

Role Perception Profile

To develop your personal Role Perception Profile, circle the number in each column that corresponds with your score on the previous page. Connect the circles with a line.

1		2		3		4		5	
Provider Oriented		Friendly Visitor		Educator Facilitator		Collaborative		Technical Advocate	
12		12		12		12		12	
11		11		11		11		11	
10		10		10		10		10	
9		9		9		9		9	
8		8		8		8		8	
7		7		7		7		7	
6		6		6		6		6	
5		5		5		5		5	
4		4		4		4		4	
3		3		3		3		3	
2		2		2		2		2	
1		1		1		1		1	
0		0		0		0		0	

Interpreting Your Profile

This instrument explores five key roles and indicates the ones with which you are most comfortable. Most roles offer benefits to the residents and are associated with allied strategies that effective ombudsmen will employ. As an ombudsman for long term care residents, you will identify which role is appropriate in each situation, and be able to use that role's tools and associated strategies to the residents' best advantage.

Some roles focus on protecting residents and solving their problems. Other roles avoid problem solving altogether or focus on concerns unrelated to the residents' best interests. Most likely, you will have scores in all five ranges, with the higher scores indicating your preferred styles. However, all ombudsmen must be willing and able to work outside their dominant styles when necessary. For example, effective ombudsmen usually have high scores in the technical advocate category; however, technical advocacy skills (warning and referral) will not be the first used in most cases—it would be overkill. But all ombudsmen, no matter what their preferred style, must be ready, willing and able to use technical advocacy skills when other methods fail. On the other hand, high scores in the provider-oriented role column will mean that serving as an ombudsman will require you to work outside your preferred role almost all the time. Will you be able to do that? The alternative is clearly unacceptable: you may work in the "provider range" and end up promoting facility interests over resident interests. If you don't feel comfortable outside that provider-oriented role, perhaps you should consider an alternative volunteer position.

Your profile may change. There are often significant differences between a profile taken on the first day of orientation training and a profile taken after completing the training and some on-the-job experience. This profile is designed to increase your self-awareness and allow you to take advantage of your strengths and identify areas for development.

Finally, do not confuse the roles with personal style. An ombudsman is professional at all times, and your style should always be firm, fair and friendly.

Definition of Styles

Provider Oriented

A high score here indicates that your attitude, if not your heart, may be oriented towards the care provider, rather than the resident. While care providers need support and help, it is not the role of the Certified Ombudsman to take the care provider's perspective over that of the resident. In fact, ombudsmen are not there to help the care provider at all—unless it benefits the residents.

Of course, no score should be considered in isolation, and having a concern for the provider's needs is certainly not in and of itself inappropriate. As an ombudsman, you certainly need to be aware of the tough job care providers face. But this assessment compares your concern for the providers' situation with your concern for the residents' situation. Consequently, a high score in this category and low scores in the technical advocate, collaborative and educator/facilitator categories may suggest you would be more satisfied volunteering in a different organization.

Friendly Visitor

Friendly visitors are not primarily concerned with problem resolution. Instead, their primary motivators are the relationships they build with the residents and care provid-

ers. They like to give and receive warm fuzzies. While all ombudsmen should have some friendly visitor in them and should enjoy working with the elderly, this score should be significantly lower than either the advocacy, collaborative or educator/facilitator role scores. If you have a score of four or above in this area, you will have to be vigilant—always remember that even though you may brighten the residents' day, you are there as their advocate, to work for quality care and quality of life.

Facilitator/Educator

Research has shown that most ombudsmen who prefer either strong advocacy or collaborative roles will also be oriented towards the facilitator/educator role. This is a healthy sign, as many issues are solved simply by creating awareness. In other cases, you will serve as an educator, for example, informing staff, residents and family members of residents' rights and other issues relating to resident's quality of life and well being. The Facilitator/Educator is also a resource broker, a referral agent who helps connect the resident to appropriate available helping resources.

Collaborative

The collaborative-oriented ombudsman is one who values fairness and impartiality and seeks to improve the quality of life for the residents by consensus oriented, or win/win methods. While this approach preserves positive relationships with care providers, it does not avoid problems, but solves them by an interactive, relationship-oriented approach that is flexible and people-oriented. In this role, the ombudsman tries to develop win/win outcomes whenever possible, working out solutions that benefit every one involved.

While a collaborative orientation establishes good relationships between the ombudsman and provider, it does not always promote the best outcome for the resident. It can be time consuming. Where a law exists guaranteeing a resident's specific right, collaborative techniques such as mediation, conciliation and negotiation are not appropriate. After all, ombudsmen do not have the right to negotiate away a resident's legal rights, nor to safeguard provider interests in such a way that the resident's position is weakened.

Nevertheless, the collaborative approach is an important technique for the ombudsman—your score here should be fairly strong.

Advocate Orientation

Advocacy is the mission of the Oregon Office of the Long Term Care Ombudsman. All is not well with America's long term care system — it needs watching, and that is the purpose of the ombudsman. Strong scores in this range indicate that your values are maximally aligned with the program's values.

The advocate puts the residents' rights and wishes above all other considerations and assertively encourages the facility management to perform their full legal responsibilities. The advocacy approach tends to be problem-oriented and seeks compliance with prescribed standards. An advocate orientation is marked by the ombudsman's willingness to do whatever it takes to support the resident's position, even at the expense of good relationships with the provider.

The advocate is willing to embrace a win/lose strategy that may lead to antagonism. Other potential liabilities include a lack of flexibility and a tendency towards dogmatism and tension. However, when other methods have failed, advocacy is the most powerful approach and should be utilized.

Two of these ombudsman role perspectives (the technical advocate and collaborative perspectives) have been adapted from the following works: A. Monk and L.W. Kaye, (1981). Ombudsman services for the aged in long-term care facilities. New York: Columbia University, Brookdale Institute on Aging and Adult Development; (1982); A. Monk and L.W. Kaye, Assessing efficacy in ombudsman services for the aged in long-term care institutions. Evaluation and Program Planning, 5, 363-370; (1982); A. Monk and L.W. Kaye, Community representation and empowerment in long-term care settings: The case of the nursing home patient ombudsman. Journal of Sociology and Social Welfare, 9(1), 122-134; A. Monk, L.W. Kaye and H. Litwin, (1984). Resolving grievances in the nursing home. New York: Columbia University Press; L. W. Kaye and A. Monk, (1988). Factors affecting nursing home patient participation in a volunteer grievance resolution service. Journal of Voluntary Action Research, 17(2), 47-59; H. Litwin, (1982). Change agents and gatekeepers: A study of collaborative and contest strategy orientations to a nursing home ombudsman program. Unpublished Doctoral Dissertation, Columbia University, New York; H. Litwin, L. W. Kaye and A. Monk, (1984). Conflicting orientations to patient advocacy in long-term care. The Gerontologist, 24(3), 275-279, and H. Litwin and A. Monk, (1987). Do nursing home patient ombudsman make a difference? Journal of Gerontological Social Work 2 (1), 95-104. In this questionnaire, language reflecting the advocacy and collaborative role statements have been significantly modified. A third strategy orientation developed in the aforementioned works (the neutral therapeutic) was dropped and replaced by the role perspective of the educator/facilitator. Some theoretical adaptations were derived from J. L. Hocker and W. W. Wilmot (1991), Interpersonal Conflict. (3rd ed.). Dubuque: W.C. Brown. The perspectives of the provider orientation and friendly visitor were introduced by Wayne Nelson, Ph.D.