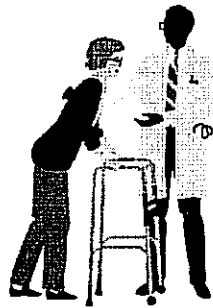


MEASURING THE QUALITY OF RESIDENT-STAFF INTERACTIONS

Through Resident Interviews



A Project of

The Nursing Home Community Coalition of New York State (NHCC)

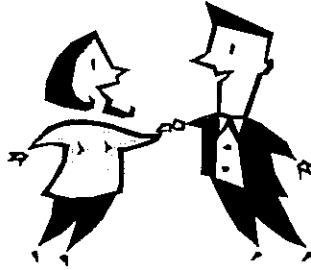
And

The Coalition of Institutionalized Aged and Disabled (CIAD)

Funded by the New York State Department of Health

Background

This questionnaire was developed to help you measure the quality of resident-staff interactions in your facility.



When residents around the country were asked to define good quality care several years ago, on the top of their list was having caring and attentive staff; staff with whom residents could get along; staff who had good attitudes. And nursing home staff agreed. As one Director of Nursing put it, "resident-staff interaction is at the heart of everything in the home."

We wanted to find out more about what residents mean by "good" staff. With funding from the New York State Department of Health, we spent a year finding out the answer to this question by asking residents themselves.

According to residents, "good" resident staff interaction means having staff who:

- show compassion and kindness
- treat residents like human beings
- work together with residents when providing care
- are well trained
- meet residents' individual needs
- have a good disposition
- develop a trusting relationship where humor between residents and staff can take place
- talk to residents in a pleasant and respectful manner

Taken together, these eight characteristics are the residents' definition of good resident-staff interactions. The characteristics are also the heart and foundation of the resident questionnaire. The questionnaire takes the characteristics residents across the state said were most important, and asks a series of questions that will allow you to evaluate resident-staff interactions in your facility.

Using the Questionnaire

• **Presenting the resident questionnaire to residents**

To help insure the effectiveness of the resident questionnaire, take steps to insure the participation of residents. We recommend that you inform residents and families in advance about the process and procedure for the resident questionnaire. Discuss why this information is being collected and how it is going to be used. Staff can discuss it with residents, write about it in a facility newsletter, send out a mailing to families, or hold a resident or family meeting to tell people about it. You can use the already existing resident and family councils as a forum, too.

The experience and expertise that residents have as consumers should be acknowledged. Encourage and show residents that to share their day to day experiences can improve the quality of their life at the facility. This is critically important because, as you know, residents are often reluctant to speak up and often feel the need to please by giving a positive response. Some residents have low expectations. And many residents have feelings of loyalty for their home. All of these factors can affect residents' willingness to participate and can also affect how comfortable they are about responding honestly. They should be reassured that there are no negative consequences to

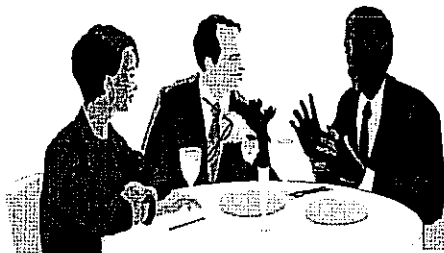
participating and sharing their feelings. Here are some ways to prepare residents so that the resident questionnaire and the focus group will give you meaningful results and will be a positive experience for your residents. Let residents know that participation is voluntary, that the information is confidential, and that names will not be used.

Let residents know that the resident questionnaire is a way to identify potential problems, and you will make every effort to respond to their concerns. Let residents know that the resident questionnaire is a way to find out what they like and what is working well in the facility, besides being a means for residents to raise problems and concerns.

- **Presenting the resident questionnaire to staff**

It is also important to inform staff about the purpose and goals of the resident questionnaire. Let staff know the facility is always looking for ways to improve, is committed to identifying any problems that exist, and the resident questionnaire is part of that effort. Explain to staff that the issue is not whether there are problems, but rather, what can be done if problems are found.

