U9A1 — Exploring Diversity, Ethics and Cultural Competency

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Abstract

When new organizations form, team development is a concept that evolves under the support and ethical reassurance of both executive and non-executive employees. For hospice agencies, partnerships between social workers and executive staff members can influence decision-making gaps seen within cross-disciplinary collaboration, cultural competency awareness raising, team satisfaction, and emotional labor understanding. Organizations encouraging team member satisfaction assessments may glean valuable insight into how best to nurture the emotional health of team members and executives who are versed in emotional intelligence can help influence positive interactions amongst staff members. Analysis and suggestions for improved team member support and executive coaching are provided within the content of this paper.

Key words: cultural competency, collaboration, executive coaching, emotional labor

Introduction

The hospice model as defined by Medicare includes an interdisciplinary team (IDT) led by a certified medical director — with nurses as case managers surrounded by other supporting team disciplines, including but not limited to, a chaplain, social worker, music therapist, dietician, and massage therapist (Medicare, 2018). Hospice companies who partner with Medicare are ethically obligated to follow strict regulations regarding hiring based on the hospice model in order to receive reimbursements from the Medicare trust-fund (Medicare, 2018). Hospice executives who facilitate the hiring, training, retention, and expansion of the organizational structure for these teams often have a vast array of experiences and education that is business- or task-focused, with less emphasis on interpersonal or emotional intelligence skills, knowledge, or ability (Cain, 2017).

Cross-disciplinary collaboration, team member development, and communication factor highly into how well team members are able to understand and address patient needs, yet business executives are often not trained in emotional management techniques that promote high degrees of cross-disciplinary collaboration, team member development and communication (Trigger & Lattimer, 2011). Because executives are often unqualified for managing the emotional rigors and limitations that government stipulations induce, social workers should be called upon to help solve these training deficits (Vigoda-Gadot & Meisler, 2010). Social workers, as part of diverse interdisciplinary teams, are thoroughly trained to help assess communication, collaboration, and cultural competency gaps within public and private agencies. Private hospice agencies who partner with government or public funders such as Medicare have a particularly unique coordination challenge in relation to meeting business demands as well as public sector guidelines

(Medicare, 2018). Given that interdisciplinary teams for Hospice work in both the public and private sectors, the emotional side of the public sector work can use leaders versed in emotional intelligence (Vigoda-Gadot & Meisler, 2010).

Research from Vigoda-Gadot and Meisler (2010) reinforces the notion that emotional health, awareness, and inclusion in the infrastructure of an organization can be not only beneficial to workplace performance, but a necessity for the understanding of workplace interactions and the needs of employees; Thus, having business executives raise their awareness of how emotions affect staff and organizational behavior is a cultural competency issue that can be improved. Due to hospice work being inherently emotionally-charged, business executives partnering with agency social workers for emotional management coaching and best practices orientations regarding organizational behavior can benefit team satisfaction, cross-disciplinary collaboration, and communication (Barker, Gilbreth & Stone, 1998). Social workers analysis of team development, emotional labor, and emotional healing methodologies can help social workers be informed trainers for business executives.

Team Development

Hospice interdisciplinary team members are involved in two kinds of direct support roles including task roles and socioemotional roles which add positive influence to the collaboration of team members (Hitt, Colella & Miller, 2014). Examples of task roles are information seeker, opinion giver, coordinator, critic, energizer, or recorder; while examples of socioemotional roles are encourager, harmonizer, compromiser, gatekeeper, standard setter, observer, or follower (Hitt, Colella & Miller, 2014). Additionally, destructive individual roles including aggressor, blocker, dominator, evader, help seeker, or recognition seeker can be counterproductive to effective team

functioning (Hitt, Colella & Miller, 2014). Executives should have the ability to monitor, assign, and define which team member roles are being utilized when and for what purpose in order to help solidify team interactions and functionality.

