
Difficult Relationships – Interactions between Family Members and Staff in Long-Term Care

by Sarah Norris

Staff of long-term care facilities and family members have a common responsibility to ensure the best course of treatment and everyday care for residents who often cannot speak for themselves. Understanding the difference between instrumental and preservative care, and who the proper agent is to provide care in each category will not only improve staff/family interactions, but residential care in general. The Resident Enrichment and Activity Program improves the family/staff relationship obliquely by involving family in social activities; the Family Involvement in Care program, and the Partners in Caregiving program directly target the relationship and involve the facility's administration to effect policy changes.

As it becomes increasingly clear that many, if not most, North Americans will eventually spend part of their lives in nursing homes, the drive to improve the quality of life for residents in those facilities becomes stronger in the research community and the public arena. Central to this quest is the isolation and study of specific problems: the barriers to quality care of the elderly and the potential sources of conflict currently found within the system, including questions about resources, staffing, and the nature of interactions between staff, residents, and their families.

Interactions between family and staff in residential care facilities become especially important in cases that already involve a difficult relationship, as is the case when the resident has proceeded to an advanced state of dementia. When residents do not have the capacity to make decisions about their own care, their families and nursing home staff must interact on a more intense level to determine the best course for treatment and everyday care. Although much of the recent literature on nursing home care has concentrated on defining problems within the system and proposing courses of action to ensure their resolution, few studies have looked directly at the importance of family/staff interactions. This article highlights key issues in the lit-

erature involving family and staff interactions and some of the programs and steps that have been introduced to help alleviate the tensions inherent in this relationship.

Family and Staff Expectations

One of the first steps necessary in discussing the family's role in nursing home care is to realize that family care does not end simply because home care does. Articles about nursing home placement often begin by noting, however briefly, the importance of continuing family/resident relationships.

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The following statements about nursing home placement are typical: "This shift [to a long-term facility] does not mean the end of family caregiving . . ." (Duncan and Morgan 1994); and "In studies focused on family involvement with elderly

relatives in long-term care institutions, a continuation of family relationships after institutional placement has been documented" (Bowers 1988). Such statements clearly indicate a continued emphasis on the family's role in caregiving. The relationship between a newly admitted resident and his or her family does not diminish merely because the family's role as primary caregiver has come to an end. In this sense, the once common notion that people left in the care of nursing homes have been abandoned is inaccurate.

The early literature concerned with staff and family interaction focused mainly on the type of conflicts that tend to arise between family and staff; and more specifically, on the way these conflicts were thought to stem from unclear boundaries of responsibility (Bowers 1988). Bowers' revisited this correlation between family and staff conflicts and the way each party perceives the division of tasks. She identified several main categories of caregiving, of which the two major categories are instrumental and preservative care.

Instrumental care encompasses the daily technical tasks of caregiving, while preservative care is related to maintaining the resident's emotional well-being. The families involved in the study felt that instrumental care was the staff's responsibility. However — and this is more interesting — they also believed that staff members should be held responsible for providing the resident with meaningful preservative or emotional care. The lack of such care is one of the major sources of conflict between families and staff within the nursing home.

This study also pointed out another important family-held belief, namely, that it is a family responsibility to acquaint staff members with the resident's personal and emotional history. Families believe that their care in reporting this information enables staff to become more successful in the realm of preservative care, and their effort to instruct staff highlights one of Bowers's major conclusions. To be successful, residential care must be viewed as a cooperative effort between family and staff. Each component of the nursing home system must rely on the other. However, just as a family

may choose residential care because they are no longer capable of meeting their loved ones' technical needs, so the staff may not have the immediate capacity to treat new residents with the respect that comes from knowledge of their background. Bowers concludes that the two components of residential care must come together to avoid conflict and provide a truly high quality of care.

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Another valuable insight into the world of family/staff interactions comes from a study conducted by Marie Duncan and David Morgan (1994). They also sought to enhance understanding of family/staff interactions and emphasized, as Bowers had, the joint caregiving roles held by family and staff within nursing homes. Their central conclusion also coincides with the earlier study; namely, families want staff to participate in, and promote, the emotional well-being of their loved ones. However, Duncan and Morgan introduce another interesting component to the way families believe they should interact with staff.

Although the Bowers study indicated that families want staff to take into account the emotional history that only they can provide, Duncan and Morgan's interview subjects also wanted staff to have more respect for their history as technical caregivers. Family members often felt that since they had taken care of the resident before his or her admission into the nursing home, they hold important information about the way their loved ones' technical care should be provided. Conflict often follows the perception that staff lack respect for

this technical knowledge. These entwined notions, that staff should be involved in emotional care and that family should continue to be involved in technical care, reinforce characterization of the family/staff relationship as one that is highly interdependent.

Another important finding in Duncan and Morgan's work was the identification of staff members that families were most likely to view as responsible for their residents' care. Because doctors and registered nurses are perceived to interact with residents infrequently, families usually establish relationships with those staff who work with their loved ones on a more frequent basis. In most cases, this responsibility falls on the clinical nursing aide.

