Cornell Gerontology Research Institute

An Edward R. Roybal Center for Research on Applied Gerontology

Volume 1, Issue 1 PROGRAM BRIEF Summer 2003

Partners in Caregiving: Cooperative Communication Between Families and Nursing Homes

Family-Staff Relations in Nursing Homes: Background and Rationale

Despite a popular impression that nursing homes are locations where families abandon elderly relatives, there is clear evidence that caregivers typically maintain close ties to institutionalized family members. However, many family members experience considerable stress regarding placement and negotiating life in the nursing home. A significant cause of this stress appears to be problematic relations with nursing home staff. Indeed, poor relationships with staff predict family members' depression, anxiety, and emotional response to caregiving. Staff also frequently find maintaining positive relationships with family members to be difficult. These problems have been exacerbated by deteriorating conditions in nursing homes nationwide, due to funding cutbacks and a critical shortage of staff.

Such problems result in part from structural barriers to cooperation between the two groups. Research suggests that problems emerge when there is a mismatch between the structure of a formal organization and the types of tasks it assumes from families. In nursing homes, the potential for such intergroup conflict is heightened because long-term care facilities represent the classic case of a formal institution seeking to take over primary group tasks (such as personal care) and to fit the performance of such tasks into a bureaucratic, routinized framework.

Several studies have revealed obstacles to harmonious staff–family member relationships. First, discrepancies between staff and family perceptions

of appropriate tasks for each group often produce staff–family conflict. Examples of these discrepancies might be differences of opinions that arise about the management of a resident's clothing or grooming needs.

The second pattern involves barriers to communication, including a) time pressure on the part of the staff, which can make interactions brief and cursory; b) the tendency of relatives to be hesitant about offering suggestions and criticism because of fears that such comments might negatively affect the care provided to the resident; and c) the fact that staff and residents frequently come from different ethnic groups and socioeconomic classes. A third obstacle to cooperation is the negative stereotypes families and staff often have of one another.

In the face of such evidence, one might expect

that interventions to address these problems would be widespread, however, this has not been the case. Although it is desirable to forge partnerships between the two groups in order to better enable them to work together to improve the residents' quality of life, few programs exist that promote such cooperation and improved communication. Most intervention programs have focused solely on the family, offering individual counseling or support groups for relatives of residents, or inviting family members to participate in their relatives' care or serve as volunteers in the facility. Such programs typically have not addressed staff perspectives and behaviors, although it is reasonable to expect that training for both groups is needed to bring about change. Further, existing programs do not address facility procedures and policies that may generate family–staff problems. The intervention developed in this study — Partners in Caregiving — was designed to address each of these issues.

The Partners in Caregiving Program

Two major mechanisms were employed by Partners in Caregiving (PIC) to bring about changes in family and staff perceptions and behaviors. Most important is the development of improved communication skills on the part of both groups. A substantial body of research suggests that enhancing communication skills may be a promising method for fostering partnerships and reducing conflict and hostility between families and nursing home staff.

The second component of the intervention focused on discussing (and recommending changes in) facility policies and procedures. To accomplish changes at the facility level, the PIC intervention included joint meetings of family and staff participants with facility administrators. These sessions were expected to increase the sense of involvement and control for participants and create solidarity between staff and families. Further, they provided an opportunity for members of both groups to work toward consensus on changes in facility practices or policies.

The Program

The Partners in Caregiving program consists of two parallel workshop series, one for nursing staff and one for family members of residents on the same unit. The content of each workshop requires a total of approximately six hours. The components of the program are presented in an order that allows later program modules to build on earlier ones. Three specific communication skills are featured in the PIC program. The first, active/empathic listening skills, identifies "communication helpers" and barriers to effective listening. Second, feedback provides verbal cues to a conversation partner that allow a person to know how a message is received. Third, the "I-messages" technique uses the first-person singular to express a problem or complaint, thereby reducing defensiveness on the part of the other person.

Several modules of the training deal with situations in which cooperative communication is particularly difficult in the nursing home: when there are cultural and ethnic barriers to communication; when a person is faced with blame or criticism; and when values among different groups in the facility affect communication. Each of these modules attempts to foster empathy for members of the other group. Further, the communication skills learned earlier are reinforced and practiced in these more specific situations.

The project ends with the joint session, in which the staff and family participants meet together to discuss issues of concern with the facility administrator. As in other components of PIC, the joint meeting is carefully structured and includes opportunities for sharing of ideas as well as for prioritization of recommendations for changes in policies and procedures.

"It helped me to understand families' point of view. It makes the relationship more stable. Partners in Caregiving helps us to both understand each other and how to work for the resident together."

