Enhancing Relationships in Nursing Homes through Empowerment

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As our population ages, an increasing need exists for gerontological social workers. An important role for these social workers is to help empower older people and their caregivers (Cox & Parsons, 1994). Within the "top-down" hierarchy of nursing homes, the contributions of family members and nurses aides often are overlooked, resulting in feelings of powerlessness and resentment (Mok & Mui, 1996; Tellis-Nayak, 1988). This article describes a model in which social workers help empower these caregivers to become involved in planning the care of nursing home residents.

Family members and nurses aides are caregivers who are especially familiar with residents' needs. Many family members stay vitally involved in the lives of their institutionalized elderly relatives and want to play a part in their care (Bowers, 1988). Likewise, the nurses aides know residents' intimate routines and personal preferences (Aroskar, Urv-Wong, & Kane, 1990). Often, however, both these groups feel unrecognized for their efforts and powerless to make changes in resident care (Cox & Parsons, 1994; Duncan & Morgan, 1994). When these feelings become intense, conflicts between family members and staff can erupt, thereby diminishing the care of the resident (Pillemer et al., 2003; Vinton & Mazza, 1994).

Social workers can help empower family members and nurses aides to have a voice in the care of residents. Empowerment includes several overlapping components (Gutierrez, Parsons, & Cox, 1998). The three components most relevant to our caregiver empowerment model are (1) cultivating individuals' own strengths (Cox & Parsons, 1994; Mok & Mui, 1996); (2) encouraging caregivers' sense of potency (Simon, 1990); and (3) fostering an exchange of information among equals (Holmes & Saleebey, 1993; Simon; Wells, & Singer, 1988). The importance of empowerment

in nursing home settings has been recognized but empowerment efforts have typically focused on residents who are cognitively intact. For instance, residents have evaluated their nursing homes (van Green, 1997), attended empowerment workshops (Lee & Carr, 1993), and participated in residents rights campaigns (McDermott, 1989). These efforts are beneficial, but less feasible when nursing home residents have dementia. In such cases, the empowerment process needs to involve family members and staff who know residents and can communicate on their behalf (Pillemer, Hegeman, Albright, & Henderson, 1998).

Suggested Approaches Plan: A "Bottom-Up" Model

In nursing homes the social worker or the nurse or both develop a care plan for each resident. Family members and nurses aides are generally not involved in the care planning process.

Our empowerment model differs from the traditional care planning approach by soliciting ideas from family members and nurses aides, which are included in a suggested approaches plan. Because of the high incidence of problem behavior among residents with dementia (Deutsch & Rovner, 1991), this suggested approaches plan focuses on residents' behavior and is placed in residents' charts as an adjunct to their other care plans.

Our "bottom-up" model emphasizes the involvement of family members and nurses aides, but it is also important to include the administration and management team in the empowerment process. Therefore, our model includes ongoing contact with administrators and managers to brainstorm ways to address obstacles to change (for example, turnover among nursing aides and changes in their assignments to residents). Such contact helps maintain improvements over time.

To assess our empowerment model, we involved residents (ages 60 and over) with dementia who had one or more of the following problems: wandering, physical aggression, or verbal aggression. These residents also had family members who visited them at least twice a month. The participants in our project were family members and nurses aides of 21 residents of two nursing homes (a for-profit and a nonprofit nursing home). For each resident, one of four social work graduate students worked with a family member and three nurses aides (one from each shift). These aides were chosen by the nursing home social worker because of their familiarity with and length of time caring for the resident.

Over seven weeks, a number of steps occurred. First, the social work student conducted individual interviews with the family member and nurses aides, emphasizing the importance of their contributions to the resident's quality of care. She asked the family member to provide information about the resident's background, life history, values, and interests. She also asked the family member and nurses aides (see Initial Questions in Appendix) about the resident's positive qualities, problem areas, and suggestions for preventing or managing the problematic episodes.

