



After the Move: Communicating and working with the staff

Strategies to help you in your role as a “partner in care”

The caregiving role does not end with the move; however, it evolves and is different in some respects. It can be daunting and difficult at first – what do I do now? Where do I fit in?

You are now a “partner in care” with the staff. Your role is to inform, advise, recommend and encourage best quality care for your family member/relative/ friend.

A. Take the time to get to know the staff and develop a rapport

- Provide information to the staff about the background, past employment, activities and hobbies, likes and dislikes, strengths and abilities, and things of special significance, etc. of your family member/relative/friend.
 - Review the information booklet provided by the Home upon admission. Get to know how things work. Ask about medications, restraint policy, procedure for informing you of changes, etc.
 - Get to know the staff on the unit and establish contact with key staff that are responsible for your family member/relative/friend. They can provide information when questions/issues arise.
 - Maintain regular contact and conversations with staff. At first, you might want to visit more often to get to know the staff and for them to get to know you as well as the needs of your family member/relative/friend.
 - Find out about daily routines, programs and services. Obtain a calendar of activities and participate when you can.
 - If you have the time and the opportunity, help the staff with certain tasks e.g. putting clothes away, feeding, combing hair, shaving, accompanying on outings, etc. This help will complement the care they provide, will be appreciated by staff and will make your role more meaningful.
- Attend care conferences. The first one will take place approximately six weeks after admission and, then, annually or as needed.
 - Give positive feedback and compliment the staff's good work.
 - Have realistic expectations. There are bound to be differences (positive and negative) between the care at home and the care that can be provided in the Home. The Home provides 24 hour care in a safe and secure environment, qualified staff, and social and recreational activities which cannot be replicated in one's own home.
 - Participate in the development of the care plan (waking time, bath, meals, dressing, mobility, etc.) which identifies the resident's needs, goals, as well as strategies and actions that will ensure needs are met. Review the care plan regularly.
 - Day to day notes or a communication book in the room are good tools to ensure important information is passed on to the staff on the three shifts (day, evening, and night).
 - Communicate clearly the needs of your family member/relative/friend. e.g. “My husband does not like to shower in the morning. We need to arrange a later shower time”.
 - Explain what is most important to you about the care provided. e.g. “My wife is very proud about her appearance”.
 - Photographs: write on the back who the persons are and what is the connection is with your family member/relative/friend.



- Participate in the Family Council where the day to day running of the Home is discussed and your feedback is invited on meal times, menus, activities, etc.

B. When you have a concern

- If you have concerns, raise them as they arise – don't wait for the meetings. It is best not to let concerns and questions build up over time.
- The basic tool for saying what you mean clearly and respectfully is called the "I" message:
 - a. Start with a brief description of what's on your mind. e.g. "I find that my husband has changed in the last few weeks: he seems more depressed and withdrawn".
 - b. Describe how you feel about it. e.g. "I am worried about this change because he was content before and I would like him to be comfortable".
 - c. Express what you want to see happen. e.g. "I would like to work with you and my husband to find a solution. Can we talk about it?"
 - d. Listen as best you can. This shows respect for the other person and his/her opinion.
- Use open ended questions which invite information and discussion. e.g. "What kind of activities might I attend with my husband –which do you recommend?" instead of "May I attend activities" (yes or no answer)?
- Check out your emotional level. Is your reaction out of proportion to the event? Ask yourself: "Am I looking for a solution or do I simply need an opportunity to talk?" Are you telling the right person at the right time?
- Try to stay focused and on track with your particular question:
 - organize your thoughts;
 - deal with one issue at a time;
 - hear what others have to say (could be a number of sides to the story);

- ask what you can do to help;
- ask for suggestions from the staff;
- focus on resident – what is best for him/her;
- avoid criticizing, arguing, judging;
- talk in specific rather than in general terms to obtain facts.

Conclusion

Working closely with the staff, communicating clearly your family member/relative/ friend's needs, expressing your concerns in a respectful manner will make your role as "partner in care" meaningful and rewarding. You are now a member of this new long term care community and your contribution is valued.

* For an easy read, throughout the handout, "he" or "him" is used to refer to a third person in a generic manner and without a sex differentiation.

Resources

Caring Partnerships Help Sheet, Alzheimer's Australia

Partners in Caregiving, Cooperative Communication between families and Nursing Home Staff, Karl Pillemer and Rhoda Moador, The Cornell Institute for Translational Research on Aging, Cornell University, Fall 2006

Communicating: Bridging the Gap between Families and Staff, Nursing Homes Long Term Care Management, August 2003

Further information on this topic

- When Home is no Longer an Option
dementiahelp.ca
- Home to Retirement Home
rgpeo.com/media

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