospice interdisciplinary teams in Maricopa County, Arizona.

Section 2/Part 2: The Project

Researchers have found, due to factors such as communication challenges, role blurring, and training, that CSWs face difficulties in clearly defining their roles within HITs (James, 2012; Parker Oliver et al., 2012). This poor interface has been seen to have an impact on the collaboration and functionality of the hospice interdisciplinary team members (Kobayashi & McAllister, 2013). Effective collaboration was essential to the interactions of each team member to provide a more cohesive approach to client care.

The purpose of this action research study was to explore collaboration challenges faced by clinical social workers on hospice interdisciplinary teams in Maricopa County, Arizona regarding the key concepts of communication, interdependence, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers. Poor communication was identified as one challenge that can influence effective collaboration (Parker Oliver et al., 2012). Another factor that hindered productive collaboration is role blurring and the duplication of duties (Reese, 2013). Many of the responsibilities and capabilities of hospice CSWs overlap with that of other team members, such as nurses and chaplains, thus blurring the roles together. For this research project, role blurring was defined as the imprecise and overlapping of professional responsibilities within the field of hospice care. Another factor that affected CSW practice and collaboration was the imprecise communications of social workers' abilities and training (Parker Oliver et al., 2012). Research conducted by Weisenfluh and Csikai (2013) showed that social workers do not explicitly promote their skills and competencies on HITs. This lack of explanation created a barrier for communication and interactions,

as the skills and abilities of hospice CSWs are unknown. This role confusion led to the duplication of duties among other team members within the HIT. The sections that follow (background, methodology, and data and ethical procedures) address topics to further understand these influences on social work collaboration.

Background and Context

The purpose of this action research study was to explore collaboration challenges faced by clinical social workers on hospice interdisciplinary teams in Maricopa County, Arizona regarding the key concepts of communication, interdependence, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers. The recommendations that resulted from this research, based on the findings of this project, have the goal of improving clinical social work practice. By identifying the challenges that hospice social workers face during interdisciplinary collaboration efforts, recommendations were described as to reduce and/or eliminate these challenges for the hospice interdisciplinary team and clinical social workers. For effective recommendations, the clinical social work problem was clearly defined.

The action research process began with the engagement of the community and the identification of the problem (Stringer, 2007). Through the work of CSWs and HIT members, the challenges were identified, and the problem clearly defined. The CSW problem as defined by the professional practitioners was communication challenges for hospice CSWs within hospice interdisciplinary teams. This problem was a concern for collaboration amongst the HIT members which directly influenced the quality of care given to the clients. Without effective communication, a collaborative approach to client

care could not be accomplished as role boundaries and responsibilities were not clearly defined. The intent was to elicit information to uncover experiences that related to communication and collaboration challenges.

Each agency has their outlined missions and values guiding their practice and policies. Within the context of this research project, Phoenix-area hospice agencies were identified as agency stakeholders and clinical social workers and were invited to participate. To clearly define the mission of this selected group, the mission of the HPCO and the AHPCO was used, as each agency was a member. The mission of the NHPCO was to 'lead and mobilize social change for improved care at the end of life' (NHPCO, 2015b, p. 1). The AHPCO mission was 'dedicated to advancing quality end-of-life care and serving as a voice and resource for its members and the communities they serve' (AHPCO, 2015, p. 1). These missions aligned with the purpose of this project to lead and advance the CSW to client end-of-life care through work within the hospice interdisciplinary team. Another factor that aligned with this project and the community was the institutional context.

The institutional context referred to the formal and informal support, such as funding and participation, for the research project (De Clercq, Lim, & Oh, 2013). The activities and resources involved in the research supported the creation of programs and/or policies for implementation into the Maricopa County community. This action research project did not require any funding or financial contributions. Participation and the partner authorizations are the essential pieces to this action research project and the institutional context. Without the stakeholders' participation and the agencies' permission

to contact those identified hospice CSWs, the information could not have been gathered. The stakeholders had a crucial role in this action research project.

The potential stakeholders of this action research study included the HIT CSWs from hospice organizations in Maricopa County in Phoenix, Arizona and the agencies in which they represented. The clinical social worker stakeholders had the essential role of providing the experiences and responses needed for analysis. Through these answers, the action researcher could code the information to discern the themes and eventually the challenges faced by the hospice CSW population and HITs. Stakeholders had the additional role as co-learners within this action research project. The colearners were the source of implementation for the recommendations from the findings, thus empowering action. The final findings were shared with the participants by offering a written report. This happened after the data analysis is completed by the student/researcher.

The purpose of this action research project was to empower effective recommendations to hospice agencies to improve clinical social work collaboration challenges within hospice interdisciplinary teams. Using questionnaires, utilizing the input and statements of the hospice CSWs, the stakeholder could see trends and themes within the responses. These self-realizations and interpretations empowered the hospice CSW to take a closer look at their interdisciplinary roles and collaboration challenges. This sense of inquiry and interest was the spark needed for social change, the improvement of vulnerable population circumstances.

I had the additional role of the student, and was tasked with multiple roles and duties throughout the execution of this action research project (Bergold & Thomas, 2012;

McNiff, 2013; Stringer, 2007). As my role of action researcher, the duties and expectations required a firm understanding of the research problem and the purpose of the project. Through a rigorous literature review, I obtained this essential information. Another role as the researcher was the use of networking and relationship building with the potential hospice agencies and the individual clinical social workers. The respect and rapport built with these components will directly impact the participation and eventually the results. I was also responsible for the data collection, processing, and reporting. The data collected, the challenges identified throughout the research, and the dissemination of the findings is the first step to implementation and positive social change for clinical hospice social workers and interdisciplinary team members.

Methodology

Participants

The community in which this study was conducted was Phoenix, Arizona which included all employed hospice social workers at the identified hospice agencies. Maricopa County was the largest and most urban county in the state, offering the opportunity for the most diversified stakeholders and hospice social workers. As there were over 50 hospice agencies within Maricopa county, the next stage of narrowing the participant pool was to select organizations that offer hospice services (NHPCO, 2015a). The rationale for narrowing the participant pool was to identify a feasible sample size, which was recommended to be less than 15 participants (Kaner, 2014). The final stage of selection included those agencies listed on the National Hospice and Palliative Care Organization website as being Medicare certified (NHPCO, 2015a). After review of those

agencies meeting the inclusion criteria, 25 hospice agencies within Maricopa County were contacted for participation (see Appendix A). Within these agencies, all clinical hospice social workers employed were purposively sampled, for a sample population of at least 25 social workers. Within this population, to allow for snowball sampling, each participant was asked to recommend any other hospice CSWs.

To obtain the sample of social workers, recruitment consists of obtaining the contact information for each individual social worker. By adhering to the requirements and guidelines of each agency, a recruitment email was sent to those identified social workers explaining the action research project and the expectations of participation (see Appendix B). This email, or approved form of contact, included the Informed Consent document clearly outlining the volunteer-basis of participation. Exact participant counts from the sample of 25 hospices were determined after Institutional Review Board (IRB) approval and contact made with the agencies.