- **Conducting the interview**



Use the questionnaire as the basis for conducting an interview with residents. The goal is to engage a resident in a discussion about interactions rather than simply helping the resident fill out the questionnaire. Staff must spend at least a half-hour with each resident interviewed. Remember, in order to get a sense of the facility, you do not have to interview every resident. You can choose a sample. However, you must spend the time necessary to gain trust and to understand the issues the residents are raising. Choose a time that is convenient and appropriate for the resident. Since you are interested in getting a sense of the quality of interactions in your facility, ask your residents to answer the questions in general about staff involved with their care.

Using the Information from the Questionnaire:
First Examine Barriers to "Good" Interaction

There are many factors that influence the quality of the relationships in your home. If you uncover a problem in the interactions between residents and staff, it might be due to the individuals involved — there are, for example, people who should not be working in nursing homes. More often than not, though, the problem will lie in the larger systemic issues of the facility. To see the problem, you will have to look at the bigger picture. We view the resident questionnaire, rather than a one-time evaluation of interaction, as a process that will trigger a fruitful examination of these broader facility-wide issues in your home.

- **How we measure or evaluate staff work with residents**

Ms. Harris knocks on the door to Room 312. Her second assignment of the day and already she is behind schedule — only one bath given and one bed made. "Please dear, stay awhile and have a chat with me." "Oh, I'm sorry Mrs. O'Malley, I've got things to do. You know I might get into trouble. I'll try and come back to see you a little later in the day, if I can get some free time."

The way a facility perceives the roles and duties and evaluates the job performance of its staff can influence the quality of interactions in the facility. By what standards do we hold our staff? If a

nursing assistant's function is perceived by her supervisor as task-oriented — making beds and giving baths — than less value will be placed, by the supervisor and, in turn, the nursing assistant, on talking to residents and getting to know them. Ms. Harris is under pressure to complete her assigned tasks and meet her supervisor's expectations. These pressures and expectations leave her little room for honoring relationships or people's feelings — things that she is sensitive about and that come naturally to her.

- **How we treat staff**



"Please Ms. Grant, I'd like a shave this morning." "O.K. Mr. Boyd, I know how much you enjoy a shave in the morning." As Ms. Grant prepares to shave Mr. Boyd, the nurse supervisor comes by. "What do you think you are doing — Mr. Boyd is scheduled for the dentist this morning, not for a shave! See that he is not late for his appointment."

The way staff treat each other can also have an enormous impact on the quality of resident-staff interactions. Ms. Grant needs to be supported and empowered to comply with Mr. Boyd's request; a request that Ms. Grant knows is rooted in who Mr. Boyd is as an individual. Indeed, staff must be respected and empowered if we are to expect staff to respect and empower residents. This means a number of things: staff must respect each other; good communication must exist between staff; staff must be listened to; and teamwork and team building have to be promoted. Staff must also be able to communicate what is on their mind in a safe environment.

- **Not understanding the resident as an individual**

For good resident-staff interactions and relationships to occur, staff need to understand who residents are and who they were, not just what their medical problems are. This involves a host of things, including the facts of their lives and what they did; their daily habits and schedule; their accomplishments; what they value; what gives them pleasure; their likes and dislikes; and the particular way they want their caregivers to care for them. It is knowing, as Ms. Grant knows, that Mr. Boyd has always shaved in the morning. Learning who someone is as an individual will not only promote "good" interaction, it is that ingredient that transforms our interactions into relationships.

- **Not knowing how to communicate with residents**

Some staff do not know how to communicate with residents, or do not know how to communicate with residents who have cognitive or physical impairments that make communicating with them more difficult or time-consuming. It may be that these staff have poor communication skills or are unable to engage residents meaningfully. Or it may be that language barriers make communicating difficult. These issues can cause problems and may need to be addressed before resident-staff interactions will improve.