Second, the social work student compiled the ideas of family members and aides in a two- to three-page suggested-approaches plan. For example, the background section for one resident discussed how she had been born and raised on a farm where she continued to live after she was married until she became too frail to live independently. In the positive qualities section, the student described how this resident enjoyed participating in nursing home activities and often helped the activities director facilitate groups. In the problem areas section, the resident's aggressiveness during meals was discussed, with particular attention to her tendency to throw food on the floor. The suggestions section included an idea that was offered by her daughter. The daughter viewed the resident's problem behavior as an attempt to feed the chickens, one of the farm chores she had performed daily for much of her life. The daughter suggested that the nurses aides provide her mother with an empty container during each meal; explain that she can place any food that she wants to feed the chickens in the container; and assure her that they will give it to them. (For other examples of the plan, see Ingersoll-Dayton & Rader, 1993).

Third, this plan was reviewed by the family members and then distributed to nursing home staff. Accompanying the plan was a note acknowledging the contributions of family and aides, who were then asked to try the suggested approaches and determine which approaches were effective.

Fourth, the social work student reinterviewed the family member and nurses aides three weeks later to gather information regarding the effectiveness of the suggested approaches. These interviews generally occurred by phone with family members and in person with aides. She asked the family member and aides (see Progress Update Questions in Appendix) to describe any other ideas they had developed about how to avoid or manage problematic interactions with residents. The social work student incorporated the new ideas into a revised suggested-approaches plan and redistributed the plan to family members and staff, asking that they continue to try the approaches.

Illustrating the Components of Empowerment

At the end of the seven weeks, each social work graduate student met individually with the family members and nurses aides to obtain their reactions to this care planning model. Their responses indicated that, for caregivers of residents with dementia, this model incorporated the three components of empowerment.

Cultivating Individual Strengths

The social work students recognized the expertise of family members and aides, thus, helping empower these caregivers to realize the importance of expressing and using their own ideas. Several family members and aides had ideas for coping with residents' problem behavior that they had neither attempted nor shared with others. When affirmed by the social work students, these caregivers became more aware of their own creativity in dealing with problem behaviors and more enthusiastic about their own ideas. For example, aides were irritated by a resident who was physically and verbally aggressive when they attempted to undress him at night. One of the aides had discovered that the resident had a friend whose name was Tom, whom he often talked about in his sleep. When the aide spoke about Tom as she undressed the resident at night, he listened with interest and remained calm. Until she described

her approach to the social work student, the aide was unaware of its creativity and potential usefulness for the other aides.

Family members frequently remembered personality traits or events that provided crucial keys to understanding current problem behaviors. To illustrate, a niece felt particularly frustrated by her aunt's refusal to leave her nursing home room. As the niece reminisced with the social work student, she recalled that material possessions were particularly important to her aunt. This memory led to a new insight for the niece about the connection between her aunt's possessions and her reluctance to leave the room. The niece realized that her aunt might be anxious about losing her possessions if she left her room. This insight helped empower the niece to think differently about her aunt's behavior and to strategize about ways of protecting her aunt's belongings so she could feel safe in leaving her room.

Encouraging a Sense of Potency

The social work students asked the family members and nurses aides to experiment with their own ideas and thereby helped empower them to try new approaches for dealing with problem behaviors. In one instance, a daughter told one of the social work students that her mother was fixated on sorting and mixing her clean and dirty laundry. The daughter wondered if bringing her mother pieces of material to sort into piles might serve as a substitute for the laundry. Acting on her own idea, the daughter brought her mother a basket of material when she came for her next visit.

In addition, family members and aides expanded on approaches that had been suggested in the plan. For example, frustrated aides learned from the suggested-approaches plan that a resident who hit them when they provided care stopped his aggressiveness when he heard his favorite hymns. The aids began singing hymns when performing caregiving tasks that he disliked to diminish his agitation. Later, they built on this suggestion by playing recordings of hymns to prevent his agitation and aggressiveness.

