

Integration of groupwork theory and hospice interdisciplinary team practice: A review of the literature

Amy Olshever¹

Abstract: A systematic review of the literature on hospice interdisciplinary teams was conducted. The review focused on the groupwork aspects of teamwork with a goal to synthesize what is known about teamwork in hospice, the social work role and the team as a group. Gaps in current knowledge were identified, for example virtually no empirical research examines the hospice team as a group, the role of the hospice social worker could expand to capitalize on knowledge and skills of groupwork and the voice of the hospice service users, patients and families, are not functionally integrated into the hospice team process. Recommendations for future research and education are discussed.

Keywords: hospice, interdisciplinary team, groupwork theory, social work role, end of life.

1. Director of Social Work and Bereavement, Good Shepherd Hospice

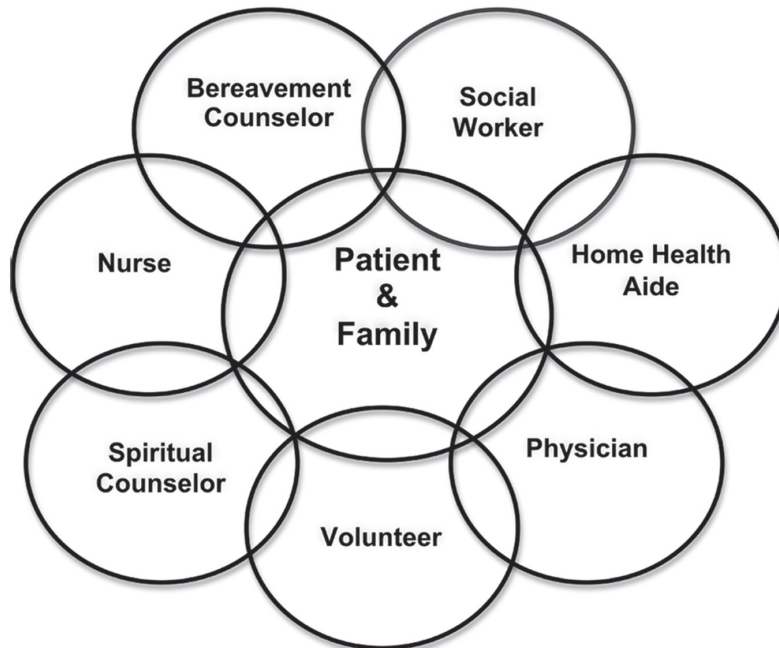
Address for correspondence: Good Shepherd Hospice, 245 Old Country Road, Melville, NY 11747, USA. olshever@verizon.net

Introduction

The hospice model of collaborative end of life health care delivery has been studied from several perspectives, including each of the disciplines most commonly found in hospice teams: doctors (Hall, 2005), nurses (O'Connor, Fisher, & Guilfoyle, 2006) and social workers (Corless & Nicholas, 2004). In the past three decades, much has been written about how hospice teams work and barriers to their effectiveness (DeLoach, 2003; Junger, Pestinger, Elsner, Krumm, & Radbruch, 2007; Krumm & Radbruch, 2007; Parker-Oliver, Bronstein, & Kurzejeski, 2005; Parker-Oliver & Peck, 2006; Reese & Sontag, 2001; Wittenberg-Lyles, Parker-Oliver, Demiris, & Courtney, 2007). However, there is a lack of literature and virtually no empirical studies that address the hospice interdisciplinary team as a group (Coopman, 2001; Parker-Oliver & Peck, 2006; Richman, 1990). Moreover, the presence of social workers on the team provides a unique opportunity to utilize social work education in groupwork to provide greater insight into the process and enhance the functioning of hospice interdisciplinary teams. 'Social workers possess skills and training that position them to make a unique contribution to effective teamwork,' (Abramson, 2002, p.49-50). Abramson describes the need for social workers to recognize their responsibility to address process issues in teams' and 'draw on their group work knowledge base to assist teams in addressing these issues' (p.49-50).

The interdisciplinary team as a model for service delivery in healthcare is not a new concept. Collaboration among disciplines has been attributed to Richard Cabot as far back as the early 1900s, when he suggested that a social worker, educator and doctor work together on patient care (Cabot, 1914; Parker-Oliver & Peck, 2006). Modern interdisciplinary groups in healthcare settings can trace their beginnings to the collaborative model of care delivered to disabled veterans after World War II (Parry, 2001). And in 1982, when the Hospice Medicare Benefit came into effect, the interdisciplinary team became a legislated requirement for the delivery of care to patients in the United States at the end of their lives (Reese & Raymer, 2004). When Dame Cecily Saunders, a trained social worker, nurse and physician, founded hospice in the United States, she advocated the use of the interdisciplinary team model (Parker-Oliver et al, 2005; Saunders, 1996, 2001). Figure 1 highlights

Fig. 1
The hospital interdisciplinary team



the various professions represented in hospice interdisciplinary teams.

Teams in healthcare face challenges or obstacles to effective team working. Unequal status or an uneven distribution of power is often related to the hierarchy of the settings in which they occur. In healthcare, in particular, physicians tend to dominate a team when they are present. A unique advantage of the hospice team model is that it reduces this hierarchy. Each team member's input can have equal value in the assessment and care planning processes based on their individual interactions with the patient and family. Role competition, role conflict and role blurring are all discussed in the literature as obstacles to team functioning. The interdisciplinarity of the hospice team can serve to reduce these obstacles by fostering a sharing of roles. As a result, there is the potential for reduction or elimination of territorialism and blame; instead of one member or one discipline that is responsible for the care of the patient all members truly share this responsibility. (Abramson, 2002; Stephen Connor, 2009; Crawford & Price, 2003).

The role of groupworker for social workers is a traditional role with its roots as far back as the beginning of the profession of social work (Schwartz, 1986). Schwartz (1986) describes the traditional relationship between worker and member of groups as 'co-active, reciprocal, functional, first-among-equals, mentoring collaboration in the pursuit of group tasks' (p. 82). He goes on to describe the function of the worker as providing 'the skills with which to mediate the transactions between each individual and the group, reinforcing the energies with which they reached out to each other' (p.83). While the role of the hospice social worker is traditionally defined in terms of the services they provide to patients and families like counseling, emotional support, facilitation of coping, linkage and referrals, this role can and should be expanded to capitalize on social groupwork skills. 'After all, a team, whatever its primary function, is a group' (Abramson & Bronstein, 2004, p. 385).

We can understand the interdisciplinary team as a group by noting the common purpose, shared goals, problem solving and mutual aid aspects (Garvin, 1997). Utilizing social groupwork skills, especially with respect to group process can help move teams forward in problem solving and mutually supportive ends for all team members, including patients and families. Helping members engage in mutual aid, understanding and making use of the group process, and helping members to function autonomously as individuals and as a group are appropriate uses of some of the essential elements of social groupwork (Middleman & Goldberg, 1987). Utilizing these social groupwork skills, especially with respect to attending to group process can help move the team forward in its problem solving and mutual support for all team members, including patients and families. Conflict and tension are often viewed as obstacles to a team's effectiveness but can be viewed as normative and part of group process. The social worker can help team members to directly address and work through these conflicts (Konopka, 1983). Other groupwork skills social workers can integrate into their work on interdisciplinary teams include contracting, creating a climate of openness, trust and cohesion, developing team norms that are client focused and integrating clients and families into teams (Abramson & Bronstein, 2004). Unfortunately, social workers often do not recognize or acknowledge that these skills can and should be used with their colleagues as well as their clients in the interdisciplinary team (Abramson, 2002).