Sources of Data/Data Collection

Prospective Data

After Internal Review Board approval was awarded, the action researcher contacted the 25 hospice agencies to obtain direct contact information for each individual CSW. Purposive and snowball sampling was used to assemble the identified population (Groves et al., 2009). Purposive sampling was conducted by contacting the CSWs at the 25 identified hospice agencies. By asking these identified CSWs to have any interested colleagues reach out to the researcher to participate, the action researcher was using snowballing sampling as well. By having the CSW direct the interested participant to

contact me, ethical concerns of privacy were avoided. Once the population was identified by voluntary participation, all social workers agreeing to participate were given the Informed Consent form by email, allowing them another chance to accept participation. Participants were advised return of a completed online questionnaire would document acceptance of Informed Consent.

The volunteer social work stakeholders were asked to participate in the online questionnaire consisting of open-ended question items (see Appendix C). For the purposes of any follow-up needed with the participants, the questionnaire requested their email addresses for signature of the Informed Consent before starting the questionnaire questions. The introduction to the questionnaire, before the acknowledgement section, clearly stated that by entering their email address, they are agreeing to the information in the Informed Consent Form as well as for any follow-up contact needed to their answers. This follow-up opportunity allowed the researcher to probe for depth to the participants' responses. The questionnaire introduction was also worded to strongly suggest in-depth responses through examples to help avoid this concern. The researcher continued to contact the participant for up to two weeks following their submission, for more information, if needed. Another method to avoid short, nondescript answers, the questionnaire introduction clearly offered the participants the option to answer all questions over the phone which allowed for immediate probing and follow-up questions.

To ensure confidentiality was maintained, the personal identification materials were not included in the data analysis, as their responses were the desired data not the source. Preliminary data analysis procedures included consolidation of the submitted

responses (Rossi, Wright, & Anderson, 2013). This consolidation process was conducted by the action researcher in a secure room, and storing files on secure computer and network server, such as a password protected, external hard-drive, available only to the action researcher. For this action research study, categorizing and coding was used. The types of coding that were utilized in this data analysis included open coding and axial coding (Chenail, 2012).

Open coding was the use of major themes and/or concepts to categorize and sort the data collected (Chenail, 2012). Major themes that presented are the positive and negative views of each agency's collaboration challenges and/or the effectiveness of the team as it pertains to collaboration and patient care. To identify patterns and meanings between these open categories, axial coding was utilized. Axial coding allowed the researcher to look at the data in a different perspective to find the connection and/or relationships that connect the major themes.

Instruments

The volunteer social workers and informed clinical hospice social work stakeholders were asked to participate in the questionnaire (see Appendix C). Using modified open-ended questionnaire developed from the concepts and goal of the Index of Interdisciplinary Collaboration (IIC), the action researcher could obtain answers identifying any CSW challenges within the HITs. The questions were modified and limited to allow explanation and further information on the IIC's responses to meet the requirements of this qualitative action research project. The rationale developing questions based on this instrument was that the original population of the instrument was

designed for social work interaction within interdisciplinary teams (Bronstein, 2003). This instrument was designed using the theoretical framework selected for this action research study, also providing support for the use in this study (Oliver, Wittenberg-Lyles, & Day, 2007). This instrument was designed to assess for interdependence, professional activities, goal ownership, and a reflection on their internal process, aspects of this action research study, which was the focus of the modified questionnaire (Bronstein, 2003).

Ethical Procedures

An ethical procedure in place to protect the participants of this study included permission to work within the agencies through the university's institutional review board. Obtaining the approval and authorization through the University's IRB was the first step to moving forward with this action research (Anderson, 2015). The IRB was designed to assess and authorize any research involving human subjects. A key piece of the IRB's application was the inclusion of the Informed Consent document, to include the Consent to Participate (Anderson, 2015). The Informed Consent document provided the participant with the specific mission and goals of the study. This essential piece of the process allowed the participant to make a well-informed decision on whether to participate or not. This document provided the action researcher's direct contact information and all questions were encouraged to address any confusion and/or misunderstandings. The Informed Consent provided the participant with any risks or concerns they could face when participating in this action research project, which only involved possible stress from being away from their assigned caseload and being upset

during the question-answering. This document was utilized also to meet the requirements set forth by the IRB review process.

Once permission from the IRB was obtained and the population was identified by voluntary participation, each member was given the Informed Consent form by email, allowing them another chance to decline participation. Participants were advised that acknowledgement of the Informed Consent form would be based on returning a completed survey.

Any information provided by the participant was/will be kept confidential. The researcher will not use personal information for any purposes outside of this research project. Also, the researcher will not include participant's names or any identifiable information in any reports, utilizing pseudonyms for identification. Data will be kept secure by storing on a password protected, external hard-drive and by accessing through a secure and encrypted network and computer by the action researcher only. Data will be kept for a period of at least five years, as required by the Walden University's IRB. All information stored on this secure device will be destroyed through the process of reformatting and a disc cleaning process. To ensure the security of permanently deleted files from the external hard-drive, the process of reformatting the hard-drive to prepare it for use with a different files system will be employed. As this process may not be absolute to a computer expert, an additional step of running a disk cleaning utility will be utilized. This process simply works by writing meaningless information to the hard-drive, efficiently and permanently overwriting the old data.

Summary

The purpose of this action research study was to explore collaboration challenges faced by clinical social workers on hospice interdisciplinary teams in Maricopa County, Arizona regarding the key concepts of communication, interdependence, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers. The intent was to facilitate the questionnaire to uncover experiences that related to communication and collaboration challenges. The stakeholders involved in the survey clearly defined the challenges and social work problem as they experience throughout their occupational duties. The mission of the associated stakeholders' organization clearly aligned with the purpose of this project, to lead and advance the end-of-life care that clinical hospice social workers offer to the stakeholders through their work within the interdisciplinary teams. The volunteer social work stakeholders were asked to participate in the questionnaires. The data was consolidated and coded to identify common themes. Using the Informed Consent and the MIIC, the researcher could ensure ethical and professional guidelines are adhered to, allowing for meaningful analysis of the findings.

In the next section, the findings will be presented. Data analysis procedures will also be explained in detail.

Section 3: Analysis of the Findings

James (2012) and Parker Oliver et al. (2012) found, due to factors such as communication challenges, role blurring, and training, that clinical social workers (CSW) face difficulties in clearly defining their roles within hospice interdisciplinary teams (HITs). This poor interface has been seen to have impact on the collaboration and functionality of the hospice interdisciplinary team members (Kobayashi & McAllister, 2014). The effective collaboration was essential to the interactions of each team member to provide a more cohesive approach to client care.

The purpose of this action research study was to explore collaboration challenges faced by clinical social workers on hospice interdisciplinary teams in Maricopa County, Arizona. The key concepts included communication, interdependence, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers

The identified research question was: What are the collaboration challenges faced by clinical social workers on hospice interdisciplinary teams in Maricopa County, Arizona regarding the key concepts of interdependence, role blurring, professional roles, cohesive goals, and communication? These concepts were identified based on the theoretical model of interdisciplinary collaboration and explored through the literature as factors that directly influence the HIT's collaboration effectiveness. The concepts of interdependence and role blurring included the training and education within the HITs. The concept of professional roles explored how each discipline works together. The

concepts of cohesive goals and communication included the efforts used within the HIT to ensure a collective endeavor.

Data collected for this action research project using an online questionnaire. The CSWs involved in the study were instructed to clearly define the challenges and social work problems as they experienced them throughout their occupational duties. The CSWs were asked to complete the online questionnaire voluntarily. The questionnaire was administered through email to the addresses provided by the CSWs and included a website link for the questionnaire. The data were recorded in Microsoft Excel and analyzed to identify common themes.

