

# BRIDGING THE GAP BETWEEN FAMILIES AND STAFF

HOW ONE FACILITY FOCUSED ON COMMUNICATION APPROACHES THAT HAVE  
MADE FAMILIES ALLIES RATHER THAN ADVERSARIES



BY SANDRA HOBAN, MANAGING EDITOR

It doesn't matter whether your facility is well operated, deficiency-free, state-of-the-art, and staffed by the most caring professionals—complaints are inevitable. Suddenly, an “ideal day” falls like a house of cards when the Willful Wife, the Haranguing Husband, the Demanding Daughter, or the Sermonizing Son steps through the door. “Why isn't my husband's hair combed?” “Why is my wife still in her pajamas at 8:30 a.m.?” “How did my mother get that scratch on her face?” “Why are her clothes disappearing?” Not pleasant—but one way to look at a complaint is that it's an opportunity for improvement.

To build good relationships with families and residents, you must convey to them that their concerns are taken seriously. After all, sometimes even the chronic complainer has a valid grievance that, when resolved, becomes an important lesson in the value of communication.

Clare L. Horn, ACSW, assistant vice-president of Social Services at Morningside House, a 386-bed facility in the Bronx, New York, is a case in point. Observing the various communication styles of staff, residents, and families, and witnessing their effects on her nursing home operations, she began to search for a way to make the most of these exchanges. Two years ago she met with William T. Smith, president and CEO of Aging in America (Morningside House's parent company) and current AAHSA chair-elect, to discuss the issue.

Smith told her about a nursing home that had implemented a program called Partners in Caregiving (PIC), a program designed to give people the tools to understand and refine their communication styles.

Developed by Karl T. Pillemer, PhD, professor of human development at Cornell University and director of the Cornell Gerontology Research Institute (CGRI), PIC is an empowerment tool specifically structured for training nursing staff and family members in communicating with each other. Each group undergoes nearly identical training sessions, but the topics are geared to their particular roles in relating to the resident. Through lectures, exercises, and role-playing, participants learn how to air their opinions and/or grievances respectfully, in an open-minded and constructive manner.

“Because Morningside House strives for such exchanges with

families,” says Horn, “we contacted CGRI's director of dissemination, Rhoda Meador, MS, for advice about how to implement the program. She suggested that we take a ‘train the trainer’ approach in disseminating this among staff, asking CNAs and others who participated in the workshops to spread the word among their colleagues. In addition to improving communication among residents, staff, and family members, the main program goals were to improve both care and caring by nurs-

ing personnel; to increase family satisfaction with and participation in a loved one's care; to improve the entire facility's sense of community; and to promote participation at every staff level—from administration to nursing staff to ancillary service personnel.”

Horn and Joan Trendler, RN, director of Clinical Education, revised and expanded the facility's orientation and analyzed ways to sustain ongoing staff education to incorporate PIC principles.

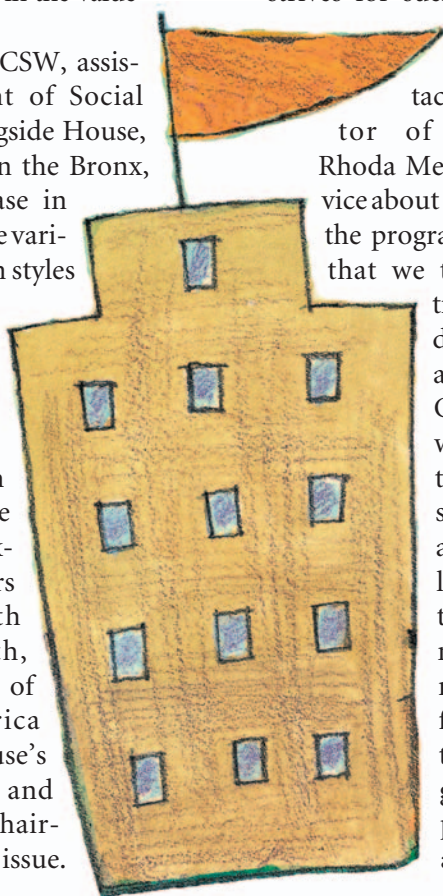
### Recruiting PIC Participants

Before beginning the PIC workshops, families who had shown an active interest in the processes of care at Morningside House received a letter detailing PIC and inviting them to participate in two, two-hour training sessions in a particular week. According to Horn, response was enthusiastic and the workshop well attended.