This paper describes the findings of a systematic review of the literature on interdisciplinary teams in hospice and palliative care with a focus on the group aspects of teamwork. The goals of this review were to synthesize what is known about interdisciplinary teamwork in hospice and palliative care, the social work role and the team as a group, and to identify gaps in knowledge to guide future research on interdisciplinary teams from the perspective of social groupwork. The review focuses on empirical studies, theoretical models and themes that emerged in the literature. The implications for future social work research and practice are discussed.

Methods

A systematic review of the literature searched multiple computer databases: CINAHL, Medline, ProQuest, PsycNET, SocIndex, JStor and PubMed. Initially, the search for articles utilized keywords 'hospice, palliative care or end of life, social work and interdisciplinary teams'. However, this yielded few results. Expanding the search to include other disciplines (i.e. nursing and medicine) and terminology (i.e. multidisciplinary, interprofessional) yielded other relevant material. Seventy-four articles were reviewed after excluding articles that focused on areas other than end of life, hospice and palliative care. The search was complicated by the inconsistent terminology used to describe health care professionals working in team settings (Choi & Pak, 2006). Even though hospice care is delivered worldwide, most literature reviewed was from North America, the UK and Australia. It is possible that this is a limitation of searching only English language databases. For example, it does exclude the possibility that hospice interdisciplinary teams are conceptualized and function differently in countries and cultures where English is not the predominant language.

Results

Sources

Thirty-seven journals were represented, with a single article coming from each of 24 journals. Three journals published two articles each; seven journals published three each. *Social Work in Health Care*, *Palliative Medicine* and *Journal of Palliative Care* each published five articles. The most articles from a single journal were eight, published by *Journal of Interprofessional Care*. Table 1 lists the journals that had two or more articles included in the review

Table 1
Number of articles by journal

Journal	Number of articles
Journal of Interprofessional Care	8
Journal of Palliative Care	5
Palliative medicine	5
Social work in health care	5
American Journal of Hospice and Palliative Medicine	3
Clinical Investigative Medicine	3
Journal of Hospice & Palliative Nursing	3
Journal of Palliative Medicine	3
Journal of Social Work in End-Of-Life & Palliative Care	3
Progress in Palliative Care	3
Social Work with Groups	3
Health and Social Work	2
International Journal of Palliative Nursing	2
Qualitative Health Research	2

Content

Twenty-six articles presented conceptual discussions. Two articles described instrument development. Three offered literature reviews. The balance of the articles was empirical studies: thirteen quantitative studies, twenty-five qualitative studies, four mixed methods and one program report. Table 2 lists the content focus areas and identifies the articles which address the focus area. Table 3 presents the professional discipline or perspectives for each article along with the themes identified in each paper.

Table 2

Articles by content focus area (total of 74 articles)

Conceptual	26 articles
Abramson, 1990; Abramson & Mizrahi, 1987; Cadell, Bosma, & Johnston, 2007; Choi & Pak, 2006, 2007; SR Connor, et al., 2002; Crawford & Price, 2003; Demiris, et al., 2009a; Ephross & Vassil, 1987; Hall, 2005; Hall & Weaver, 2001; Lawson, 2007; Lowe & Herranen, 1981; Meier & Beresford, 2008; Milligan, et al., 1999; O'Connor, et al., 2006; Payne, 2006; Pettifer, et al., 2007; Reese & Sontag, 2001; Richman, 1990; Rock, 2003; Saltz & Schaefer, 1996; Simon & Higginson, 2009	
Instrument Development	2 articles
Bronstein, 2002; Qaseem, et al., 2007	
Literature Review	3 articles
Bliss, 2000; Choi & Pak, 2006; Davison, 2006a	
<i>Mixed Methods</i>	<i>4 articles</i>
Wittenberg-Lyles & Parker-Oliver, 2007; Wittenberg-Lyles, Parker-Oliver, Demiris, Petty, et al., 2008; Wittenberg-Lyles, Parker-Oliver, Demiris, & Regehr, 2010	
Qualitative Studies	25 articles
Abramson & Mizrahi, 2003; Arber, 2008; Bosma, et al., 2010; Brajtman, 2005; Coopman & Applegate, 2000; Cott, 1998; Davison, 2006b; Demiris, et al., 2009a; Demiris, Parker-Oliver, Wittenberg-Lyles, & Courtney, 2008; Demiris, Washington, Doorenbos, Parker-Oliver, & Wittenberg-Lyles, 2008; Demiris, Washington, Parker-Oliver, et al., 2008; Hodgson, 2006; Hunsberger, 1989; Junger, et al., 2007; Kuziemsky, et al., 2009; McCoyd & Walter, 2007; Molyneux, 2001; Parker-Oliver & Peck, 2006; Parker-Oliver, Washington, Wittenberg-Lyles, & Demiris, 2009; Parker-Oliver, et al., 2006; Wittenberg-Lyles, 2005; Wittenberg-Lyles, Cie'Gee, et al., 2009; Wittenberg-Lyles & Parker-Oliver, 2007; Wittenberg-Lyles, Parker-Oliver, et al., 2009; Wittenberg-Lyles, Parker-Oliver, Demiris, & Regehr, 2010	
Quantitative Studies	13 articles
Ben-Sira & Szyf, 1992; Coopman, 2001; DeLoach, 2003; Kim & Schonwetter, 2007; Leggat, 2007; Leipzig, Hyer, Ek, Wallenstein, & Vezina, 2001; Monroe & DeLoach, 2004; Parker-Oliver, et al., 2006, 2007; Reese & Raymer, 2004; Wittenberg-Lyles, Parker-Oliver, Demiris, & Baldwin, 2010; Wittenberg-Lyles, Parker-Oliver, Demiris, Baldwin, et al., 2008	
Program Report	1 articles
Hall, Weaver, Gravelle, & Thibault, 2007	

Table 3

Thematic and Professional Analysis of Reviewed Articles

Abramson, J. (1990) **SW**

Publication Making teams work. *Social Work with Groups*, 12, 1-20.

Research/Conceptual Conceptual

Themes Collaboration: Obstacles to collaboration: role competition and competing alliances—to team vs. profession, specific SW skills delineated

Abramson, J., & Mizrahi, T. (1987) **SW—about SW and MD**

Publication Strategies for enhancing collaboration between social workers and physicians. *Social Work in Health Care*, 12, 1-21.

Research/Conceptual Conceptual

Themes Collaboration: enhancement strategies, collaboration between SW and MD will be enhanced by the identification of social work as a resource for the physician. The concepts of negotiation and exchange are utilized as the basis for collaboration strategies by individual social workers and on the departmental level.

Abramson, J., & Mizrahi, T. (2003) **SW**

Publication Understanding collaboration between social workers and physicians: Application of a typology. *Social Work in Health Care*, 37, 71-100.

Research/Conceptual Qualitative study of 50 pairs of social worker-physician collaboration. This article presents the elements of a typology of collaboration from both professions developed from those analyses: traditional, transitional or transformational collaboration styles

Themes Collaboration: focus on quality and characteristics of relationships between 2 disciplines, satisfaction within relationships and description of collaboration styles, collaboration, specifically between MD's and SW, Enhancement of collaboration, Acknowledgment of power inequality

Arber, A. (2008) **RN**

Publication Team Meetings in Specialist Palliative Care: Asking Questions as a Strategy Within Interprofessional Interaction. *Qualitative Health Research*, 18, 1323-1335.

Research/Conceptual Qualitative Ethnography

Themes Collaboration enhancement: through use of questions found that most effective methods of creating collegiality was via 'we' communication and asking questions

Batorowicz, B., & Shepherd, T. A. (2008) **Other disciplines, not end of life**

Publication Measuring the quality of transdisciplinary teams. *Journal of Interprofessional Care*, 22, 612-620.

