

**Recognizing, Relating and Responding:
Hospice Workers and the Communication of Compassion**

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Rationale:

In barely 35 years, hospice has grown from a purely ideological philosophy of care for terminally ill individuals, to a large and well-organized healthcare entity. The fact 80 million people will reach retirement age between 2008 and 2028, is one reason that government statistics project healthcare to generate more new jobs than any other industry in America until at least 2018, thereby ensuring the continued importance and growth of the hospice industry. While many individuals engaged in healthcare work experience high rates of stress and burnout, hospice workers, conversely, continue to report very high rates of job satisfaction. Therefore, this study asks about both the emotional highs and lows of hospice work as a means to understand why and how individuals keep from experiencing loss of pleasure from their jobs, and what might contribute to overall job satisfaction.

Research Goals:

- To contribute to the thin body of research on hospice workers within communication studies.
- To answer the call by organizational scholars to consider both positive and negative organizational processes.
- To provide an in-depth understanding of hospice workers through qualitative methods.

Major organizing theories and framework

- Stress and Burnout
- Emotional Labor
- Positive Organizational Studies
- Compassion

Research Questions:

- RQ 1: What are the compassion processes of *noticing* that hospice workers describe in regard to their jobs? What are the barriers to noticing that workers describe in regard to their jobs?
- RQ 2: What are the compassion processes of *feeling/connecting* that hospice workers describe in regard to their jobs? What are the barriers to feeling/connecting that workers describe in regard to their jobs?
- RQ 3: What are the compassion processes of *responding* that hospice workers describe in regard to their jobs? What are the barriers to responding that workers describe in regard to their jobs?

Research Sites:

Table 4.1: Summary of Research Sites

	UNIT LOCATION/TYPE	# OF BEDS	ROOM TYPE	DATA COLLECTION / OBSERVATION DATES
Avenida Sur (Desert Hospice)	Attached to nursing home	13	Private and semi-private	Dec. 2006 – May 2007
St. Matthews (Desert Hospice)	Attached to large urban public hospital	20	Private and semi-private	Sept. 2002 – Nov. 2002
Hill House (Sun Canyon Hospice)	Free standing, self contained	24	All private	Nov. 2007 – April 2008

4.2: Summary of Data Gathered

TYPE OF DATA	HOURS SPENT COLLECTING DATA		SINGLE-SPACED TYPED PAGES	
	DESERT HOSPICE	SUN CANYON HOSPICE	DESERT HOSPICE	SUN CANYON HOSPICE
Volunteer Training	8	4	15	2
Shadowing workers— observation	40	4	105	6
Volunteer activities	63	29	95	43
Interviews—semi-structured/transcribed	23	--	184	--
Interviews—informal/ethnographic	7	1	43	4
Employee training— observation	8	--	6	--
Misc. meetings with contacts	3	2	3	2
Subtotal	152	40	451	57
Total	192 total research hours		508 total pages of data	

Summary of Descriptive Statistics

Total number of participants within scope of research project.....96

Type of job

 Nurse (RN, LVN, LPN).....32

 Nurses Aid (CNA).....23

 Social Worker.....14

 Spiritual Care Provider.....4

 Other (e.g., office staff, maintenance workers, doctors, etc).....23

FINDINGS

Reconceptualizing Kanov et al, and Miller

KANOV		MILLER		WAY	
Noticing	Paying attention to others' emotions, and reading subtle cues	Noticing	Noticing not only the need for compassion, but noticing details about another's life so that the response can be the most appropriate	Recognizing	Identifying with the individual. Being able to understand and apply meaning to what we notice
Feeling	Feeling compassion for another's suffering (affective)	Connecting	Connecting with others (relational)	Relating	Identifying with, feeling for, and connecting with (affective, relational, & embodied)
Responding	Any action or display that occurs in response to another's pain—must be accompanied by noticing & feeling.	Responding	Actually behaving or communicating in ways that could be seen as compassionate.	Responding	Engaging in behaviors or communicating in ways that are seen, or could be seen, as compassionate by the person responding, another individual and/or the organization