The following section provides a review of the findings, analysis, to include the data analysis and techniques utilized, and the validation and legitimation processes. The data analysis techniques section provides a concise identification of the variables, the data tracking, and organization processes used. In the validation and legitimation section, I describe the opportunities for reflexivity and how it improved the data collection process, the validation procedures utilized, and how potential limitations were addressed. The findings section includes the specific findings regarding the identified goals of the study, the learning points identified, and the unexpected findings obtained.

Data Analysis Techniques

Variables and Outcomes

The variables in this study included the five key concepts of the theoretical foundation, the MIC (Bronstein, 2003). The MIC was a theoretical model describing both the concepts of interdisciplinary collaboration and the influences on that collaboration

(Bronstein, 2003). This theoretical model identified five key concepts necessary for optimal HIT collaboration. These concepts comprised the concepts studied in this action research project.

One of the concepts identified in this theoretical framework is interdependence or how each team member relies on the abilities of the other HIT members (Bronstein, 2003). Interdependence was defined as the team's ability to trust and rely on the work of interdisciplinary team members to achieve their desired goal, such as client care (Bronstein, 2003). This concept stressed the importance and necessity of effective communication and professional expertise to collaborate as a team successfully. This action research study used this concept to explore the knowledge of hospice CSW's skills and competencies within the team and how/if they are utilized.

Another consistent concept presented in this theoretical framework was the identification of flexibility or role blurring (Bronstein, 2003). This concept was used to understand both intentional and accidental role blurring within the HITs. This concept explained that as teams work together over time, each interdisciplinary team member began to learn the roles and responsibilities of other team members and can, therefore, accomplish goals with less time and effort. Bronstein (2003) used this framework to show that role flexibility required effective communication to prevent it from being a barrier to collaboration.

The third concept of the MIC that guided this action research study was professional activities or roles within the team (Bronstein, 2003). As identified in the theory, professional activities were defined as the collaborative acts that allow smaller

individual activities to become larger outcomes by combining these efforts as a team. This concept was utilized within this action research study to explore the daily functions and responsibilities that required the HIT members to work together as a team.

Another concept of the theoretical framework was that of a collective ownership of the goals or a cohesive goal (Bronstein, 2003). This concept was the identification of individual goals that produced outcomes towards a larger group goal. This concept was used in this action research study to explore how the HIT works together utilizing CSWs to accomplish identified goals or how their efforts impact effective collaboration for social workers.

The final concept of the MIC was the reflection on the process or the communication used within the daily practices (Bronstein, 2003). This model explained how the daily and overall group work needed to be evaluated regularly to ensure strong and effective collaboration. This evaluation used effective communication throughout each professional activity to reinforce the actions towards their identified team goal. This action research study used this concept to guide the exploration of the interactions of the CSW's within the HITs regarding daily activities and their role within.

Data are collected for this action research project using an online questionnaire. The CSWs who responded to the questionnaire were instructed to clearly define the challenges and social work problems as they experienced throughout their occupational duties.

Using the email addresses supplied by the CSWs, the website link to the questionnaire was sent to the participants. Microsoft Excel was utilized to record and

analyze the data. Using open-ended questions developed from the concepts and goal of the Index of Interdisciplinary Collaboration (IIC), I sought to obtain answers identifying any CSW challenges within the HITs. The rationale for developing questions based on the IIC was that the instrument was originally designed for social work interaction within interdisciplinary teams (Bronstein, 2003). This instrument was designed using the theoretical framework selected for this action research study, which also provided support for it serves as a guide to developing questions asked in this study.

I originally contacted twenty-five Phoenix area hospice agency clinical social workers, see Appendix A. In addition to these identified twenty-five agencies, clinical social workers were contacted through methods of snowballing techniques, reaching out to known clinical social workers asking for participation. Through purposive and snowball sampling, I obtained direct contact information for six clinical social workers. Of these six clinical social workers, I received consent from all for participation. Each CSW worked at a different agency within the selected population.

Once the volunteering CSWs were identified, I sent the Informed Consent Form (IFC) allowing them to review the specific details and requirements of participation. In the emails with the Informed Consent Forms, I included the link for the actual questionnaire. I added a required field within the questionnaire for the CSW to enter their email address to confirm their understanding and acceptance of the IFC, their agreement to participate, and permission for the action researcher to follow up for more details in their responses, if needed. The email addresses were not used to track or identify the participant during the analysis procedures, simply as a tool to gather more information if

needed after the CSWs responded to the questions. Of the 36 responses (6 participants answering 6 questions), I asked 15 follow up questions. These were highlighted separately on the tracking spreadsheet. I received responses for ten of the follow-up questions, highlighted separately on the tracking sheet. I did not receive 5 follow up responses, all from Participant 4.

Organizing the Data

The process used to track and organize the data collected from the questionnaire was to import data directly to Microsoft Excel from the online results. I used the online tool, Survey Monkey, to provide each clinical social worker with the same questions. Once the CSWs responded to the questions, I imported the data directly to a Microsoft Excel document. Within the Excel spreadsheet, the data were organized first in a total accumulation sheet, having every response listed. When collection was complete, the spreadsheet was organized with individual sheets, separating the responses by question to analyze individually. This organization and analysis will be explained in more detail in the data analysis sections of this project.

Analysis Procedures

Data analysis and coding. The data analysis procedures used in this project included process coding, in vivo coding, and grouping. Once the two-step coding process was complete, I grouped the common themes for further analysis. The analysis process was completed in steps over several weeks, allowing me to complete each phase of the analysis with as much time for reflection as possible to reduce the potential for bias.

Code and theme identification. Once the spreadsheet was compiled (raw data) with the originally imported responses and the follow-up responses, I created new sheets within the workbook to analyze each of the six questions separately. Each question was copied onto two sheets, one for each type of coding, process and in vivo, resulting in twelve sheets to code each of the six questions twice over two weeks for themes. Once the themes were identified within each question and coding process, I combined the results from the two coding processes in an additional sheet for the grouping process, for each question. The last step of the analysis process was to combine each question's grouping results into one more sheet for the combined grouping. This final stage allowed me to identify three main themes from the qualitative responses. The following section will go in-depth to the data coding and analysis procedures.

The data collection phase of the project occurred over three weeks; two weeks was allowed for volunteering participants to respond to the survey and one week for me to follow up with any questions. At the end of the three-week survey period, I officially closed the online survey to begin the data analysis procedures without interruption. The data analysis phase of the project was conducted over a four-week process, tracking each step.

Week 1 of the data analysis phase was the process of using process coding to analyze the collected responses. From the one sheet of the raw data, each of the six questions was copied to a new sheet and was labeled for easy identification, for example, Question 1- Wk 1 Process Coding. The six new sheets, for each question, brought the Excel workbook to seven sheets in total at the end of the first week of analysis. Each

question was separated by sentences onto new lines within the Excel sheet. For example, participant one's response to question one consisted of five sentences, so the response was divided into five consecutive lines for coding.

The procedures of process coding utilized methods of identifying common codes through action verbs, specifically words ending in –ing, taken from the direct participant responses. For example, below is a sentence of a participant's response to question number 1 and how I used process coding to identify a pattern in the sentence. This process was used in each sentence, for every question, from every participant.