Research/Conceptual Mixed method approach for purpose of instrument development

Themes Outcome-product focus: Instrument developed to measure team effectiveness, quality of team functioning around transdisciplinary team decision making

Ben-Sira, Z., & Szyf, M. (1992) **SW**

Publication Status inequality in the social worker-nurse collaboration in hospitals. *Social Science & Medicine*, 34, 365.

Research/Conceptual Quantitative study of 34 dyads

Themes Collaboration: specific to SW and RN dyads, acknowledgment of power inequality also highlight of SW in general as professional with less power in collaboration relationships as result of 'weak knowledge base'

Bliss, S. (2000) **RN**

Publication Interprofessional working in palliative care in the community: A review of the literature. *Journal of Interprofessional Care*, 14, 281-290.

Research/Conceptual Literature review

Themes Roles: Identified role confusion as reason for review

Challenges: understanding of role, difference in professional values, impact of organizations

Bosma, H., Johnston, M., Cadell, S., Wainwright, W., Abernethy, N., Feron, A., et al. (2010) **SW, SW Education**

Publication Creating social work competencies for practice in hospice palliative care. *Palliative medicine*, 24, 79.

Research/Conceptual Qualitative research

Themes Interdisciplinary team identified as one of eleven core competencies for SW practice, Role

Brajtman, S. (2005) **RN**

Publication Terminal restlessness: perspectives of an interdisciplinary palliative care team. *International Journal of Palliative Nursing*, 11, 170.

Research/Conceptual Qualitative, focus groups

Themes Team process, Communication, team member perspectives among disciplines

Bronstein, L. (2002) **SW**

Publication Index of interdisciplinary collaboration. *Social Work Research*, 26, 1-11.

Research/Conceptual Instrument development

Themes Collaboration, Roles, Structure, Process

Multi: MD, RN, SW and pharmacy

Cadell, S., Bosma, H., & Johnston, M. (2007) **education**

Publication Practising interprofessional team--work from the first day of class: a model

for an interprofessional palliative care course. *Journal of Palliative care.*

Research/Conceptual Cadell

Themes Collaboration

Choi, B.C.K., & Pak, A.W.P. (2006) **MD**

Publication Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. Definitions, objectives, and evidence of effectiveness. *Clinical Investigative Medicine*, 29, 351-364.

Research/Conceptual Conceptual

Themes Process, Collaboration: enhancement and barriers

Choi, B.C.K., & Pak, A.W.P. (2007) **MD**

Publication Multidisciplinarity, interdisciplinarity, and transdisciplinarity in health research, services, education and policy: 2. Promotors, barriers, and strategies of enhancement. *Clinical Investigative Medicine*, 30, E224-232.

Research/Conceptual Conceptual

Themes Collaboration, Values, Knowledge base/discipline specific

Choi, B.C.K., & Pak, A.W.P. (2008) **MD**

Publication Multidisciplinarity, interdisciplinarity, and transdisciplinarity in health research, services, education and policy: 3. Discipline, inter-discipline distance, and selection of discipline. *Clinical Investigative Medicine*, 31, E41-48.

Research/Conceptual Conceptual

Themes Definitions, Collaboration and Outcome/effectiveness

Connor, S., Egan, K., Kwilosz, D., Larson, D., & Reese, D. (2002) **Psychology, Psychiatry, SW**

Publication Interdisciplinary approaches to assisting with end-of-life care and decision making. *American Behavioral Scientist*, 46, 340.

Research/Conceptual Conceptual

Themes Collaboration: barriers and goals, Roles, Outcome/process: Shared mission and purpose

Coopman, S. (2001) **Communication/ Management**

Publication Democracy, performance, and outcomes in interdisciplinary health care teams. *Journal of Business Communication*, 38, 261.

Research/Conceptual Quantitative study of 52 team members

Themes Collaboration: democracy, examination of power structures cohesiveness, not as social construct but related to effectiveness, discussion of application, suggest SW as team leader/ group leader

Coopman, S., & Applegate, J. (2000) **Communication**
Publication Social-cognitive influences on the use of persuasive message strategies among health care team members. *American Communication Journal*, 3.
Research/Conceptual Qualitative study of 5 multidisciplinary teams, total 26 staff.
Themes Process: looked at meanings/ shared or dissonance, communication as aspect of process and impact on role satisfaction, clarity

Cott, C. (1998) **Communication**
Publication Structure and meaning in multidisciplinary teamwork. *Sociology of Health and Illness*, 20, 848-873.
Research/Conceptual Qualitative study of 5 multidisciplinary teams, total 26 staff
Themes Structure, Process: communication, the hierarchy and status was reinforced by team, lack of shared meanings across disciplines resulted in alienation of non-nursing staff

Crawford, G., & Price, S. (2003) **MD**
Publication Team working: palliative care as a model of interdisciplinary practice. *The Medical Journal of Australia*, 179, S32.
Research/Conceptual Conceptual/ models
Themes Shared values/ mission, Process, Barriers to collaboration

Davison, G. (2006a) **Management**
Publication Palliative care teams and the contingencies that impact them: a background. *Progress in Palliative Care*, 14, 1-8. *Research/Conceptual* Lit review and model development
Themes Structure, Process, Organizational context

Davison, G. (2006b) **Management**
Publication Palliative care teams and the contingencies that impact them: from the teams. *Progress in Palliative Care*, 14, 55-61.
Research/Conceptual Qualitative study of case study interviews
Themes Outcome: decision making and what has impact on this process

DeLoach, R. (2003) **SW**
Publication Job satisfaction among hospice interdisciplinary team members *American Journal of Hospice and Palliative Medicine*, 20, 434.
Research/Conceptual Quantitative—satisfaction survey of IDT members
Themes Role. Organizational context, Team structure and process

Demiris, G., Parker-Oliver, D., & Wittenberg-Lyles, E. (2009a) **Multi**
Publication Assessing Caregivers for Team Interventions (ACT): A New Paradigm for Comprehensive Hospice Quality Care. *American Journal of Hospice and Palliative Medicine*, 26, 128-134.

Research/Conceptual Conceptual Proposed model

Themes Structure: model proposed to increase inclusion of family in team assessments and involvement of family in team meeting via use of technology

Demiris, G., Parker-Oliver, D., & Wittenberg-Lyles, E. (2009b, Jan 1) **Multi**

Publication Video-mediated Communication in Hospice Interdisciplinary Team Meetings: Examining Technical Quality and Content. Paper presented at the American Medical Informatics Association (AMIA) 2009 Symposium Proceedings.

Research/Conceptual Taped videophone conversations with family and IDT members during IDT meeting

Themes Team process, Structure: focus on inclusion of family

Demiris, G., Parker-Oliver, D., Wittenberg-Lyles, E.,

& Courtney, K. (2008)

Multi

Publication A Survey On The Use Of Technology To Support Hospice

Interdisciplinary Team Meetings. *International Journal of Electronic Healthcare*, 4.

Research/Conceptual Qualitative—semi-structured phone survey of members in 190 hospices

Themes Process: would technology assist in facilitation/ effectiveness of team meeting

Demiris, G., Washington, K., Doorenbos, A., Parker-Oliver, D.,

& Wittenberg-Lyles, E. (2008)

Multi

Publication Use of the Time, Interaction and Performance Theory to Study Hospice Interdisciplinary Team Meetings. *Journal of hospice and palliative nursing*, 10, 376.

Research/Conceptual Qualitative study, content analysis of videotapes of IDT's

Themes Process and outcome: looked at communication and interaction within the meeting, Support as part of process and outcome, Roles

Demiris, G., Washington, K., Parker-Oliver, D.,

& Wittenberg-Lyles, E. (2008)

Multi

Publication A study of information flow in hospice interdisciplinary team meetings. *Journal of Interprofessional Care*, 22, 621-629.

