Pioneering Change

Family/Community Education Module

to

Promote **E**xcellent **A**lternatives in **K**ansas

Nursing Homes

ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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The development of PEAK materials was supported by the Kansas Department on Aging and the Kansas Department of Social and Rehabilitation Services through a Title XIX contract and matching funds provided by Kansas State University, Kansas Association of Homes and Services for the Aging, Kansas Health Care Association, and volunteers from the Long-Term Care profession.

Revised December 1, 2003

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Course Objectives:

1. To understand the emotions family members bring to long-term care.
2. To develop strategies for increasing family involvement.
3. To understand the facility's role in family involvement.

Pretest

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement. Some questions may have more than one answer.

1. Which of the following best defines Family-centered Care?
    A. Family members make all care decisions for the resident.
    B. Family, staff and residents participate in all aspects of care.
    C. Direct care is provided to family members by staff.
    D. Family members provide all resident care in the facility.

2. When holding new family orientations, who may lead?
    A. Other resident's family members.
    B. Department Managers.
    C. All staff.
    D. All of the above.

3. Which of the following is one phrase you can teach your staff to use so that families know they are listening and understanding?
    A. Yeah, I've got it.
    B. I am listening.
    C. I hear you say that.....
    D. What did you say?

4. Which of the following is the best example of family friendly writing?
    A. We allow residents to have guests for dinner, but a minimum of 24 hours notice must be given and the meal fee is due when reservation is made.
    B. We would love to have you join us for dinner. Please let a staff member know so a place can be set for you at the table.
    C. We allow guests to bring treats for residents. They must be inspected, sampled and logged in by the dietary department prior to resident use.
    D. We allow residents' pets to visit, but they must stay in their cages on the lawn.

5. An Alzheimer's support group meeting is being held in your home. Which of the following meeting set-ups will best facilitate such a meeting?
    A. A small room with four rows of chairs facing forward.
    B. The main dining room.
    C. A small private room with chairs in a circle.
    D. The main lobby of the facility with chairs in a circle.

6. Studies indicate families would appreciate education about which of the following areas?
    A. Aging process.
    B. Facility policies.
    C. Painting.
    D. Visiting their loved one.

7. The primary goals of a family council include all of the following except:
    A. Education.
    B. Support.
    C. Communication.
    D. Complaining.

8. Mary is constantly complaining about the manner in which staff care for her husband. Even when the staff makes the requested changes she still finds something else to complain about. Which of Kubler-Ross's stages is Mary probably in?
    A. Denial.
    B. Acceptance.
    C. Anger.
    D. Griping.

9. Alice is having trouble dealing with the changes in her husband Ralph due to the progression of his Alzheimer's disease. She has no connection with others in similar situations and has many questions. Alice could be best supported by the nursing home through....
    A. No intervention.
    B. A picnic.
    C. A book.
    D. A support group.

10. Which of the following must a nursing home do for a family council?
    A. Provide a meeting space.
    B. Provide a discount for residents with family members in the council.
    C. Be only as involved as the council wants them to be.
    D. Be open to ideas and concerns brought forth by the council.

Answers Found on Page 43

Family Involvement

Introduction

(Refer to the section on how to use the modules in the original "Culture Change Education Module")

"Relationships are not only the heart of long-term care; they are the heart of life. And life should continue, wherever we live."

-Carter Catlett Williams

The quote above highlights the importance of relationships in long-term care. Often the focus has been on the relationships between residents and staff, and less has been done to help ensure the continuation of positive relationships between residents and their family and the creation of positive family-staff relationships. After the importance of family in the long-term care setting becomes apparent, it is evident that any existing barriers must be removed. Some of these barriers include lack of family participation in the facility and family-staff interactions.

Who Is Family?

People have many different definitions of the word family. These definitions might include things like who you consider family and the role of the family. It is important that staff can recognize the different forms a family can take.

Activity

Write your definition of a family here:

_____
_____
_____
_____
_____
_____

Now break into small groups and share your definitions. Look for similarities and differences. Write your combined definition here:

_____
_____
_____
_____
_____
_____

An alternative to writing definitions might be drawing pictures of what family looks like.

Family is defined in J. Ross Elshleman's text, The Family, as a social group, a social system, and a social institution. The group is a collection of persons who recognize one another as family members.

When you look up the term family in a dictionary you will find multiple definitions. These may note that relations can be biological, emotional, or legal.

You probably saw many different definitions emerge. At the same time there were probably some shared ideas expressed by group members. The point of this activity is to show that everyone has a different definition of family and each of us is entitled to determine who we consider family.

Resources:

Eshleman, J.R. (2000). Marriage and the family: Disciplinary and theoretical approaches. In The family (9th ed.). Needham Heights, Massachusetts: Allyn and Bacon.

Family-centered Care. Definition of family-centered care. Retrieved February 12, 2004 from www.familycenteredcare.org.

What's My Job?

When family members at St. Joseph Village in Manhattan requested a "family job description," they wanted to more clearly define their specific roles within the community. Staff members at the Galichia Center on Aging helped them to draft the following. These statements comprise the beginning process of the family job description. Each of the neighborhoods (called courts at St. Joseph) are holding family meetings where families can provide input for the description. This may be a beneficial activity for staff, residents and family members in your organization.

Family Job Description:

- Work collaboratively with staff and residents to insure quality of life for all
- Maintain resident's identity by linking them to the community with visits, trips out of the home and reminiscing
- Help resident to maintain autonomy and control by helping them to make appropriate decisions about their care
- Report problems to court staff and work cooperatively with them to problem solve the issues. Seek attention from support staff outside the court only if the problems cannot be resolved in a reasonable amount of time.
- If designated, attend care plan meetings
- Support the staff by getting to know them and being personally concerned about them. Offer positive reinforcement for work well done
- Ask the staff if it is appropriate to assist other residents
- Volunteer
- Help with activities
- Help prepare food in the court kitchen
- Read to residents
- Become a member of the family council

The Burden of Placement

Placing a family member in long term care is among the greatest stresses a family may experience. Facility employees need to be sensitive to the feelings family members are dealing with during the transition period. These feelings often affect the interaction with staff. Family members interviewed about moving a loved one to a nursing home reported experiencing feelings of loss of control, disempowerment, guilt, sadness, grief, and failure (Kellett, 1999). Even though they are not losing the family member to death they are grieving. Kubler-Ross's stages of grief (as cited in Kastenbaum, 2001) denial, anger, bargaining, depression and acceptance, can be applied to the placement experience for some families.

Denial comes in many forms and is a primitive defense. It helps protect a person from danger or threat. Denial is like a state of shock, and individuals recover from it gradually. Denial shows itself in many forms of behavior. In your facility you may notice denial surrounding the placement or a family member denying him/herself the right to separate from the guilt.

A man recently placed his wife in the nursing home. Although he wanted to keep her at home, he realized he could not. Once she was admitted he did not come back to see her for days at a time. The rest of the family commented that they were surprised that he was not coming to see her since he had always been so close to her. The daughter decided to ask her dad why he was not visiting. He replied, "I know she is there but if I do not go see her I can pretend she is somewhere else."

Anger is the next phase and is multi-dimensional. Family members display anger with themselves when they believe they let their loved one down or broke a promise to them.

"Are you going to put me in a nursing home?" "No, Mom/Dad, I'll never put you in a nursing home."

This question and response show a typical promise. They may also be angry with the facility for taking their family member away or for not accommodating the resident's needs. This anger can make families more difficult to deal with since they may be unaware of the anger they feel toward themselves and displace it onto front-line staff. By using anger they can regain control over the situation. Tolerating the anger in a professional manner is important, since it is a normal part of the grieving

process. Some anger may also be focused on other family members if they are perceived as not helping or at the resident if he/she is not adapting to the new environment. The following example gives some insight into how a family member's anger might be experienced by staff.

Mary promised her husband she would never put him in the nursing home. He had always wanted to die on the farm. After a stroke left him partially paralyzed she had to admit that she could not care for him at home. After Ed was admitted, Mary visited at least once each day. During each visit she would always find something wrong with the care he was receiving. Even when everything was done to ensure all Ed's needs were being fulfilled, she still found something to complain about. She did not seem to understand she was upset with herself for breaking her promise to Ed. Instead of finding a way to deal with the broken promise she pushed her feelings off onto the staff.