Every two weeks, the hospice interdisciplinary team meets to discuss each patient's current status, goal progression, and ongoing needs (Medicare, 2018). The Punctuated Equilibrium Model (PEM) is used for time-limited team projects, and the PEM supports team development that shifts first from focusing on socioemotional roles to next focusing on task roles as the time-limit deadline approaches (Hitt, Colella & Miller, 2014). This switch from norming activities to performing activities can be a conscious change within team members which means switching from rapport-building with both team members and a patient to task accomplishment (Hitt, Colella & Miller, 2014).

Cross-Disciplinary Collaboration

Every two weeks this cycle of norming and performing will be repeated for practitioners such that the norming activity will include gaining socioemotional context for a patient, i.e. providing a social assessment or gauging readiness to discuss an issue, and then the performing activity will include responding to the learned context with a performing activity, i.e. allowing a volunteer visit or discussing the issue, respectively (Hitt, Colella & Miller, 2014). The higher awareness team members and leaders have of their shifting roles, the more informed each team member will be in relation to his/her function and performance goals.

According to Daspit, Tillman, Boyd, and Mckee (2013), shared purpose, social support, and voice are the three elements that make up the internal environment of cross-functional teams and when positive, drive an increase in shared leadership (CFT). Shared leadership is common

within interdisciplinary or cross-functional teams. Each member of the team has individual responsibilities, as required by the role within the hospice organization, yet it is the function of the team to share the responsibilities when necessary. As patient-practitioner relationships evolve over time, members may switch responsibilities given the degree of rapport established, evoking a shared leadership that is nurtured through shared purpose, social support, and voice (Daspit, Tillman, Boyd & Mckee, 2013).

Having voice within an agency can help members feel empowered and connected to organizational formation. Papasava (2017) suggests that negative feedback can be a great opportunity for members of leadership teams, even though it may initially produce discomfort. Interdisciplinary teams can benefit from having leaders who embrace negative feedback directly from observant and supportive team members (Papasava, 2017). Receiving negative feedback can be an encouraging experience for leaders who are open to making organizational improvements based off of the feedback, and—specifically for leaders facilitating interdisciplinary teams—improvements means a stronger ability to facilitate employee meetings, in turn increasing group decision-making capacity (Papasava, 2017). Enhanced staff empowerment due to leadership engagement alters team development positively.

When executives understand that team development is a complex integration of shifting roles responsibilities within the interdisciplinary team structure based on socioemotional acuity with patients, a higher degree of social support can happen from the top down. Giving team members the chance to give voice to their needs, concerns, and joys during team meetings also sets a stage for executives to heed and incorporate both the positive and negative feedback that practitioners offer (Papasava, 2017).

Team Member Satisfaction

Nurses, as case managers within the interdisciplinary team, take on the most stress of all the team members, facing daily ethical questions that need team consultation, process specificity, and executive support. When nurses are faced with too many ethical questions, the high stress level can cause moral distress that may not be supported without team collaboration, understanding, and support (Preshaw, McLaughlin & Brazil, 2017). When nurses get overwhelmed or feel isolated, burnout rates raise as does the potential for nursing staff turnover, so increasing support of nursing needs could help reduce this burnout and turnover.

According to Cheon, Coyle and Wiegand (2015), six themes arose from nurses after completing the EPiCNH survey instrument regarding ethical dilemmas faced while working with hospice. These themes are inadequate communication, provision of non-beneficial care, patient autonomy usurped/threatened, concerns about managing distressing symptoms and the use of opioids, decision making, and discontinuing life-prolonging therapy at end-of-life (Cheon, Coyle & Wiegand, 2015). With executive support for nursing staff taking the EPiCNH survey, greater awareness of day-to-day ethical challenges could be documented and perhaps small changes could be made in order to minimize the overwhelm nurses feel from these daily challenges.

Communication Barriers

Interdisciplinary team members work at the heart of hospice agencies as interdependent disciplinarians. The full IDT meets once every two weeks with the medical director in order to reassess each patients most pressing needs, psychosocial and medical, and plan for meeting patient needs within the upcoming two weeks. Given that the structure of the IDT meeting is partly

facilitated by upper team members who are out-spoken and medically-oriented, some group-think mentality issues have become barriers over time for team members.