Research/Conceptual Qualitative—content analysis of videotaped IDT's

Themes Process and outcome: looked at communication and interaction within the meeting, Support as part of process and outcome, Roles

Ephross, P., & Vassil, T. (1987)

SW

Publication Towards a model of working groups. *Working Effectively with Administrative Groups*, 11.

Research/Conceptual Conceptual

Themes Model presented included structure, process, function, outcome, roles, organizational context, membership.

Hall, P. (2005) **MD**
Publication Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care*, 19, 188-196.
Research/Conceptual Conceptual
Themes Roles: members of team as members of culture and need for cultural sensitivity as in client contact

Hall, P., & Weaver, L. (2001) **MD**
Publication Interdisciplinary education and teamwork: a long and winding road. *Medical Education*, 35, 867-875.
Research/Conceptual Conceptual
Themes Collaboration: what needs to be included in medical education to enhance collaboration

Hall, P., Weaver, L., Gravelle, D., & Thibault, H. (2007) **MD**
Publication Developing collaborative person-centred practice: A pilot project on a palliative care unit. *Journal of Interprofessional Care*, 21, 69-81.
Research/Conceptual Report on pilot project of different collaborative care model
Themes Collaboration-RN/MD, enhancement of yields better patient care

Hermesen, M. A., & Ten Have, H.A.M.J. (2005) **MD**
Publication Palliative care teams: Effective through moral reflection. *Journal of Interprofessional Care*, 19, 561-568.
Research/Conceptual Conceptual
Themes Outcome: effectiveness, measurement, Process: moral reflection, as it contributes to effectiveness

Hodgson, N. (2006) **RN**
Publication Personal Commitment: Quilting as a Metaphor for Palliative Care Teams in the Nursing Home Setting. *Journal of Hospice & Palliative Nursing*, 8, 227.
Research/Conceptual Qualitative Ethnographic study
Themes Relationships between members, Roles, Process

Hunsberger, P. (1989) **Psychology**
Publication Creation and Evolution of the hospice staff support group. *The American Journal of Hospice Care*, 6, 37-41.
Research/Conceptual Qualitative Case Studies of 4 staff support groups in hospice
Themes Relationships-support, debrief

Jünger, S., Pestinger, M., Elsner, F., Krumm, N., & Radbruch, L. (2007) MD
Publication Criteria for successful multiprofessional cooperation in palliative care teams. *Palliative medicine*, 21, 347-354.

Research/Conceptual Qualitative—semistructured interviews of members of one team
Themes Collaboration: enhancement, Relationships of members, Process: close communication perceived as most important. Outcome-perceived by members

Kane, R. (1975) SW
Publication The interprofessional team as a small group. *Social work in health care*, 1, 19-32.

Research/Conceptual Conceptual Discussion of team, not specific to hospice, but clearly linking team to group process
Themes Process, Roles-interaction of professional role and status

Kim, S., & Schonwetter, R. (2007) RN and Chaplain
Publication Spirituality and job satisfaction among hospice interdisciplinary team members. *Journal of Palliative Medicine*, 10.

Research/Conceptual Quantitative survey—Jarel Spiritual well-being scale, 215 respondents from RN, MD, HHA, SW chaplain, other
Themes Process, outcome:job satisfaction

Kuziemsky, C., Borycki, E., Purkis, M., Black, F., Boyle, M., Cloutier-Fisher, D., et al. (2009) Multi, management

Publication An interdisciplinary team communication framework and its application to healthcare'e-teams' systems design. *BMC Medical Informatics and Decision Making*, 9, 43.
Research/Conceptual Qualitative Ethnographic study of 2 teams
Themes Structure, Process:communication, Outcome, Application of tech support to facilitate process

Larson, D. (2003) Psychology/ management
Publication Interdisciplinary team models. *Hospice and Palliative Care Insights*, 1-23.

Research/Conceptual Conceptual
Themes Role: professional identity, Process: support and empathy, related to 'group', Collaboration-team subsystems, conflict, Outcome: enhancement by members' shared values

Lawson, R. (2007) SW
Publication Home and hospital; hospice and palliative care: how the environment impacts the social work role. *Journal of Social Work in End-Of-Life & Palliative Care*, 3, 3.
Research/Conceptual Conceptual Descriptive—comparison of SW role in hospice vs. palliative care teams

Themes Role-professional identity of SW, Collaboration, Organizational context-influence of being hospice or palliative, home or hospital as site of care, Function: support, education

Leggat, S. (2007) **Management**

Publication Effective healthcare teams require effective team members: defining teamwork competencies. *BMC Health Services Research*, 7, 17.

Research/Conceptual Quantitative survey of managers with a small portion focused on clinical (vs. management) team

Themes Outcome-effectiveness of team and members, Roles: professional identities, competencies

Leipzig, R., Hyer, K., Ek, K., Wallenstein, S., & Vezina, M. (2001) **Multi: MD, RN, SW**

Publication Attitudes toward working on interdisciplinary health care teams-A comparison by disciplines. *Journal of the American Geriatrics Society*, 50, 1-30.

Research/Conceptual Quantitative—Surveys of residents, nursing and SW students

Themes Outcome-effectiveness, Process-decision making, goals, expectations, shared language, Role: professional identities and perceptions, Collaboration: different disciplines perceive this differently

Lowe, J., & Herranen, M. (1981) **Multi: RN, SW**

Publication Understanding teamwork: Another look at the concepts. *Social Work in Health Care*, 7, 1-11.

Research/Conceptual Conceptual—team development model

Themes Roles: leadership, Process-level of commitment to team, shared language, organizational context, Role conflict or cooperation

McCoyd, J., & Walter, C. (2007) **Multi: RN, SW**

Publication A different kind of holding environment: a case study of group work with pediatric staff. *Journal of Social Work in End-Of-Life & Palliative Care*, 3, 5.

Research/Conceptual Qualitative Case study of efficacy of stress and grief support and training of 2 teams in a hospital

Themes Process: improved through stress management for team members, Outcome: shared grief among team members and positive impact on team functioning

Meier, D. E., & Beresford, L. (2008) **Multi**

Publication The Palliative Care Team. *Journal of Palliative Medicine*, 11, 677-681.

Research/Conceptual Conceptual

Themes Function-process: cohesion, shared decision making, Collaboration: trust, respect, accountability, Roles-self awareness, Outcome/process: support, satisfaction

Milligan, R., Gilroy, J., Katz, K., Rodan, M., & Subramanian, K. (1999) RN
Publication Developing a shared language: Interdisciplinary communication among diverse health care professionals. *Holistic Nursing Practice, 13*, 47.

Research/Conceptual Conceptual

Themes Process-shared language, communication, Collaboration: creates shared language

Molyneux, J. (2001) Multi: SW, OT, PT, Language, Therapist, manager
Publication Interprofessional teamworking: what makes teams work well? *Journal of Interprofessional Care, 15*, 29-35.

Research/Conceptual Qualitative Single team case study, semistructured interviews and a focus groups

Themes Roles-interpersonal relationships, commitment to team, evolution of roles in relation to functioning of team, Communication

Monroe, J., & Deloach, R. (2004) SW
Publication Job satisfaction: How do social workers fare with other interdisciplinary team members in hospice settings? *OMEGA--Journal of Death and Dying, 49*, 327-346.

