Multiple Goals: a Framework for Understanding and Improving Quality in End of Life Communication

There is an emerging consensus in healthcare that in order to improve end of life care, we must improve end of life communication. However, we require a framework to understand what quality communication is in order to improve it. This white paper explores such a framework: multiple goals. We suggest that this framework can help spur the necessary advances in end of life communication by providing a more robust understanding of what is happening below the surface in conversations that cause the discussions to succeed or fail.

WHY CONVERSATION QUALITY MATTERS

Conversations about death and dying are notoriously complex and difficult to navigate. They are also a crucial component of healthcare for every person.

The reasons for focusing resources on improving end of life communication cut across all aspects of healthcare, from improving patient satisfaction[1] to reducing costs;[2] from aligning care with patients' wishes[3] to reducing stress among doctors, nurses,[4] and other caregivers;[5] from alleviating anxiety among family members[6] to reducing physician errors.[7]

For these reasons, improving communication about end of life care has become a central mission for many healthcare institutions and a growing number of independent organizations. The Institute of Medicine's (IOM) recent report, Dying in America,[8] released in September 2014, devotes an entire chapter to end of life communication and planning. And even outside of that chapter, communication permeates the report, with the subject coming up an average of once every other page in the other chapters of the 506-page document.

> ***"It's not enough simply to have the conversations, those conversations must be of very high quality."***
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> **— James A. Tulsky, MD**
> Chief, Duke Palliative Care and member of the Institute of Medicine (IOM) Committee on Approaching Death: Addressing Key End-of-Life Issues

And yet, despite the attention and resources devoted to improving end of life communication, finding effective interventions has been difficult. For instance, a study of

1 Morss, S., Shugarman, L.R., Lorenze, K. A., Mularski, R. A., Lynn, J., A systematic review of satisfaction with care at the end of life. *Journal of the American Geriatrics Society*. 2008; 56(1):124-129.

2 Ahrens, T., Yancey, V., Kollef, M. Improving family communication at the end of life: implications for length of stay in the intensive care unit and resource use. *American Journal of Critical Care*. 2003;12:317-324.

3 Parks, S. M., Winter, L., Santana, A. J., Parker, B., Diamond, J. J., Rose, M., Myers, R. E. Family factors in end-of-life decision-making: family conflict and proxy relationship. *Journal of Palliative Medicine*. 2011;14:179-184.

4 Oberle, K., Hughes, D. Doctors' and nurses' perceptions of ethical problems in end-of-life decisions. *Journal of Advanced Nursing*. 2001;33:707-715.

5 Detering, K. M., Hancock, A. D., Reade, M. C., Silvester, W. The impact of advance care planning on end of life care in elderly patients: Randomised controlled trial. *British Medical Journal*. 2010;340:c1345.

6 Lautrette, A., Darmon, M., Megarbane, B., Joly, L. M., Chevret, S., Adrie, C., et al. A communication strategy and brochure for relatives of patients dying in the ICU. *New England Journal of Medicine.* 2007;356:469-478.

7 Slort, W., Schweitzer, B. P. M., Blankenstein, A. H., Abarshi, E. A., Riphagen, I., Echteld, M. A., et al. Perceived barriers and facilitators for general practitioner-patient communication in palliative care: a systematic review. *Palliative Medicine*. 2011;25(6):613-629.

8 Institute of Medicine. *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. Washington, DC: The National Academies Press. 2014.

over 400 patients in Akron, Ohio, tested whether the use of advance directives could improve surrogate decision-makers' ability to make accurate choices about a variety of treatment options and illness scenarios. No improvement was observed with the use of either of two different kinds of advance directive forms, even when a structured discussion between patients and surrogates about the patients' reasoning behind their choices was added.[9]

A CONCEPTUAL FRAMEWORK TO IMPROVE UNDERSTANDING

While there continue to be many improvements in drug therapies, surgery, and other treatments, the medical community does not have a reputation for innovation in the area of communication. In fact, the increasing treatment options available for people nearing the end of life may have a negative effect on communication because life-extending treatments offer the hope of endlessly putting off conversations about something that every person will have to face: what we want at the end of our lives.

