

R E C I P E
FOR
EMPATHY

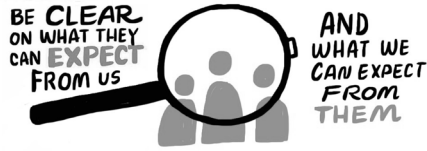


SIX STRATEGIES TO
TRANSFORM
YOUR **FAMILIES**
INTO **FANS**
IN SENIORS' CARE

DEBORAH BAKTI

EXPECTATIONS

CREATING WIN/WIN CONVERSATIONS



“Disappointment is a natural result of badly managed expectations.” – Chip Conley

Let’s talk about expectations, and how they play into strengthening family relationships. It’s so important to be clear with families on what they can expect from you, as well as what you can expect from them.

Consider this formula:

Disappointment = Expectations – Reality

(Chip Conley, *Emotional Equations*)¹

Have you ever had a family that was surprised when they realized their loved one wasn't getting 24/7, one-on-one care? Or had a family member come to you frustrated that their parent didn't get their bath right at 7:00 pm on the scheduled day? When a family's expectations are different than what actually occurs, it's a set up for disappointment. As you well know, their disappointment leads to encounters and sometimes conflicts in your daily work. Focusing on and working toward aligning their expectations as closely as possible to the reality of the home's operation will help to avoid disappointment. This is where you come in.

Perhaps you've heard the expression, "don't tell me what I want to hear, tell me the truth." Sometimes we want to be of service, be so helpful and customer-focused as possible, that we fall into the "people pleaser" mindset. Sound familiar? What happens then is that we find ourselves making commitments or promises that simply can't be fulfilled. In trying to create some ease and comfort for our families, and because the intentions aren't set mindfully, you can bring to life one of my mother's favourite expressions: "The road to hell is paved with good intentions."

. . .

MY MOM MOVED INTO RETIREMENT – independent living – a few years after my dad died, and we expected that she would live there for many years. At about the two-and-a-half year mark, her health started deteriorating and it became clear she needed more support. I believe the home staff had the best of intentions to expand their care to the scope we now needed, but we experienced disappointment after disappointment when the gaps became clear and she ended up in hospital due to falls and medication-related issues.

The trust had eroded, our confidence in their abilities evaporated, and we gave our thirty days notice and moved our mom again.

HERE'S another concept to consider:

“Behind every complaint is an idea, belief or value that person is committed to.”² – Lisa Laskow Lahey and Robert Kegan

IN THE STORY ABOVE, I was committed to my mom's safety and comfort. I was looking for the commitment that this organization gave us, when my mom selected them as her new home. But, if that commitment needed to be adjusted based on the changing circumstance, then

my belief was that they would approach and educate us on our options. Each side needs to understand the other's expectations.

In Canada, where we have a government-funded health care system, there can be an entitlement mentality when it comes to receiving health care. With long-term care, most families know that the government funds a portion of it, but they're certainly more aware of the portion they personally need to cover. In retirement living where it's all private pay, the monetary impact is even greater. That creates an elevated expectation of care and service. This is the unknown portion of their expectations, the undercurrent if you will. If you don't know their expectations, and you're not meeting their "unknown expectations," that's where dissatisfaction can occur – and can spiral out of control.

The traditional admissions process tends to be directive in tone, with a lot of telling and advising the families about who's who, scripted questions about the resident, and requisite paperwork. This is also an opportunity to understand what perceptions and expectations the family is walking in those front doors with. You can learn a lot from the questions they are asking. To really clarify expectations can be as simple as becoming curious and asking questions such as:

- Tell us a bit about what your expectations are?

- What are you most worried about with this move?
- What one thing keeps you up at night when you think of your loved one living here?
- What's most important to you?
- What do you find yourself hoping for?
- What would you appreciate the most from us?

When you have the family's expectations on the table, you're now better equipped to educate and inform them about what's reasonable, which expectation can be met, and which ones are out of the scope of you and your team.

Families share with me that they don't know if their expectations are realistic or not. They come in with hopes based on what friends or family have shared with them and knowing what they've seen about the long-term care business from the news. They would appreciate having someone take the time to really explain how it's going to work. Most families have no experience with long-term care. They are learning as they go. By knowing this, you can be proactive with helping them rewrite whatever narrative they come in with through proper education and information sharing.

Get clear on what their expectations are – then you are in a better position to clarify and adjust, to get their expectations and your reality aligned.

This way you're building that pathway to trust. Trust is earned through consistency and follow through, doing

what you say you will do, and accepting responsibility and offering an explanation when something falls through the cracks.



When my mom lived in assisted living, she had a lovely studio suite with a patio door and window with blinds that could be pulled up and down to control how much light got in. I noticed that the blind on the door was breaking regularly – the cord would snap, and the blind would fall, covering the entire door. I had many conversations with various staff members about fixing the blind. What was important to me was that my mom could enjoy the natural sunlight during the day, and she couldn't when the door was covered with the broken blind. It was also important to me that my concerns were being heard. I was starting to feel disappointed and frustrated that what I perceived to be a simple task wasn't being handled.

