

Quality Long Term Care: **The Role of the Volunteer Ombudsman** **Part 2: Focus Groups**

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ABSTRACT

The Long-Term Care Ombudsman Program is a federally mandated program to improve the quality of care received by residents of nursing homes throughout the United States. Certified volunteer ombudsmen are specially trained to act as advocates and to help identify and solve problems on behalf of residents in long-term care facilities. Texas relies heavily on volunteers to carry out this important role; the approximate ratio of paid staff to volunteers is 1:21. The primary aims of this study of certified volunteer ombudsmen in Texas were to (a) gain a better understanding of certified volunteer ombudsmen's experiences; (b) identify barriers to effective job performance; and (c) identify training needs and ongoing needs for education and support. In this qualitative part of the study (Part II), eight focus groups, totaling fifty-one certified volunteer ombudsman participants, were held in various geographic locations throughout the state.

Groups were similar in their perception of the program and their role as certified volunteer ombudsmen. Experiences in respective facilities varied, however, and the attitudes of the long-term care facility administrators were a major cause of this variance. The regional staff ombudsmen were generally seen as supportive.

Overall, the focus group participants appeared to perform their certified volunteer ombudsman duties effectively. They were most successful in addressing problems at the facility level. Focus group participants were generally satisfied with their training, but there was a strong preference for state-level training. The need for more interactive in-service training was expressed strongly by a majority.

Many of the barriers to the certified volunteer ombudsmen's effectiveness were factors outside of their control. Within the facilities, they encountered a lack of trained personnel, as well as other problems inherent in institutionalized settings. Lack of power was identified as a major barrier. In addition to recommendations listed in the quantitative part of the study (Part I), the focus groups produced another set of 28 recommendations for improvement. These include suggestions for legislative changes; volunteer training and communication skills; as well as reimbursement, recruitment, recognition and retention of volunteers.

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Introduction

Background

The certified volunteer ombudsman is mandated to help identify and solve problems on behalf of residents in long-term care facilities. In contrast to other ombudsmen, whose duty is to remain neutral and mediate, long-term care ombudsmen function as advocates for the residents in nursing facilities (Harris-Wehling, Feasley, & Estes, 1995). Many successful state ombudsman programs make extensive use of certified volunteers (Nathanson & Eggleton, 1993). Program assessment, however, has tended to neglect the experiences and opinions of these certified volunteer ombudsmen. The primary aims of the study of certified volunteer ombudsmen in Texas were to (a) gain a better understanding of certified volunteer ombudsmen's experiences; (b) identify barriers to effective job performance; and (c) identify training needs and ongoing needs for education and support.

The Long-term Care (LTC) Ombudsman Program was begun in 1972 as five demonstration projects in response to widespread concern about the quality of nursing home facilities and services and the government's ability to regulate them. In the 1992 reauthorization of the Older Americans Act, Congress authorized a national study of the Long-term Care Ombudsman Program. This study, conducted by the Institute of Medicine, was released in 1995 and findings revealed an extensive use of volunteers (Harris-Wehling, Feasley, & Estes, 1995). Often, however, state ombudsman programs encounter obstacles in their efforts to recruit, train, and support these volunteers (Nathanson & Eggleton, 1993).

In Texas, the LTC Ombudsman Program is delivered by means of 28 regional ombudsman programs serving specific geographic areas. Each local program is managed by a regional ombudsman who is in charge of a group of certified LTC ombudsman volunteers in that particular area. Heavily dependent on certified volunteers, the current ratio of paid staff to volunteers in Texas is 1:21 (Harris-Wehling, Feasley, & Estes, 1995). The vast geographical

territory encompassed by some regions, particularly in rural areas, increases the need for certified volunteer ombudsmen and, at the same time, makes training, recruitment, and retention more difficult.

As part of a study of certified volunteer ombudsmen in Texas, a series of eight focus groups was held in different geographic areas across the state. The focus groups involved a total of 51 participants. The number of participants in each group ranged from two to twelve.