For the staff side of the program, CNAs were recruited from every unit and floor of the facility and attended three two-hour workshops during the week the training was offered. “Of course, this required some scheduling adjustments to cover for those CNAs who were off the floor during their six hours of training,” notes Horn.

### Highlights of a PIC Workshop

During the PIC training, each group focused on the same communication principles from their own particular perspectives. For example, family members were taught how to complain or criticize in a positive manner, while staff learned how to receive and adjudicate a complaint or criticism constructively. “The course is not just about complaints,” explains Horn. “Sessions cover a range of topics that promote cooperation, teamwork, and shared goals.”

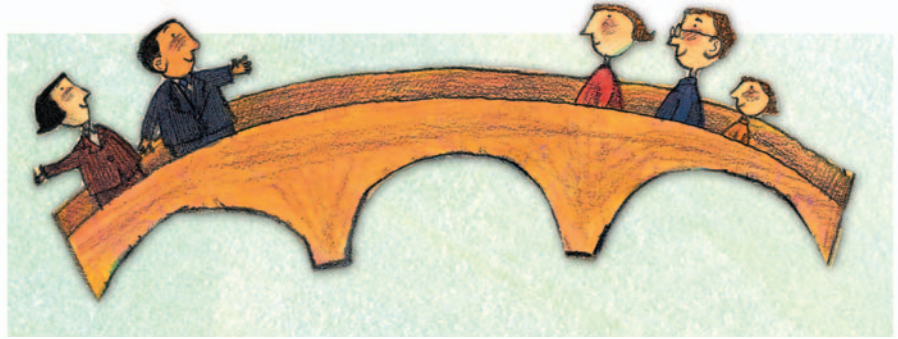


Through PIC, participants learn how to:

**Listen effectively.** The PIC program introduces advanced listening skills through interactive skill-building sessions that introduce listening and feedback techniques to focus clearly on what is being said. For example, a family member might want to know why a parent has been sitting so long. If the staff member perceives that the question was asked brusquely or with negative body language, he or she might react defensively rather than responding with a reason and, if necessary, correcting the situation. Or maybe the query was asked casually and the CNA, being busy at the moment, brushed it off, leaving the family member with the impression that the caregiver didn't care. In either case, communication has failed.

**Speak clearly.** As important as it is to listen carefully, participants are taught to convey their messages clearly and respectfully to diffuse defensiveness and divisiveness. This facet of PIC uses role-playing to convey the message that problem solving is not "I"-focused, but "we"-focused. In the above scenario, for example, instead of just throwing the question at the CNA, participants learned that a family member who prefaces a question with a polite, "Excuse me but..." will garner a better response, such as, "May I get back to you in a moment because..." In this way, the family member acknowledges the staff member's busyness but realizes, with the staffer's polite response, that his or her concern is seen as valid and that the staff member wants to give it complete attention when he or she is able.

**Understand cultural differences.** Recognizing and adapting to the various cultures, ethnicities, and languages of residents and staff are



essential to effective partnering. Through the workshops' lectures, exercises, and other training modalities, staff learned, for instance, that what might be considered rude or uncaring in one culture or to one ethnicity might simply be a normal style of behavior or speech in another. Horn explains, for example, that Hispanic people generally move closer to a person when conversing, which can be intimidating or seem rude to others who require more personal space.

Another example Horn cites involves touching. "In some cultures touching can be seen as highly improper. For example, Cambodian and Thai mores do not permit touching or patting people, including children, on the head because the head is recognized as being closest to the spirit," remarks Horn. She adds, "Cultural differences are apparent even in decision making. For example, Taiwanese families abide by the decisions made by elders, while Americans generally decide advanced directives and other issues by consensus. Awareness of these differences can prevent accidental affronts."

**Improve communication facility-wide.** The final segment of each group's workshop was to identify particular areas of concern in the facility that could be remedied by improving communication. After each group developed its talking points on these issues, they met in a joint session to brainstorm, design, and implement

tasks that would focus on solving them. "The joint meeting," explains Horn, "included administration (CEO, administrator, and department heads), as well as both groups of trainees. With the help of our facilitator, all recommendations were reviewed. From them, a Cooperative Communication Action Plan was developed to pinpoint tasks and measure outcomes."