For example, one participant stated:

> As a social worker, I find that I try to validate how other team members feel or how they feel a person should be reacting and remind them that our family life is what we know and can't be compared to anyone else and all though well-meaning we must although each person to deal with all their feelings in their own way and a person might not be ok but all we can do is support them where they are at.

The codes that I identified for this response were validating coworkers, reminding of cultural differences, allowing for personal discoveries, and supporting decisions. This phase of the coding process resulted in 356 codes from the six questions, to be later used in the grouping analysis process.

Week 2 of the coding process was like Week 1 in that each response was copied to a new sheet and broken down by sentence for analysis. This stage of the process added six new sheets to the Excel workbook labeled appropriately for the new coding process, for example, Question 1- Wk 2 In Vivo Coding. The Excel workbook now consisted of

thirteen sheets to process the data collected from the six questions. In vivo coding was the process of using direct quotes from the responses to identify codes (Saldaña, 2015). For example, below is a sentence of a participant's response to question number 1 and how I used in vivo coding to code the sentence. This process was used in each sentence, for every question, from every participant.

For example, one CSW stated:

> I also think that I worked in Los Angeles County for many years and worked in many different populations, socioeconomic settings, cultures and age ranges so I am generally not scared off or seeing something that's so shockingly surprising that I stumble to find a solution.

The code that I identified for this response was "worked in many different populations, socioeconomic settings, and cultures and age ranges." This phase of the coding process resulted in two hundred and twenty-seven codes from the six questions, to be later used in the grouping analysis process.

Week 3 of the data analysis process allowed me to have the previous two weeks of coding work evaluated by the committee chair for accuracy and effectiveness. Once the approval to continue forward with the analysis process was received, I began week four of the process by grouping the identified codes together to identify common themes within each question.

Week 4 of data analysis was the grouping phase of the project. Grouping was, by definition, taking a list of data and creating 'classes' for the varying types of information (Silverman, 2013). This classification process allowed me to analyze and present the data

in a manner which was more easily understood by other researchers and readers. For this action research project, I used the codes identified in weeks one and two of the coding process to identify common themes in the grouping process. For each of the six questions, I created a new sheet and copied, first the process coding codes then, below, the in vivo codes, capturing all identified codes for each question on one sheet, labeled appropriately, for example, Question 1-Wk 4 Grouping. This phase resulted in six new sheets bringing the workbook to a total of nineteen sheets for the data analysis process.

Once all the codes were compiled onto their appropriate grouping sheets, I began identifying patterns within the codes. Keeping the research question in mind and thus the research project themes, for example, *Interdependence*, I listed a descriptive word for each code. For example, below are the codes identified in the first example, from a sentence of a participant's response to Question 1. This process was used on each line of codes for both coding processes, for every question, from every participant.

For example, a few of the codes that I identified for the interdependence response were validating coworkers, reminding of cultural differences, allowing for personal discoveries, and supporting decisions. A few patterns I identified were validating, awareness, allowance, and supportive. Once this pattern identification was complete for every line of codes, I color coded, by using the cell color fill feature in Excel, similar patterns into themes relating to the literature presented previously for each main concept of the study. An example of the literature themes identified for *Interdependence* included a knowledge of the community, advocating for resources, being accessible to patients, maintaining confidentiality, and providing professional care. The codes were color coded

into these themes to demonstrate their relationship to the main concept presented in the question, for example, *Interdependence* in Question 1.

This grouping process resulted in 29 themes from the six questions. To further group these themes, I created the 20th sheet in the workbook, Combined Grouping Themes- Wk 4. This sheet presented the 29 identified themes from the two-step coding process and the initial grouping process. These color-coded themes were copied and pasted, uncolored, along with the left side of the page for further analysis moving right in the page. This first section of themes, Individual Question Grouping Concepts (29), were alphabetized for easier grouping. The next column to the right, Similar Concept Narrowing (9), did as the name suggest, narrowed the original 29 themes down by grouping synonymous words. The third column in this phase, the Similar Concept Narrowing (3), grouped those nine themes into just three. This classification step combined the themes into groups that explained their importance to the project's main concepts, e.g., role blurring. The last column on this sheet, Results, are just that, the results used in the Findings section of this paper. Through the four-week process of a two-step coding process, committee member evaluation, and two-step grouping process, I analyzed the responses to three primary findings in answer to my research question, (a) underutilization and misunderstanding of skillsets, (b) role blurring among the disciplines, and (c) difficulty working toward cohesive goals.

Validation and Legitimation Process

Reflexivity

Reflexivity was used throughout the data collection and analysis processes. I used weekly one-on-one meetings with my chair to discuss any questions or concerns throughout the process. Personal notes were used to help me during the varying phases to remember presenting questions or issues, to direct the conversation for clarification from the committee chair. The notes helped to support my reflexivity to reiterate the information provided by the participants. This reiteration improved the data collection process by ensuring accuracy and understanding of the clinical social worker's statements and information and the follow-up questions needed (McKernan & McKernan, 2013).

Validation Procedures

There were two forms of validation that were reviewed during the data analysis process for this project, personal validation and social validation. Personal validation was the process of using personal values and experiences to compare to the findings (McNiff & Whitehead, 2009). Personal values and experiences that were used to validate the findings of this project include the action researcher's knowledge and understanding of clinical social workers' values and ethics guiding the practice. For example, one finding of this project was the misunderstanding of social workers' skills in patient care in the hospice interdisciplinary team setting. This finding directly related to the social work value of competence (NASW, 2008). I understood the participant's views and statements regarding under-appreciation and underutilization within the interdisciplinary hospice team when their competence was misunderstood from personal experience. Social

validation was reviewed but was found not applicable for this project due to the privacy nature of the data collected. I designed the study and the Informed Consent Form to clearly state I would not allow others to see the data collected.

Limitations

Trustworthiness. The use of the coding and grouping techniques to analyze the qualitative data and the use of personal validation presented limitations towards trustworthiness and transferability of the findings in this action research project (Stewart & Shamdasani, 2014). These methods selected relied on the interpretation and judgment of myself. When coding and interpreting the data, I decided on the importance of the data and whether it related to the theme and research question. I also selected the categories that the coded material was placed into, which directly affected the interpretation of the importance and variety of discussion represented. In the presentation of the findings, I selected the representing statements and themes of the data, reflected in the meaning and learning points identified. The use of personal validation did not support the prospect for multiple analysists to ensure the same themes and ideas are identified. These methods presented opportunities for potential bias in the findings from the action researcher.

Rigor. The first step of this process required me to develop, with the assistance of my Capstone Research Project Chair, the questions that were provided in the survey. This development presented possible limitations to this study since the questions developed were only based on the original data collection tool (the IIC), not used in previous research. This action research process allowed for the development of six specific

questions to address the project's research question and the main concepts identified in the literature.

The second step of the process was coding and analysis. Coding is an area that presented possible questions of rigor as well. This process allowed for me to choose the important information present as well as interpret how it was important. This process was completed for each sentence of each question from each participant, resulting in 356 initial codes. Any other researcher’s interpretations and coding process might differ from these presented results, but likely not to a large degree.