How, then, to improve end of life communication in healthcare? First, we must improve our understanding of communication and what constitutes high- and low-quality conversations. For this, we need frameworks — ways of making conceptual distinctions and organizing ideas. Frameworks allow us to analyze and direct research and develop common language for dissemination. And frameworks can be tested to ensure they are useful for making changes and improvements in real world situations.

In healthcare, frameworks allow us to understand and improve treatments and disseminate information about those treatments. But in order to improve end of life communication, we should look beyond medicine, to communication research, where progress has been made on defining frameworks and measuring quality in this area.

THE MULTIPLE GOALS FRAMEWORK

Researchers Allison M. Scott (University of Kentucky) and John P. Caughlin (University of Illinois) use a multiple goals framework in their paper *Enacted Goal Attention in Family Conversations about End-of-life Health Decisions*.[10] This paper applies previous research on multiple goals theory to conversations about end of life issues between parents and their adult children.

Multiple goals theory is based on the idea that people engage in communication in order to achieve multiple, often conflicting goals. Research in this area has revealed a wide variety of possible goals, but three broad types of goals appear in conversations on almost any topic: *task*, *relational*, and *identity*.[11]

Task goals are likely the first that come to mind when thinking about communication. These are the goals that are right on the surface — often the stated goals — and in end of life communication they can include making decisions about treatments, seeking information, and providing support.

Examples of messages that illustrate **task goals**:
- **Expressing preferences** (e.g., "I don't want to go back to the hospital again.")
- **Requesting support** (e.g., "Can you ask the nurse if there's something he can do for my nausea?")
- **Seeking information** (e.g., "Are you feeling up for visitors today?")

Relational goals are less obvious than task goals at first glance. These are meant to change or reinforce the connection one person has with another. Pursuing relational goals might include communication meant to reconcile differences, maintain connections, and affirm bonds.

Examples of messages that illustrate **relational goals**:
- **Reconciling differences** (e.g., "I'm glad we talked that through.")
- **Expressing solidarity** (e.g., "We'll get through this.")
- **Affirming bonds** (e.g., "I'm glad we're close enough to talk about these things.")

Identity goals, also difficult to perceive at first, are focused on managing impressions, both of the speaker and of the listener. This includes things like preserving autonomy, maintaining dignity, and negotiating roles. In practice, pursuing identity goals can mean avoiding topics one thinks are embarrassing to another person or reinforcing one's own or one's partner's autonomy.

Examples of messages that illustrate **identity goals**:
- **Expressing approval** (e.g., "That seems like a smart way to go.")
- **Encouraging autonomy** (e.g., "Do you want to try this on your own?")
- **Affirming respect for decisions** (e.g., "I want to make sure your choices are respected.")

Multiple goals theory suggests that people are usually pursuing several, often conflicting, goals in a conversation

9 Ditto, P. H., Danks, J. H., Smucker, W. D., Bookwala, J., Coppola, K. M., Dresser, R. , et al. Advance directives as acts of communication: a randomized controlled trial. *Archives of Internal Medicine*. 2001;161:421-430.

10 Scott, A. M., Caughlin, J. P. Enacted goal attention in family conversations about end-of-life health decisions. *Communication Monographs*. 2014;81(3):261-284.

11 Clark, R. A., & Delia, J. G. Topoi and rhetorical competence. *Quarterly Journal of Speech*. 1979;65(2):187-206.

Multiple Goals Framework

at the same time. Different people in the same conversation often have conflicting goals, and a person's goals can evolve and change, even during a single conversation. Further, in conversations about complex and highly personal topics, there are a larger number of possible goals and a greater likelihood that achieving one will cause another to be downplayed or ignored.