Exchanging Information among Equals

The social work students summarized the ideas of family members and aides in the suggested-approaches plan. In so doing, they facilitated empowerment by providing participants with access to each others' ideas. Insights provided by family members or nurses aides helped others understand perplexing resident behavior. In the case of one male resident, aides were afraid of his combative behavior when they gave him a bath. From the family's contribution to the plan, aides learned that the resident had always perceived himself as dignified and independent. This information about the resident's personality helped empower the aides to try new ways of bathing him. For example, to respect his modesty, they placed a towel over his midsection and washed him underneath the towel.

Inclusion of family members and nurses aides in the development of the plan enhanced communication among caregivers. The suggested approaches provided aides with the opportunity to share information with each other concerning the resident. As they read the suggestions of their peers in the plan, nurses aides were motivated to verbally share approaches with one another. Aides remarked that sharing ideas with each other resulted in feeling less isolated and more like a team. The care planning model also helped family members share information with nurses aides. For example, a resident's daughter initially perceived nurses aides as lazy and uncaring toward her father. However, when she read his suggested-approaches plan, she was stunned by the numerous approaches suggested by the nurses aides concerning her father's care. The daughter realized that the nurses aides did understand and care about her father. This knowledge empowered her to begin sharing her own ideas with them.

Discussion

Social workers can play a vital role in the empowerment of nursing home caregivers. To understand the needs of residents with dementia, they can involve caregivers who rarely have the opportunity to share their ideas and expertise. By giving families and nurses aides a voice in the care planning process, social workers can enhance relationships among caregivers and improve the quality of care for residents.

One potential drawback to this model is that it assumes that residents have family members who are involved in their care. For residents who do not have involved family members, other individuals (for example, friends or ministers) who know the resident well can participate in the development of the plan. Including other staff (for example, activities therapists, housekeeping personnel, and

receptionists) in the development of the plan is also a viable alternative, because these individuals observe residents in a variety of settings.

Another potential drawback to this "bottom-up" model is that the regular contact with family members and nurses aides can become labor intensive for the social worker. Some nursing home social workers may feel that the improved quality of relationships in the nursing home justifies the investment of time required by this empowerment model. Others may adapt the model by finding alternative ways to help empower family members and nurses aides. One alternative is to ask family members to complete a biographical sketch of their elderly relatives shortly after nursing home admission. This sketch can serve as a source of information for nurses aides when placed in the resident's chart or in a binder of forms that are regularly reviewed by the staff. Another alternative is to make special arrangements to ensure the participation of nurses aides and family members in care planning conferences (for example, scheduling the conference at the convenience of families, offering compensation to nurses aides who attend during their time off). Continued development of these and other creative approaches to empowering older people with dementia and their caregivers is a vital function for gerontological social workers. ∎

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Appendix

Questions Used to Develop Suggested Approaches Plan

Initial Questions
1. Can you tell me a few things that are interesting about _resident's_ background or that makes him/her especially unique?
2. What are/were _resident's_ interests or skills?
3. What are some of the personality characteristics that you like most about _resident_?
4. What are _resident's_ primary problematic behaviors? Could you tell me what is usually going on when this behavior occurs (e.g, where problem occurs, time of day, who is present)?
5. What is different about the times when this behavior does not occur?
6. What have you found helpful in preventing the problem?
7. What have been helpful ways of managing the problem when it does occur?
8. If a miracle happened and _resident_ became more manageable:
    a. What different behaviors would you hope to see?
    b. How would your relationship be different?
9. Between now and the next time we meet, can you notice what behaviors or interactions you like and take note of them?

Progress Update Questions
1. Since the last time we spoke, which of the suggested approaches have you tried?
2. Which of these approaches worked?
3. Based on your own observations, are you aware of any new approaches that might be useful in working with _resident_? If yes, please describe.
4. Have you spoken with any other family members (nurses aides) regarding approaches they have tried?
    a. Which of the suggested approaches did they say they had tried?
    b. Which of the approaches did they say worked?
5. What new behavior problems occurred since we developed the Suggested Approaches Plan?
6. What new approaches have you or other family members (nurses aides) tried with this behavior that have worked?

NOTE: Questions 5 through 9 were adapted from de Shazer, S., Bert, I., Lipchick, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. _Family Process, 25,_ 207–221.