



# **Active Cooperation with Relatives in Resident Elder Care:**

## **Experience Report and Project**

# **1. Introduction: Institution – Project - Definitions**

# The Elder Care Center Wengistein, Solothurn (AZW)

- 76 residents, after July 2011: 87
- Approx. 250 (close) relatives
- 4 departments: Elder-/care apartments, nursing care, controlled/gaited nursing care, (new) residency
- 140 staff persons - FTE: 80
- 60 volunteers
- Residents council for 15 years
- Department „Therapeutic Services“ since 2006 (physiotherapy, activation and psycho-social conversation guidance; „pioneering achievement“)  
>individually determined quality of life- and living

# The Relatives'-Project in the AZW: Main Data

- Duration: mid-2009 to mid-2011
- Title: „Active Cooperation with Relatives in Resident Elder Care – A Systemic and Family-Centered Approach“.
- Support through AGE-Foundation for Good Living Conditions in Old Age, Zürich
- Scientific guidance by Bern University of Applied Sciences, Department of Social Work
- Project Director: H. Moor, Center Director, E. Ludwig, Director of Therapeutic Services and Deputy of Center Director

# What is the Meaning of: „Active Cooperation with Relatives“ ?

- Recognize relatives not as „visitors“ but as part of the client system
- Active effort by executive staff to be in contact with relatives or close relations
- Welcome relatives, recognize and listen to them
- Invite relatives to join the conversation, contribute, and to also feel responsible
- (Continuous) development of staff's understanding for relatives' situation and well-being
- Reinforce professional engagement of staff with relatives

# Project Measures/Components

- Regular, fixed conversations by executive staff (center director, deputy, director nursing and care) with relatives:
  - First conversation
  - Conversations regarding current situation
  - Conversations about development / „case analysis“ with residents/ relatives
  - Final conversation
- Training and counseling of staff about how to engage with residents and their relatives (in-house continuing education, supervision)
- Council of relatives
- Counseling of relatives: group conversations, individual counseling, counseling time during scheduled conversations with relatives
- Interdisciplinary case analysis regarding residents and relatives
- Hotel rooms for relatives

**2. Which structural, financial, professional and personal conditions are prerequisites for such an active cooperation with the residents and their relatives?**

## Professional/Personal:

- Center Director: Qualified gerontologist, qualified couples and family therapist
- Deputy: Qualified psycho-gerontologist, postgrad., adult education specialist, systemic counselor
- External professor for project trainings: personal psychological counseling/supervision
- Director Nursing and Care: Psychiatric nurse (HF, HöFa 1), geriatric care, various continuing education courses in communication

## Structurally/Financially:

- Organization chart: Separate therapeutic services, separate psycho-social conversational guidance service
- Personnel planning: professionally qualified staff for psycho-social guidance
- Special personnel costs that cannot be deducted from health insurers
- Implementing the project would not have been possible without the financial contribution by the AGE-Foundation

**3. What challenges exist for working on multigenerational relationships in a systemic fashion, in an elder care institution/structure composed of residents – relatives – nurses/care-takers?**

# Challenges

- Multigenerational “community”: Very young care-takers – very old residents – relatives of retirement age – care-takers in mid-life > adequate language/culture: what does “courtesy” mean? Etc.
- Active cooperation with relatives does not equal “working with relatives” and: Active cooperation with relatives is not the same as “inclusion of relatives in the care-taking”
- Increased insight by relatives into organizational/operational procedures > Ideas by relatives, critical feedback > How to tell department directors and staff? How do they deal with it? > Coaching, training
- For staff: Balancing act between „We serve the residents, not their relatives” and „We have to accommodate the relatives every time”
- Training: Motivation.... Dealing with attitudes such as „We know and can do all this already”
- Costs, see above

# Chances

- Preventive effect: Early recognition of potential dissatisfaction of residents
- Mediative effect: Recognizing conflict situations, dealing with them and managing them early on (residents - staff, relatives - staff, residents – residents, possibly residents – relatives)
- Quality control: Accepting feedback and implementing it operationally
- Enlarging service offers for relatives: (Conversation group, separate counseling, family counseling, hotel rooms)
- Nurturing contacts and cooperating with relatives are part of the institutional image
- Workplace becomes more attractive for staff: Training and discussion/analysis about the project

# End of Project

- Official end: August 8, 2011
- Evaluation report by Bern University of Applied Sciences : September 2011
- Final report by project director: End of October 2011
- Project should continue

## **4. Conclusion: The value of our experience - our conviction**

- Preventive, mediative, quality control effect of project implementation (see above) > are convincing
  - Future generations of residents and relatives will naturally have their say: Generation of 68, engaged citizens, informed clients, self-confident service receivers
  - Future generations will have had counseling and therapy experience > the service offer for psycho-social guidance will in future be seen by residents and their relatives more as a matter of course
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- In order to adequately meet these societal changes the psycho-social guidance of residents and their relatives in resident elder care should be given more importance
  - Impact on staff planning and finances