Figure 8.1: The Compassionate Heart

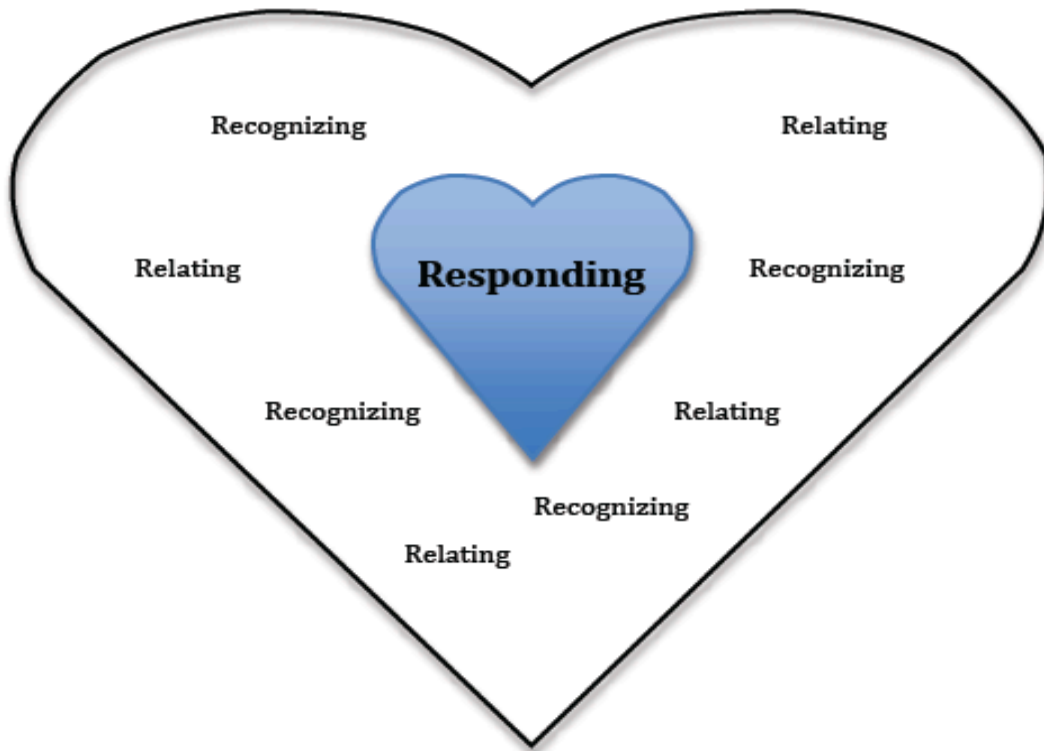


Table 5.1: Summary of Recognizing

THEME	STRATEGY	BEHAVIOR
Cognitive	Making extra effort	Being open and receptive to seeing the person, not just the disease
	Deep listening	Listening for both what is said and what is not said
	Observation	Through eye contact or lack of eye contact
	Direct Questioning	Being open to asking what is wrong
Intuitive	A sixth sense	Being “hyper in-tuned” to peoples suffering.
Barriers	Organizational factors	Caseload, paperwork, and regulations create overload and impede ability to identify what clients need

Table 6.1: Summary of Relating

THEME	STRATEGY	BEHAVIOR
Cognitive relating	Looking/listening for connections	Actively looking for connections
	Reducing uncertainty	Disclosing personal information to reduce uncertainty
	Taking time to develop trust	As trust grows, so too does the interpersonal connection
	Embracing difficult situations	Difficult patients and/or situations as a means to creating a sense of closeness
Intuitive relating	Feeling like/seeing that someone needs me or that I made a difference	Being drawn to a patient/client and is seen as mutually beneficial
	Identifying and identification	When client or situation reminds them of someone they know/knew
	Spiritually and through instant connections	Beyond skill, a sixth sense. Relating as a spontaneous gift
Reciprocity and acts of appreciation		Witnessing others/another’s act of appreciation triggers compassion
Barriers to relating	Boundaries	Failure to maintain boundaries w/clients could lead to burnout and impede relating
	Judgementalness	No accepting people for who they are/letting personal feeling get in the way of relating
	Length of relationship	Spending too much time with one client, or too little time with a client can interfere w/relating

Table 7.1: Summary of Responding

THEME	STRATEGY	BEHAVIOR
Holistic responding	Individual/situation as complete/ complex system	Responses described in the abstract and addressed holistically— “my heart knows what to do.”
Cognitive responding	Verbal	Verbal responses imply empathy and presence—quantity and quality less important.
	Nonverbal	Makes their presence known
	Action oriented	Involved, detailed, complex, and/or ongoing long-term responses.
Intuitive responding	When cognitive skills/knowledge don’t apply	Relying on instinct, gut or heart to guide them.
Barrier to responding	Adaptability/rigidity	Remaining too rigid or inflexible interferes with the ability to respond appropriately.