Bargaining is the stage in which the family members attempt to make deals. These deals may be with God, the resident, another family member, or even staff. In the following example a family member was asked, shortly after admission, how she ensures her mother is getting good care.

"Each time I go to visit mother, I take some candy or cookies for her room. I

like to let the staff know it is there and that I want them to have it. I think they take better care of her when they know they are getting something in return."

Depression may be experienced due to

the toll stress, strain, fear and guilt can take on the family member's well being. For an older adult who lives miles from the facility, frequent trips to visit the resident may require more physical effort than his/her previous routine. Family members may also experience depression due to the loss of their familiar role and from physical or mental exertion. You might notice a drastic change in the visiting patterns of a family member if they are experiencing depression. The family member might also begin neglecting him/herself both physically and emotionally.

Acceptance represents the end of the person's inner struggle with the placement. At this point, the family members realize the placement is for the best. They forgive themselves for putting their loved one in the nursing home and accept their new role. This is not necessarily a happy state, but it is a realization that it had to happen and will be okay. The following example shows

that the daughter has realized placement was the correct decision and is able to focus her energy on the relationship with her father again. This is the type of outcome our efforts should steer all families toward.

"Before my father came here he lived with me. It was so humiliating for him when I had to change his wet clothes. Now when I visit, I can talk to him like I used to. I can ask his advice and he can look me in the eye again."

(Helphan & Portor, 1981 p. 57)

The stages of grief may occur in any order, or concurrently, for varying periods of time and may repeat themselves. Family members will not work through the stages in the same time frame and not all will reach acceptance. A family's understanding, or lack of understanding, about what they are experiencing can mean the difference between reintegration or more rapid decline for the resident, and may lead to a long term grief reaction for families (Greenfield, 1984).

Resources:

Greenfield, W. (1984). Disruption and reintegration: Dealing with familial response to nursing home placement. *Journal of Gerontological Social Work*, 8(½), 15-21.

Kastenbaum, R. (2001). Death: Transition from life. In Death, Society, and Human Experience. Needham Heights, Massachusetts: Allyn and Bacon.

Kellett, U. (1999). Transition in care: Family carers' experience of nursing home placement. *Journal of Advanced Nursing*, 29(6), 1474-1481.

Helphand, M., & Porter, C. (1981). The family group within the nursing home: Maintaining family ties of long-term care residents. *Journal of Gerontological Social Work*, 4(1), 51-62.

Helping Families Cope

"I just wish I would have known my feelings were normal; I felt so alone."

Helping families cope with their feelings is an important initial task not just for the social worker but for all staff. The impact of not helping families cope with the transition is devastating for both the resident and their family.

You may be wondering what factors influence a family's ability to cope with change. Greenfield (1984) notes the way individuals deal with change is based on two factors: a person's coping ability and the way in which the change process is structured. As you can see, the nursing home community has no control over the former, but can affect the latter by ensuring a responsive environment. It plays a vital role in creating and maintaining support during the transition. The transition can be eased by ensuring families are provided with easily understood information and demonstrating that their contributions are valued. Family programs (to be discussed shortly) offer valuable opportunities to guide families through the transition and give them the opportunity to discover their feelings are normal.

After gaining an understanding of what families are experiencing and realizing how difficult the transition can be, there is a tendency to sympathize with their situations. Sympathy refers to feeling sorry for the person and accepting where they are. It does not serve to motivate. Empathy deals with seeing the situation from the person's perspective as well as being able to see the differences between what the person sees and what is going on in his or her environment. Empathy allows the staff caregiver to work actively with family members' concerns and to assist them through the process.

During a visit to a nursing facility two staff members were overheard discussing the wife of a resident. One staff member states that she, "feels really sorry for her." The other staff member acknowledged she was going through a tough time, but asked her co-worker what they could do to help her.

While the first worker was concerned about the family member she did not consider what could be done to help. Her statement was a mere reaction to the situation while the other staff member was pro-active. Part of having empathy is being pro-active to the other person's situation.

Read Between the Lines

With a better understanding of the emotions families are bringing into the facilities it is time to take a look at the

nursing home community into which the new resident has moved. It is important to recognize that the policies and procedures your facility has in place will dictate the amount and type of opportunities families have for involvement with their loved ones. It is crucial that policies are "family friendly" and reflect the correct image. A simple example of this can be seen by looking at a facility's family booklet:

"We allow residents to go on outings with family. Residents must be signed out and a time of return given prior to leaving the building."

Think about that statement from the family's perspective. Should you have to have permission to take your mother to lunch or the movies? Is it absolutely necessary to know when the resident will return? This policy language, while well intended, makes taking a family member on an outing seem like checking out a book. Perhaps simply by changing wording and humanizing the policy, family outings could be encouraged by taking away the fear of "late fees" or repercussions. We want families to take their loved one out of the nursing home for meals and other family activities. A "family friendly" policy might read something like this:

"Outings with family are encouraged and we will be glad to help facilitate them as necessary. Please let staff know when you leave and return so we don't worry."

Since policies should be designed to encourage quality of life, not to impede it, satisfying guidelines while being family friendly is easily attainable.

Resources:

Greenfield, W. (1984). Disruption and reintegration: Dealing with familial response to nursing home placement. *Journal of Gerontological Social Work*, 8(½), 15-21.

Family-Centered Care

The philosophy of family-centered care has been used in children's hospitals for many years. Only recently has the term begun to slip into long-term care. Its principles are appropriate for all age groups and can be adapted to most healthcare settings. This approach emphasizes the beneficial partnerships between residents, families and providers when planning, giving and evaluating care. It is collaborative and takes into account the knowledge, connections and needs family members bring to long-term care. Family-centered care is similar to the hospice approach of recognizing that both the residents and the families have needs and seeking to treat them holistically. For more information on the principles of family-centered care you can visit Family-Centered Care's website, www.familycenteredcare.org.

It should be noted that family-centered care is not intended to take away resident control or downplay the resident's needs. The goal is to create a partnership that benefits everyone with the end result being better care for each resident. The resident decides not only who is involved in their care but to what extent they are involved.

This approach allows staff to recognize the stress a family faces when placing a family member into the care of others. It assists the family in understanding their feelings and helps them find ways to connect with their family member and the facility.

Activity:

This activity shows the dynamics that occur between different groups when each has a different role in a shared task, like resident care. It illustrates working together when all parties are under pressure and there is limited time. It should be done with staff, family members and residents, if possible, to highlight the role of each.

Supplies:

Large piece of paper with words "Quality Care"

Black markers (1 per group)

Red markers (1 per group)

Blue markers (1 per group)

Large sheets of blank paper (1 per group)

Break group into teams of three. When possible each group should contain a resident, a family member and a staff member. If all three are not available, designate group members to serve each role.

Tell participants they are going to draw as many triangles as possible in sixty seconds. It will be necessary for each group member to have a different writing utensil (example: red for family members, blue for residents and black for staff) and a hard surface to write on. Just before starting the clock tell participants that each person may draw only one side of each triangle. After 60 seconds have the groups count the number of complete triangles they drew. The winning group should come forward and create a giant triangle around the words on the poster and receive a prize. While they are drawing the triangle discuss the following:

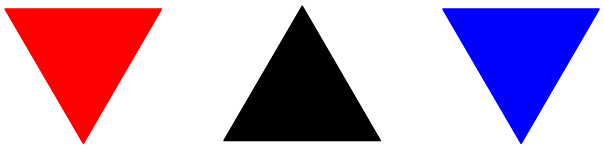
What do you think contributed to success?

What kept you from making as many triangles as you wanted to?

Did you change your process along the way?

This is the time to point out to all present that to ensure quality care, partnerships must be built allowing input from staff, residents and their families.

You may wish to repeat the activity later with the same groups, but first allow them time to devise a plan. Note the differences in the number of triangles.