- **Cultural, racial and gender issues**

Many facilities are heterogeneous communities where differences in cultural values and beliefs may cause problems in interactions between staff and residents. The gender of facility staff can be an

issue for some nursing home residents, especially involving nursing assistants and orderlies, who provide the large share of a resident's personal care. And unfortunately, staff are victimized by the racial prejudice of some residents and are verbally abused by residents' racial slurs.

- **Issues involving residents with cognitive impairment**

There are particular barriers to "good" interactions with persons with dementia. Staff may perceive that residents are "not in touch" or completely confused, and therefore incapable of any kind of communication. Staff may not recognize or acknowledge residents' affective capacities. Or, they may not be comfortable with certain behaviors a resident may exhibit or with the level of a person's confusion.

- **Other barriers**

There are other barriers to good resident-staff interaction. Working at a nursing home is physically and emotionally demanding and can result in staff burnout. The lack of continuity in both the staff and resident population can be an issue. Higher turnover of staff can lead to less time to develop relationships. Residents' lengths of stays are shortening and contribute to this problem. Staff may fear investing in a relationship because of the potential death of a resident. Staff must be supported in the sense of loss they experience. Personal issues may be overwhelming staff. Another issue you might need to consider is whether you are promoting relationships by the way staff assignments are made or by the numbers of staff that are assigned at a given time. Insufficient staff will certainly increase the pressure to get the work done and the quality of the interactions between residents and staff will suffer. The use of per-diem staff or per-diem supervisors can also affect the quality of interactions because per-diems may be less familiar working with the residents and the regular staff on the floor or unit.

If You Do Uncover Problems

It will be counter-productive to use the information to censure staff. It will be more profitable to let staff know the information will be used to flag potential problems. We suggest that once flagged, the issue be discussed together with staff. Are there barriers? If so, what can we do about them? Does it relate to lack of respect for staff? Does it relate to the need to change the culture of the facility from one of task orientation to one that supports building relationships? Does it relate to training? Is it an individual failing? Exactly what is happening? In this way, you will be working to keep the quality of interaction in your facility high by maintaining an environment that allows the characteristics of good resident-staff interaction to flourish

The resident questionnaire has a number of exciting applications

- to examine and evaluate interactions in your facility;
- to train and hire staff;
- as an instrumental part of your quality assurance system; and
- as a consumer satisfaction tool.

You will notice that the words and "stories" of the residents in our focus groups are incorporated into the resident questionnaire itself. This is because of their explanatory and emotional power. These words and stories can be the basis for a very effective orientation or in-service training program that can move, motivate and teach new and current staff about developing good interactions and relationships with residents.

THE QUESTIONNAIRE

DOES MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

SHOW COMPASSION AND KINDNESS?

This means that staff:

- * care for you with compassion, thoughtfulness and patience
- * give you emotional comfort and support
- * bring a special understanding of the difficulties you face as a person living in a nursing home.

PUT A CROSS IN ONE BOX

ALL OF THE TIME	SOMETIMES	NOT AT ALL

USE THIS SPACE TO MAKE ANY COMMENTS YOU WOULD LIKE

ON THE BACK OF THIS PAGE ARE EXAMPLES GIVEN BY OTHER RESIDENTS OF WHAT COMPASSION AND KINDNESS MEANS TO THEM. YOU MIGHT FIND THEM HELPFUL IN UNDERSTANDING THIS CHARACTERISTIC.

- "When I am sick, they turn me from side to side with patience and understanding."
- "Staff encourages me to do as much as I can but they are there to help if I need it."
- "They don't rush to feed residents. They want to be sure that I am satisfied."
- "One staff member cheers me up when I am down. She comes into my room when she knows that I am down and sings beautiful songs in a beautiful voice."
- "They know that you are not feeling good because you are not around. They come around looking for you. You know they care. They may say, 'I haven't seen you for awhile.' They encourage you to get out."
- "Staff talks to me (even if they are ill) with tenderness and kindness."
- "Staff does rush me when I am eating. They want to make sure that I am finished."
- "My social worker gave me advice about how to adjust. I feel more comfortable now."
- "My friend recently died. I felt better because staff came in to talk to me about it."