The third step of this stage of the study was the final write up process. This process was time-consuming and detail-oriented. Presenting the procedures and findings in a way that the results could be duplicated was the primary purpose of the detail and can always be improved. I attempted to describe the process and findings in a professional and precise manner which may be a limitation, restraining the level of detail and instruction for duplication. These findings were also critiqued by the committee chair and member to review for precision and consistency.

Findings

This section describes the findings of this action research project regarding the purpose, goals, and concepts identified. The purpose of this action research study was to provide further understanding of the challenges to effective interdisciplinary hospice team collaboration, communication, and professional roles and responsibilities and to answer the question of what themes effect these challenges. The data analysis identified three primary findings to answer the research question about the challenges to effective

collaboration within the hospice interdisciplinary teams. The participants in this action research study discussed (a) underutilization and misunderstanding of skillsets, (b) role blurring among the disciplines, and (c) difficulty working toward cohesive goals as challenges to effective collaboration within their hospice interdisciplinary teams.

Demographics

Through purposive and snowball sampling, I obtained direct contact information for six clinical social workers. Of these six clinical social workers, I received consent from all for participation; pseudonyms were assigned to each participant (see Table 1). Each CSW worked at a different agency within the selected population. For this study, demographics such as age, race, and religion were not collected as this study only needed to ensure the agencies in which the CSWs were employed matched the selection criteria. Each of the six CSWs was employed at different agencies, no overlap was identified. Each of the CSWs identified as having a completed MSW degree.

Table 1

Pseudonyms for Participant Responses

Participant Number	Pseudonym
1	Allison
2	Jennifer
3	Jessica
4	Lisa
5	Morgan
6	Willow

Common Themes Identified

Underutilization and misunderstanding of skillsets. One challenge identified by the sample was related to interdependence for social workers on the team. The

National Hospice and Palliative Care Organization (NHPCO) required the use of an interdisciplinary team approach to ensure quality patient care. These interdisciplinary teams consisted of the medical and non-medical personnel to include the physicians and social workers. An effective working relationship required an accurate understanding of the CSW's abilities and skillset.

The verbatim examples below particularly illustrated concerns about underutilization and/or misunderstanding of CSW's skills. The responses suggest social workers were not utilized effectively for their skillsets. For example, Jessica stated, "Most of what we do is discharge planning, doesn't take an MSW to do this." Allison mentioned, "I feel we would be better utilized spending time with people so they would open up so we could truly help them."

For hospice CSWs, the end-of-life process demanded a collaborative approach from the entire HIT, family members, care givers, care facilities, and resources. Hospice CSWs completed daily tasks such as, but not limited to, establishing final arrangements and power of attorneys, bereavement support, and grief counseling. When family members and/or HIT members cannot communicate and work effectively and efficiently, the CSW must work harder to overcome these hurdles to ensure the patients are not negatively affected by these actions, possibly taking away from time with patients (Dziegielewski, 2013).

The examples below illustrated how this study's participants agreed with the interpretation that social workers might not be utilized effectively for their skillsets, due to hurdles clearly defining their responsibilities. For example, Morgan stated, "I was like

okay but that will continue to confuse our roles and who will do that in the future."

Jessica mentioned:

> It's not because I'm trying to be a nurse or I'm trying to oversee something it's because it's part of my job to help them [families] understand why you guys [medical team] made this decision and a lot of them may come to me versus come to you cuz maybe I'm more available maybe they feel more comfortable.

It is essential that CSWs have productive and effective communication with HIT members. These verbatim examples demonstrated how the participants did not feel utilized effectively for their skillsets to provide the resources clients may have needed, due to poor communication among the HIT. In another example, Jessica stated, "Their communication is horrible to begin with, I feel like sometimes I am explaining things to them and its line one ear in and out the other." Jennifer mentioned, "Okay but again, I need to understand what could happen versus what can't so when I'm talking to these families I know all options and aspects, but you don't want to tell me certain stuff."

The examples below further illustrated the challenges experienced when social work skillsets are not fully supported by their superiors. Willow stated:

> For the most part, I've learned and kind of figured it out but I still have those certain struggles where they don't realize that sometimes they make my job harder cuz I feel like I'm going in a circle when I could solve the issue quicker.

While Morgan stated, "The meetings are usually used to expand on unclear case notes, there is usually not much time for suggestions or modifications to the treatment plan."

In summary, the quotations provided particularly illustrated concerns about underutilization and/or misunderstanding of CSW's skills and suggest social workers were not utilized effectively for their skillsets. The examples illustrated how this study's participants agreed with the interpretation that social workers were not be utilized effectively for their skillsets, due to hurdles clearly defining their responsibilities. These examples demonstrated how the participants did not feel utilized well for their skillsets to provide the resources clients needed.

Role blurring among the disciplines. The second challenge identified was role blurring among the disciplines. Findings from this action research study revealed that many of the responsibilities and capabilities of hospice social workers overlapped with that of other hospice interdisciplinary team members, such as nurses and chaplains. When multiple hospice interdisciplinary team members provided similar services, follow-up and accountability for case activity was difficult to identify and address. According to the participants, the result of unclear professional boundaries and roles, and duplication of psychosocial services was confusion and perhaps a sense of competition about who was indeed responsible for providing specific psychosocial services. These examples below illustrated that challenges arose for CSWs within the HITs due to the unclear roles established. Morgan stated, "There was no specific assignment of duties, it has just how the system run." Willow mentioned, "In hospice care I find that some of the ultimate goals are the same such as having final arrangements, managing physical and emotional pain and discomfort, and ultimately assisting patient and/or family so that patient has a 'good' death."

This overlap of professional roles and responsibilities often led to increased competitiveness among hospice interdisciplinary team members, and even substandard patient care (Reese, 2013). A holistic approach to client care required clear division of expectations and roles (Schwarz & Barclay, 2015). The participant quotes below illustrated the participants' experiences of how role blurring led to competition and reduced collaboration. Jessica stated:

> An example of how our duties can overlap is that we have some nurses get upset when they're explaining the medical aspect and then I'm sitting here re-explaining it in a format makes more sense to the families and patient and some of them kind of get frustrated where I'm like, my job is to kind of to be that middle person to make sure because I'm supposed to explain to them so they understand all options and aspects and what you're saying.

Morgan mentioned, "I have to do the grief and loss and the chaplain was like, why is she doing the grief and loss if I am the bereavement person?"

Clearly identified roles provided similar benefits for the other members of the HIT. The examples below showed the understanding of the participants that more cohesive approaches were beneficial to patient outcomes. Jessica stated, "Studies have shown that psychosocial/mental issues turn into medical ailments. Leading to poor use of our medical system." While Allison mentioned, "If we [social workers} helped people with their basic needs it wouldn't turn into medical/expensive solutions (when it's too late) all just my opinion."

In summary, this finding illustrated how the role of the hospice social worker was unclear and misunderstood by HIT members and results in experiences of role blurring and ineffective communication. This challenge seemed to be contributing to hospice social workers' difficulties defining their roles and responsibilities within hospice interdisciplinary teams.

Difficulty working toward cohesive goals. The participants also identified difficulty working towards a common goal within the team as a challenge. To be effective and provide the best cohesive approach to physical and psychological treatment to hospice patients and their families, the hospice interdisciplinary team needed to be goal-oriented and function within clear practice and professional role expectations and directives. Effective communication was essential to the collaboration of each hospice interdisciplinary team member to provide a cohesive approach to client care.