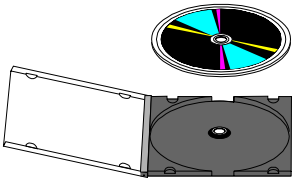


Creating Family Programming

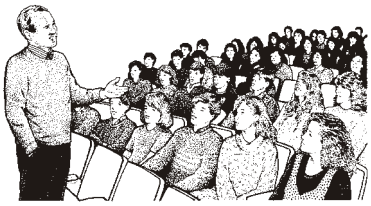
Research indicates that families are unsure of their role in a nursing home facility and are uncertain about how to become involved. Family members will feel they have a purpose if your facility provides opportunities for involvement. Families see formalized programs as a way to become more involved and knowledgeable about the care of their loved one (York & Calsyn, 1977). Family programs provide a structured way to connect with families and to encourage their participation in the facility. The programs need to be specifically tailored to your facility to encourage participation and desired outcomes.

You may be wondering how to develop family programming. The simplest answer is to ask your families. They will provide the most reliable information and will be more likely to participate if they are involved in the planning. Family programs must be sensitive to the way people want to be involved (Murphy et al., 2000). Information can be gathered from families by utilizing surveys or focus groups which will be further discussed in a later section of this module. By developing a family program, you send a message to families that they are an important part of the organization and that you value their knowledge and expertise regarding the residents.

This module will focus on five different possibilities for family programs and offer a few practical ideas. While you may pick and choose the types of activities for your family programs, offering more than one type will increase the scope of families participating. While planning you should keep in mind the work schedules and other commitments families have. Offering programs at different times during the day and even on weekends could increase participation. Take advantage of technology. There are numerous ways you can use technology to involve busy and distant families. Information from the programs can be sent via e-mail to families or conference calls could be used. Many major companies are providing education through CD tutorials. This may provide a new opportunity for residents' families as well.



Prior to planning any family activities you should think about the impact the environment in which the meeting is held will have on its tone. The following activity will cause you to think about the relationship that exists between the physical environment and the meeting's feel.



Activity:

Match the following meeting descriptions to the appropriate venue. There may be more than one appropriate venue for each meeting type.

A. Instruction or explanation are to be provided, and there is little interest in feedback.

B. Alzheimer care giver support group.

C. Discussion regarding activities in the courts/neighborhoods.

D. Meeting requires large group instruction, but also needs to facilitate smaller group discussions.

E. As many people as possible are wanted to contribute to the vision process.

F. New family orientation.

G. Meeting with family and community members to discuss new intergenerational outreach program.

1._____Large family meeting. All chairs facing the front.

2._____Neighborhood family meeting. Participants seated at tables.

3._____Smaller group learning circle.

4._____Large room set up with several small group settings

5._____Meeting off-site.

6._____Informal meeting with food.

7._____Facilitator writing notes on board.

You may also want to try role playing to see how a participant's feelings change with the environment.

You probably had different feelings about your role in each of these meetings based on the description. Make sure when planning for family programming that the venue is consistent with your intent. Using a formal meeting structure for a family discussion or support group will not be an effective way to make families feel comfortable or eager to participate.

In addition to the environment, some other things to keep in mind when planning activities include length,

facilitation, and desired outcomes. Meetings should be kept as short as possible. Some have suggested meetings last no longer than one hour. This allows enough time to present information and answer questions without becoming overwhelming.

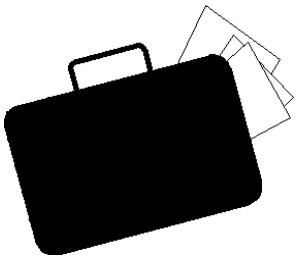
Keep in mind that there should always be someone making sure the meeting is set up and on track. The type of program being planned will help to determine who should facilitate. When planning a family program the desired outcome will dictate the agenda. If the meeting is intended to gather ideas from the family, more time should be allotted for discussion. If the purpose is education on a specific topic, the meeting should be centered around your presenter or lesson with a short question and answer period. The planning is crucial for the success of family meetings. Do not leave these meetings to chance. Set an agenda and make sure everything is working to reach the intended outcome.

New Family Orientations

Research indicates that communication with families and residents prior to admission is valuable in easing their transition into the facility. Realistically this is not always going to be possible. If families cannot be reached prior to admission, a connection should be made with them soon after admission. Many researchers are stressing the importance of family orientations. New employees receive orientation so they can become productive staff members. It seems only logical to provide families with the necessary information and support to facilitate their understanding of the facility and their new role in it. They need assistance to understand policies, terminology, where they fit in the organization and how to participate in the community. Orienting and integrating families into the facility helps to minimize guilt (Greenfield, 1984). It also provides an opportune time for families to share biographical expertise about the resident.

But when should orientation take place? Let's think through the pre-admission/admission process. It usually begins with a phone call (something like an illness or fall typically has happened to prompt the call) and a quick tour. An employee of the facility walks the family member around giving large amounts of information.

Admission day is usually overloaded with paper work and legal jargon. It is



probably safe to assume that family members have too many things on their mind to do orientation immediately. In addition to an orientation within the first week after admission, Brewster Place in Topeka has developed a booklet to give families on admission day that provides general information they might find useful. Providing information to take home gives the family a chance to look it over when they are ready and to reinforce information given orally. Even when written materials are provided, research indicates that face to face interaction is valuable in creating partnerships.

Family orientations should be structured informally to ensure comfort. Using a question and answer session or frequently asked questions (FAQ) format may be helpful. Leaving time for the family to express concerns is critical to the success of the orientation and allows for some individualization. Many different ideas regarding who should lead these orientations can be found, but no clear evidence of which works best exists. A few that serve dual purposes will be discussed here.

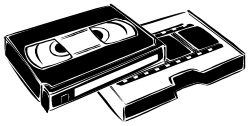
One idea is to have a family member of a current resident lead the orientation. This allows the new family to get a peer's perspective on the facility. It has been suggested that this method makes it less intimidating to ask questions and begins building a relationship between the families. Think about the kind of information you share about the facility during meetings and tours. Do you think the family would have a different perspective? Would this perspective be similar to the needs of the new family? Family members giving the tours should be chosen carefully. They need to be active in the facility and capable of handling the responsibility. A bit of training will be necessary to ensure the quality of their presentation.

Another idea is to pair each admitted resident and family with a staff member. The staff member would be responsible for providing the orientation and staying in close contact with the family during and after admission. They provide a link to the facility and give some consistency to the environment. This provides staff members with greater responsibility and makes them more likely to take ownership in the family's transition.

Having discussed a few ideas on who should do the orientation, you may be wondering what kinds of information it should include. Regardless of whom you choose to lead the orientation it should include a brief meeting with the administrator. When people know who is in charge they feel more comfortable. There is no cut and dried list of topics. Information about policies affecting family and your expectations of them should be discussed. This is an excellent

opportunity to discuss the other aspects of your family program and encourage participation. It has been noted that families frequently do not know who to contact in the facility when various issues arise. The orientation provides a great opportunity to introduce families to the department heads and other key personnel. These introductions can take place in many ways.

One idea is to show a short video in which each department head provides an introduction and shares details about the functions and responsibilities of their department and the types of things they can assist with.



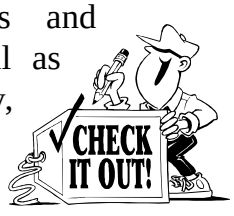
This could also be accomplished face to face or on paper. A link could be created on your web page with staff photographs and biographies. Most homes have family pictures displayed; staff photos could be framed and added to the wall. This would allow families to access the information whenever they chose. Adding a little bit of personal information is helpful in putting faces and names together as well as creating personal connections. Do not be afraid to mention achievements in each department. An introduction might look something like this:

My name is Jane Smith, and I am the dietary manager. I have been with Riverside Manor for six years. I have two golden retrievers and love to water ski. My staff and I are responsible for all of your loved one's dietary needs. Last fall we were awarded a Fabulous Food Dining Diploma. We would love to assist you in planning a special meal or snack and are always interested in your feedback. If a problem arises feel free to contact me. I will give you my e-mail address as well as my office extension. I also have a mailbox in the front office if you would like to leave me a note.

Educational Programs

Educational programs provide another opportunity to bring families into the facility. Research has indicated that family members of residents in a nursing home would like to know more about topics such as: the aging process, communication, disease processes, visiting, and facility policies (York & Calsyn, 1977; LaBrake, 1996).

Your facility is filled with experts in many areas. Take advantage of the resources you possess and encourage staff, as well as others in your community, to provide educational sessions for families.