Research/Conceptual Quantitative—4 hospices, 76 team members were surveyed

Themes Role: aspects of role of SW that lead to satisfaction—pay, responsiveness and feedback from team and organizational context that is supportive and encourages flexibility, Interpersonal relationships, SW less satisfied than nurses, chaplains and HHA'

O'Connor, M., Fisher, C., & Guilfoyle, A. (2006) RN
Publication Interdisciplinary teams in palliative care: a critical reflection. *International Journal of Palliative Nursing, 12*, 132.

Research/Conceptual Conceptual

Themes Function-Effectiveness, barriers, Process-cooperation, egalitarian, Collaboration-cooperative decision making, communication, Roles-shared understanding of, professional identities, Outcome

Parker Oliver, D., Porock, D., Demiris, G., & Courtney, K. (2006) Multi: RN, SW
Publication Patient and family involvement in hospice interdisciplinary teams. *J Palliative Care, 21*, 270-276.

Research/Conceptual Qualitative—semistructured telephone interviews 30 hospice staff

Themes Organizational Context, Structure, Process, Outcomes

Parker-Oliver, D., Bronstein, L., & Kurzejeski, L. (2005) SW
Publication Examining variables related to successful collaboration on the hospice team. *Health and Social Work, 30*, 279-286.

Research/Conceptual Quantitative Used IIC, 77 SW respondents
Themes Collaboration: can it be measured by looking at interdependence, flexibility, shared goals, and process reflection

Parker-Oliver, D., & Peck, M. (2006) **SW**
Publication Inside the interdisciplinary team experiences of hospice social workers. *Journal of Social Work in End-Of-Life & Palliative Care*, 2, 7.
Research/Conceptual Qualitative follow up study, 23 semistructured interviews of SW with positive, negative and neutral perception of collaboration
Themes Collaboration: flexibility, collective shared goals, need for reflection, barriers, Roles: flexibility in traditional roles/professional identities, mutuality of understanding each other's roles, Process/Function: communication, trust, Outcome-effectiveness, how to assess

Parker-Oliver, D., Washington, K., Wittenberg-Lyles, E., & Demiris, G. (2009)
Multi
Publication 'They're part of the team': participant evaluation of the ACTIVE intervention. *Palliative medicine*.
Research/Conceptual Qualitative, semistructured interviews, 25 staff, 17 caregivers who used videophone to participate in IDT
Themes Roles-faces and voices gave identity, Context-organizational and larger, Process of team was changed, direct communication improved sense of Collaboration

Parker-Oliver, D., Wittenberg-Lyles, E., & Day, M. (2006) **Multi: RN, SW, Chaplain**
Publication Variances in perceptions of interdisciplinary collaboration by hospice staff. *Journal of Palliative Care*, 22, 275-280.
Research/Conceptual Quantitative-Used MIIC, 95 staff from 5 hospices were surveyed
Themes Collaboration-Roles-professional identities, role blurring

Parker-Oliver, D., Wittenberg-Lyles, E., & Day, M. (2007) **Multi, SW**
Publication Measuring interdisciplinary perceptions of collaboration on hospice teams. *American Journal of Hospice and Palliative Care*, 24, 49.
Research/Conceptual Quantitative-Used MIIC, 95 staff from 5 hospices were surveyed
Themes Collaboration: how can it be measured

Payne, M. (2006) **SW**
Publication Identity politics in multiprofessional teams: Palliative care social work. *Journal of Social Work*, 6, 137.
Research/Conceptual Conceptual

Themes Role-professional identity, group identity as collection of roles

Pettifer, A., Cooper, J., & Munday, D. (2007) **Multi**
Publication Teaching interprofessional teamwork in palliative care--a values-based Approach. *Journal of Palliative Care*.
Research/Conceptual Conceptual
Themes Role-professional identity developed through values based education—individual identity, collectively becomes team identity.

Qaseem, B., Shea, J., Connor, S., & Casarett, D. (2007) **Management**
Publication How Well Are We Supporting Hospice Staff? Initial Results of the Survey of Team Attitudes and Relationships (STAR) Validation Study. *Journal of Pain and Symptom Management*, 34, 350-358.
Research/Conceptual Instrument development Quantitative, job satisfaction survey
Themes Context: influences level of satisfaction and outcome of team process

Reese, D., & Raymer, M. (2004) **SW**
Publication Relationships between Social Work Involvement and Hospice Outcomes: Results of the National Hospice Social Work Survey. *Social Work*, 49, 415-423.
Research/Conceptual Quantitative-survey of 330 patient cases in 66 hospices
Themes Outcomes: shared goal, pt satisfaction
Process: level of participation in IDT associated with improved outcomes for pts, Functioning-communication

Reese, D., & Sontag, M. (2001) **SW**
Publication Successful interprofessional collaboration on the hospice team. *Health and Social Work*, 26, 167-175.
Research/Conceptual Conceptual
Themes Collaboration: role confusion or conflict as barrier to successful collaboration, Process: power differential, shared goals

Richman, J. (1990) **SW**
Publication Groupwork in a hospice setting. *Social Work with Groups*, 12, 1-15.
Research/Conceptual Conceptual
Themes Context, Function: support (lists groups in hospice but does not address SW role in any other than support group separate from IDT but for the team members)

Rock, W. (2003) **MD**
Publication Interdisciplinary teamwork in palliative care and hospice settings. *American Journal of Hospice and Palliative Medicine*, 20.
Research/Conceptual Conceptual
Themes Roles, Context

Saltz, C. C., & Schaefer, T. (1996) **SW**
Publication Interdisciplinary teams in health care: integration of family caregivers. *Social Work Health Care*, 22, 59-70.

Research/Conceptual Conceptual model of effective team

Themes Organizational Context, Roles: identity, professional and caregiver, Structure-evolves as the team functions, Process: communication and information sharing, decision making, Outcome: evaluation

Simon, S., & Higginson, I. J. (2009) **MD**
Publication Evaluation of hospital palliative care teams: strengths and weaknesses of the before-after study design and strategies to improve it. *Palliative medicine*, 23, 23-28.

Research/Conceptual Conceptual Discussion of intervention evaluation of IDT

Themes Outcome: evaluation of effectiveness

Wittenberg-Lyles, E. (2005) **Management/ Communication**
Publication Information sharing in interdisciplinary team meetings: An evaluation of hospice goals. *Qualitative Health Research*, 15, 1377.

Research/Conceptual Qualitative Ethnographic study of IDT's

Themes Process: communication, how it illustrates relationships between team members, Outcome: IDT has goals of hospice, communication needs can contradict need to focus on pt rather than documentation needs when main focus is on medical rather than psychosocial info

Wittenberg-Lyles, E., Cie'Gee, G., Parker-Oliver, D., & Demiris, G. (2009) **Multi/ Communication**

Publication What Patients and Families Don't Hear: Backstage Communication in Hospice Interdisciplinary Team Meetings. *Journal of Housing For the Elderly*, 23, 92-105.
Research/Conceptual Qualitative Videorecording—content analysis for backstage communication messages

Themes Process: communication between members of IDT

Roles: discipline specific roles have impact on communication. **Group perspective re 'bona fide group with semi permeable boundaries, membership, re members belonging to multiple groups with multiple boundaries creating loyalty and conflict.
Function: support and debrief

Power: nurse dominated meeting

Wittenberg-Lyles, E., & Parker-Oliver, D. (2007) **Multi/ Communication**
Publication The power of interdisciplinary collaboration in hospice. *Progress in Palliative Care*, 15, 6-12.

Research/Conceptual Mixed method, ethnographic study and MIIC

Themes Collaboration

Process communication, Roles: looked at collaborative process that took place external to team—extended to community docs and agencies

Wittenberg-Lyles, E., Parker-Oliver, D., Demiris, G., & Baldwin, P. (2010) Multi Publication The ACTIVE Intervention in Hospice Interdisciplinary Team Meetings: Exploring Family Caregiver and Hospice Team Communication. *Journal of Computer-Mediated Communication*, 15, 465-481.