Using the multiple goals framework, previous research has shown that the quality of a conversation is dependent on how well the participants balance attention to task, relational, and identity goals.[12] A conversation that focuses on one category is not only less likely to achieve the goals in the other two, but also less likely to achieve the goals in the category a participant is focused on.

Anyone who has engaged in or helped others navigate end of life conversations is likely to have seen this firsthand. Even without the multiple goals framework to clearly identify categories, participants often enter these conversations with a sense that they are futile and unlikely to lead to good outcomes because they involve a complex emotional balancing act.

For example, in a conversation about dialysis, a son might have the goal of convincing his mother to accept treatment. However, focusing only on achieving this outcome (a task goal) without reassuring her about her importance to him (a relational goal) and inviting her to express her own opinions and autonomy (an identity goal) is less likely to yield a positive conclusion for either party.

12 Caughlin, J. P. A multiple goals theory of personal relationships: conceptual integration and program overview. *Journal of Social and Personal Relationships*. 2010;27:824-848.

MULTIPLE GOALS IN END OF LIFE CONVERSATIONS

Communication between family members is one of the most important factors in determining the quality of care in end of life situations. Adult children are frequently the surrogate decision-makers for their parents, and in the complex and rapidly changing environments in which these decisions are often made, documents such as advance directives typically don't contain enough information to be a useful guide.[13] Clinicians frequently turn to surrogate decision-makers when they are treating patients who are unable to make those decisions themselves.[14]

All of this indicates that Scott and Caughlin's choice of research subjects — pairs comprised of older parents and their adult children — will be particularly relevant to anyone interested in improving end of life communication. The 121 pairs in their study were also allowed to choose the location (most often their own homes) for their conversations. While any study is by necessity less realistic than naturally occurring behavior, this research was geared toward gathering data in circumstances similar to ones that people encounter in their everyday lives.

In order to stimulate a discussion, each pair was given cards with prompts about end of life issues and left to talk with each other for as long as they wished. The prompts

13 Abbo, E. D., Sobotka, S., Meltzer, D. O. Patient preferences in instructional advance directives. *Journal of Palliative Medicine*. 2008;11:555-562.

14 Buchanan AE, Brock DW. *Deciding for Others: The Ethics of Surrogate Decision Making*. New York, NY: Cambridge University Press; 1990.

reflected the main types of end of life health choices families must make, and the conversations were recorded and transcribed for analysis. Participants also filled out pre- and post-conversation surveys.

RESEARCH FINDINGS

Scott and Caughlin found that in these conversations one person's expressing approval of the other and affirming the importance of their relationship related to increased satisfaction with the conversation on the part of both participants. And, interestingly, a person's own satisfaction was increased by expressing respect for their partner's autonomy.

Attention to relational goals was also associated with both partners' hopefulness at the conclusion of the conversation. Additionally, an overall high-quality conversation (as measured by balanced attention to task, relational, and identity goals) on the part of one person resulted in fewer hurt feelings for their partner.

Satisfaction with conversations is particularly important in this area because end of life decision-making is not a static process. Preferences change over time and with circumstances, so it is important that these topics are explored multiple times. Positive experiences encourage this, while unsatisfying ones are likely to lead to people avoiding these topics in the future.

Positive emotional reactions to conversations are also important because of their implications for decision-making. Scott and Caughlin point out that previous studies show that "when people experience positive emotion during a conversation, they are less likely to disengage from the interaction and they retain the ability to process information clearly, which can help promote a person's ability to make sound end-of-life decisions."[15]

Finally, previous research has suggested that participants' satisfaction with a conversation is related to how much attention is paid to the subject of the conversation: the task goals. But surprisingly, this study suggests that in conversations about end of life health decisions, attention to relationship and identity goals was actually *more important* than attention to task goals in predicting how satisfied participants are with those conversations.

Taken together, these results point to the value of a multiple goals framework in evaluating and improving end of life conversations.

