



Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Research paper

From Theory to Practice: Measuring end-of-life communication quality using multiple goals theory

L.J. Van Scoy^{a,*}, A.M. Scott^b, J.M. Reading^c, C.H. Chuang^d, V.M. Chinchilli^e, B.H. Levi^f, M.J. Green^a

^a Department of Medicine and Humanities, Penn State Milton S. Hershey Medical Center, United States

^b Department of Communication, University of Kentucky, United States

^c Department of Medicine, Penn State Milton S. Hershey Medical Center, United States

^d Department of Medicine and Public Health Sciences, Penn State Milton S. Hershey Medical Center, United States

^e Department of Public Health Sciences and Statistics, Penn State Milton S. Hershey Medical Center, United States

^f Department of Humanities and Pediatrics, Penn State Milton S. Hershey Medical Center, United States

ARTICLE INFO

Article history:

Received 5 February 2016

Received in revised form 17 November 2016

Accepted 14 December 2016

Keywords:

Communication

Measurement

Terminal care

Palliative care

Advance care planning

End of life care

ABSTRACT

Objectives: To describe how multiple goals theory can be used as a reliable and valid measure (i.e., coding scheme) of the quality of conversations about end-of-life issues.

Methods: We analyzed conversations from 17 conversations in which 68 participants (mean age = 51 years) played a game that prompted discussion in response to open-ended questions about end-of-life issues. Conversations (mean duration = 91 min) were audio-recorded and transcribed. Communication quality was assessed by three coders who assigned numeric scores rating how well individuals accomplished task, relational, and identity goals in the conversation.

Results: The coding measure, which results in a quantifiable outcome, yielded strong reliability (intra-class correlation range = 0.73–0.89 and Cronbach's alpha range = 0.69–0.89 for each of the coded domains) and validity (using multilevel nonlinear modeling, we detected significant variability in scores between games for each of the coded domains, all p -values < 0.02).

Conclusions: Our coding scheme provides a theory-based measure of end-of-life conversation quality that is superior to other methods of measuring communication quality.

Practice implications: Our description of the coding method enables researchers to adapt and apply this measure to communication interventions in other clinical contexts.

© 2016 Published by Elsevier Ireland Ltd.

1. Introduction

In an effort to ensure that end-of-life care (EOL) is consistent with patients' wishes, many professional societies encourage candid discussions between patients and their families about EOL values, preferences, and beliefs [1,2]. When patients and their families discuss their values and beliefs about EOL care, patients are more likely to receive care consistent with their preferences, and satisfaction with that care is improved for both patients and their families [3–5]. Despite these known benefits, few individuals have engaged in such discussions [2,6].

Though many organizations have advocated for conversation tools that improve the frequency of EOL communication, surprisingly few have used a formal evidence-based approach to assess the *quality* of the discussions that result from these interventions [7,8]. Rather, evaluations of EOL interventions have traditionally focused on *quantitative* aspects of EOL conversations (e.g., frequency of discussion, number of topics discussed) without considering the quality of those conversations. This is problematic because there is ample evidence that the quality of EOL communication is more important to EOL care outcomes than is the quantity of EOL communication [3,4,9,10]. One reason scholars may not be assessing the quality of EOL communication is that communication quality is a difficult construct to validly and reliably measure [8]. Consequently, there is a need for intuitive, theory-driven and objective measures of conversation quality that can account for nuances in complex communication patterns [8,11]

* Corresponding author at: Department of Medicine and Humanities, Penn State Milton S. Hershey Medical Center, 500 University Drive, H041, PO Box 850, Hershey, PA, 17033, United States.

E-mail address: lvanscoy@hmc.psu.edu (L.J. Van Scoy).

<http://dx.doi.org/10.1016/j.pec.2016.12.010>

0738-3991/© 2016 Published by Elsevier Ireland Ltd.

when evaluating interventions aimed at improving patient-centered EOL care.

The purpose of the current study is to describe how multiple goals theory can be used as a reliable and valid measure (i.e., coding scheme) of the *quality* of conversations about EOL issues. Our detailed description provides an in-depth understanding of how to measure communication quality so that researchers may adapt and apply this measure to various conversational formats and clinical contexts.

1.1. Measuring the quality of EOL communication

To evaluate the efficacy of interventions designed to promote EOL conversations, reliable and valid measures of conversation quality are needed. The practical value of such a measure of conversation quality lies in its ability to move beyond quantitative measures of EOL communication (e.g., whether and how often discussions take place), which are commonly used metrics for evaluating interventions that promote EOL conversations. Quantitative measures of EOL communication have been strongly critiqued because they: 1) lack a theoretical basis, which limits the degree to which they assess aspects of communication that actually matter [11]; 2) do not link communication quality with clinical outcomes, which constrains researchers' ability to discover the true clinical impact of EOL interventions [11]; 3) fail to provide objective assessments, which calls into question the validity of the measures [8], and 4) provide mechanistic and formulaic approaches that fail to capture dynamic adaptations of in-the-moment communication [8,12,13].