One such barrier is team members not invited to speak, do not share their options — a symptom known as self-censorship (Hitt, Colella & Miller, 2014). Another barrier is the primary emphasis of the medical director on medicine for symptom management rather than a whole-person approach. Lessons could be gleaned from qualitative studies done regarding communication sharing within IDT meetings (Washington, Demurs, Oliver, Swarz, Lewis & Backonja, 2017)

Emotional Labor Analysis

Social workers are trained to be compassionate, empathetic, and solutions-oriented practitioners. For emotion-heavy industries like hospice, when organizational leaders are underdeveloped in showing employees similar emotional sensitivities, social workers are naturally inclined to explore reasons for the emotional slights (Barker, Gilbreath & Stone, 1998). Considering that gaps are often observed from employee's projecting confusion regarding emotional labor expectations, coaching for staff, both executive and non-executive, would be beneficial to the emotional health fo the organization. Understanding emotional labor can play a powerful role in the toolbox of leadership teams, and social workers can coach leadership teams to better integrate emotional management and emotional intelligence techniques defining the emotional labor requirements at play within a hospice organization (Audrey, 2015).

Professional employment is dependent on a certain degree of emotional labor being output by employees (Cain, 2013). According to Cain (2013), emotional labor within hospice is defined as exchanging emotional restraint, including a certain degree of professional acting, for an agency wage. There are front and back sides to the emotional labor, whereas the front facing in-

teraction for the consumer involves promoting emotional restraint and the back facing interaction with coworkers can include releasing negative reactions, impatience, and frustration (Cain, 2012). Cain (2013) discusses four different kinds of emotional labor within Hospice agencies: a) supporting patients during periods of sadness or grief, b) supporting patients during periods of anger or uncooperativeness, c) supporting colleagues during periods of challenge or collaboration and d) suppressing personal emotions for the benefit of others going through difficult situations. Each of these outputs creates a certain degree of emotional drain for employees who will, at some point, need to regroup or release negative emotions.

Feelings of happiness or authenticity are not included in the categories of emotional labor; whereas emotional labor is considered a negative experience, happiness and authenticity are considered positive experiences (Cain, 2013). According to Cain (2013) there is no direct causation between experiencing negative emotions, or applying emotional labor, in connection to increased employee turnover rate, and that authentic experiences could offset the dissatisfaction of emotional labor.

However, if after a negative experience the employee feels helpless or without a professional place to express his/her emotional dissatisfaction, the study showed that an employee is more likely to pass the tipping point from intending-to-leave a job to actually-leaving a job (Cain, 2013). According to Funk, Peters and Roger (2017), “Emotional labor denotes commodified forms of emotion work, wherein employees, as a requirement of their job, manage and align their emotions with organizational expectations to satisfy clients or customers” (p.2211). One of the challenges discussed amongst end-of-life patient families is the fine line between wanting objective practitioners who are emotionally detached and wanting practitioners who are caring

and vulnerable enough to express sadness or grief together with family members (Funk, Peters & Roger, 2017). Assessing which practitioner type the hospice patient prefers can help employees limit dissatisfaction in patients and thus increase practitioner happiness.

Leadership executives are tasked with immense responsibilities as they form the financial, legal, ethical, and human capital side of an organization's structure. The responsibility of nurturing employees as they face the socio-emotional challenges of providing end-of-life care is an ethical one hospice executives (Barker, Gilbreath & Stone, 1998). Extra attention should be given to coaching business executives in emotional intelligence, emotional management, and emotional labor awareness in order to meet the emotional support needs of IDG team members who support end-of-life patients and families (Vigoda-Gabor and Meisler, 2010). As emotional support for employees increases, so will team member satisfaction.

Grief Support

Based on a small qualitative study done with hospice aides and nurses in Canada, humor and emotional detachment were both used as coping mechanisms for professional staff members to limit their emotional labor investment or grief processing necessity; Yet, grief suppression or grief spillover outside the workplace are both situational issues that are experienced commonly by professional caregivers and direct support employees (Funk, Peters & Roger, 2017).