Research/Conceptual quantitative study, n=70 videophone conversations, Assessing caregivers for team intervention via video encounters study

Themes Process, Structure, Organizational Context, Outcome evaluation

Wittenberg-Lyles, E., Parker-Oliver, D., Demiris, G., Baldwin, P., & Regehr, K. (2008) Multi, Chaplain Publication Communication Dynamics in Hospice Teams: Understanding the Role of the Chaplain in Interdisciplinary Team Collaboration. *Journal of Palliative Medicine*, 11, 1330-1335.

Research/Conceptual Quantitative—phone interview n=39

Themes Role of specific team member: chaplain, formal vs. informal role of spiritual care, mediator, facilitator within group process.

Wittenberg-Lyles, E., Parker-Oliver, D., Demiris, G., Burt, S., & Regehr, K. (2010) Multi Publication Inviting the absent members: examining how caregivers' participation affects hospice team communication. *Palliative Medicine*, 24, 192-195.

Research/Conceptual Qualitative--Part of Assessing caregivers for team intervention via video encounters study...Secondary analysis of videotaped IDT's and comparison of those with and without caregivers

Themes Collaboration: increased with presence of caregivers, Outcomes: improved with presence of caregiver, (improvement was more patient centered goals and greater inclusion of psychosocial information in discussion)

Wittenberg-Lyles, E., Parker-Oliver, D., Demiris, G., & Courtney, K. (2007) Communication Publication Assessing the nature and process of hospice interdisciplinary team meetings. *Journal of Hospice & Palliative Nursing*, 9, 17.

Research/Conceptual Qualitative, semi structured phone interviews of 191 hospices

Themes Collaboration: used Bronstein's model, Structure: evaluate adherence to federal guidelines, Function: did not assess effectiveness, but found support, debrief, other functions of hospice management in addition to IDT

Wittenberg-Lyles, E., Parker-Oliver, D., Demiris, G., Petty, B., & Day, M. (2008) Multi, Communication
Publication Caregiver Involvement in Hospice Interdisciplinary Team Meetings: A case study. *Journal of Palliative Care*, 24, 277.
Research/Conceptual Mixed method Case Study, taped videophone conversation, Caregiver Quality of Life index, Caregiver Pain Management Questionnaire, Communication Anxiety inventory
Themes Role: leadership afforded to caregiver more often, Outcome: improvement in caregiver functioning as output of team interaction

Wittenberg-Lyles, E., Parker-Oliver, D., Demiris, G., & Regehr, K. (2009) Multi
Publication Exploring Interpersonal Communication in Hospice Interdisciplinary Team Meetings. *Journal of Gerontological Nursing*, 35, 38.
Research/Conceptual Qualitative study--Videotaped—content analysis of IDT discussions
Themes Collaboration, Process: communication analysis revealed that although collaboration should be goal, power and control issues were prevalent

Wittenberg-Lyles, E., Parker-Oliver, D., Demiris, G., & Regehr, K. (2010) Multi
Publication Interdisciplinary collaboration in hospice team meetings. *Journal of Interprofessional Care*, 24, 264-273.
Research/Conceptual Mixed methods--Part of larger National Cancer Institute Study, 43 team members on 2 teams in 1 hospice, videos and Modified Index of Interdisciplinary collaboration used
Themes Collaboration and how it is perceived by members, influence of presence of caregiver at meeting increases collaboration. Difference between perceived (higher) and enacted collaboration

****Abbreviations:** SW (Social Worker), RN (Nursing), MD (Physician), OT (Occupational Therapy), PT (Physical Therapy), Multi (Multiple Disciplines) and IDT (Interdisciplinary Team)

Perspective/discipline

The majority of articles (24) were written by or directly addressed the perspectives of the multiple disciplines represented on the hospice interdisciplinary team. Some of these focused on some of the disciplines or the specific relationships between two disciplines (i.e. Social Work and medicine). The next largest grouping were nineteen articles that specifically addressed a social work perspective. Of the remainder,

eleven were physician focused and seven were nursing focused. Examinations of communication were addressed in four articles, and a management focus was presented in five.

Themes

Several themes emerged within this review. Both research and conceptual articles, as well as other literature reviews defined and expanded on the concepts of:

- Collaboration
- Communication
- Team structure
- Function and process,
- Outcomes and effectiveness,
- Professional identities,
- Organizational context,
- Proposed models for teams,
- New technologies and
- Indications for future study.

Collaboration, as a theme, was most common in the literature. However, the elements of collaboration, including barriers and enhancement strategies, communication, professional identity, relationships between members, for example, are often discussed as themes on their own. In addition, in some cases, collaboration is treated as an outcome of team process, as well as a process of team functioning. For the purpose of this discussion, although there is often overlap among these concepts both within and between disciplines, to the extent that it is possible to isolate the concepts, they will be discussed separately. Figure 2 Illustrates how these themes overlap with each other and are related to each other. The direct connections that are illustrated represent the relationships discussed in the literature in this review.

Collaboration

Interdisciplinary collaboration is defined as the process by which the expertise of different categories of professionals is communicated and

it has not specifically been mentioned in the research on hospice teams, viewing collaboration as mutual aid, a groupwork concept increases the potential to be able to view interdisciplinary teams as groups.

A common theme in the current literature is identification of barriers and challenges to collaboration among team members across disciplines and developing strategies to enhance collaboration (Choi & Pak, 2006, 2007, 2008; SR Connor, Egan, Kwilosz, Larson, & Reese, 2002; Reese & Sontag, 2001). Abramson (1990) discusses the issues of role blurring and subsequent conflict across disciplines as an obstacle to collaboration. Many research studies have examined this issue using both qualitative and quantitative methodologies (Abramson & Mizrahi, 2003; Bronstein, 2002; Junger et al., 2007; Parker-Oliver, Wittenberg-Lyles, & Day, 2007). Hall et al (2007) point to improved patient outcomes when nurses and doctors engage in productive collaborative efforts. Bronstein developed a model of interdisciplinary collaboration which identified core components: interdependence, flexibility, collective goals and reflection on process (Bronstein, 2003). Her instrument, used to measure collaboration, is based on these concepts and has been used by several subsequent researchers (Parker-Oliver et al., 2005; Parker-Oliver, Wittenberg-Lyles, & Day, 2006; Parker-Oliver et al., 2007; Wittenberg-Lyles & Parker-Oliver, 2007; Wittenberg-Lyles, Parker-Oliver, Demiris, & Regehr, 2010).

Using Bronstein's model for interdisciplinary collaboration Oliver et al (2007) attempted to measure perceptions of collaboration on the hospice team, but a small sample and somewhat limited instrument did not yield conclusive results. They noted that the importance of teamwork is discussed extensively throughout the literature and justifies increased research efforts to measure and quantify collaboration. In another study, collaboration was measured in terms of its success or barriers to success. These findings uncovered no barriers to collaboration, but the sample, again, was small and very geographically limited. Another small, geographically limited study utilized mixed methods (ethnography and survey) to assess the validity of Bronstein's theoretical model of interdisciplinary collaboration (Wittenberg-Lyles & Parker-Oliver, 2007). These findings indicated that collaboration was high among disciplines within hospice and these same team members collaborated with other professionals in the community, highlighting the importance of the high levels of teamwork needed in hospice. Collaboration was fostered by good communication, trust, roles, joint

visitation, respect, team building activities, and administrative interest and support. A qualitative study of social workers' experience of the hospice team identified challenges to collaboration. These included large caseloads, agency focus on the medical model, limited patient visits and personality and team conflict. However, the same study found that opportunities for improved collaboration exist through 'active evaluation of collaboration and strategic initiatives aimed at improving collaboration' (Parker-Oliver & Peck, 2006, p.8).

