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Building on and integrating my transdisciplinary training (in social work and bioethics), my extensive involvement in health care research, and my practice experience, my scholarly agenda explores the ways in which macro-level sociopolitical contexts and micro-level clinical interactions influence three interlocking health care domains: 1) the experiences of patients and their families, particularly those who are vulnerable or marginalized, with health care services; 2) frontline practitioners' ethical decision-making processes; and, ultimately, 3) social inequities in health. Consistent with this larger agenda, my dissertation research explores the ways in which lesbian, gay, bisexual, transgender and queer (LGBTQ) adults navigate interactions with health care systems and providers when caring for seriously ill or dying partners. My research contributes to the literature on LGBTQ health inequities with a specific focus on experiences with critical and end-of-life care, settings in which heteronormative assumptions about family have historically been reflected in policies and practices regarding visitation and surrogate decision making.

My interest in LGBTQ health equity was initially motivated by my work as a research coordinator with the University of Washington School of Medicine's End-of-Life Care Research Program, now known as the Cambia Palliative Care Center of Excellence (PCCE). My experiences using research to inform advocacy efforts as a public policy advocate prompted me pursue doctoral training, and have continued to motivate my commitment to applied research aimed at remedying injustices.

Research Experience

My extensive professional research experience includes collaboration on studies of patient and family experiences with health care, with a focus on critical, palliative and end-of-life care, as well as services for people with traumatic brain injuries. I have a strong grounding in grant-writing; study design; survey development and testing; and data collection, management and analysis. I have experience with quantitative, qualitative and mixed-methods research. My experience also includes maintaining institutional review board (IRB) approval for multi-site study protocols, and participation as an affiliated scientist on a UW IRB committee.

My work with PCCE included over seven years as a research coordinator where I was responsible for the oversight and implementation of NIH-funded studies designed to evaluate interventions to improve palliative and end-of-life care. As a doctoral student I

have been a research assistant on studies testing the effectiveness of a social work intervention with patients who have experienced traumatic brain injuries and characterizing social work services in emergency departments. In these positions I have obtained project management skills and an understanding of how to conduct research in complex health care settings. These experiences have greatly contributed to my preparation for independent scholarship and the development of my scholarly agenda.

Dissertation Research and Future Directions

I set the foundation for my dissertation research with a theoretical analysis of social justice claims inherent in a case study of end-of-life care received by a gay couple. I used recognition theory, a theory of social justice that extends the demands of justice to include equal respect in addition to fair distribution of social goods, as an analytic framework for considering the interpersonal and systemic expressions of (dis)respect described by the caregiving partner reflecting on his experiences. I also used the case study to illustrate the applicability of recognition theory for social work's conceptualization of social justice and concern for both the micro and macro-level influences on human experiences.

My dissertation extends this foundation with further empirical analysis of LGBTQ-identified partners' experiences with end-of-life care, a topic with significant evidence of social inequities, but little science regarding practice recommendations. Using thematic and discourse analysis methods to analyze interviews with LGBTQ adults describing their experiences caring for seriously ill or dying partners, I examine how partners perceive, negotiate, comply with or resist heteronormative biases and assumptions about marriage and family expressed by the clinicians with whom they interact. Drawing on a strengths-based perspective my analyses identify aspects of clinical interactions that partners find supportive, as well as partners' responsive efforts to maintain autonomy when faced with systemic inequities and resistance to their roles as familial caregivers. Findings from this study will inform efforts to enhance organizational and front-line health care practices and related policies to better support LGBTQ partners and mitigate disparities in care.

My future scholarship will build on this work by: 1) considering the ways in which intersectionality influences patient and family experiences; 2) analyzing the ethical decision-making processes of social workers and other front-line practitioners who function at the intersection between patients, families, health care institutions and social policy; and 3) drawing from bioethics to develop decision making frameworks for organizational policy, attentive to the unique ethical obligations and ecological perspective of social work.