Collaboration between family members and direct care staff in quality improvement of residential care services: pilot study

### Session Plan

<table>
<thead>
<tr>
<th>Session Title:</th>
<th>Module 6: Staff/family conflict resolution</th>
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<tbody>
<tr>
<td>Audience</td>
<td>Family members/carers</td>
</tr>
<tr>
<td>Timeframe</td>
<td>50 Minutes</td>
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<tr>
<td>Learning Objectives By the end of this session you will</td>
<td>Identify and learn strategies for resolving conflict associated with care service roles and responsibilities</td>
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</tbody>
</table>
| Session requirements | Computer, Internet  
Note pad and pen  
Handout 1. ‘Factors Involved in Conflict Management’ Pages 7-8  
Handout 2. ‘Guidelines for handling conflict in the workplace’ Page 9  
Handout 3. ‘Participant Evaluation’ Pages 10-11 |

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>KEY POINTS</th>
<th>RESOURCES</th>
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<tbody>
<tr>
<td>INTRODUCTION</td>
<td></td>
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<tr>
<td>1 min</td>
<td>Welcome</td>
<td>Review Study Program and Session objectives</td>
<td>Training Manual Preface Index of Sessions</td>
</tr>
<tr>
<td>2 min</td>
<td>Training expectations</td>
<td>Create a wish list of what you hope to get out of the session</td>
<td>Note pad and pen</td>
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</table>
| 2 min | Introduction to the session topic | • You will undertake individual activities to identify the causes of conflict, and learn different ways to avoid and deal more effectively with conflict occurring between yourself and aged care staff.  
• You will watch a video about conflict between family members and care staff, and consider the ways in which the care manager helped to address the conflict situation and ensured all parties contributed to care decisions amicably.  
• You will be provided with resources that can help you to make requests of care staff and others in a respectful and non-confrontational way. | |
| 5 min | Reasons for staff conflict with family members/carers | There are a many possible causes of conflict between care staff and family members/carers, some of which are related our relationship with particular individuals. Conflict has structural, cultural, ideological causes, as well as |
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interpersonal causes. However, despite our personal feelings:

- When we are dealing with a difficult behaviour or a difficult person we need to learn how to respond rather than react to the situation.
- We often need to move out of our accustomed ways of behaving and thinking to resolve conflict.
- Conflict can be an opportunity to make things better.

Write down some of the key examples from your dealings with care staff and managers where there are structural, cultural, ideological, as well as interpersonal, causes for conflict.

<table>
<thead>
<tr>
<th>10 min</th>
<th>Differences in expectations of care needs</th>
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<tbody>
<tr>
<td></td>
<td>In Session 5, you considered some of the reasons for conflict between family/carers and direct care staff which arose because of different expectations and perceptions about care requirements and responsibilities. Sometimes conflict arises in aged care because family members find it difficult to agree on what is most important for their relative in care. Because of the dynamic health condition and changing needs of the person in care, it is sometime hard for family members to see these changes occurring and not contribute to decision-making on care requirements. Indeed, aged care staff welcome family involvement in care planning and monitoring. However, care managers and care staff can get caught up in disagreements about treatment and/or care requirements between family members. They can inadvertently contribute to the tensions between family members by attempting to adhere to different family members’ requests.</td>
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</table>

Take a look at the video ‘Family Conflict’, which is located on the ‘Improving staff-family relationships for people with dementia in residential care’ online program. This can be accessed either by:

- Clicking the blue ‘click here’ button or on the web address below (you may need to hold down the Ctrl key & click).

Once you have accessed this module on the website, click on the Video and consider the strategies used by the care manager to resolve the conflict situation. There is a Quiz associated with this video, which you might like to complete if you have the time.

| 10 min | Personality and Interpersonal Styles | Take a look at Handout 1, Factors involved in conflict management’ Pages 7-8. When reviewing the ‘Personality and Interpersonal Styles Diagram’ Page 8, Consider your own preferences/styles on the horizontal and vertical axes of the diagram. Write down answers to the following questions:  
Q 1. What factors have given rise to your own personality and interpersonal style?  
Q 2. Do your personality and interpersonal style change according the context, e.g. Different situations in relation to your relative’s care requirements?  
Q 3. In which ways do your own personality and interpersonal style differ from others who provide care for your relative, such as care staff?  
Q 3. In which ways might different personality and interpersonal styles be one of the reasons for tensions and conflict between care staff and/or managers and family carers? |