O'Connor, Fisher and Guilfoyle (2006) observed several barriers to effective collaboration on hospice interdisciplinary teams. These include tensions around power and status relationships, use of discipline specific language that alienates other disciplines and role and function ambiguity. Reese and Sontag (2001) examine the barriers to collaboration with a focus on the role of social work. They describe competition with nurses and chaplains for the traditional psychosocial domain of social work, leading to pressures against the full use of social work within the team. From the perspective of the physician, collaboration may not be viewed as important and the benefits of interdisciplinary collaboration may be outside the scope of practice of many physicians. Rock (2003) makes a case, from the standpoint of a physician, for incorporating early training in medical school to bring interdisciplinary collaboration into focus for new doctors. Abramson and Mizrahi (1987) share this perspective and expound a model for developing enhanced collaboration between social workers and physicians.

Team structure and process

'Structure and process refer respectively to the stable and emerging characteristics that form the identities of groups' (Ephross & Vassil, 1987 p.13). Aspects of both structure and process of hospice teams have been conceptualized and studied from several perspectives. However, there is little, if any, attribution of these ideas to groupwork theory. For example, ongoing group processes like information exchange and decision making in groups generate stable patterns in groups yielding roles and norms (Ephross & Vassil, 1987). Several articles and studies have examined interdisciplinary team communication and decision making using the premise that a theoretical framework forged by various professionals working together can provide a common language and

improve patient outcomes without specifically relating this to groupwork concepts (Arber, 2008; Coopman & Applegate, 2000; Junger et al., 2007; Kuziemyky et al., 2009; Milligan, Gilroy, Katz, Rodan, & Subramanian, 1999; Wittenberg-Lyles, Cie'Gee, Parker-Oliver, & Demiris, 2009; Wittenberg-Lyles, Parker-Oliver, Demiris, & Regehr, 2009). Cott (1998) utilized a symbolic interactionist theoretical perspective to conduct a qualitative study of multidisciplinary professional teamwork. She found that the lack of a common language, the lack of shared meanings contributed to feelings of alienation and were counterproductive to collaboration. Similarly, but in the converse, Milligan et al (1999) discovered, while writing a research proposal with members of several disciplines, that a shared language was developed between disciplines and reported this resulted in their work as a patient care team developing from multidisciplinary to transdisciplinary work.

Communication

Communication has been described by team members as a critical element to team functioning (Junger et al., 2007). Communication patterns and their relationship to the development of team culture have been examined by several researchers (Demiris, Washington, Parker-Oliver, & Wittenberg-Lyles, 2008; Wittenberg-Lyles, Cie'Gee et al., 2009; Wittenberg-Lyles, Parker-Oliver, Demiris, Baldwin, & Regehr, 2008; Wittenberg-Lyles, Parker-Oliver et al., 2009). In their qualitative study Wittenberg-Lyles et al (2009) performed content analysis on video recordings of several hospice interdisciplinary team meetings. They found that there is a strong association with team members' professional and team roles and both of these roles have an impact on the quantity, quality and content of communication.

Roles and professional identities

In groups, roles are defined as shared expectations about the functions of individuals in the group. These define behavior relative to context, function or a task that the group member is expected to perform and they continue to emerge and evolve as the work of the group changes over time (Salazar, 1996). Although it would seem that a natural connection could be drawn from the group concept of roles to the development

of professional and team roles in hospice teams, there is no current literature that makes this observation or utilizes these connections. In the literature surveyed for this project much of the discussion of team roles and professional identities is featured in conceptual articles rather than as part of empirical studies. (Bliss, 2000; Hall, 2005; Lawson, 2007; Payne, 2006; Pettifer, Cooper, & Munday, 2007; Rock, 2003). An examination of roles in the hospice team is important because ‘...one of the places where professional identity is established is in interaction with other professions, and an important site for such interaction is multi-professional teams’ (Payne, 2006, p. 137). Payne argues that it is in interaction with other professions that social workers are able to create their own professional identity by engaging in the joint negotiation that takes place between disciplines in a setting with shared goals. However, Leggat (2007) points out that competencies encouraged by health systems and each discipline are not consistent with the competencies needed for effective teamwork because the focus is on individual achievement. Already noted Hall (2005) specifically articulates that each profession represented in interprofessional teams has its own culture, complete with beliefs, values, attitudes, customs and behaviors. Although culture is transmitted within each individual profession, it is not generally shared across professions, detracting from the creation of common team cultures and decreasing the effectiveness of teams. The specific cultures of individual teams have not been widely examined. It is within the individual teams that most hospice professionals develop and fine-tune their roles. The social work role in the hospice team has often lacked clarity because social workers have been reluctant to communicate the complexity of their work with patients and families, due to team members’ focus on the resource procurement activities, perceived as lower in status compared with their counseling activities (Abramson & Bronstein, 2004). A significant aspect of the social work role also not widely discussed in the hospice team literature is that of educator. Social workers provide essential information to patients and families regarding end of life care, planning, advanced directives and other aspects of decision making (Cagle & Kovacs, 2009).

Utilizing Brill’s stage model of team development can be helpful in framing where a team is in its lifecycle and how this contributes to the creation and sustaining of members’ roles (Brill, 1976). For example, Pettifer et al, (2007) describe how in an established team members’

professional identities are developed through collective negotiation and development of shared values. This could be framed, from a groupwork perspective, as a team that is in its negotiation phase and the understanding of the working contracts that emerge could enhance collaboration and relationship. Additionally, Wittenberg et al (2009) illustrate the usefulness of a theoretical group model for understanding professional identity as membership in the interdisciplinary team. Their study employed a 'bona fide group' perspective and described the team as a group with semi-permeable boundaries. The team, as a group, also creates membership, but by doing so, hospice team members can experience simultaneous loyalty and conflict due to belonging to multiple groups with multiple boundaries.

Outcomes and effectiveness

Issues related to team member job satisfaction, concepts of competency and the financial effectiveness of interdisciplinary teams have been examined (Coopman, 2001; DeLoach, 2003; Hirokawa, Degooey, & Valde, 2000; Leggat, 2007; Reese & Raymer, 2004). There is difficulty in conceptualizing outcomes and effectiveness in hospice care. The traditional measures that look at cures and problem solving do not necessarily apply within hospice (Walsh, 2001). It has been suggested that team effectiveness can best be measured in terms of collaboration and cooperation (Coopman, 2001). Outcomes related to team effectiveness have been studied primarily in terms of team members' perceptions. Reese and Raymer (2004) examined hospice social work involvement and how it is related to hospice financial and effectiveness outcomes. They found that when social workers were more involved with patients, the costs of providing care went down and the patient satisfaction surveys reflected higher levels of satisfaction. It was unclear from their discussion if social work involvement improved overall team functioning leading to these results, but it is one possibility. Satisfaction has been looked at as an assessment of team attitudes (DeLoach, 2003; Qaseem, Shea, Connor, & Casarett, 2007). Hospice staff face unique issues and concerns leading to the development of a new instrument (STAR) to assess the satisfaction of hospice staff. While not widely used, this instrument was developed by an interdisciplinary team and will be made available through National Hospice and Palliative Care

Organization (NHPCO) to member hospices and possibly provide another way to measure this aspect of team functioning.

