**Session Plan**

<table>
<thead>
<tr>
<th>Session Title:</th>
<th>Session 3: Family Carer / staff stress in the caring role</th>
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<tbody>
<tr>
<td>Audience</td>
<td>Family members/carers</td>
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<tr>
<td>Timeframe</td>
<td>50 Minutes</td>
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| Session Objectives | Consider the factors that give rise to stress in relation to the caring role  
|                | Consider the factors that give rise to stress in relation to staff/family relationships  
|                | Understand how thought patterns can sustain stress responses |
| Session requirements | Computer  
|                    | Internet  
|                    | Note pad and pen                                       |
| Time          | Topic                  | Key Points                                                                 | Resources                              |
| 1 min         | Welcome to the Study program and session | Review Study Program objectives and session topics                               | Training Manual  
|               |                        |                                                                          | Preface  
|               |                        |                                                                          | Index of sessions                      |
| 3 min         | Learning expectations | Create a wish list on what you hope to get out of the session                 | Note pad and pen                       |
|               | Stress                | On your note pad write the heading ‘STRESS’.  
|               |                        | Write down answers to the question  
|               |                        | ‘What exactly is stress?’                                                      | Note pad and pen                       |
|               | Reasons for stress   | Consider how each description of stress may be different for each situation encountered  
|               | Stress symptoms       | Stress is experienced when we feel that a situation is more demanding than we have the energy and/or time available to deal with it, such as relationships in the caring role.  
|               |                        | Stress may manifest through physical or emotional symptoms, or both. Write down examples of physical, psychological and social symptoms of stress that you have |
experienced in relation to your relative’s care experiences, or life in the care home.
For example:

1. You may experience feelings of being overwhelmed or overloaded, feeling tearful or frustrated.

2. You may doubt your ability to continue doing what causes you stress and may feel tired and irritable, or feel unwell.

<table>
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<tr>
<th>15 mins</th>
<th>Habitual stress responses</th>
<th>When we experience stress over time, it is possible to develop <strong>habitual stress responses</strong> that cause us to overreact to situations that are not necessarily innately stressful, but which are repetitive or irritating - those times when a whole lot of little things accumulate and just one little thing more can be one little thing too much – and you explode, or implode!</th>
<th>Note pad and pen</th>
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<tbody>
<tr>
<td>Stress responses in relation to the care situation</td>
<td>Write down some examples of your habitual responses to ongoing stress in relation to the care, or other services, that your relative is receiving.</td>
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<td>Stress outcomes</td>
<td>Give some examples of how this continuing stress has limited your sense of Self-Efficacy (confidence in ability) for doing/managing the things that cause you stress, e.g. making sure that your relative/friend is being cared for in preferred way, at preferred times.</td>
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<tr>
<td>Shared Stress factors for family members/carers and care staff</td>
<td>Both family/carers and care staff say that there can be stress in their interactions with each other and in many respects this arises because of the nature of the aged care system: staff funding levels; organisational schedules; unexpected events that place pressure on normal operations; communal living; and increasing resident dependency, illness and a growing need of psychosocial support for residents with dementia, traumatic life experiences and mental illness.</td>
<td>Note pad and pen</td>
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<tr>
<td>Stress arising from the care system</td>
<td>Write down examples of stressful situations that you feel might be shared by care staff as well as family/carers.</td>
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The care home’s attempts to meet the unique needs of all residents (i.e. Montefiore’s new model of care) can be more stressful for care staff, because it demands more personally of them. In old approaches to care, staff were encouraged to ‘maintain a professional distance’. While this more distant approach protected staff’s feelings in some ways, it also made care work less fulfilling and failed to help care staff meet the unique psychosocial needs of residents.
Collaboration between family members and direct care staff in quality improvement of residential care services: pilot study

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<th>Avoiding stress</th>
<th>The person-centred approach to care is supported at Montefiore Homes, and this means that care staff will be required to focus on how to provide care in ways that meet each resident’s physical and psychosocial needs and personal preferences. This care model may sometimes conflict with what you wish for your relative. Family members/carers can avoid feeling stressed and having conflict with care staff by discussing care priorities and schedules with them. This will help to gain an appreciation of what staff are hoping to achieve in meeting your relative’s needs. Working together to plan and evaluate care approaches is a far better way to reduce your stress and to avoid conflict with care staff.</th>
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<tbody>
<tr>
<td>5 mins</td>
<td>Family requests and care staff responses</td>
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<tr>
<td>15 mins</td>
<td>Effective ways of making requests of staff</td>
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CLOSE
SESSION 3 HANDOUT 1. Effective ways of making requests of care staff

The most important aspects of making requests of care staff in relation to care provision is to ensure that there is 1) clarity of intention, 2) clarity of communication and 3) respect is given in making the request.