In a 1991 study, Terry Heiselman and Linda Noelker assessed both resident and aide perceptions of these interactions and relationships. (The study was conducted on residents who were not cognitively impaired.) Among other interesting results, Heiselman and Noelker found a disagreement between residents and aides as to whether aides deal adequately with the residents' emotions. While only 56 percent of residents felt that their emotions were taken into account, aides believed they were providing emotional support in 87 percent of the cases (Heiselman and Noelker 1991). In addition, aides believed that they were not respected by the residents and their families.

Clearly, the juxtaposition of these studies highlights the differing perceptions family and staff have about their own roles in caregiving and how they view each other. In addition, it begins to lay the groundwork for an understanding of potential conflicts. More must be done, however, than identify the sources of conflict. Clear plans for the resolution of tensions in these relationships must be devised to improve the overall nursing home dynamic.

Improvements and Solutions

A number of programs and activities have aimed at improving the nursing home system. These attempts have included everything from improving the delivery of care to improving the personal relationships surrounding that care. One of these pro-

grams, the Resident Enrichment and Activity Program (REAP), was designed to encourage residents' family members to take a more active role within the facility. REAP's primary focus was on providing family-led activities to supplement those provided by staff (Hansen, Patterson and Wilson, 1988). Although this program was not designed specifically to promote a more positive family/staff relationship, in the end, it did just that.

In studies following REAP's implementation, family members said that they believed that they were not only benefiting their loved ones directly, but also through their improved interaction with staff. Hansen et al. also point out that several family members felt that staff tended to respect them

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more because they had participated in REAP. This respect, they felt, also led staff to provide improved care for the residents. The perception that nursing home staff had more respect for family members who participated in REAP was also reinforced by the study team's interviews with staff. Staff not only tended to respect those family members who volunteered within the program, but also to see them as the family members most "devoted to their relatives."

If the REAP program is important because of its incidental improvement of family/staff relationships, studies that are specifically intended to create a better nursing home environment through improved family/staff interactions are even more interesting. One of the most recent of these studies is the Family Involvement in Care program (Kelly,

Specht, and Maas 2000). This program suggests a specific plan of action through which family members can become appropriately involved in the care of their dependent residents. Although one aspect of this program encourages family involvement through social activities, just as REAP did, its focus is centered more specifically on the family/staff relationship.

The family involvement program has several components, including an initial orientation of family to the facility, education of family and staff members about caregiving issues, establishment of a "partnership agreement," and a subsequent reassessment of the situation (Kelly, Specht, and Maas 2000). The steps involved in the program are introduced to the family members during early interactions with the nursing home by their personal "nurse care manager," who is appointed by the facility (Kelley, Specht, and Maas 2000). Once they have seen the facility's physical and philosophical layout, the family is introduced to aspects of caregiving in the nursing home, including caring for those with dementia, dealing with their new position in attending to their loved ones' care, and communicating with residents and staff. Then the nurse care manager, staff, and family try to "develop a negotiated partnership" (Kelly, Specht, and Maas 2000).

Kelly, Specht and Maas emphasize this key relationship throughout their discussion of the program, and suggest that it be facilitated using a tool called the "Family and Staff Partnership Activities Agreement." This document is designed to encourage family and staff to accept specific responsibility for elements of the residents' care. This stage also includes discussion of general methods by which care will be provided for the resident. Finally, at individually determined intervals these terms and agreements are reevaluated to determine their success and improve on any difficulties.

The Partners in Caregiving program (Pillemer et al. 1998) also has the specific aim to educate family and staff to respect each other. Rather than have the facility appoint an employee to facilitate the formation of a productive relationship between staff and family, as was done in the Family Involve-

ment in Care program, this study recommends a mutually initiated relationship. Pillemer et al. (1998) describe the program as a series of workshops held separately for both family and staff members, but culminating in a "joint session" in

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which both groups meet with members of the facility's administration. These workshops are centered around improving communication skills and promoting tolerance and understanding among all parties.

Examples of individual workshops are Sharing Successful Family-Staff Communication Techniques and Cultural and Ethnic Differences. Several teaching techniques were used during the workshops, including lectures, discussion of case studies, brainstorming activities, and role playing. The involvement of the administration in the program is, however, one of the key factors that its designers counted on to improve the overall family/staff relationship, because it would allow for policy change within the facility. Following the initial implementation of the program, the staff and family who evaluated its outcome were very satisfied.

Pillemer et al. (1998) identified three general categories of positive change. First, both the family and staff who evaluated the program felt that they better understood the other group after participating in the program. In addition, they felt that their behavior toward the other group had been modified, and that conflict was less frequent as a result. Finally, they tended to notice a change in the other group's treatment of them.

This discussion of the problems and potential

solutions to difficult family /staff relationships in nursing homes highlights a simple lesson; namely, that the process of refining the system to reach a higher level of care is ongoing. These studies suggest that many of the issues that are responsible for conflict within nursing homes involve personal interactions, responsibility, and mutual respect. In addition, each of the programs mentioned relates a specific approach by which to begin improving the level of care within nursing homes.

Sources of conflict are still far from being adequately isolated, however, and programs to improve care are far from being universal. Although the work that has been done is encouraging, still more must be accomplished to ensure that both family and staff operate on a level that is beneficial to each other, and most important, to the family members for whom they care.

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