Some facilities are going beyond just family educational programs and are having family members come to in-service trainings that deal with topics of interest. One facility had a speaker discuss Alzheimer's disease with both the staff and families. If you are reading this module, your facility is adopting the principles of culture change. Why not share the concepts of change simultaneously with both families and staff? Educating and encouraging involvement from both groups during the change process will begin to foster partnerships. Learning together promotes the understanding of different viewpoints. The education modules and training opportunities in the PEAK-Ed program could be utilized for family as well as staff education.

Morningside House in New York has a program called FRAT (Friends, Relatives and Administrators Together). FRAT meets three times a year. The administrator schedules the meeting on a Sunday afternoon. The meeting is designed to let families know what is happening at the facility. The meeting informs the families about regulations as well as new legislation (Hoban, 2003). This type of education allows families to be more informed regarding the legal arena surrounding nursing homes and provides an opportunity to share facility accomplishments.

Fun Activities & Parties

Everyone loves to have a good time and some of the best memories with family come from fun activities or celebrations. It has been said that the family who plays together stays together. If this is the case then this type of family programming is essential for maintaining family bonds. The fun activities that typically come to mind are holiday parties and get-togethers. While these are great opportunities to celebrate, our families are very culturally diverse. Unless we keep this in mind and celebrate all holidays that are important to residents our program will not meet the needs of our families. The term culturally diverse is not intended to refer only to ethnic differences, but also to different values, beliefs, histories and attitudes. With this in mind your program could also celebrate more general occasions, like the start of spring, instead of always relying on holidays as cause for celebration. Since many holidays are rooted in religious or cultural customs, planning should be done to ensure the appropriateness of chosen activities.

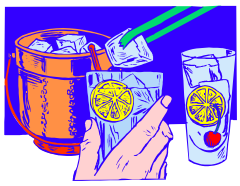
You may be curious about non-holiday types of family activities from other facilities.

-Village Manor in Abilene is doing a monthly AM Café. One day each month the dining room is transformed into a short order café, complete with chef caps and leadership team members as cooks and waitresses, who serve residents,

family and community members. Sometimes the resident council decides on a group from the community to invite to the café in addition to their families. This type of activity encourages family interaction and maintains and builds connections within your community.

-Larksfield Place reports good family participation in its monthly ice cream socials. This activity is inexpensive and easy to plan. Your families and staff probably enjoy ice cream as much as your residents do.

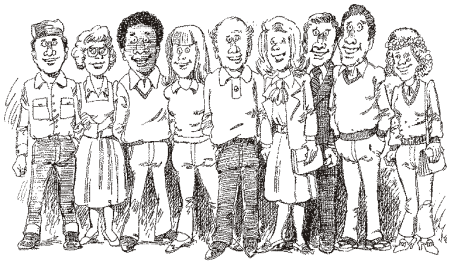
-An individual reading information from the PEAK-ED website wrote in suggesting facilities have a happy hour (beverages can be nonalcoholic) for families to interact with their loved ones as well as one another.



-Meadowlark Hills in Manhattan hosts pre-game tailgate parties for family and friends on KSU game days.

-A miniature golf tournament on the facility lawn could lead to a weekend of interaction and fun in the sun.

Most families are not going to be excited by standard institutional activities, so get creative and ask your families what they are interested in doing. Activities should be attractive to family members of all ages. There are many websites available to share your ideas and get some from others. At www.activitydirector.com there is a message board for you to post questions or ideas and receive feedback from others in addition to activity tips. If one type of activity fails just keep trying.



Support groups

The intention of a support group is to bring those dealing with similar circumstances together. Support groups are an avenue to creating caring partnerships (Nolan & Dellasega,1999). The topic of the group could be related to a particular disease or even an event. Support groups are designed to help deal with transitions, increase understanding and build support systems among the members. When support groups are hosted in the nursing home they create a sense of belonging in the facility. They also facilitate relationships with others associated with the facility.

"I have learned so much about caring for Joe and about myself. All of my frustrations are normal ones! It is so nice

to visit with others who know what I am going through. I really enjoy sharing ideas and having someone who understands."

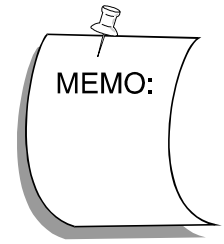
There is a great deal of research available showing the effectiveness of support groups and many different ideas on how they should be facilitated. Identifying a need is an important step in developing a support group. Six other critical elements are cited by LaBrake (1996) prior to beginning a support group. These include: choosing a facilitator, building family solidarity, marketing the group, preparing an agenda, creating a supportive atmosphere, and communicating outside of the meetings.

Needs may be identified by gathering information from families or the community. Fulfilling a need in the community provides a wonderful opportunity to have an impact beyond facility walls. Westy Care Home in Westmoreland holds a monthly Alzheimer's support meeting and encourages community members affected by the disease to attend.

The facilitator may be a staff person or a family member, or they may be co-facilitators. Either way, the facilitator needs to assist the group but not take over. The facilitator is not the group leader. The facilitator also needs to be prepared to maintain the group's focus and ensure that the environment is supportive for all involved. The facilitator may need some training about interacting with the group.

Families have to feel comfortable with the facilitator and one another before they can develop the intended relationship. Many of the principles of team building are applicable when building family solidarity. The first meeting should be a time to get to know one another and develop the mission of the group. The first meeting should contain getting to know you activities and time to share expectations for the support group.

The term support group tends to have a stigma attached. You may want to find creative alternative terminology for attracting members. The avenues you pursue for marketing will be dependent upon your target audience. The audience should be pre-determined. Should your group include family, friends, staff or community members? Your social worker can be a valuable asset when it comes to recruitment and marketing. They typically have relationships built with families and other social service organizations so they can encourage participation. You may want to put up flyers in heavy traffic places in your town and others close by. Do not forget to utilize doctors' offices and your local extension office for publicity. In many communities a local radio station will put your meetings on their events calendar at no charge.



The first meeting of the group is an opportune time to discuss future meetings. Whether or not group members want to follow rigid agendas or go with the flow, it is still necessary to have a plan for the meeting. Perhaps deciding on the next meeting's topic each month could provide families the opportunity to learn about topics that are of current interest.

We have already touched on the impact of the environment. Keep those ideas in mind when planning support meetings. The environment needs to allow for mutual sharing and should be set up so everyone is on a level playing field. Smaller home-like settings may encourage members to share more openly.

Part of the support group structure should include ways for group members to interact outside of meetings. There is always the option of calling one another and seeking support, but only those involved in the call benefit. Students enrolled in distance courses are now using message boards and chat rooms to communicate and learn from each other. A message board could be set up to allow group members a method of posting their questions or thoughts and getting a response from others. The site could require a password so that the group's discussion remains private. The benefits of support groups include communication with others in the same situation, so it only seems logical to facilitate communication outside of meetings.

There is some debate as to the appropriate size for a support group. Some suggest if the group consists of too many members it will lose the supportive atmosphere. After the group has begun, questions about allowing new members to join need to be addressed. Some groups do not accept new families while others have decided to continue letting people join. One group has developed an orientation brochure so that new families are aware of the group and have an understanding of the mission. This group also has special meetings for new families to join (Schwartzben, 1989).

Family Councils

A family council is a group of residents' family and friends who have shared goals. Typical council goals include: education, support, advocacy and communication. The council offers a forum for discussing concerns and grievances. By uniting in the council, families have a voice in decisions affecting both themselves and their loved ones.

What is your job with regards to the family council? Your facility must provide a place for the council to meet privately and address any grievances. The first few council meetings will require effort on your part either to plan the meeting and do the advertising or to recruit families to get a council started. Everyone in the facility will be responsible for encouraging family participation. Every effort should be made to ensure positive influences are recruited to the council. Beyond those items your role will vary.

There are many different ideas regarding who should be involved with the family council. Some suggest staff should not be involved unless specifically invited to ensure open dialogue. The council has the right to be free from any influence of the facility. Others feel staff involvement is necessary for the council to be effective. If you choose to include staff in the council, care should be taken to ensure staff members are not running or dominating the meeting. One thing that all agree upon is that every resident's family members should be invited to the council.

"The difference between an unsupportive atmosphere and a supportive atmosphere is that the former focuses on the problem while the latter focuses on the solution."