| 10 min | Resistance and Obstruction in care delivery requirements | Can you think of examples of situations when resistance and/or obstruction to conflict resolution has occurred in regard to the care of your relative? Write these down. Read the following information on the topics of Resistance and Obstruction to conflict resolution (below).  
**Resistance**  
- When people are fearful or feel threatened, they tend to go into resistance mode, a tendency made worse where there has been prolonged or serious conflict.  
- Where conflict is the norm in dealing with difficult situations it may be difficult to break this pattern. Our own words and behaviour may contribute to resistance; therefore, we need to analyse our assumptions and the way in which we are attempting to deal with the issues or problems we are trying to mend, or policies or programs we may be implementing. |
- We often generate unnecessary resistance because we are trying to solve or manage something in a misguided or counter-productive way, because we are not properly aware of the problem. We are, therefore, likely to work on the wrong problem or the wrong level of the problem.
- When people see misguided attempts at resolving conflict, those who are affected by it may harder to convince of the virtue of conflict resolution and will be more likely to resist. In these circumstances it will be necessary to take account of the person’s reactions and form of resistance.

**Obstruction**
Some people attempt to obstruct conflict resolution through:
- Deliberate deception; Psychological warfare; and Positional pressure tactics.
- The typical responses to these behaviours are to respond in kind, or let the other person get away with it, i.e. to react rather than respond. ‘Reacting’ and ‘avoiding’ are the most common responses to difficult situations or people.

Think of some incidences where conflicts have remained unresolved in regard to care delivery because of care staff, manager and/or family/carer resistance and/or obstruction.

Divide your note pad page into two columns and write the heading ‘obstruction and resistance by care staff’ on top of one column and write the heading ‘resistance and obstruction by family/carers’ on top of the other column.

Under these headings write down some examples of situations/incidences you have been involved with, or aware of, that describe these behaviours.

<table>
<thead>
<tr>
<th>15 min</th>
<th>Resolving conflict</th>
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<tr>
<td></td>
<td>On the whole, conflict can be resolved more effectively by using the approach, as follows:</td>
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<td><strong>Four Level approach to resolving conflict</strong></td>
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<td></td>
<td>A useful approach to clarifying the nature of the conflict and to resolving it is to respond and engage with the person on at least four levels:</td>
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<tr>
<td></td>
<td>Level 1. Discuss with the other person your perceptions and...</td>
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<th>Description</th>
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| Their perceptions about what is happening. | Level 2. Discuss how you feel about the situation.  
Level 3. Name and identify the behaviour that is occurring and be aware of your own behaviour.  
Level 4. Talk about what you think/feel is happening, i.e. question our own assumptions about the situation, as this can help the other person to do the same.  
Review the examples you wrote down under the headings ‘obstruction and resistance by care staff’ and ‘resistance and obstruction by family/carers’.  
Take a minute or two to consider whether using this four level approach might have been helpful in resolving the conflict that occurred in each of these examples. |
| Note pad and pen | |
Consider whether the strategies identified in the Guidelines might have also been helpful in addressing the conflicts described in examples listed on your note pad.  
Think about the video you watched earlier in this session involving ‘Family Conflict’. Consider how some of the strategies included in the Four Step approach and in the Guidelines were used by the care manager to help resolve the conflict between different family members and care staff. |
| Handout 2 ‘Guidelines for Handling Conflict in the Workplace’ Page 9 | |
| Evaluating outcomes of a conflict situation | Once attempts have been made to resolve conflicts in the workplace, it is important to evaluate the success of the conflict resolution process and the outcomes of that process. You can use the following STAR approach to do this.  
Taking the **STAR** approach (Situation Action Result) can help to identify whether the action you took helped or hindered the outcome you hoped to achieve.  
**Situation** – describe the situation giving as much detail as possible.  
**Action you took** – describe the action/approach that you took in regard to the situation.  
**Result you achieved** – describe what occurred  
It may be helpful for you to use each, or some, of the approaches listed above if you become involved, either |
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directly or indirectly, in a conflict with care staff and/or managers in relation to care services for your relative.

5 min  Program Evaluation

Would you please complete Handout 3 ‘Participant Evaluation’, pages 10-11, of the 6 learning sessions you have undertaken.

There are three (3) ways in which you can complete this evaluation:

1. Print out the evaluation form on pages 10 and 11, complete it as instructed and enclose with your completed questionnaire forms, or post back to:

   Prof Lynn Chenoweth  
   CHeBA  
   Level 3, AGSM Bldg (G27)  
   UNSW Sydney NSW 2052

   OR

2. Print out the evaluation form on pages 10 and 11, complete as instructed, scan back into your computer and email it to Prof Lynn Chenoweth at:

   l.chenoweth@unsw.edu.au

   OR

3. Complete the evaluation online by clicking the link below (you may need to hold down the Ctrl key when you click):

   Online Evaluation Feedback Survey

   OR copy the following web address into your internet browser and press Enter.

   https://www.research.net/r/JVSW5X9

The Study Team would like your honest feedback on this online learning program, so please feel free to criticise where you feel it is due, say what worked for you and what didn’t. Feedback on the topic areas, the activities and the approach to learning is appreciated. Your feedback will help us to improve this learning resource for family/carers in the future.