The quotations below particularly illustrated the concept, but all participants showed support for the interpretation that collaboration within the HITs was affected by both the role definitions and the accuracy and efficiency of communication. Morgan stated, "My place of employment does not use the term 'cohesive goal' and I honestly believe that is to avoid confusion about who can make the treatment plans, they are completed and assigned to us." Jennifer mentioned, "This guideline has been brought up to discuss how we may be too rushed or exhausted causing our notes to be less than the most accurate."

In summary, the six CSW participants in this study discussed ways in which the daily guidelines and expectations are designed to promote a consistent approach to client

care. This consistent approach was not designed or executed to incorporate the valuable expertise of all IDT members, especially social workers. These examples demonstrated how each team member was responsible for their work duties, even if those duties were completed through less than accurate means. The findings show how each agency had areas of improvement to ensure CSWs were given the opportunity to offer their expertise and allow all IDT members the opportunity to ask for assistance in completing their duties.

Learning Points

There were several learning points during this action research project. One learning point was that all agency members played a large role in the collaboration styles and techniques within the hospice interdisciplinary team. The findings associated with the dismissal of the CSWs skills were unexpected. The responses showed evidence that many of the HIT members understand or were aware of the skillset of CSWs, but did not choose to utilize them in daily HIT responsibilities. Addressing this issue more in-depth in future research helped better understand the effects this lack of effective utilization had on the hospice interdisciplinary collaboration dynamics. Another learning point from this action research project was the importance of identifying and accounting for not only the professional challenges but the interpersonal concerns that were present in teams. For example, as a professional, each IDT member could identify their limitations when working with patients and their team members. Along with changes to improve professional challenges such as misunderstanding, agencies should not ignore the interpersonal concerns as well, such as language or cultural inexperience within the team.

A final learning point was the effects on cohesiveness within the hospice interdisciplinary team when differences were not addressed to the point of a resolution. When this occurred, the team began to move individually to address occupational and personal duties and motivations. An example of this was when responsibilities were overlapped and when addressed a clear designation of duties was not stated. Any future occurrences may be met with resistance or additional duplicated efforts such as between the Chaplain and CSW when addressing bereavement concerns.

Clinical Practice Impact

Specific findings from this action research project that will impact the clinical social work practice were the influence and level of training of the HIT members and colleagues on the hospice interdisciplinary collaboration techniques. The data identified challenges around the entire team's utilization and respect for each of the member's roles. Agency administrators and/or managers needed to be able to recognize underutilized skillsets and resources to offer the best patient care possible. This ability to recognize these misunderstandings required the manager to fully understand the skillsets and abilities of each IDT member and their professions. Agency administrators needed to provide the training necessary for each manager to obtain this knowledge and to fully implement the use of all team members. Along with this training to better understand each professional, the manager needed to offer training amongst the team to ensure proper understanding of their assigned duties and proper protocols when their responsibilities overlapped with another member. This training required the managers to take a more hands-on approach to problem resolution to ensure a clearly stated outcome.

Unexpected Findings

After the literature review in section one, there were expectations as to the findings of role blurring and unclear understandings of training and expertise of the clinical social worker. However, as stated above, I discovered a large focus on the effects of personal relationships, respect, and interactions with the hospice interdisciplinary team members, to include the medical team, which was unexpected and may be a future area of exploration within action research. The initial literature review focused on the professional aspects of the working professionals with little to no insight into the individual aspects of each team member and what they bring to the team. One example is how the level of cultural competence of each member affects daily communication efforts and tolerance within the team. The impact of the manager on this social worker's team was also unexpected, as the utilization of the CSWs skills set is limited regarding patient care planning.

Summary

The research question sought to elicit an understanding of the collaborative challenges that clinical social workers experience within the hospice interdisciplinary team. Due to the experience of the social workers serving as participants, a thorough understanding was obtained. The data provided evidence to support the literature themes of role blurring and misunderstandings of professional abilities within the hospice interdisciplinary teams and cohesive goal challenges. The next section of this paper will introduce recommendations towards solutions to address the challenges identified in this action research project.

Section 4: Recommended Solutions

The purpose of this action research study was to explore communication, role blurring, professional activities and abilities, and cohesive goals among hospice clinical social workers. Poor communication has been identified as one challenge that can influence effective collaboration (Parker Oliver et al., 2012). Another factor that hindered productive collaboration was role blurring or the duplication of duties (Reese, 2013). Many of the responsibilities and capabilities of hospice CSWs overlapped with that of other team members, such as nurses and chaplains, thus blurring the roles together.

For this research project, role blurring was defined as the imprecise and overlapping of professional responsibilities within the field of hospice care. Another factor that affected CSW practice and collaboration was the imprecise communications of social workers' abilities and training (Parker Oliver et al., 2012). Weisenfluh and Csikai (2013) showed that social workers did not explicitly promote their skills and competencies on HITs. This lack of explanation created a barrier for communication and interactions, as the skills and abilities of hospice CSWs were unknown. This role confusion led to the duplication of duties among other team members within the HIT.

Specifically, this action research project provided insight into the influence of collaboration challenges within hospice interdisciplinary teams and the effects on clinical social work practice. The results collected helped to improve the future behavior within these groups for the betterment of client care by offering a more cohesive and defined treatment approach for all hospice interdisciplinary team members.

This action research capstone project had the focus of understanding collaboration challenges that CSWs faced and highlighted possibilities for improving work environments to support HITs and avoid further challenges. In this study, I committed to obtaining relevant material with the potential to improve the social work practice by identifying collaboration challenges present in HITs.

To obtain this information, the action researcher utilized collaboration skills with the stakeholders of the study. Stakeholders were defined as any person who was affected by a change or who could affect that change concerning the identified organization (Stringer, 2007). Potential stakeholders for this project were HIT members and hospice personnel. Action research is a methodological tool of inquiry that does not have a predetermined solution to the problem (Stringer, 2007). This process required successful teamwork and communication with the hospice coordinators, volunteers, interdisciplinary team members, and directors of the non-profit hospice agencies in Maricopa County in Phoenix, Arizona.

The key findings included the challenges related to misunderstanding professional abilities and responsibilities, respect and support both within the hospice interdisciplinary team and with the supervisor, varying communication techniques and competence, and a lack of support to work cohesively. The following sections offer a recommendation to further investigate these findings and their full impact on the clinical social work practice.

Application for Professional Practice

Analysis and Interpretation

When analyzing and interpreting the findings, the data must be considered as the perception of the participating clinical social workers. As the action researcher was not able to obtain any colleagues from the agencies for each of participants, the view point of the agency and the stakeholders cannot be accurately interpreted. The context of the data collected demonstrated the challenges of these clinical social workers within a hospice interdisciplinary team. The clinical social workers discussed the view of misunderstandings and underutilization among their teams; however, the generalization capabilities of this data across the team and agency could not be determined without further research.

Confirm literature review. The analyzed data presented themes that support the literature review conducted in section one of this study. For example, the findings from this study are like the recommendations of Reese (2013) that the confusion of responsibility overlap leads to poor collaboration within the HIT. The work by Reese and Sontag (2001) closely associated collaboration challenges within hospice interdisciplinary teams and client care outcomes. These outcomes were found to be a contributing factor in ineffective communication and collaboration, specifically role blurring. Many of the responsibilities and capabilities of hospice social workers overlapped with that of other hospice team members, such as nurses and chaplains. These overlapping services may have caused confusion and ineffective accountability, promoting a competitive environment.