The action plan recognizes that successful family-staff partnerships begin on the first day of admission. One of the assigned tasks required of everyone—from administration to housekeeping—is to smile and say hello to one another, not just to the resident and his or her family. "Basic courtesy helps immensely when problems do arise," says Horn, "because it reminds people of their common mission—providing optimum care to the resident."

The action plan also recognizes that placing a loved one in long-term care is an emotional experience; not only is the setting unfamiliar to the resident, but also to the family. Feelings of guilt make family members behave more intensely in ensuring their loved one's comfort and care. "We analyze a resident's first week and make it a point to make the family aware of their loved one's daily routine and which staffers are responsible for different aspects of care," explains Horn. "By educating families about our operations, policies, and routines, and by introducing them to the staff in-

volved—giving each person's title, role, and responsibility—we find that families will address their concerns to the appropriate person, which takes the burden off a staff member who just happens to be walking by."

Morningside House has also increased CNA participation in the care-planning process. In doing so, not only do CNAs get a better understanding of their residents' conditions and immediate needs, but also nursing supervisors get a more accurate and insightful understanding of the residents' situations from the hands-on caregivers. This helps the caregiving team to establish individualized approaches to resident care and, in the process, avoid situations that create confrontation.

"Since PIC principles have been introduced, I've seen the number and severity of complaints that cross my desk decrease," observes Horn. Staff members have also become more proactive; the teams will reconvene after three months to analyze whether the assigned tasks have been performed and, if not, what another approach might be. "Moreover, we continue to develop and implement cultural competency in-services," Horn adds.

Staff continue to refine their methods of communication. For example, they are continuing to work at overcoming language barriers and devising communication aids so that they can understand—and be understood—by non-English-speaking residents and personnel. "To meet this need," says Horn, "we have a Language Bank service involving staff

who speak a second language (in addition to English). They volunteer to serve as interpreters for residents, family members, and visitors. We are also exploring the feasibility of offering language classes to staff."

Supplementing the Language Bank, Communications Boards (or cueing boards) are available in various languages, including Spanish, Russian, and Italian. "The simple pictorial depictions are very effective in helping staff identify a resident's immediate requests or needs. A visual pain scale is also included to help decipher the resident's intensity and duration of pain," explains Horn.

The process overall has moved the facility's communications to a new level of effectiveness. Now, when a complaint is registered, staff express thanks to the family member for bringing the matter to their attention and apologize for any problems that might have been caused. Then, after gathering information about the incident, they immediately correct the problem to the extent possible, and take time to reassure family members that their concerns have been addressed. Later, a staff member follows up with the family to see whether they are satisfied with the remedy.

Has PIC training had an effect on customer satisfaction? "We benchmark our surveys with those of 18 other member facilities in the Alliance for Continuing Care Network," says Horn. "Looking at the positives and negatives, we've found that families are focusing on respect, dignity, caring, and compassion and, because

we are communicating more effectively, satisfaction is growing."

Along with the PIC program, Morningside House supplements its partnership efforts through a program called FRAT (Friends, Relatives, and Administrators Together). "Three times a year, our administrator, Richard Zeitoun, schedules a meeting on a Sunday afternoon, so more families can attend. He presents a program, accompanied by myself and selected department heads, to let families know what is happening at the facility and what is going on regarding federal and state regulations and legislation," explains Horn. After the presentation, families are given the floor to ask questions or raise other issues of importance.

Because today's family caregivers are more knowledgeable about long-term care through media reports, new research resources, and networking, they have become a valuable resource to facility caregiving. The Morningside House approach recognizes this new reality. A family's involvement might have begun as a complaint, but through clear communication based on mutual respect with staff, they become partners, and the quality of care becomes that much better. **NH**

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For more information on Partners in Caregiving, contact Rhoda Meador, Director of Dissemination, Cornell Gerontology Research Institute at (phone) 607-254-5360, (fax) 607-254-2903, or send an email to [rhm2@cornell.edu](mailto:rhm2@cornell.edu)