Tammy LaBrake, 1996

This quote can easily serve as a guide for your family council. If the message above is not applied, the council is not serving its purpose. Family councils are not intended to be gripe sessions, but are intended to provide support and education. A well balanced council will focus on problem solving, planning, involvement, and recognizing achievements in an organized manner. To ensure organization it will be helpful to elect persons to run the meeting and take notes. Some facilities have found it useful to rotate these positions.

Ideas for family councils might include:

- Assisting the leadership team in choosing an employee of the month.
- Helping with new family orientations.
- Serving as an advisory group on projects.
- Working with staff to solve problems.
- Helping with all other aspects of family programming.
- Being facility volunteers and volunteer recruiters.

It will take time and effort to begin a successful family council, but it is worthwhile. Many facilities have reported difficulty in keeping the council going due to lack of leadership. Perhaps providing the group with some fresh ideas will re-energize their efforts. Another idea is to turn over the organization of the family council to a volunteer. This way the facility is not in charge, but someone has the role of facilitator. To achieve success there have to be some failures. Babe Ruth struck out over 3,000 times before making it to the hall of fame. There are bound to be fluctuations in the council's focus and membership, but when a council is nurtured and sees results its momentum will continue.

Resources

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Hoban, S. (2003). Bridging the gap between families and staff: How one facility focused on communication approaches that have made families allies rather then adversaries. *Nursing Homes,* 52(8), 16-20

LaBrake, T. (1996). How to get families more involved in the nursing home: Four programs that work and why.

Binghamton, New York: Haworth Press. Murphy, K. M., Morris, S., Kiely, D., Morris, J. N., Bellville-Taylor, P., & Gwyther, L. (2002). Family involvement in special care units. *Research & Practice in Alzheimer Disease,* 4, 229-239.

Nolan, M., & Dellasega, C. (1999). "It's not the same as him being at home': Creating caring partnerships following nursing home placement. *Journal of Clinical Nursing,* 8, 723-730.

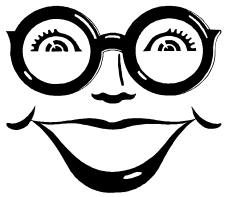
Schwartzben, S. (1989). The 10th floor family support group: A descriptive model of the use of a multi-family group in a home for the aged. *Social Work With Multi-Family Groups,* 12(1), 41-54.

York, J., & Calsyn, C. (1977). Family involvement in nursing homes. *The Gerontologist,* 17(6), 500-505.

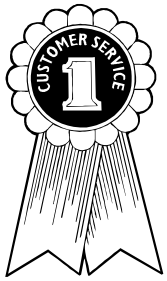
Service With A Smile

Other than family programs, what else can be done to strengthen the family and facility partnership? There is often an unsaid "us vs. them" mind set on both sides of the resident. Family members feel like they are the only ones capable of providing for the resident and that staff does not value their expertise. On the other hand, staff feel that the family does not appreciate their efforts or respect their professional expertise. Two areas to focus on in attempting to change this mind set are communication and customer service.

A family member was asked during an interview what she liked most about the facility. She replied, "Everyone is so friendly. They smile, say hello and ask me how I am doing." Her answer had nothing to do with the clinical care her husband was receiving or the appearance of the facility. Her reply centered on something in the organizational culture, something that is free. Excellent customer service!



There has been a tremendous push in the lodging and restaurant industry to provide customer service for years, but until recently it was overlooked in long term care. There are many choices available for customers today so it is necessary to ensure that their service expectations are met. Facilities can no longer afford to have the best possible clinical care but ignore the service. When you read the term customer service you probably thought about the old adage "the customer is always right." While this statement is partially true, customer service is not mere patronization. It means having respect for customers which helps to build trust. In the anecdote above, you can see the lady trusts the staff to care for her husband because they treat her well.



Activity:

When asked who long-term care customers are, most people immediately think about residents. There are more customers of long-term care than just residents. Take a few moments to think about who your customers are. Use the space below to write your ideas.

There are many customers of long-term care that are seldom remembered. Your list probably includes: residents, families, employees, community and outside service providers. Now, with a better understanding of who customers are, let's look into your staff's ability to provide service.

Activity:

Think about your current staff as you answer the following questions. You may want to answer the questions for each shift.

1. Has your entire staff been trained to handle an angry or upset customer?
2. When staff answer the phone do they take a moment to focus on the task, smile and answer with a uniform greeting?
3. When an employee fails to provide good customer service, is someone prepared to coach them?
4. When customers enter your facility are they greeted promptly?
5. Do your staff appear neat and clean and are they wearing name tags?
6. Does your staff follow through with promises to customers?
7. When staff has to deal with or present negative information are they trained to frame it in a positive way?
8. Are all new employees trained on issues such as face to face or telephone greetings, dress code and complaint protocol?
9. Does your staff try to make customers feel like friends?
10. Can customers tell when a staff member is having problems at home or a "bad day"?

These questions are designed to jump start your thinking about customer service. Now think about a time you have been in another business where customer service was either poor or excellent and about the feelings you associate with that business. Customer service plays a huge role in our impression of a business. When we are treated with respect we have more tolerance for error and are eager to do repeat business. Ask someone who has not been in the facility before to stop in for a visit. Ask them these same types of questions and have them share their reactions with you. Businesses take on a different feel when you are in them every day.

It may seem unnecessary to explain the basics of customer service, but a quick trip to most businesses will reveal the need for review. Customer service is good for the facility's bottom line as well as its

reputation and connection with customers. When customer service becomes a priority, customers will become easier to work with, file fewer complaints and be your best source of advertisement in the community. If you have decided to make customer service a priority, Appendix A in this module can help you get started.

Can You Hear Me Now?

"I have told the girls many times that Roger will drink more if you let him use a straw. I don't know what I have to do to make them listen."

If there is a magic key to family relations and partnership building it is communication. It is an issue between families and facilities. All of the other programs and ideas mentioned serve little purpose without strong, honest two-way communication. We all want to feel listened to and valued as well as be informed.

This section is by no means intended to be a complete communication training for staff or families, but it seeks to point out a few key components of communication and offer a starting place.

Many programs exist to train your staff in effective communications. A program called Partners in Caregiving has proved useful by giving families and staff new understanding and insight into the other group, changing behavior toward the other group and in noticing changes made by the other group (Pillemer, Hegeman, Albright, & Henderson, 1998). The changes all affect the communication and collaboration between family members and staff. This particular program provides training not only for families but staff as well. It has been recognized in the above study that interventions with only the family have limited success. The program focuses on removing the little obstacles that hinder the relationship and stresses the importance of partnerships.

Partnerships between staff and families have proved to be valuable. Anderson, (1992), did a study to evaluate the outcomes of cooperation. Two groups of six homes were studied. One group served as a control and the normal practices were used. The experimental group used a new system in which staff actively sought biographical information about the residents from their families. Family members were encouraged to participate in setting goals. There were numerous benefits seen for residents, staff and families. The facilities saw an increase in family involvement as well as improved staff relationships with residents and relatives. Other outcomes included reduced use of medication, more individualized care, and less staff burn out and fatigue as well as increased job satisfaction. These are powerful outcomes

and are achieved by simply seeking the information families are longing to share. Families perceive biographical knowledge, or preservative care, as critical to quality care (Bowers, 1988).

Edna was constantly asking staff and visitors questions about her past. When they could not give her the answers she desired, she became angry. She would yell at the person visiting with her. Since she was difficult to deal with, many people shied away from her. A new aide came on staff that took a real interest in Edna. Upon realizing that Edna asked the same questions over and over, the aide contacted Edna's son and got the answers to her questions. To make Edna easier for everyone to interact with, the aide, after checking in with Edna's son, made a label for the arm of her wheelchair that has the answers to her questions. Now anyone visiting with Edna can read the answers and communicate with her. Staff and visitors are now more comfortable, and Edna has no need to get angry. Without communication and collaboration, Edna would still be asking questions and getting no response.