DOES MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

TREAT YOU LIKE A HUMAN BEING?

This means that staff:

- * acknowledges that you are a person, not just a patient
- * may treat you like a friend, have good conversations with you, talk to you about your respective families and take an interest in your life and who you are

PUT A CROSS IN ONE BOX

ALL OF THE TIME	SOMETIMES	NOT AT ALL

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- "I am proud of the way I have made my room and decorated it in an attractive manner. Staff enjoy visiting my room and also like to ask me about the pictures of my family that I have hung on the walls."
- "My aide consoled me when my friend died. Without her I'd still feel bad."
- "Staff talks to me about plants. One staff member brought me a plant."
- "My staff shows concern and interest about my family. When my son was in the hospital, staff asked after him every day."
- "My aide watches a movie with me when she is on her break."
- "My aide asks me for advice on how to handle her relationship with her husband."
- "The staff talks to me about hobbies. My aide asks me about plants and even brings in her plants to get my help."
- "Even though I have moved to another floor, my aide visits me. She helped me rearrange my furniture."
- "The nurse is interested in my past accomplishments. She reads material I wrote in College."
- "The staff has figured out that I like animals and children. They bring me assorted stuffed animals, dolls and a shelf to put it on."
- "My aide asks me about my children. She likes to hear how I raised them. I like having a regular conversation."
- "The social worker always discusses what she does on her day off."

DOES MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

WORK TOGETHER WITH YOU WHEN PROVIDING CARE?

This means that staff:

- * treats you with respect and acknowledges that you are the expert when it comes to your care
- * listen, take time, accept criticism, are cooperative and not bossy.

PUT A CROSS IN ONE BOX

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- "I like it when I am able to tell staff the way I want to be washed. Some will tell you they know their job and don't want to hear from you."
- "I told the staff that the medicine they were giving me was no good. They stopped the medicine."
- "I have worked out a method with my aide to help me get in and out of my wheel chair."
- "I tell my aide how I like my bed made and she listens. I am unable to stand up to make my own bed."
- "My aide and I have developed an early morning routine that works well for both of us. My aide and I know what comes first, second. She knows that I like to sit in my chair."
- "Staff wanted me to walk a certain way. Instead of doing it their way, I showed them what I was capable of and they listened."
- "Staff listened when I told them how I wanted to be bathed, fed, dressed and taken to the bathroom."

IS MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

WELL TRAINED?

This means that staff:

- * are dedicated and who approach their job in a professional manner.
- * are always willing to help and put effort into their work.
- * believe their job is not *just* a job.
- * make you feel secure because they know their job.

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- "I have two "bad" legs and I find that my staff has been trained to hold my legs in a way that is not painful. They take the utmost of care. They know how not to hit the nerve."
- "My aide encourages me to walk further and I trust him implicitly. He is able to get me to walk because he is able to motivate me and he is well trained. I feel that I am making progress."
- "I have dry skin. My aide knows to give me lotion after my bath."
- "Staff need to know how to take care of equipment. My hearing aid was thrown out by a staff person who was not well trained."
- "I feel secure because I know the staff is concerned about my health. When I was sick the staff noted that I wasn't feeling well, they recognized that I was ill and called the ambulance."
- "The head nurse recognized that I was acting differently and figured out what the problem was."

DOES MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

MEET YOUR INDIVIDUAL NEEDS?