According to Allen, Haley, Small, Schonwetter, and McMillan (2013), bereavement departments should provide a post-death depression screening to caregivers in order to gauge and monitor psychological distress for the year of bereavement services following a patients death. Finally, nurses interviewed about their coping mechanisms for grief revealed multiple responses

including a) drawing on faith, b) crying, c) setting boundaries by turning off work phones and devices and d) frequent vacationing (Jean-Pierre, 2009).

Executives have a duty to their employees to provide a nurturing environment that supports the processing and understanding of grief or emotional labor issues similar to how practitioners have a duty to provide patients with emotional and informational support during caregiving (LaValley, 2018). Staff decompression sessions, celebration of life ceremonies, funeral attendance or employee assistance programs can all be useful tools in helping direct care employees shed their grief or vent their challenging emotional experiences.

Additionally, executives can provide employees with tools such as the Hospice Professionals Understanding of Preparatory Grief scale (HPPG) which helps mold practitioner understanding of coping mechanisms being used by patients during anticipatory grieving (Prost, 2017). The HPPG scale raises practitioner awareness of other's grief issues and processing approaches, which may ultimately support adaptability and coping in relation to personal grief relief (Prost, 2017).

Social Exchange Theory

Becker, Cropanzano, Wagoner, and Keplinger (2018) suggest that social exchange theory defines employee behavior such that treating employees well will promote reciprocal good behavior between employee team members. Team member satisfaction thus is strongly dependent on authentic communication and genuine emotional expression. Cain (2012) describes emotional labor as a degree of professional acting or emotional restraint that happens during hospice client interactions when practitioners try to maintain objective approaches to care. Becker et al. (2018) explain this as individual surface acting and conclude that this behavior is typically a

detriment to team member health and relations, especially when there is a lack of understanding that emotional labor need be paired with the self-care management techniques.

When surface acting is exhibited by the leadership team, Becker et al. (2018) research presents data concluding that perceived team support is negatively affected. Theoretically, linking Cain (2012) and Becker et al. research, a frustration or impatience will be caused by the emotional restraint, or surface acting, displayed by leadership team towards team members in a similar way that the practitioner and client relationship is effected when emotional labor is utilized under health care practice circumstances.

Rather than divide emotional labor into front and back sides with the need to use self-care for back-side emotional release as Cain (2012) describes, Becker et al. (2018) research shows that individual and peer deep acting allows genuine emotional expression that naturally supports clients and team members positively according to social exchange theory. Thus, from an organizational leadership perspective, the more emotional transparency is shared with the team, the greater chance that team members will be able to naturally find work place satisfaction (Barker, Gilbreath & Stone, 1998). When emotional transparency has been compromised, both education and reconciliation can be examined as solutions to rectify team dissatisfaction.

Emotional Healing Recommendations

When team satisfaction has been compromised due to turnover, mismanagement, or structural changes within an organization, a degree of healing needs to happen in order for trust to be regained between leadership executives and team members (Becker, Cropanzano, Wagoner & Keplinger, 2018). The motivation to seek reconciliation stems from the commitment within the organization members to have a "shared social identity" based on the organizational mission and a hope to disseminate positive organizational culture (Goodstein & Aquino, 2009, p.627).

Social workers are uniquely positioned to help coach or facilitate coaching of leadership executives by utilizing quarterly emotional intelligence surveys and educating on restorative justice perspective (Vigoda-Gabor & Meisler, 2010). These techniques will both raise self-awareness of emotional responses for the leadership team and give opportunity for emotional reconciliation amongst agency staff members

Quarterly Emotional Intelligence Surveys

The conceptual framework for understanding emotional intelligence is based off the connection between emotion and intelligence elements in order to form the ability to integrate the use of emotion into the decision making process (Vigoda-Gabor & Meisler, 2010). Vigoda-Gabor and Meisler (2010) purport that refining the ability to manage, understand, appraise, and identify emotions of stakeholders decreases the conflict between organizational policy makers and employees, specifically when the use of those emotional determinations assists with policy making and reason-based decisions for employees. One way to start emotional intelligence (EQ) awareness raising is to provide quarterly EQ assessments to both leadership executives and employees with the express goal of forming baseline and ongoing data analysis and education (Institute for Health and Human Potential, 2018).