Let Me Hear Your Body Talk

It has been said that most of what we say is not in words, but in non-verbal communication. As professionals it is necessary to ensure that non-verbal cues are enhancing the interaction rather than acting as a hindrance. Family members are very sensitive to non-verbal communication. Life is full of stress and turmoil, but body language should reflect complete attention. Gerald Egan has created a framework for tuning into your clients during interaction. He refers to it as SOLER. The framework looks into the components of body language necessary for positive interactions. A few of the components noted are eye contact, facing the person you are talking to, and open posture. A more detailed description of his framework can be found in Appendix B following this module.

During communication we frequently hear something different than what is actually being said. In an effort to avoid misunderstandings you may want to train staff to repeat what is being said to them. When a family member tells staff something that is troubling them they would reply with, "I hear you say that……". This allows both people to be on the same page and can be a powerful tool in listening and reacting. Staff should be using interactions with family members as an educational opportunity.

Activity:

Take a few moments to engage in a conversation with someone. Pay close attention to your body language and theirs. When showing staff the importance

of body language, it may be helpful to role play and let them see how different physical gestures change your impression of the conversation. For example, have a staff member sit facing you for a conversation about something you know is important to them. Lean too far into their space immediately. Then slowly move back. While the conversation continues, lean completely back in your chair or slouch down. Encourage staff to comment on how they feel while watching and participating.

Activity:

The following activity provides a quick and fun way to develop non-verbal awareness in your staff. Break your staff into groups of about 10. Each person will take a turn at being the "touchee" so for the sake of time you will not want the groups to be too large.

The "touchee" will stand facing away from the rest of the group, either blindfolded or with their face against a wall. Once they are no longer able to see the group, one by one the rest of the group members will walk up to them and touch their shoulder while stating their name (the toucher's name). Change the "toucher" order and have them repeat the touch without saying their name.

The "touchee" will use their various senses (other than sight) to guess who is touching them. The facilitator will keep track of the number of correct guesses.

Repeat the activity until each group member has been the "touchee." The winner is the person who correctly guesses the most "touchers."

Prior to beginning the activity, instruct the entire group to not disguise their speech or silent touch. Their touch should be the same both times.

Once the activity is finished, discuss the feelings of the participants and have them share the types of cues used to identify the "touchers." Ask staff members to become aware of the non-verbal cues they are sending out and receiving in all their interactions with other people.

Resources:

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Egan, G. (2002). Introduction to communication and the skill of visibly tuning in to clients. In The skilled helper: a problem-management and opportunity-development approach to helping (7th ed.). Pacific Grove, California: Brooks/Cole.

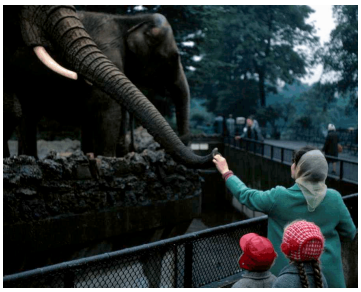
Pillemer, K., Hegeman, C., Albright, B., & Henderson, C. (1998). Building bridges between families and nursing home staff: The partners in caregiving program. *The Gerontologist*, 38(4), 499-503.

Interacting With Families

Knowledge Is Power!

Care plan meetings are often used as a method to gather family input about resident care. Restrictions exist on who can attend care plans. There is a tendency to think that these meetings are the only time the family needs to be involved in the decision making process. People feel useful when they are included and informed. Instead of focusing on care plan meetings as the only way to interact with family, why not have more constant informal contact. Slight changes and events are significant to families.

"It made my day to hear that Mom had a good time on the zoo trip."



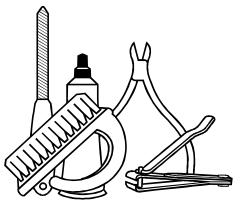
Some facilities are taking the time periodically to have a front line staff member contact the family just to let them know how their loved one is doing and about activities in which they are involved. Others have a notebook on the residents' night stand and the staff leaves little messages about the person's day and activities for the family to read. Staff could even use e-mail to send daily messages to families. This way even if the families cannot see all of the staff from different shifts they have an opportunity to communicate with them. These notes are not related to clinical issues but are of a more personal nature. The staff could also involve residents in the process. Both of these ideas are proving successful in building rapport and trust with families and offer an outlet to express concerns. Families dread contact when it is always centered on something negative, but they are more accepting of any news when they trust the messenger.

Make It Click

Research indicates that families want to be involved in the care of their loved ones and that their involvement ensures personalized care. Family members want to stay involved in decision making after facility admission (Rowles & High, 1996). Families want to know what roles they can take on. Beyond mere visiting, it is the facility's responsibility to clarify the roles families play on a day to day basis (Pynoos & Stacy, 1986). Families seem to resist rigid divisions of labor, so it will be very helpful to work with each family to find an appropriate balance. Families perceive themselves as having more overall responsibility for care than staff attribute to families (Bowers, 1988). This

difference in perception can lead to both parties feeling underappreciated for their contributions.

"*If I did not trim Mom's nails it wouldn't get done. I do not know why I am paying them to care for her when I have to do it all myself. They don't even seem to notice all of the work I am saving them.*"



The above statement was made by a family member during a recent interview when asked what care she is still responsible for. Families suggest that they want staff to provide for both the technical and social/emotional care. Families perceive themselves as having to provide the majority of social/emotional care. The family's ability to provide this care is dependent on the cooperation of staff (Bowers, 1988).

Team building activities are very appropriate for developing relationships with family members. You may wish to incorporate family members into your team building during staff in-service training. The following activity is simple, but fun, and can be used with family members.

Activity:

This activity will teach group members to communicate with each other and how to use different ideas to reach a common goal.

Supplies:

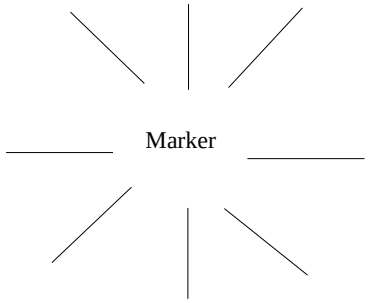
Marker (1 per group)

String (8 equal pieces per group)

Paper (at least 1 piece per group)

String

Prior to the activity, attach the pieces of string to the marker as shown in the diagram below. Note that the strings around the marker need to be close together and near the tip of the marker. The strings should be approximately 18 inches in length after they are tied to marker.



Divide participants into groups of 8. Each group member will get one of the strings tied to the marker. Using the strings to guide the marker have the groups draw

simple objects like a horizontal line, triangle, square, etc. Once the group is beginning to be comfortable working together have them draw items like a flower, the sun or a house. Groups can even try to spell out words or short phrases.

Once the activity is finished have the group members discuss their feelings. This can be done in the small groups or with all participants. Discussion can be guided with questions such as:

What made this activity difficult?

What was the most difficult picture to draw? Why?

What did you learn during the activity that can be applied to your everyday tasks?

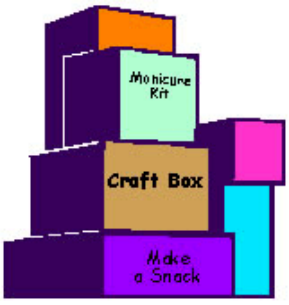
Could this activity have been completed without the participation of everyone in the group?

Help, We Need Ideas

Visits to the nursing home can be difficult for family members. They are not sure what to do or say with their loved ones. Families also report being faced with difficult questions from their loved ones.

"Each time I visit Ed, he asks me why I put him here. I try to offer explanations, but they are never good enough. No matter what I have planned for the visit, he only wants to talk about when he is going home. I never know what to say. Sometimes he gets angry when I do not answer him. I just wish I knew what to say."

Families report that they do not know how to make their visits productive and would like help from staff (York & Calsyn, 1977). Educating families on how to make visits productive can take a huge weight off their shoulders and could increase the number and duration of their visits.



A fun idea is visiting boxes. Each box contains the items for a particular activity complete with related conversation topics. Some of the boxes include things like a seasonal craft project, the ingredients for a simple snack, a game, or the supplies for a mini manicure. Simply providing some ideas can energize family members. Family members need to know that the visits do not have to be long and that it is okay to have quiet moments. A companion piece to this module will provide family members with information on visiting in the facility. A great way to supplement staff activity programs is to encourage family members to lead or assist with activities. Hansen, Patterson, & Wilson (1988), interviewed volunteers who took a

more active role in the mental stimulation of residents by being involved in activities and noted the interactions were therapeutic for the volunteers. The volunteers felt it provided a sense of normalcy to the environment.

