It’s All About Relationship:
An Evaluation of an Innovative Collaboration Between Palliative and Trauma Teams

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Conceptual Framework
Grounded theory (based on symbolic interaction theory) explores how people (both individual and groups) define their own reality, based on the meaning that they assign to all aspects of a particular situation. Researchers do not have a hypothesis at the beginning of the research, only a variation of the question, “What's going on?” The information gleaned from the research guides the development of theoretical “best practice”.

Methodology
Using Grounded Theory, this study began with the following research questions:
1. As family members of a Level 1 trauma victim, what would be their experience of early intervention by the palliative care team?
2. What would be the impact, from the early intervention approach, on the family’s medical decision making?

Upon completion of each interview, the audiotape was transcribed by the interviewer. The transcripts, personal writings and notes of the interviewer, notes from team meetings and staff surveys were analyzed independently by the researchers, through constant comparative analysis, to identify conceptual categories and identify patterned relationships within multiple experiences.

Data Analysis
1. Open Coding
   1. Each sentence within the writings and transcripts was analyzed and given meaning through the coding process.
   2. Data given the same code were revisited and compared for similarities and differences before being placed in a category.
   3. 15 categories were created through this process of continual comparative analysis.
2. Axial Coding
   1. Categories were further examined and refined for emerging concepts.
   2. 4 superior group categories are identified from the original 15 categories: “presence”, “support”, “information” and “availability”.
3. Selective Coding
   1. “Relationship” was found to be the core category and the central phenomena of the study.

Introduction and Purpose
Palliative care encompasses much more than end of life care. Palliative care is a specialty in its own right, but is also a useful adjunct to other healthcare services. When consulted by the trauma team, usually after a long and arduous road with minimal recovery or expected death, the palliative team would be met with disbelief, distrust, even hostility. We envisioned an innovative collaboration between the trauma team and the palliative care team by being consulted on Level 1 traumas from the time of admission and continuing on through discharge or death. We hoped that by knowing the palliative care team from the very beginning, difficult medical decision making would be less traumatic for family members. What we found was that a relationship with patients and family members was not just a good idea, but crucial to hearing and understanding the information that was being given.

Discussion
As we took a deeper look at “relationship”, we explored several commonalities of relationships between healthcare professionals and patients/family members, and the experiences of the palliative care team (PCT) in particular:
1. Intentional – all healthcare professionals intentionally build a helping relationship with patients and families, but the PCT move into those relationships faster, deliberately laying the groundwork for the hard discussions and difficult decision making to come.
2. Temporary – healthcare professionals begin relationships with patients and families knowing that the relationship will be temporary (whether it be days, months or years). While the PCT was very adept at building the relationship quickly and effectively, it was not as proficient in preparing families for the end of the relationship at discharge.
3. Paternalistic – by definition, healthcare professionals are expected to help meet the needs of patients and families. We found that the stronger the relationship, the more readily help is accepted and the easier it is to ask for help. One of the most important areas of help was in interpreting the flood of information given by other healthcare professionals about the status of the patient. This led to the other central concept of this study: If the relationship is strong and needs are being met by the PCT, including the need for support and the need to fully understand information being given, medical decision making is not perceived (by the family) as being as difficult as it was anticipated to be by the PCT.

Limitations of the study:
1. Limited time frame (4 months) and small number of subjects: 5 families (56% of Level 1 trauma during this timeframe), with 9 family members and 1 patient actually participating in the interview process.
2. There was not a death in the families that participated in the study, although there was anecdotal discussion of those families (who experienced a death) in the context of relationship and decision making during team meetings.

Conclusions
The need for relationship between healthcare teams and patients/families was found to be of paramount importance, as it impacted how members coped with the emotional and spiritual demands of a Level 1 trauma within their family, as well as affecting the perception of difficult decision making. This theoretical concept was borne out by the nature of both positive familial experiences and complaints voiced during interviews, as well as anecdotal discussion during meetings of the Palliative Care Team.

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