Another factor of role blurring discussed in the literature review was the possible effect of unclear communication of social worker's abilities and training (Parker Oliver et al., 2012). Effective communication was essential to the collaboration of each team member to provide a more cohesive approach to client care. Payne (2012) defined poor communication as the impaired exchange of information, described specific factors that lead to a breakdown in communication among and between members of hospice interdisciplinary teams. Such breakdown impeded productivity, efficient collaboration, and patient care.

The nursing collaboration with clinical social workers was another example of possible role blurring as both hospice interdisciplinary team members were trained to gather information such as medication interactions (James, 2012; and Wittenberg et al., 2015). As discussed, this role confusion led to a duplication of professional duties among other team members within the HIT. The results which were like the findings of this study, James (2012) and Wittenberg et al. (2015) found that social workers were perceived as outsiders and/or consultants and perhaps not a member of the HIT. For reasons such as their abilities and training to collect this information was unclear among the HIT, these findings were present. From this medical perspective, a resistance could be seen to promote communication for social workers, as they could be viewed as non-medical personnel (Binnebesel & Krakowiak, 2012). This view point was also seen in the data collected as nurse members of the hospice team would duplicate the clinical social worker's assessment of the effects of the medication on the client.

The interpretation of the usefulness of the clinical social workers' skills contributing to collaboration challenges expands on the literature reviewed in section one of this document. The interpretation confirmed the findings supported by previous research, including interdependence, role-blurring, and cohesive goals. The literature review conducted in section one did not address the possible individual HIT member interpretations of CSW's skills and abilities nor the specific role of each HIT member. In context of causes of collaboration challenges, these factors were reviewed as a group interpretation instead of individually.

The learning points identified in this study are also supported by the literature presented in section one. For example, Payne (2012) conducted a study addressing the need to resolve team differences fully due to effects on cohesiveness. Payne considered the interactions between overlapping professionals, social workers, and chaplains. This study found that professionals find a sense of responsibility to their areas of study and expertise. This responsibility to their clients and care approaches resulted in a conflict between care providers within similar or adjacent fields of practice leading to redundancy, inhibiting collaboration (Payne, 2012).

Application in clinical social work practice. One area of clinical social work practice that can apply these findings was the area of training and development. Social workers had an obligation to maintain competence in the field in which they were working. This required continuing education was an opportunity to evaluate and train hospice clinical social workers on the known challenges among hospice interdisciplinary teams. With the research conducted in this action research study and the support of the

literature review, well-defined challenges exist within these teams, which can be addressed and reduced to have a minimal impact on the clients and families.

Another area of clinical social work practice that can apply these findings was the area of team building and cohesiveness among the hospice interdisciplinary teams. As teams became familiar and comfortable with the colleagues on their team, friendships or professional expectations were created. This natural process of working in groups can hinder effective communication and constructive feedback (Bhatt & Mitchell, 2015). The data collected during this action research project offered insight into experiences and challenges when working cohesively. The data collected showed examples of challenges among team members offering insight and expertise to improve daily activities and patient care. One response clearly stated that the phrase cohesive goal was not utilized, to avoid any confusion on who can make suggestions for treatment plans. Another response stated that part-time staff allows the other professions to complete their duties, continuing the blurring and confusion between teams. These examples and more provided support of the literature that there is a breakdown in cohesion between professions. Using this data, supervisors and training liaisons evaluated the existence of these roadblocks and helped to eliminate them in a productive and timely manner.

Impact on clinical social work practice. A review of the hospice social work literature revealed that the role of the hospice social worker was unclear and misunderstood by interdisciplinary team members resulting in challenges to collaboration such as role blurring and ineffective communication (James, 2012; Parker Oliver et al., 2012). These findings impacted clinical social work practice in relation to hospice social

workers' difficulties defining their roles and responsibilities within hospice interdisciplinary teams. This was directly supported by the data collected in this action research project. This information supported the need for a clearer and concise description and implementation of the clinical social worker's abilities, training, and expertise within the hospice population. This clear expectation helped to resolve the confusion regarding training opportunities, cultural competence, and role blurring.

Solutions for the Clinical Social Work Setting

Applicable Solutions

The data represents the clinical social workers' experience and interpretation, but not the interdisciplinary team or agency. One recommendation that can be made to the social workers' agencies relates to the improvement or implementation of better communication and skills identification techniques. The responses received from the CSWs showed that they feel they are being underutilized even when their skills and abilities are known by their superiors. Better communication that allows for growth and development would allow these skills to be a topic of discussion and change within the agencies.

Another applicable solution addressed the lack of support towards a cohesive and collaborative goal within the teams. This potential solution included a change in their regular performance review process. Incorporating a section on the review that required specific examples towards cohesion and collaboration, both within the team and the supervisors, would promote areas where cohesive goals would affect the HIT members equally (McKinley, 2016). This opportunity would both require the team to work together

to provide these examples on their personal performance reviews but would also provide the start to everyone seeing the benefits of relying on each other to accomplish a goal, hopefully allowing for more than the minimum interaction requirements.

Empower Individuals

An updated review process, to include individual care plans and yearly reviews, can help to empower the clinical social workers and their hospice interdisciplinary team members (Fernandez & Moldogaziev, 2015). The ability to make change and develop/see progress may offer the clinical social worker the motivation to discuss improvement suggestions and opportunities. The knowledge that the hospice interdisciplinary team can identify and discuss the challenges faced daily and develop a plan of action to resolve them may provide the motivation to review the current practices in place deeply.

Action Researcher's Practice

These recommended solutions can be applied to my daily practices through team communication and reviews. This action researcher was currently part of a team of eleven individuals across multiple disciplines all working toward one goal. This team consisted of a senior team leader and a manager. The senior team leader and manager were removed from the daily activities, where I saw challenges due to the differing role responsibilities. However, even with this role separation, the senior team leader and manager were involved in daily production reviews and improvement plans. The implementation of better communication methods and a required respect of opinion may promote more input and feedback as well as skill identification/utilization on the individual level among the team members.

Organization Evaluation

Without effective evaluation of the recommendations, the agency would have no way of determining whether changes have the desired effect. The development and implementation of a quality assurance and performance improvement program could offer this opportunity for evaluation (Social Work Policy Institute, 2010). The goal of a program like this would be to monitor the quality and performance of the hospice interdisciplinary team members as the communication techniques and skills were developed and modified, while consistently looking for areas of improvement. The program could function at an individual level as well as a team level to assess for personal satisfaction as well as group cohesiveness.

Implications for Social Change

Social Change

The goal of this action research project was to understand the challenges to effective hospice interdisciplinary team collaboration faced by clinical social workers. Using a rigorous and comprehensive review of the literature, this action research project contributed to the limited knowledge base of clinical hospice social workers within hospice agencies. Positive social change could result from the findings of this research by highlighting where clinical social workers and organizations can increase collaboration among hospice interdisciplinary team members, leading to better client care. Decreasing the collaboration challenges may promote positive change through increased communication at various levels and a better work environment. This communication may enhance collaboration with hospice clients and their family systems and among

hospice interdisciplinary team members. Such collaboration may translate into a clearer definition of *hospice clinical social work practice*, which could lead to improved provision of hospice clinical social work services.