Resources

Bowers, B. (1988). Family perceptions of care in a nursing home. *The Gerontologist,* 28(3), 361-368.

Hansen, S., Patterson, M., & Wilson, R. (1998). Family involvement on a dementia unit: The resident enrichment and activity program. *The Gerontologist,* 28(4), 508-510.

Pynoos, J., & Stacey, C. A. (1986). In (1998) Family Involvement on a dementia unit: the resident enrichment and activity program. *The Gerontologist,* 28(4).

Rowles, G., & High, D. (1996). Individualizing care family roles in nursing home decision-making. *Journal of Gerontological Nursing,* March, 20-25.

York, J., & Calsyn, C. (1977). Family involvement in nursing homes. *The Gerontologist,* 17(6), 500-505.

Is This Working?

How do you know you are reaching your current goals for family involvement? Simply keeping track of the number of families involved in the programs is a quick way to monitor participation. This count will tell you if you are completely off track but will not provide detailed information. To get more feedback about your facility and its programs you may want to use a satisfaction survey or focus groups. The two used in combination can be an especially comprehensive tool.

Satisfaction surveys are a quick method for getting a lot of information. They can be conducted over the phone, by mail, in person or through the internet. Surveys can be administered by someone or given to the participants to complete on their own. When determining the survey method, things to take into consideration include time available, expense, subject, and the population you are surveying.

Prior to developing a survey, you should think about the survey's intended purpose, i.e. improving care for specific residents/families or to gain an overall picture of the facility's relationship with its families. This determination will guide the survey, as will the delivery method.

The difficult part is writing a survey in non-biased language that extracts the appropriate data. The language needs to be clear with concepts well defined. Questions should be written at the fifth grade level (American Statistical Association, 1999). If you are using Microsoft Word, the program will tell you the reading level when you check your spelling and grammar. To activate this feature go to the "tools" menu and click on "options." In this menu click on the tab labeled "spelling and grammar". Then check the box titled "readability statistics." After this is complete, each time you finish a spelling and grammar check the readability statistics will show you a grade level. Give your survey a test run before presenting it to your customers. This will allow you to make any necessary clarifications.

Many resources are available to assist in survey development. The resource list on page 38 includes the book Satisfaction Surveys in Long-Term Care. The Kansas Foundation for Medical Care (KFMC) has a sample satisfaction survey on their website at www.kfmc.org/providers/Nursing%20Homes/nhproviders.general.html. There are also many companies available to design surveys for you.

When using surveys, the facility needs to determine who will receive them and when. Some suggest giving every family a survey each year and providing a different survey to new families a few months after admission. There are many difficulties associated with using surveys. A low response is often sited as downfall as is a high response from those who are unsatisfied coupled with a low response from those who are satisfied.

An alternative to surveys is focus groups. Focus groups work like group interviews and serve as an excellent tool. They allow face to face interaction and offer a wonderful opportunity to gain a large amount of qualitative information. The information given is very rich and descriptive. The late political consultant Lee Atwater once said of focus groups, (American Statistical Association, 1997) "they give you a sense of what makes people tick and a sense of what is going on with people's minds and lives that you simply can't get with survey data."

Participants for focus groups should be chosen based on interest and knowledge of the topic. Participation must be voluntary. Group members should be invited to participate and given the objective for the meeting when invited. Research indicates that the ideal size of a focus group is between six and twelve people (American Statistical Association, 1999). This is small enough that people are comfortable sharing yet large enough to prevent the group from being dominated by a few people. If you want to involve a larger number of people it is recommended that multiple groups are held.

It is recommended that you have several questions prepared prior to the meeting. Questions should be focused on the meeting's objective and should be open ended. If the question can be answered with a "yes" or "no" it should be avoided to ensure as much information is shared as possible. The questions need to be written in clear language that does not sway the response. The moderator may ask follow up questions to solicit more information or clarify statements.

During a focus group meeting a moderator and a recorder are needed. The moderator should lead the group by ensuring that the questions are answered completely and that the meeting stays on track. This person should put the questions before the group and allow time for the responses. Ideally the moderator lets group members discuss and react to one another. The recorder can be either an audio/video tape or a note taker. The notes taken during the meeting should be clear and complete since they will be used to evaluate the outcome of the meeting. If possible, more than one method for recording information should be utilized.

When starting the meeting it is essential that participants know the information will be confidential. The group should be given information about the meeting's objective and a few ground rules. The moderator should introduce him/herself and anyone else helping to facilitate the meeting. An icebreaker activity can be used to introduce group members. Examples of icebreaker activities can be found from many sources. Make sure the activity chosen is appropriate for the group's members.

There are some disadvantages to the focus group method. The quality of information received in the group will depend on the abilities of the recorder and the moderator. Some groups will also be more willing to share than others.

Keep in mind that families are not the only ones who need to be included in the measuring process. The goal is to create partnerships between residents, staff and families. Therefore to get a true picture you need to ensure that each member of the partnership is given the opportunity to offer a voice from their perspective.

Resources:

American Statistical Association. (1999). Designing a questionnaire. [Brochure]. Alexandria, Virginia: Section of Survey Research Methods.

American Statistical Association. (1997). How to plan a survey. [Brochure]. Alexandria, Virginia: Section of Survey Research Methods.

American Statistical Association. (1997). What are focus groups?. [Brochure]. Alexandria, Virginia: Section of Survey Research Methods.

Cohen-Mansfield, J., Ejaz, F., & Werner, P. (2000) Satisfaction surveys in long-term care. New York: Springer Publishing.

Kansas Foundation for Medical Care, Inc. Sample satisfaction survey. Retrieved February 15, 2004 from www.kfmc.org/providers/Nursing%20Homes/nhproviders.general.html.

Conclusion

Relationships are the heart of life. Nursing homes and families must utilize the tools available to develop the relationships required to attain mutual respect, two-way communication, support and understanding. When relationships are strong everyone wins, especially the resident.

Projects

Most nursing homes would like to improve relationships with families but place this desire relatively low on the "to-do" list. However, the outcomes from family-staff relationship projects are well worth the effort. Assessment and evaluation of all of the following projects will be the same. Prior to developing and implementing a family project you will want to gather information about complaints filed and about family and resident satisfaction. Gather data for these assessments again one year after implementing the change. Another good way to evaluate the effect of the projects is to conduct a focus group during a family/resident/staff learning circle. (see # 4 below).

1. Family Orientation: Refer back to the family orientation section of this module on page 17. Use the information to develop a family orientation that is specific to the needs of your home. This project should involve staff from all departments as well as current residents and family members.

2. Family Council: Develop a plan for starting a family council. You may want to include family members and other staff in this project. Reread the section on family councils on page 23 and use it to guide your planning.

3. Customer Service Project: Choose three of your facility's weakest points, or those you think are most important, from the Service With a Smile activities on page 26. Along with your staff, develop a plan to implement the idea or improve upon your current program.

a. _____
_____
_____
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b. _____
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c. _____
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_____
_____

4. <u>Conducting Family Learning Circles</u>: Families should become a functioning part of the resident support team. To do this team leaders will want to invite them to attend learning circles at least monthly within the neighborhood. A learning circle provides a method for getting everyone involved and is a simple meeting format for staff to learn to conduct.

Have staff, residents and family sit in a circle. Using a prepared agenda (two to three simple items for discussion) begin with a question and ask each person in the circle to contribute one at a time, person to person around the circle. A person may choose to "pass" if they like, but everyone has a chance to say something, without interruption, until everyone in the circle has had an opportunity to speak. At that time, the floor can be opened for discussion. Sometimes it takes several times around a circle before people feel free to speak their mind, but this method helps to keep very vocal families from monopolizing the conversation.

Simple suggestions for topics to discuss include: naming the neighborhood; activities, special dinners or events; reminiscing; or just getting to know each other better. Try to avoid turning these sessions into opportunities to complain. You may wish to state at the beginning of the meeting that this circle is not intended to be a gripe session. There are other avenues for this type of feedback. A learning circle should be positive in nature.

Post Test

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.
Some questions may have more than one answer.