Bronstein's (2003) model identifies reflection as an essential component of team process and function leading to collaboration. However, this concept can be applied to an examination of another, less directly observed or measured outcome of interdisciplinary team process, but one that is associated with group process: support. Demiris et al (2008) identified the mutual process of support occurring in interdisciplinary teams as evidenced through their communication. Hunsberger (1989) also identified support as an outcome of collaborative relationships within the hospice interdisciplinary team. Alternatively, McCoyd & Walter (2007) studied the efficacy of providing support groups and found that team functioning improved.

Proposed models for teams

Several authors have proposed models to increase cooperation, communication and collaboration on interdisciplinary teams. Bronstein's model, describing a conceptualization of elements of interdisciplinary collaboration is specifically geared toward social work. Dale Larson (2003) offers a model of interdisciplinary team, the Experience Model, focused on patient and family need-driven care. He advocates joint visits made by an interdisciplinary team to facilitate patient and families' understanding of the team as a unit advocating for them. Larson's model appears to address some of the fragmentation of roles that have been identified as barriers to collaboration. Hall et al (2007) describe the implementation of a pilot project in Canada utilizing a person-centered model, which focused on the physician-nurse dyad. The understanding that perceived status can have an impact on functioning was part of the theory underpinning this study, which hoped to expand the focus by incorporating all team members. Saltz and Schaefer (1996) offer another social work perspective for a model of interdisciplinary teamwork. They found that the range of contexts and settings in which the teams occur result in a variety of processes and outcomes for patients as well as professional staff members. Their model highlights one component of team functioning: the integral roles of patients and their caregivers within teams. Emphasis is placed on these roles in terms of their impact on team functioning.

Although much has been written acknowledging that the patient and family in hospice are a critical part of the interdisciplinary team and it is the patient who really establishes their own goals of care, there is not much literature that addresses ways to include and integrate these hospice service users into the interdisciplinary team (Connor, 2009; Saltz & Schaefer, 1996; Saunders, 1965). It is only recently that the inclusion of family as an integral part of the hospice team meeting has been addressed and exploration of new ways to develop inclusive practices have begun to be explored. Videoconferencing has been piloted to include caregivers in the actual functioning of the team meeting. (Demiris, Parker-Oliver, & Wittenberg-Lyles, 2009a, 2009b; Parker-Oliver et al., 2010; Saltz & Schaefer, 1996; Wittenberg-Lyles, Parker-Oliver, Demiris, & Baldwin, 2010; Wittenberg-Lyles, Parker-Oliver, Demiris, Burt, & Regehr, 2010; Wittenberg-Lyles, Parker-Oliver, Demiris, Petty, & Day, 2008; Wittenberg-Lyles, Parker-Oliver, Demiris, & Regehr, 2010). The importance of including the perspective of patients and families is addressed in an evaluation study which measured effectiveness of hospice care by surveying both staff and patients, utilizing both qualitative and quantitative measures (Hiatt, Stelle, Mulsow, & Pearson-Scott, 2007). This study identified the need to use more than a satisfaction survey to evaluate a program effectively.

New technologies

A small number of researchers are looking at the application of new technology to hospice teams and patient care (Demiris, Wittenberg-Lyles, Oliver & Courtney, 2008; Oliver, Porock, Demiris & Courtney, 2005; Wittenberg-Lyles, Oliver, Demiris, & Petty, 2008). In their survey, Demiris et al (2008) found that there was very little use of technology but that the benefits of technology could be seen. Recommendations for videoconferencing and use of videophones to enhance inclusion and participation by caregivers within the team process have been made. One case study found this to be a very effective method to enhance team functioning and expand the team to include family (Wittenberg-Lyles et al 2008).

Discussion

Fundamental social work values are embodied in the value system informing groupwork practice: 'that human beings have opportunities to realize their potential for living in ways that are both personally satisfying and socially desirable' (Northen & Kurland, 2001, p. 15). The hospice interdisciplinary team can be defined as a group:

A social system consisting of two or more persons who stand in status and role relationships with one another and possessing a set of norms or values which regulate the attitudes and behaviors of the individual members in matters of consequence to the group. A group is a statement of relationship among persons ... [with] structure and some degree of stability ... interaction... reciprocity ... interdependence and ... group bond. (Klein, 1970, pp. 125-126)

Therefore, an integration of groupwork theory and social work practice in the context of the hospice interdisciplinary team is a logical focus within the social work literature and as a theoretical underpinning for research. However, the majority of literature reviewed in this survey did not explicitly make this connection.

The roles, functions, and capacities of social workers in work groups can be helpful to the healthy functioning of teams. Kane (1975) describes the aspects that make a team understandable as a group. She highlights that social workers, trained in group theory and process can attend to such factors as group norms, democratic process, decision-making and conflict resolution, communication, structure and leadership. Abramson (1990) outlined social work skills, which, if applied in teamwork, could contribute greatly to team functioning. These include beginning where one's colleagues are; respecting differences in values, knowledge and problem-solving styles; willingness to share one's knowledge, values and skills; capacity to work through, rather than avoid, conflict; and openness to the insights of others. Utilizing a social work group perspective could even lead to applying non-traditional models of understanding team process. For example, instead of a stage model of group, a relational model, which positions conflict as an evolution of group process, occurring after cohesion, could be applied. Doing so could create different types of opportunities for team members to

experience true interdisciplinarity or even, transdisciplinarity. Being reflective in our practice and attaching social work's professional practice tasks to the tasks of the group is consistent with a long group work tradition (Berman-Rossi, 1993).

Choi and Pak (2006) define and compare the meanings of the words multidisciplinary, interdisciplinary and transdisciplinary. This is a useful place to begin to understand some of the inherent barriers to effectively utilizing the social work team member as a groupworker in hospice teams. Although most healthcare teams in the United States are called 'interdisciplinary', they really function as multidisciplinary. That is, a multidisciplinary team is one in which the professions are additive, each professional sticks within their professional boundaries as they work with the other disciplines toward a common goal; the focus is on integration of skills. Interdisciplinary team members work between disciplines, sharing goals and often roles, but maintain their separate perspectives; the focus is on collaboration. Transdisciplinary teams share goals, and skills and work across and beyond disciplines; the focus is on holistic integration and collaboration. Therefore, unless teams were aiming to be transdisciplinary, it is unlikely that social workers would be able to function outside of their professional role as perceived by the other disciplines.

Indications for future study

'The utilization of groupwork theory and practice is fundamental to the provision of hospice services,' (Richman, 1990, p. 171). Much has been written both from and including the social work perspective on interdisciplinary teamwork in hospice. The most applicable to social work practice are those that address the interdisciplinary team as a group and examine how the groupwork skills of social workers can be used to facilitate the team process and provide understanding of the functioning of the team. Unfortunately, those do not comprise the majority of the current literature. To address this gap two directions can be pursued. First, building interdisciplinary collaboration into social work education within the groupwork, generalist or organizational curriculum is crucial in teaching new social workers how to develop their identity in the context of a team. In addition, developing collaborative education with pastoral care, nursing and medicine

could lead to benefits for all disciplines and has the potential to create transdisciplinarity. Second, social work research should examine teams by looking at both process and outcome from the perspective of group theory. With this understanding, it could create opportunities for clarifying and effectively communicating the hospice social worker's role on the interdisciplinary team which can and should include groupworker and educator. And it can also function to propose new roles for social workers in interdisciplinary hospice teams.

When considering the direction of future research on interdisciplinary teams it is important to remember why we have teams. Larson (2003) articulates, 'caregiving teams are a response to complex human problems that demand the focused attention of experts from more than one discipline.... The expertise of several disciplines is required to understand and care for people facing these kinds of difficult life circumstances caregivers from a variety of disciplines work together to achieve goals that none could accomplish alone' (p. 7). It is possible that the most useful research will come from teams of researchers comprised of all the disciplines on the hospice teams.

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