Restorative Justice Perspective

According to Becker et al. (2018) social exchange theory makes clear that supportive relationships are preserved when positive interactions are strong whereas negative interactions cause unsupportive relationships and personal withdrawal. When social workers see that gaps between leadership and team member communication have created withdrawal, one solution is to help the organization members reconnect using a restorative justice perspective.

Restorative justice perspective, meant to reconcile parties after particularly negative experiences, is based in three elements: (a) making amends; (b) fostering forgiveness; and (c) fostering integration (Goodstein & Aquino, 2009). Creating opportunities for leadership executives and agency team members to grieve negative experiences can re-establish the hope and trust that agency employees need to effectively balance their personal and professional emotional needs.

Conclusion

Start-up organizations have the particularly difficult challenge of molding agency identity at the same time as maintaining day-to-day and strategic planning work flow. Surface acting shares a fine line with the need for organizational privacy, yet emotional transparency when leading fosters greater short-and-long-term team satisfaction. As leaders develop within start-up agencies, mis-actions by novice leadership executives can negatively influence organizationally-adept team members when feedback is ignored.

Simultaneous emotional healing and emotional labor understanding can come from adopting agency-wide restorative justice perspective and by having all employees take emotional intelligence surveys, respectively. Organizational culture changes as a company defines its identity through its mission and values statements (Barker, Gilbreath & Stone, 1998). As the startup company has gone through a restructuring of its original model, adaptations of the original mission and values statements have unfolded.

This identity transformation has become a foundation for organizational culture such that both employees and executives must grow into the company identity. As the executives continue to train employees of the mission and value statement foundation, employees must in-turn train the executives to accept and support certain interdisciplinary team needs that keep the organization running as a supportive rather than an abrasive environment (Treiger & Lattimer 2011).

Whether clerical, clinical, executive, or support staff, when staffing needs are acknowledged and met, less turnover would follow due to increased staff satisfaction.

Team development, emotional labor, and emotional healing methodologies expand a social worker's ability to educate business executives on the needs of staff members as well as those of patients. Assessment tools may be used to gain baseline data for progressive support over time and middle-up education (social worker - to - executive) can also fuel top-down support (executive - to - interdisciplinary team member). Team development models and emotional labor education can be shared with executives such that consciousness of role understanding increases in order to guide team empowerment exercises or emotional healing seminars.

Listening to the voice (Daspit, Tillman, Boyd & Mckee, 2013) of team members within interdisciplinary team meetings in relation to both positive and negative feedback will give executives the insight they need to craft better employee and patient programming (Papasava, 2017). As Vigoda-Gadot and Meisler (2010) describe, utilizing knowledge of both rational and emotional approaches to organizational health and wellness is necessary when involved in work which intrinsically includes emotional labor such as end-of-life caregiving.

The greater care executives provide when creating opportunities for relief of emotional or grief distress, the greater benefit hospice companies will gain from seeing smaller burnout and turnover rates (Vigoda-Gadot & Meisler, 2010). When seeing gaps within the organizational behavioral management structure of a hospice agency that involve coaching business executives on emotional and organizational development solutions, medical social workers work to incorporate solutions with grace. The collaboration between executives and social workers has the potential to bridge a communications gap typically present in private agencies focused on maintaining

business agendas while retaining employees. Even though executives are highly observant systems thinkers, they would be wise to let social workers be at the heart of executive trainings when the emphasis is on employee socio-emotional well-being or organizational behavioral health.

Two areas of ongoing coaching that could be addressed within the startup hospice agency are team development and emotional labor, with subcategories of cross-disciplinary collaboration, team member satisfaction, communication, grief support, and social exchange theory. Emotional intelligence surveys and restorative justice perspective approaches are recommended solutions for organizational healing and emotional support. As professionals trained in both administrative and clinical coordination, medical social workers are strongly invested in advocating for excellence in communication, transparency in ethical dilemmas, and cultural competent solutions in order for hospice agencies to thrive for both patients and staff.

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