One Saturday morning, I walked into my mom's room and of course the first thing I noticed was the still broken blind. These are the "stupid little things" that can make family members a bit crazed. I walked over to the nurse's station and one of the PSWs was sitting there. I shared with her that I was feeling a bit frustrated that the blind was still broken. She stood up and said, "Okay, let's go and see what's going on." We walked back to my mom's room and she says to my mom, "Hi Carol, we're

gonna get this blind taken care of.” The staff member saw the broken cord and said, “I’m going to take this, so they can’t McGyver it again. They’ll have to replace the whole blind and that should do the trick.”

I was so impressed with her approach and natural sense of customer service. The following week, there was a new blind up and I was happy, not only because it was finally fixed, but that someone cared enough to see this situation through to resolution.

It’s usually a simple fix to address family concerns. You just need to take the time to:

1. Understand what the issue is,
2. Communicate with the family what the options are,
3. Follow through and deliver.

A common theme I hear from families – one that creates frustration and develops into disappointment – is not sharing information about their loved one with them. Families feel like they have to ask the questions first, and that’s the only way they find out about what’s going on with their person and their care.

I met with Teresa, whose husband became a resident three years ago. On a recent visit, Teresa was helping her husband with toileting and discovered that he was wearing a brief. Up to this point, he was wearing regular underwear. As she recounted her story to me, she was visibly upset about discovering her husband wearing an

incontinent product and no one had “bothered” to tell her that’s what they decided to do.

She told me she “came unglued,” speaking out to the PSW, who was desperately trying to calm her down. She felt completely disrespected, and that she should have been consulted about what she saw as a “big deal” decision.

But here’s what also happened. She wondered, “what else are they not telling me?” Not only was she frustrated and disappointed, she felt strongly that this situation warranted a discussion and joint decision. Now Teresa was questioning whether the home was not sharing other important updates.

The trust had been broken, all because of an unmet expectation.

As mentioned earlier, it’s a two-way street.

**AN OPEN,
COLLABORATIVE
DIALOGUE ABOUT
WHAT THE
EXPECTATIONS ARE ON
BOTH SIDES, CAN HELP
YOU CREATE A HEALTHY
AND EFFECTIVE
RESOLUTION.**

It’s appropriate and also necessary that the family is clear on what you expect of them. For example, if they have a concern, how do you want them to share that, and with which team member? If a concern doesn’t get resolved to their satisfaction, how do you want them to communicate that? How do you expect them to interact with your front-line staff? What’s not okay? (i.e. yelling or swearing at staff). I’ve had team members tell me that they end up tolerating inappropriate behaviour because they didn’t

want to have things escalate and end up with a formal complaint to the regulatory bodies.

Do you sometimes wonder how you got to the point where toxic behaviour is tolerated? How did that behaviour start in the first place? What were the triggers, and how can you prevent those triggers from happening?

Have you thought about what your ideal family relationship looks like? You know those families, the ones that you look forward to seeing and working with. What makes these relationships work? How can you share with new families what works with other families, so they can benefit from that knowledge?

Remember, you know your business, your home, what works, and what your challenges are. The best time to set the stage for new family relationships, including expectations, is at the very beginning. You can take a more proactive approach to onboarding your families by design, versus by default – flying by the seat of your pants, cramming this into an already busy day. You can design this experience with thoughtfulness and intention, so that you remove as many knowledge and relational gaps as possible. This way, you are setting everyone up for a higher likelihood of success and a pleasant experience for all.



While working as an executive in the seniors' care industry, Deborah Bakti's professional and personal lives collided, when her husband, Ty, was diagnosed with a rare disease. When her husband was admitted to a long-term care home, Deborah was forced to adopt a new role: that of a residents' wife.

LEARN HOW TO BE **RELATIONAL** IN A TRANSACTIONAL WORLD

You want your seniors' care home to be one where staff are happy and engaged – even on the most challenging days. A home where you know how to establish a strong foundation of trust and respect, from your first interaction with a new resident and their family. One where your residents' families rave about you to their family and friends.

In **RECIPE for Empathy**, Deborah discusses her experience from both perspectives: the business side and the client side.

The book provides a powerful framework and practical tools for care providers to adopt a more relational approach to their workplace.

RECIPE for Empathy lays out six steps to develop new ways of thinking, communicating and connecting with residents and their families by design, not default.

It is a blueprint for approaching the admission experience with empathy.



ABOUT THE AUTHOR

Deborah Bakti is a leadership consultant and former Seniors' Care executive. She is owner of **THINK Breakthrough Inc.**, delivering workplace coaching, training and consulting to the Seniors' Care sector. Deborah is the proud mom of Taylor and Logan. She lives in Burlington, Ontario with her pug, Kobe, and cat, Charlie.