A measure of communication quality based on communication theory offers a solution to many of the measurement problems in previous EOL research. In the present study, we use multiple goals theory to develop a valid and reliable coding methodology that captures meaningful variance in communication quality.

1.2. Multiple goals theory

Goals are desired events, processes, or outcomes that people want to achieve or maintain through interaction with others [14]. Even when individuals are not aware of their own goal orientation, their communication is still goal-driven [15]. Multiple goals theory, a meta-theoretical perspective developed by communication scholars, defines high-quality communication as communication that successfully balances multiple and sometimes conflicting goals during conversation [4,8,16]. Multiple goals theory represents a particularly fruitful framework for examining EOL communication given that competition between conversational goals often exists during EOL conversations. In fact, it is this competition between goals that may account for the difficult nature of EOL communication [4].

Although the types of goals a person might face during difficult and sensitive conversations are highly contextual, multiple goals theory assumes that three main categories of goals exist during challenging conversations, including EOL discussions. These goals include: 1) accomplishing a particular task ("*task goals*"); 2) affirming or tending to relationships with other conversants ("*relational goals*"); and 3) managing one's own and others' self-presentation, ideas, or agendas ("*identity goals*") [16]. Communication problems occur when goals are not aligned with one another or when one goal is pursued at the expense of other goals. For example, attention to a task goal may involve a caregiver attempting to persuade a loved one to discuss EOL care with a medical provider, but the caregiver may pursue this task goal in a way that strains their relationship (demonstrating a lack of attention to relational goals) or thwarts the loved one's sense of independence (demonstrating a lack of attention to identity goals)

[17]. A multiple goals perspective suggests that high-quality conversations occur when communicators effectively achieve all three types of goals simultaneously [16].

2. Methods

2.1. Study protocol

We recruited 70 adult volunteers (18 and older) who were English-speaking, without hearing impairment, and had the self-reported ability to participate in a study that involved having a conversation for several hours. Between June 2014 and January 2015, participants were recruited from Hershey, Pennsylvania and Lexington, Kentucky via flyers and advertisements in local newspapers. Eighteen study sessions were conducted and consisted of 2–6 participants per session. At the beginning of each session, participants completed measures of basic demographic information, and postgame, they completed a validated measure of conversation satisfaction [18]. During each game, the research assistant gave verbal and written game instructions to the group of participants and then monitored games from a nearby room using a webcam. One study session ($n = 2$) was removed from the analysis due to audio equipment failure and divergence from the study protocol. Audio recordings were transcribed verbatim for analysis.

2.2. Description of EOL conversation game: 'my gift of grace'

The present study engaged participants in EOL conversations using a commercially-available game [19] that was developed by a third party after conducting over 100 focus groups and interviews with patients and family members. Previous research has shown that individuals consider the game to be helpful for prompting realistic, enjoyable, and substantive EOL conversations [20–22]. The game was used in this study for the purpose of engaging participants in EOL discussions so that conversation quality could be measured. The game consists of 20 open-ended questions about topics related to dying and medical decision-making. Players take turns writing down their answers, sharing their responses, and engaging in discussion. Participants may award game tokens to show appreciation for poignant or thoughtful responses, to acknowledge emotions, or to express gratitude. In the current study, the game ended when participants completed all 20 questions, or after two hours, whichever came first.

2.3. Participant characteristics

The final sample included 68 individuals who participated in a total of 17 games. Participant demographics are displayed in Table 1. Four games consisted of players comprised of all family members, 4 games were groups of strangers, and 10 games were mixed groups (e.g., two unrelated couples, groups of friends). Mean game duration was 91 min ($SD = 25.6$).

2.4. Communication quality analysis

Our measure of communication quality involved developing a codebook, coding the conversations, and calculating scores. We refer to this coding measure as the Communication Quality Analysis (CQA).

2.4.1. Training and codebook development

Following prior work on measuring EOL communication quality in dyads [4], 3 coders were trained to identify features of conversation that indicate attention to each of the three goals described by multiple goals theory. Coders were trained to distinguish high- from low-quality EOL communication based

Download English Version:

<https://daneshyari.com/en/article/5682102>

Download Persian Version:

<https://daneshyari.com/article/5682102>

[Daneshyari.com](https://daneshyari.com)