1. Which of the following best defines Family-centered Care?
    A. Family members make all care decisions for the resident.
    B. Family, staff and residents participate in all aspects of care.
    C. Direct care is provided to family members by staff.
    D. Family members provide all resident care in the facility.

2. When holding new family orientations who may lead?
    A. Other resident's family members.
    B. Department Managers.
    C. All staff.
    D. All of the above.

3. Which of the following is one phrase you can teach your staff to use so that families know they are listening and understanding?
    A. Yeah, I've got it.
    B. I am listening.
    C. I hear you say that.....
    D. What did you say?

4. Which of the following is the best example of family friendly writing?
    A. We allow residents to have guests for dinner, but a minimum of 24 hours notice must be given and the meal fee is due when reservation is made.
    B. We would love to have you join us for dinner. Please let a staff member know so a place can be set for you at the table.
    C. We allow guests to bring treats for residents. They must be inspected, sampled and logged in by the dietary department prior to resident use.
    D. We allow residents pets to visit, but they must stay in their cages and on the lawn.

5. An Alzheimer's support group meeting is being held in your home. Which of the following meeting set-ups will best facilitate such a meeting?
    A. A small room with four rows of chairs facing forward.
    B. The main dining room.
    C. A small private room with chairs in a circle.
    D. The main lobby of the facility with chairs in a circle.

6. Studies indicate families would appreciate education about which of the following areas?
    A. Aging process.
    B. Facility policies.
    C. Painting.
    D. Visiting their loved one.

7. The primary goals of a family council include all of the following except:
    A. Education.
    B. Support.
    C. Communication.
    D. Complaining.

8. Mary is constantly complaining about the manner in which staff care for her husband. Even when the staff makes the requested changes she still finds something else to complain about. Which of Kubler-Ross's stages is Mary probably in?
    A. Denial.
    B. Acceptance.
    C. Anger.
    D. Griping.

9. Alice is having trouble dealing with the changes in her husband Ralph due to the progression of his Alzheimer's disease. She has no connection with others in similar situations and has many questions. Alice could be best supported by the nursing home through....
    A. No intervention.
    B. A picnic.
    C. A book.
    D. A support group.

10. Which of the following must a nursing home do for a family council?
    A. Provide a meeting space.
    B. Provide a discount for residents with family members in the council.
    C. Be only as involved as the council wants them to be.
    D. Be open to ideas and concerns brought forth by the council.

Answers Found on Page 43

Answers to Pretest, Post-test and Other Activities

Answers to Pretest and Post-test:
1. B; 2. D; 3. C; 4. B; 5. C; 6. A,B,D; 7. D; 8. C; 9. D; 10. A,C,D

Creating Family Programming Activity
1. A; 2. C; 3. B, F; 4. D; 5. G, E; 6. F, B; 7. E, A

Appendix A: Customer Service

While there are various ways to demonstrate customer service a few basic principles always apply. Including your staff when developing or revising customer service policies will help to ensure their acceptance and may be useful in promoting their participation.

Greeting: The lady mentioned in the scenario at the beginning of the customer service section is comforted and impressed by the greeting she received. First impressions are important in determining the perception of a facility. This greeting applies not only to face to face interaction but to the telephone as well. Every facility should have a policy regarding greeting visitors, and employees should be trained to ensure that all people they come in contact with feel like they are important. In person this can be accomplished by making eye contact, smiling and simply saying, "Hello." Staff should always offer assistance. Some facilities even have staff introduce themselves to visitors.

Telephone: During the course of a busy day answering the phone can seem like a nuisance. Keep this in mind each time the phone rings. The phone is the life line for your business. It may be the only opportunity you have to "wow" customers. When it comes to the phone the same greeting principles apply. Your facility may want to consider writing a standard greeting and making sure staff is trained in phone manners. Your voice speaks volumes. It is easy to hear if the person on the phone is in a hurry or working on other tasks. By pausing and smiling prior to answering the phone your tone will be more pleasant and relaxed. A great deal can be accomplished by a basic phone greeting. A simple greeting, like the following, makes the caller comfortable, gives a contact name, and offers assistance.

"Good morning, Sunny Shore Manor. This is Susy, how may I help you?"

When using the phone system and taking messages make sure to get complete and correct information from the caller. Deliver messages directly or put them in the appropriate place to ensure they are read. It is never a bad idea to follow up after you have delivered a message. It is also important when placing a call on the facility's behalf to state where you are calling from and your name prior to sharing why you are calling. Keep the call as brief as possible. Before ending the call ask if there are any questions and give information on who to contact if questions arise.

The look: Staff should be clean and neatly dressed in appropriate clothing at all times. Facilities should adopt a dress code and enforce it. Name tags should be

easily visible. This means just below the shoulder, not on your waist band or covered by a jacket.

Follow through: One of the worst things you can do for customers is promise to do something and not follow through. If you cannot handle the situation yourself, make sure to find someone who can. Check later to ensure the task has been completed.

Information: Honesty IS the best policy. Let customers know what you can or cannot do for them and do your best to steer them in the right direction. NEVER give an answer you are not sure of just to placate the customer. This policy also applies to mistakes. Be honest and up front with customers when you have done something wrong. They are much more forgiving than you might think.

Complaints: Among the most difficult parts of customer service are dealing with complaints and difficult customers. We all have the tendency to become defensive. While this is a normal reaction it is not a helpful one. Staff needs to be reminded that complaints are not personal attacks and are generally aimed at the system. Showing courtesy when problems arise can prove very helpful. Handling complaints requires active listening and empathy on your part. It will be necessary to get past the complaint to the root of the problem. Your facility should have a policy for handling complaints. All staff should be instructed in this policy. Customers should also be made aware of your policy. Customers might appreciate knowing who in the facility should handle certain types of issues. Why not provide them with this information? It could be a simple handout or poster that lists department heads and the issues they are best suited to handle.

Feedback: No one can evaluate your customer service like your customers. Ask for their input and use it. Provide a variety of opportunities for customers to give comments, complaints, concerns and most of all compliments. A few years ago a major department store started a customer service campaign. Individuals with the store credit card were sent some gold stickers in their monthly statement with instructions to give them to store staff members who provided excellent customer service. This gave the customers a voice and gave the staff some extra incentive to make customer service a priority. While no data could be found regarding customer service satisfaction surveys for the store during this period, experience says it works. Why not give your customers the opportunity to reward your staff in a similar manner?

There are many good customer service training materials available. A search on the web will reveal many companies that specialize in this type of training as well as publications which are available to purchase.

Appendix B: Body Language

The following provides a more detailed description of SOLER, Egan's model of non-verbal communication.

S: Face the client **squarely**. Your posture should indicate involvement. By directly facing a family member when speaking or being spoken to you are letting them know the conversation is receiving your full attention and is important to you. Face to face communication develops a sense of contact and connection between individuals. Egan does note that you do not always have to be squarely facing the client literally, but should be making your presence convey your full attention.

O: Adopt an **open** posture. Open posture can indicate an open mind. When we have our arms crossed we seem to be unavailable to others. When having a conversation with a family member keep in mind the message that your body language is sending out.

L: Remember that it is possible at times to **lean** toward the other. When having a conversation with a friend you might lean into them slightly to show that you are engaged in the conversation. This is not intended to encourage leaning forward and crossing the personal boundaries of the other individual or the opposite of leaning too far back. It refers to moving the upper body with the flow of conversation. Egan (2002, p. 69) states that, "bodily flexibility can mirror mental flexibility."

E: Maintain good **eye contact**. Keeping eye contact with a family member is another good way to let them know you are listening to them. In the busy nursing home environment, if you are looking around it may be interpreted as a lack of interest. Good eye contact is not the same as a staring contest. It is necessary to release the contact from time to time.

R: Try to be relatively **relaxed** or natural in these behaviors. Egan (2002), notes that this is two fold. The first part includes controlling nervous behaviors and the other deals with using your body as means of expression. These ideas can be somewhat uncomfortable at first so you will want to practice.

This framework will be useful not only when communicating with family members, but also residents, co-workers and in personal relationships.

Resources:

Egan, G. (2002). Introduction to communication and the skill of visibly tuning in to clients. In The skilled helper: A problem-management and opportunity-development approach to helping (7th ed.). Pacific Grove, California: Brooks/Cole.