- Staff participant

Evaluation of Partners in Caregiving

A randomized, controlled intervention study was conducted with staff members and relatives of residents in 20 randomly selected not-for-profit nursing homes in Central New York. The treatment and control conditions were assigned randomly to two units, resulting in 10 treatment units and 10 control units within the 10 treatment facilities. Ten purely control facilities were also included in the study. In these facilities, staff and family members were recruited for a "survey of staff–family relationships," and no mention was made of PIC. Interviews were completed with 932 family members and 655 staff members. Follow up interviews were conducted 8 weeks and 6 months after the PIC workshops were completed.

Overall, the results of the treatment-control comparisons are encouraging for both staff and family members. The strongest effects were found for both groups' perceptions of one another: Family members perceived greater empathy on the part of staff, and staff viewed family behaviors toward them as more positive. Further, staff members in the treatment group improved in their feelings toward the job, as indicated by a reduction in likelihood of quitting. Finally, reports of conflict declined among family members whose relatives had dementia. Such conflict relates strongly to decreased well-being among caregivers, as well as the general population, during periods of high stress.

These findings are consistent with overwhelmingly positive subjective evaluations of the PIC intervention by participants. Ninety-eight percent of participants reported that they could relate the material covered to their own experiences in the nursing home, and 93 percent responded that they felt comfortable in the training program. Ninety-two percent of participants rated the program as excellent or good and 96 percent reported that they would recommend the program to others in their situations. Such a response is highly encouraging because it suggests that similar interventions are likely to be both welcomed and effective across a range of long-term care settings. Participants reported that they found the joint meeting useful and productive. Further, PIC resulted in some kind of innovation in all of the 10 treatment facilities, ranging from the establishment of a family council to posting staff photographs on a bulletin board.

"PIC taught me my shortcomings interacting with staff, gave me ways to talk about the difficulties and helped me feel comfortable finding solutions."

- Family participant

Significance

The PIC intervention was designed to improve staff-family relationships in nursing homes. The intervention and its evaluation improved upon prior efforts in five ways. First, the intervention design was based on a clearly articulated conceptual framework derived from both theory and empirical research on interpersonal interactions in long-term care settings. Second, the study was conducted in a relatively large number of facilities, allowing us to examine effectiveness across a range of settings. Third, the training involved both family and staff members on particular units where they interact, rather than training only one of the two groups. Fourth, the program engaged participants in a dialogue with one another and with facility administrators regarding changes that would facilitate better staff-family relationships. Finally, the study focused on outcomes for both staff and family members.

The evaluation also revealed possible ways to further strengthen the Partners in Caregiving intervention. Potential modifications include increasing the length of the family and staff trainings, providing the training in segments that fit into the existing staff in-service structure, promoting additional joint meetings, and providing additional "booster sessions" following the initial workshops. However, given the financial and staffing pressures most nursing homes today experience, expansion may not always be possible. Fortunately, the intervention results suggest that the program can be offered "as is," with likely benefits.

"We were pleasantly surprised by the additional benefit which was the feeling of comraderie that developed among family members. We found that visiting family members took a greater interest in other residents on the unit where their loved one lived and they began visiting and talking to other residents."

- Nursing Home Administrator

Future Directions

The Partners in Caregiving program has recently been adapted for use in two specialized long-term care settings. First, researchers at the Braceland Center for Mental Health and Aging in Connecticut have adapted the program for use in special care units for dementia patients, and are currently conducting a three year evaluation of the program with funding from the national Alzheimer's Association. Second, the Foundation for Long Term Care in New York has created a spin-off program, entitled *Caring Communication* that focuses specifically on communication issues in end-of-life care.

For additional information regarding any aspect of Partners in Caregiving, including training-of-trainers programs that are offered periodically, contact the Cornell Gerontology Research Institute.

References

Pillemer, K., Suitor, J.J., Henderson, C., Meador, R., Schultz, L., Robison, J., Hegeman, C. (2003). A Cooperative Communication Intervention for Nursing Home Staff and Family Members of Residents. *The Gerontologist, Special Issue II, 43,* 96-106.

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,* 1-5.

Partners in Caregiving Manual

Copies of the Partners in Caregiving Facilitator Training Manual may be obtained by contacting Leslie Schultz at ls30@cornell.edu or 607-255-4553. Information about training or consultation for implementation of PIC is available upon request.

Karl Pillemer, Ph.D., *Director*
Kap6@cornell.edu
Phone: 607-255-8086
Fax: 607-255-8767

Rhoda Meador, *Dissemination Coordinator*
Rhm2@cornell.edu
Fax: 607-254-2903

Leslie Schultz, *Center Manager*
Ls30@cornell.edu
Phone: 607-255-4553
Fax: 607-254-2903

Research reported in this program brief was supported by the *National Institute on Aging*, the *Bronfenbrenner Life Course Center*, and *Cornell Cooperative Extension*.