IMPLICATIONS

A framework is only useful if it helps us make decisions and take action in the real world. A definition of "quality" is only valuable if it suggests ways in which we can improve outcomes.

In our work on end of life decision-making with healthcare professionals, we often hear that one or two staff members on a team are particularly skillful at navigating end of life conversations while others struggle. Studies like this one help us define what skills are involved in high-quality end of life communication. The framework also allows us to train staff to identify task, identity, and relational goals in conversations and to reinforce the importance of all three. This should help increase satisfaction, decrease hopeless-

15 Frijda, N. H., Kuipers, P., ter Schure, E. Relations among emotion, appraisal, and emotional action readiness. *Journal of Personality and Social Psychology*. 1989;57:212-228.

Multiple Goals used in new research on End of Life Conversation game

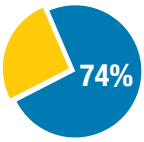
A team of researchers at Penn State Milton S. Hershey Medical Center, led by Dr. Lauren Van Scoy, a pulmonary and critical care physician who specializes in end-of-life issues, have published a new study that applies a multiple goals theoretical framework to conversations between players of My Gift of Grace, a game about end of life issues. Dr. Van Scoy's team also released a study measuring the impact the game has on the performance of subsequent advance care planning activities.

"We're seeing that game is stimulating high quality conversations that players are enjoying and consider realistic. What's more, is that a majority also go on to perform additional advance care planning activities." – Dr. Lauren Van Scoy

Dr. Michael Green, a Professor of Medicine and Humanities also at PSHMC, has been doing research in advance care planning for over a decade.

"What's interesting about My Gift of Grace is that it engages people in discussing topics that are otherwise unpleasant. This is one of the first tools I've seen that turns advance care planning into an activity that people enjoy. Dr. Van Scoy's research is important because it helps guide people to have difficult conversations."

In a second study on behaviors following the game, 74% of people who played My Gift of Grace went on to perform an advance care planning activity after playing the game.



These two studies were released at the American Thoracic Society 2015 International Conference in Denver, Colorado in May 2015.

Research to watch for

Dr. Van Scoy was recently awarded a Parker B. Francis Foundation grant from the American Thoracic Society to study the effects of My Gift of Grace in a larger, randomized controlled trial.

ness and hurt feelings, and generally improve relationships.

In other words, the multiple goals framework gives us a way to see the deeper structures of conversation and equip ourselves to be better at managing end of life health decisions. It gives us a path to move from declaring that quality communication is important to understanding, evaluating, and improving that communication with specific and targeted interventions.

Many interventions currently in use are geared toward better data collection and dissemination, such as clearer advance directive forms and better integration into electronic health records. This research suggests that these are necessary but not sufficient steps. Incorporating lessons from multiple goals research can help us create interventions that better incorporate relational and identity goals.

As one example, in our game that facilitates end of life conversations (My Gift of Grace), there are mechanics that direct players to focus on affirming other people's autonomy. Great communicators do this naturally; the rest of us can learn to be better at it with practice, especially when we receive positive feedback in the form of better interactions.

More on understanding quality in end of life communication

To find out more about quality in end of life communication, visit mygiftofgrace.com/whitepapers to download our previous white paper, *Accommodation: When communicating about end of life issues, it matters how people speak.* While you're there, be sure to sign up for our e-newsletter to keep informed about end of life communication and decision-making.

Like any communication in healthcare, there are real limits on the amount of time and attention that can be paid to end of life conversations. Also, fear and uncertainty make these conversations difficult to navigate. This makes knowledge of what constitutes a quality conversation all the more important. Understanding this aspect of communication allows us to help healthcare practitioners, patients, and families improve end of life decision-making. ■

About the author: Nick Jehlen is a partner at Common Practice, a company that provides products and services that improve end of life communication and decision-making. Nick is the lead designer of My Gift of Grace.