Thank you for participating in the pilot study.

CLOSE
SESSION 6  HANDOUT 1  FACTORS INVOLVED IN CONFLICT MANAGEMENT

We often move into conflict for reasons that are not the result of a deliberate confrontation, negotiation, competition or fight, but simply because of different personalities and ways of responding to conflict.

1. Take a look at the Diagram ‘Personality and Interpersonal Styles’ on page 8.

There are four initial frames of reference that people bring to bear in their relationships with each other at work, with each type having different ways of getting things done. The personality types are classified by reference to the extremes of two priority scales.

The first scale (the horizontal axis in Diagram 1) ranges between the two extremes of doing things by ourselves or doing things through others.

The second scale (shown as the vertical axis in Diagram 1) is a balance between an extreme preference for getting things right and checking the detail regardless of time and getting things done within the time constraints. Most of us have a preferred position along each of these scales.

2. Consider how you like the care of your relative to be organised. Look at the two different possibilities on the horizontal axis doing things by ourselves, and doing things through others. Place a tick alongside the most preferred way of organising your work.

3. Consider what your priorities are in regard to the care of your relative. Look at the two different possibilities on the vertical axis getting things right and checking the detail regardless of time, and getting things done within the time constraints. Place a tick alongside your most preferred priority.

4. Ask yourself why you prefer that care staff organise the care of your relative in these ways. Ask yourself what effect this might have on members of the care team and on your relative.

5. Also consider whether your preferred ways may create some conflict in the workplace and possibly cause some upset with the care staff.
Diagram.  Personality and interpersonal factors

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SESSION 6  HANDOUT 2
GUIDELINES FOR HANDLING CONFLICT IN THE WORKPLACE

1. Talk with the other person.
   Ask the other person to name a time when it would be convenient to meet.
   Arrange to meet in a place where you won't be interrupted

2. Focus on behaviour and events, not on personalities.
   Say “When this happens ...” instead of “When you do ...”
   Describe a specific instance or event instead of generalizing.

3. Listen carefully.
   Listen to what the other person is saying instead of getting ready to react.
   Avoid interrupting the other person’s explanation.
   After the other person finishes speaking, rephrase what was said to make sure you understand it.
   Ask questions to clarify your understanding.

4. Identify points of agreement and disagreement
   Summarize the areas of agreement and disagreement.
   Ask the other person if he or she agrees with your assessment.
   Modify your assessment until both of you agree on the areas of conflict.

5. Prioritize the areas of conflict.
   Discuss which areas of conflict are most important to each of you to resolve.

6. Develop a plan to work on each conflict.
   Start with the most important conflict.
   Focus on the future.
   Set up future meeting times to continue your discussions.

7. Follow through on your plan.
   Stick with the discussions until you’ve worked through each area of conflict.
   Maintain a collaborative, “let’s-work-out-a-solution” attitude.

8. Build on your success
   Look for opportunities to point out progress.
   Compliment the other person’s insights and achievements.
   Congratulate each other when you make progress, even if it’s just a small step. Your hard work will pay off when scheduled discussions eventually give way to ongoing, friendly communication.

Reference
SESSION 6 HANDOUT 3    Participant Evaluation

Family/Carer code: ____________

Please underline, circle or tick the response that most accurately represents your perception of the following statements.

By participating in this course:

1. I have become better informed about how staff and family members/carers perceive each other’s role and responsibilities in care services.
   - [ ] Not at all  [ ] Somewhat  [ ] Generally  [ ] Absolutely

2. I have improved understanding of the meaning and value of constructive staff–family/carer relationships.
   - [ ] Not at all  [ ] Somewhat  [ ] Generally  [ ] Absolutely

3. I have a better appreciation of the importance of open communication in achieving positive staff–family/carer relationships.
   - [ ] Not at all  [ ] Somewhat  [ ] Generally  [ ] Absolutely

4. I have a better understanding of strategies that will help to prevent and resolve issues and points of conflict between staff and family members/carers.
   - [ ] Not at all  [ ] Somewhat  [ ] Generally  [ ] Absolutely

5. I am more confident in developing strategies to build trust with staff, to collaborate with staff and others in decision-making and to identify and resolve conflict situations involving care services.
   - [ ] Not at all  [ ] Somewhat  [ ] Generally  [ ] Absolutely

6. I would recommend this course to other family members/carers.
   - [ ] Not at all  [ ] Somewhat  [ ] Generally  [ ] Absolutely
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Participant Evaluation

Family/Carer code: ____________

My most favourite session/s:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

My least favourite session/s:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________

Other comments:
__________________________________________________________________________
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