

*Original Article*

## Correlates and Predictors of Conflict at the End of Life Among Families Enrolled in Hospice

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### Abstract

**Context.** Despite the palliative care mandate to view family as the unit of care, and the high prevalence and detrimental consequences of conflict at the end of life, little research has been conducted with hospice families to understand what contributes to family conflict.

**Objectives.** Using a recently generated explanatory matrix of family conflict at the end of life, this study sought to identify the correlates and predictors of family conflict.

**Methods.** As part of a larger mixed methods cross-sectional study, a 100-item survey was administered to 161 hospice family caregivers enrolled in a Medicare/Medicaid certified non-profit hospice organization located in the Midwest U.S.

**Results.** Although overall levels of conflict were relatively low, 57% of hospice caregivers reported experiencing some family conflict at the end of life. Contextual variables associated with family conflict included a history of family conflict, female gender, younger caregiver age, presence of children in the home, and less advance care planning discussions. Significant main effects in the prediction of family conflict in the final hierarchical multiple regression model included prior family conflict, caregiver age, caregiver gender, advance care planning discussions, family “coming out of the woodwork,” communication constraints, and family members asserting control. The model explained 59% of the variance in family conflict.

**Conclusion.** Results support the multidimensional theoretical model of family conflict specifying the importance of the family context, key conditions that set the stage for conflict, and essential contributing factors. Implications for routine assessment and screening to identify families at risk and recommendations for future research are highlighted. *J Pain Symptom Manage* 2015;50:155–162. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

### Key Words

*Family conflict, hospice, caregiver, end of life, palliative care*

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### Introduction

Family caregivers provide the bulk of care for hospice patients while facing challenges of making difficult decisions, providing near-acute care, and managing family and work role conflicts.<sup>1</sup> Other challenges reported by hospice caregivers include bearing witness to suffering, communication difficulties, uncertainty, fulfilling myriad obligations, enduring

substantial loss, and facing the reality of death.<sup>2</sup> Patient and caregiver well-being varies tremendously by the extent to which family members support and care for one another. In one of the first studies to interview inpatient hospice enrollees about family relationships, patients described the distress, loneliness, and abandonment associated with family conflict.<sup>3</sup> Family conflict adversely affects caregiver burden, health,<sup>4</sup> depression, anger,<sup>5</sup> and bereavement.<sup>6,7</sup> In

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addition, family conflict has a negative effect on the interdisciplinary team's ability to address patient and family needs<sup>8</sup> and is a substantial barrier to providing quality end-of-life care.<sup>9</sup>

Despite the palliative care mandate to view family as the unit of care<sup>10</sup> and the myriad negative consequences that result from conflict, relatively little research has been conducted with hospice families to determine what contributes to family conflict at the end of life. The purpose of this study was to examine the correlates and predictors of conflict reported by hospice family caregivers. The conceptual framework guiding this study was drawn from an explanatory matrix of family conflict originally generated from a case study of an innovative managed care organization providing end-of-life care to low-income elders.<sup>11</sup> This matrix was subsequently validated in a study of lung cancer caregivers<sup>12</sup> and then replicated and expanded in a study involving the hospice context.<sup>13</sup> As shown in Figure 1, this model proposes that conflict is best understood by considering the "family context," "conditions" that shape family member actions or interactions, and "contributing factors."<sup>11,13</sup>

Contextually, families entering hospice vary in relationship quality, resources and demands, and how they have approached advance care planning. Prior conflict in the family is a strong predictor of conflict at the end of life,<sup>12</sup> and spousal caregivers tend to be less aware of conflict than adult children.<sup>14,15</sup> Higher rates of violent forms of conflict are reported by younger, less educated, poorer, and female respondents.<sup>16</sup> Although advance care planning may reduce conflict in families facing difficult treatment decisions arising from uncertainty of patient wishes,<sup>17</sup> conflict is reportedly higher among lung cancer caregivers of patients with previously specified care preferences.<sup>12</sup>

Not surprisingly, siblings report that conflict is higher when other siblings assert control and disregard the previously stated wishes of the parent.<sup>18</sup>

The patient's clinical care needs and the phenomenon of "family coming out of the woodwork" at end of life are two primary conditions that underlie the processes of family conflict. Absent family members "coming out of the woodwork" is a frequently co-occurring condition, which refers to a previously uninvolved and/or distant family member arriving on the scene as the patient's condition deteriorates.<sup>13</sup> For example, it is not uncommon for adult children who were not actively involved in caring for a parent, who live in another state, to return home when they learn that mom or dad has been admitted to hospice. According to the explanatory matrix, family members of patients with more distressing symptoms and who have family members "come out of the woodwork" at the end of life will likely experience greater "difficulty integrating death awareness," communication constraints and attempts at asserting control in the decision-making process, and ultimately higher family conflict.<sup>11,13</sup> Difficulty integrating death awareness "involves situations in which the patient and/or family has difficulty accepting the patient's condition and/or being around death and dying in general."<sup>13, p. 9</sup> Emotionally accepting terminality is one of the most difficult tasks facing caregivers<sup>19</sup> and trouble doing so may prompt family members to behave in ways that would stimulate conflict; for example, pressing for aggressive treatments irrespective of others' wishes.<sup>11</sup> Communication constraints and asserting control were highly correlated with conflict at the end of life among lung cancer caregivers.<sup>12</sup>

We hypothesize that: 1) the family context will be associated with family conflict. More specifically, we expect that higher levels of conflict will be found

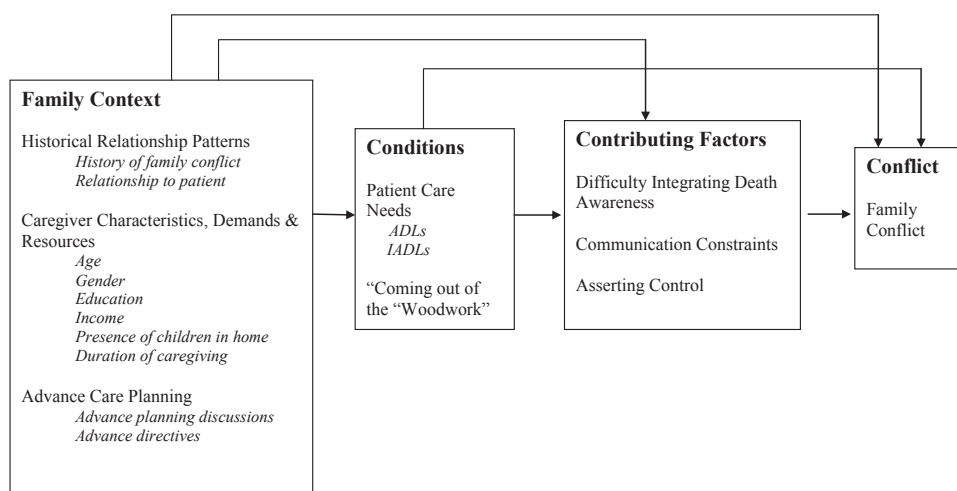


Fig. 1. Explanatory matrix of family conflict at the end of life.

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