

OMBUDSMAN EFFECTIVENESS

How to Deal With Authority Figures

As a new Ombudsman entering the long-term care arena, you may feel intimidated by the unfamiliar environment and the wide variety of people you will encounter. Some of these people will be powerful by any standard.

There are three common reactions to powerful people: Avoidance, awe and anger. Any one of these responses can lead to failure..

Avoidance: You can't solve problems without talking to the appropriate authority figure. Only they can fix what is broken. You're going to have to deal with power figures face to face. If the authority figure is a professional in the fullest sense of the term, then you won't have much of a problem, but if the authority figure suffers from chronic "interpersonal offensiveness," then you will need to develop some skills to deal with his or her behavior

Awe: The main problem with awe is that it reflects your feelings of inferiority or subordination, putting you at a distinct disadvantage. You are an equal partner in the problem resolution process! People who are in awe of others tend to want to please those they hold in high esteem. This might lead to the Ombudsman's becoming too cozy with the opposition.

Anger: You aren't fully human if you don't occasionally become angry at what you will see in our long-term care system. You will run into many difficult, stressful situations, and face people who mask their self-interest as concern for the frail elderly. Such unconscionable behavior would make a saint blow-up. But blowing your stack is exactly what you must not do. You must get past your emotional turmoil to champion the problem. You will have to develop special skills to do this. Some techniques are offered in the following section.

Positive Approach: "Do Unto Others"

The best approach is always the positive approach. The Ombudsman's style is "fair, firm and friendly." Start with the assumption that the other person wants to provide good care and make the residents happy. You must be professional in your relationship with health care professionals. Most will treat you professionally. Most will be more than willing to quickly solve any legitimate problems you bring to their attention-if you have proven your credibility. Others may need a soft sell. A good interactive process for problem solving follows:

1. Establish trust bond.
2. Define the problem situation.
3. Jointly make a new action plan.
4. Follow-through.

Positive Steps to Changing Someone's Mind

If you want one thing and the caregiver wants something else, here are some tips that might help you change his or her mind:

- Give the providers clear reasons to change their minds-reasons that are important to them. Show how the changes will benefit the residents, as well as the providers, by making things easier, avoiding negative outcomes, improving standards or enhancing their credibility. Gather all the facts you can to show how other facilities have benefited from the changes.
- Offer alternatives. Most adult foster care providers and nursing facility managers in general like to make decisions. Rather than putting them in a passive position of having to say "yes" or "no", give them a choice of options that are consistent with the residents' best interests.
- Present a backup plan to the provider's idea. In case the provider's idea doesn't work, he or she might be pleased that you came up with another idea.

The Broken Record Technique

The following step-by-step approach is tried and true-it works! If you are new to the realm of confrontation and problem resolution you should start out using this technique exactly as written. As you gain experience and confidence you may feel comfortable in tailoring it to meet the special requirements of any given situation. An experienced, verbally gifted Ombudsman may choose to use this technique only in certain tough situations or as a launching pad for other interactive strategies.

Be Prepared

1. Trust Your Credibility:
 - Advocacy. You are the resident's champion.
 - Authority: You have the legal power to get results.
 - Bottom Line: Your effectiveness depends on persuasiveness.

2. Get Ready:

- Investigate first.
- Present facts.
- Rehearse.
- Know what you want. Write your case. This diffuses feelings and builds your confidence. Make it to-the-point, brief, non-blameful.
- Practice.
- Anticipate objections and have answers for them.

3. Practice Your Presentation Skills:

- Visualize
- Be Professional
- Select the Time and Place
- Be aware of your Presentation Style:
 - How the message is sent is as important as the words.
 - Body Language: eye contact, facial expression, gestures, voice tone, breath
 - Submissive vs. Assertive vs. Aggressive.

Use P.E.P. Method: Point, Evidence, repeat Point

1. Getting Your Message Across:

- Give your clear statement of the problem.
- Present the evidence you have gathered during your investigation, starting with the most persuasive evidence.
- Restate your statement of the problem.

2. Receiving Feedback:

- Listen attentively and reflectively
- Do no interrupt
- Do not argue
- Find areas of agreement to incorporate into your argument
- If the other person responds with defensiveness, it means they did not really hear your message

3. Recycle the Process: Persistence is the key. It may take 3-10 times through this process to change the other's behavior

Tips:

- Do not back the other person into a corner.
- Allow the other person to retain his or her dignity.
- Make sure the solutions meet the resident's needs.
- Don't insist that they be cheerful about addressing the problem. You are asking for changed behavior.
- Arrange a time when you will check with each other to make sure the solution is working.
- Express appreciation.

4. Formulating an Action Plan: The only way you can be sure that your advocacy has had an effect is if you and the other person can agree on an action plan.

- **How** will the problem be solved?
- **Who** is responsible for making sure the plan is implemented?
- **When** will the plan be implemented?

5. **Monitoring the Implementation of the Action Plan:**

- Make sure the resident is satisfied with the action plan.
- Keep checking with the resident to make sure the changes are being made.
- Make contact with staff responsible for implementation.

Example of PEP Method:

Ombudsman: Mrs. Rodriguez needs another set of dentures because the ones she had when she was admitted have been lost. (Point) Her daughter, Mrs. Lopez, filled out a grievance form two months ago when the dentures were first missing, but so far, nothing has been done to replace them. (Evidence) Mrs. Lopez says the last time she saw the dentures, a staff person was taking them out of the room to clean them. (E) There is no denture cup in Mrs. Rodriguez' room. (E) The RCM says the staff have looked for the dentures, but cannot find them. (E) Therefore, Mrs. Rodriguez needs replacement dentures. (Repeat Point)

Administrator: I resent your implication that we have been neglecting Mrs. Rodriguez in any way. I believe it is her fault the dentures are missing. I think she either hid the dentures in her sheets or crumpled them in a napkin because she has done that with other items. We cannot be responsible for things that residents intentionally misplace. (P)

Ombudsman: I know you are concerned with providing good resident care and that's why I'm sure you'll agree that Mrs. Rodriguez needs new dentures. (P) They've been missing for two months, and the last time they were seen, they were in the possession of a staff person. (E) Mrs. Rodriguez could not independently remove them from the area of her bed. (E) Your staff has not been able to locate the dentures.(E) And so, you're facility needs to get Mrs. Rodriguez new dentures.

Admin: Listen, I don't want a big fight over this. I don't believe we're legally obligated to get her new dentures. But because so much time has gone by, I'll make an exception this once.

Ombudsman: Thank you. I know Mrs. Rodriguez and her daughter will be pleased with your decision.

Deal With Resistance

Hostile responses: Your assertion is met with a counterblow designed to put you on the defensive. Don't get drawn in personally. Treat the other with respect. Understand his point of view. Reassert the original message.

Questions as a smokescreen: Questions are a non-confrontational way of sidetracking. When you are answering questions you are not asserting. Reply with a reflective listening response. Every question can be converted into a statement and reflected back.

Side-step debates: Mentally quick people give the impression they are very objective and want only a clearer understanding. They are really avoiding action. Debates are win/lose affairs.

Coping with tears: Tears are sometimes manipulative. Be patient, but don't get drawn in personally. Continue later if necessary.

Overcoming withdrawal: They may use silence, body language, a poker face or inappropriate silence. Provide a lot of silence: state what you think they may be feeling. Then reassert your need: "I take your silence to mean that you don't want to talk about it but that you agree with what I said." The goal is to get the long-term care provider to agree. They don't have to be joyful about it.