When you make requests of care staff, or any other staff, you need to consider the following conditions:

**CAN DO**
- Is the staff member personally capable of doing what is requested? Are they competent to do it?
- Does the system allow them to do it?
- Do they have the resources to do it?
- Does the timeframe requested recognize their priorities?
- Will they be able to meet the conditions of satisfaction associated with the request?

**WANT TO**
- Is the staff member generally a motivated person?
- Do they know the reason for the request?
- Is there any benefit for your family member in complying with your request?
- Is it within the scope of their responsibilities?
- Do they feel respected by you?

**WILL DO**
- Do they agree to comply with your request? In other words, will they make a promise to do it?
- Do they have the power to say no, or to negotiate the conditions in agreeing to the request?

**DO**
- Do they honour your request immediately, or communicate the reason why they can't in a timely manner?
Effective Procedures for making a request

1. **Make a direct request to the staff member (i.e. it does not remain in private conversation).**
   Often we hint around at what we want but don’t specifically communicate the request – i.e., “I notice that my wife is looking confused today. Will you please take her to her favourite place in the sitting room for morning tea and if possible, please seat my wife next to her friend Lucy”

2. **The request is made to a specific person.**
   This may seem obvious but there are many times when tasks are talked about but a decision is not made verbally as to who will complete the task.

3. **The future action to be performed is specified.**
   There is a difference in requesting that it would be good if your wife can sit next to her friend Lucy and requesting specifically that you want your wife to sit next to her friend Lucy, so that she has more chance of being less confused when seated in the sitting room.

4. **The reason for the request is made clear.**
   Oftentimes, knowing the reason that you have made a particular request helps to create cooperation from the person you have made the request to, e.g. the staff member will be more likely to make all efforts to take your wife to her favourite place in the sitting room and be seated next to her friend Lucy when he/she can see how adhering to this request will help to provide better care and greater well-being for your wife.

5. **A time frame is specified.**
   Most people forget this step in making an effective request and suffering occurs as a result, such as your wife’s continuing confusion. It is your job as the requestor to be clear about when you would like your wife to be seated in her favourite place in the sitting room, i.e. at morning tea time. Expecting the staff member to prioritize and let you know when he/she can attend to your request may work in some situations, such as when the task is not urgent. However, to avoid communication breakdown it is best if you lay out your timeline up front. In doing so the staff member can determine whether they can meet your expectation (such as whether they need help with transferring your wife to the sitting room using a lifter), or whether they need to delegate the task to someone else, such as when they are caught up in caring for another resident.

6. **The emotional context is considered.**
   Your emotional frame of mind when you make the request and the emotional state of mind of the staff member receiving the request, has major bearing on how the request is spoken and heard. As the person making the request, pay attention to your voice (your volume,
pitch and words used). There’s a difference in the following request: “I want you to take my wife to her favourite place in the sitting room right away!” and “I would appreciate your taking my wife to her favourite place in the sitting room by morning tea time”. Moods and emotions are predisposition for action – that is, they shape our action – and listening is an action. A request spoken in a hostile way versus a direct way will impact the listener and their ability and/or desire to fulfil the request. Also consider the mood and circumstances of the staff member receiving the request – is the timing right for making this request?

7. The request is seen to be authentic.
Most of us don’t consider how our body language conveys a particular sentiment when making a request (i.e., an apology, resentment, fear, etc.). It is important to maintain an open, trusting and understanding posture and facial expression when making requests of others. The image you need to convey to busy care staff is one that generates teamwork, collaboration, and shared responsibility.

8. There is shared communication
Pay attention to your use of language in making requests of care staff and check-in to make sure that they fully understand what is being asked of them. One great way to do this is to have the person repeat back what they heard you say. Breakdowns in communication can usually be cleaned up at this point.

9. Care is taken in words used.
Pay attention to the specific words you use and choose only those that communicate an appreciation for the person fulfilling the request, i.e. that they are helping you to care for your family member in the best way that can. Your words create worlds – positive or negative – that impact those around you and will ultimately affect how others coordinate action with you. Choose your words wisely and with intention in making a request of care staff.

Reference
Adapted from Sieler, A. 2013. Coaching to the Human Soul: Ontological Coaching and Deep Change. Newfield, Australia.