Contribution to Knowledge

The importance of human relationships is a principle discovered in these findings, which can impact the clinical social work knowledge base. Social workers used communication and many other skills to strengthen the relationship among others, to include their hospice interdisciplinary team members. These relationships were the vehicle in which hospice agencies promoted positive social change, professional development, and quality client care. When conflict arose, social workers had the responsibility to promote and enhance the well-being of the hospice interdisciplinary team. The well-being of the interdisciplinary team also linked directly with their ethical commitment to their clients, to offer the most effective services possible in the face of concerns.

Summary

The purpose of this study was to understand collaboration challenges faced by clinical social work practice to better support their roles within hospice interdisciplinary teams. The key essence will be seen in the in the way social workers and organizations use this research to identify and then address these challenges. In the end, using the information in a way that improves client care was the goal.

Dissemination

To make these results more easily available and quickly disseminated, two mediums was utilized, posting to online web resources such as hospice social worker discussion boards and including it in community newsletters (Social Work Policy Institute, 2010). With the focus and purpose of action research being practice-based, real time dissemination was important (McNiff & Whitehead, 2009). Journals and other published materials may not be readily available to the hospice clinical social workers to implement an action plan within their teams. The use of community newsletters may also provide an opportunity for non-included stakeholders to become of aware of possible challenges and the need to assess for them. This process could play an essential role in improving clinical social work practice and hospice interdisciplinary team practices, resulting in improved patient care for the agency and community.

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good dynamics. *Journal of Palliative Medicine*, *14*(5), 650-654.

Appendix A: Hospice Agencies in Maricopa County, AZ from NHPCO Website

New Century Hospice

1016 W Adams ST Ste G

Phoenix, AZ 85007

602-258-1301

Seasons Hospice & Palliative Care of Arizona, LLC

2020 N Central Ave Ste 170

Phoenix, AZ 85004

855-214-6583

Optum Palliative and Hospice Care

3003 N Cental Ave Ste 800

Phoenix, AZ 85012

602-910-3821

Highway Christian Hospice Inc

67 W Weldon Ave Ste 317

Phoenix, AZ 85012

602-274-1952

Brookdale Hospice Chandler

2545 W Frye Rd Ste 10B

Chandler, AZ 85224

480-361-5645

Serenity Hospice and Palliative Care

4122 No 17th St

Phoenix, AZ 85016

602-265-4663

Serenity Hospice and Palliative Care

2999 N 44th St Ste 225

Phoenix, AZ 85018

602-216-2273

Prime Care Hospice, LLC

4225 W Glendale Ave Ste A-200

Phoenix, AZ 85051

623-847-2323

Hospice Promise LLC

12213 W Bell Rd Ste 115

Surprise, AZ 85378

623-209-7003

East Valley Hospice

1311 W Chandler Blvd Ste 200

Chandler, AZ 85224

480-895-5434

Summit Hospice

1717 W Northern Ace Ste 117

Phoenix, AZ 85021

602-535-8255

Aegis Hospice

2350 E Germann Rd Ste 31

Chandler, AZ 85286

480-219-4790

Sun Valley Hospice

7310 N 16th Ste 230

Phoenix, AZ 85020

602-263-0925

Wings of Hope Hospice and Palliative Care Inc.

11022 N 28th DR Ste 205

Phoenix, AZ 85029

602-971-0304

A Servant's Heart Hospice DBA Sage Hospice

5111 N. Scottsdale Rd Ste. 155

Scottsdale, AZ 85250

480-774-5117

Reflections Hospice, LLC

3960 E Riggs RD Ste 4

Chandler, AZ 85249

480-883-1353

Pillars Hospice Care, LLC

10221 N 32nd St Ste H

Phoenix, AZ 85028

602-788-1138

Reflections Hospice and Palliative Care

1840 E University Dr

Mesa, AZ 85203

480-246-3560

Arrowhead Hospice

17035 N 67th Ave Ste 4

Glendale, AZ 85308

623-236-3949

Family Comfort Hospice

7975 N Hayden Rd Ste A200

Scottsdale, AZ 85258

480-745-3015

Sacred Heart Hospice, LLC

15225 N 40th St Ste 125

Phoenix, AZ 85032

602-476-2047

Hospice of the West, LLC

21410 N 19th Ave Ste 100

Phoenix, AZ 85027

602-343-6422

Allegiant Hospice

1234 S Power Rd Ste 150

Mesa, AZ 85206

480-397-7577

Hospice at Home of Arizona, LLC

7254 E Southern Ave Ste 111

Mesa, AZ 85209

480-478-0643

Compassus

1675 E Monument Plaza Cir

Casa Grande, AZ 85122

520-494-3830

Appendix B: Email/Phone Invitation Script for Potential Stakeholders

Good Morning/Afternoon (hospice social work participant),

I am conducting an online survey as part of a research study to increase understanding of hospice social workers' roles and responsibilities within interdisciplinary hospice teams. As a hospice social worker, you are in an ideal position to give valuable first-hand information from your perspective. This online survey will take approximately 10-15 minutes, using six open-ended questions. I am trying to capture your thoughts and views on being a hospice social worker within an interdisciplinary team, so as much detail as you can provide would be greatly appreciated. This survey can also be completed through a phone call, if you would prefer that method. Please feel free to contact me with any questions or to schedule a phone conversation.

Your responses to the questions will be kept confidential. Each participant will be assigned a number code to help ensure that personal identifiers are not revealed during the analysis and write up of findings. There is no compensation for participating in this study. However, your participation will be a valuable addition to the research and findings, which could lead to a greater understanding of hospice social workers and the professionals within the field.

If you are willing to participate please let me know and I can provide the informed consent form and survey link. Thank you for your time and your attention.

Amy Coffell, MSW

DSW Candidate

Walden University

Appendix C: Questionnaire with Introduction

Good Morning/Afternoon (hospice social work participant),

This online survey will take approximately 10-15 minutes, using six open-ended questions. I am trying to capture your thoughts and views on being a hospice social worker within an interdisciplinary team, so as much detail as you can provide would be greatly appreciated. This survey can also be completed through a phone call, if you would prefer that method. Please feel free to contact me with any questions or to schedule a phone conversation.

Your responses to the questions will be kept confidential. Each participant will be assigned a number code to help ensure that personal identifiers are not revealed during the analysis and write up of findings. There is no compensation for participating in this study. However, your participation will be a valuable addition to the research and findings, which could lead to a greater understanding of hospice social workers and the professionals within the field. By entering your email address below, you are consenting to the information provided previously in the Informed Consent Form which requests you to answer the following questions and for the researcher to contact you with any follow-up questions, if any.

Thank you for your time and your attention to this survey.

1. Describe and provide an example of your unique social work skills and knowledge that contribute or could contribute to effective hospice interdisciplinary teamwork.

2. Describe and provide an example of the similarity or overlap that exists between your social work job duties and those of your colleagues.

3. Describe how your team identifies the unique professional roles and duties of each team member in regard to patient care.

4. Describe how your team works to develop and review cohesive team goals for patient care (i.e. agreed upon treatment plans).

5. Thinking about timeliness, accuracy, and efficiency, describe how communication happens within your team.

6. Please provide any additional comments you think could be helpful in understanding the functioning of your hospice interdisciplinary team.