This means that staff:

- * know your needs
- * are responsive to your needs when you need help

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- "I feel that the staff know that I want to sit outside. They watch me so I can wheel myself outside safely and independently."
- "Staff tells me the substitutes when pork is being served because they know that I can't eat pork."
- "Staff only partially purees food for a particular resident who needs pureed food but does not like it completely pureed."
- "Staff helps a blind resident participate in facility activities."
- "I have complete care. I need everything done for me. No one ever resents it. For example, I keep goodies on my windowsill - an extra juice, cookies - staff always gets it for me."
- "One aide brings me fruit and cookies. She knows what I like."
- "Staff are responsive to my needs. They give me medication when I need it and wrap my feet the way I like it."
- "One aide cleans my room the way I like."
- "Whenever I ask for the doctor, the staff gets her for me very quickly. That's important to me."
- "Staff recognize that it is important for me to hear from my godchildren or else I worry. Even if I'm not there to get their call, the staff always tell me when they call."
- "Staff know that I like arts and crafts. They ask me to help make decorations and my aide even brought in her niece so that I could show her how to make a Santa decoration."

DOES MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

HAVE A GOOD DISPOSITION?

This means that staff:

- * are pleasant and cheerful.
- * are easy to get along with and are able to develop a good rapport with residents.
- * may be having a bad day themselves but they don't take it out on the residents.

PUT A CROSS IN ONE BOX

ALL OF THE TIME	SOMETIMES	NOT AT ALL

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ON THE BACK OF THIS PAGE ARE EXAMPLES GIVEN BY OTHER RESIDENTS OF WHAT HAVING A GOOD DISPOSITION MEANS TO THEM. YOU MIGHT FIND THEM HELPFUL IN UNDERSTANDING THIS CHARACTERISTIC.

- "My aide always comes in with a smile on her face."
- "My aide is always cheerful."
- "I like staff who don't raise their voices and who are not officious (who don't hide behind their uniform)."
- "I like staff who are nice to me."
- "Staff is not moody. I like knowing what to expect. My aide's mood does not change overnight. She is even tempered, always laughing and cheerful."
- "My social worker is not grouchy."

DOES MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

DEVELOP A TRUSTING RELATIONSHIP WHERE HUMOR BETWEEN RESIDENTS AND STAFF CAN TAKE PLACE?

This means that staff:
* make you feel comfortable enough to be able to share in a joke and kid around about "everything and anything."

PUT A CROSS IN ONE BOX

ALL OF THE TIME	SOMETIMES	NOT AT ALL

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- "Staff is always kidding around. When I wear dark glasses, my aide says, in a friendly way, there goes the movie star! I want her autograph."
- "Staff feel free to exchange stories with me that make me laugh."
- "I enjoy joking with staff, when I know they respect me."
- "I feel comfortable making jokes and my aides are able to take a joke."
- "I share jokes with staff because I know they like my sense of humor."
- "There is a back and forth that I like."
- "I share my feelings and I don't mind if the staff tease me because I know that they respect me."
- "I joke and gossip with staff."
- "Staff tease me in a friendly manner."
- "I like to tease staff. I know that they do not take it the wrong way."

DOES MOST OF THE STAFF WHO ARE INVOLVED WITH YOUR CARE

TALK TO YOU IN A PLEASANT AND RESPECTFUL MANNER?

This means that staff:

- * communicate in an affectionate way.
- * uses a tone voice and have an attitude that conveys affection for you.
- * does not use derogatory remarks.

PUT A CROSS IN ONE BOX

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- "My aide speaks in a pleasant, unhurried fashion."
- "Residents like to be spoken to in a way that they are comfortable with. For example, they don't like to be yelled at, called by their last name or by other names such as, 'girl, lady or momma.'"
- "Staff use a nice sweet loving voice. They are telling me that they love me and kiss me."
- "I like it when staff say, 'How are you today? How do you feel?'"
- "I like it when my aide has a loving expression on her face. My face just 'lights up.'"
- "I like to be spoken in a way that shows that the staff know that I am capable of understanding."
- "I like it when staff address me the way I like: Mrs. B."