Significance

There is a paucity of literature on certified LTC volunteer ombudsmen. Some research has been conducted on the impact that the Ombudsman Program has had on the care provided in long-term care facilities (Nelson, Huber, & Walter, 1995; Cherry, 1991). Although literature exists on volunteers who work with terminal patients in hospices and AIDS facilities, there is very little information available on either volunteer ombudsmen's experiences or the importance of training for the ombudsman role. Few studies exist on volunteers' effectiveness, and those that have been published rely on the assessment of an administrator who observed the volunteers' work (Zweigenhaft, Armstrong, Quintis, & Riddick, 1996). The current study, therefore, is expected to contribute to the body of knowledge in several ways: it attempts to describe the certified volunteer ombudsman's experiences, identify volunteers' training needs, and determine sources of support and barriers to job performance. Furthermore, the study was designed to elicit information and opinions from the volunteers themselves.

Methodology

As a qualitative research technique, focus groups provide an inductive approach to generating themes and hypotheses from the perspective of the participants (Mullen & Reynolds, 1978). Focus groups allow the researcher to gather data about feelings and opinions of small groups (Basch, 1987). It is this volunteer perspective which is lacking from much of the literature on the LTC Ombudsman Program. Focus groups offer insight into different forms of communication used in daily interactions (Kitzinger, 1995). Statements can be examined within

the context of the group discussion (Knodel, 1993).

Focus group participants were recruited from among the certified volunteer ombudsmen serving in each of the targeted geographical areas. There was no attempt made to select either those who had previously responded to the survey or those who had not. Instead, non-probability, purposive sampling of certified volunteer ombudsmen was used to identify participants. The staff ombudsman in each region was asked to assist in recruitment. Participation in the focus groups was limited to certified volunteer ombudsmen. Volunteers who had undergone training but were not yet certified and other volunteers who worked as friendly visitors in long-term care facilities were excluded. It was not possible to limit participation in a group to individuals who did not know each other. In rural areas, it is difficult to impose such limitations (Wolfe, Knodel, & Sittitrai, 1993), and even in larger metropolitan areas, the certified volunteer ombudsmen were all members of the same regional office and knew each other through regularly scheduled meetings.

There was no monetary compensation to the participants for their time; however, they received in-service credit for their participation. Participants were informed that copies of the report would be made available to the Office of the State Ombudsman, and that they would each receive a copy of the executive summary.

The areas in which the focus groups were held were chosen to be representative of the diverse geographical and cultural areas of Texas. Groups were held in the two largest metropolitan areas, one border location in West Texas, one location in the Panhandle, two locations in the central part of the state, and one location in the southeastern coastal region.

Lead facilitators were the principal investigator and project staff. Sessions were audiotaped, and notes were taken by an assistant facilitator. In each focus group, at least one of the two facilitators had experience either in long-term care or with the LTC Ombudsman Program.

In each case, the focus group was held on the premises of the local ombudsman

program. Criteria for choosing specific room locations included group size and participants' comfort and convenience, as well as potential for maximizing social interaction and group dynamics. In each case, participants were grouped around a table: this arrangement allowed for direct eye contact and encouraged direct group interaction. Actual group discussion lasted from one and a half to two hours.

The discussion guide included questions on experiences in long-term care facilities, experiences with and attitudes towards training, sources of support, and barriers to effectiveness of performance. After the third group, the discussion guide was modified to include a question that specifically addressed mentoring. This was a topic that had not been identified prior to the beginning of the study, instead it was recognized as an issue of importance in the early groups.

The order of questions in individual focus groups was structured to encourage a natural and logical flow of discussion. Questions were open-ended in order to capture unanticipated views. Analysis of the transcripts was facilitated by using the same sequence of questions in each group. A copy of the Focus Group Moderator Guide is attached as Appendix A.

All focus group discussions were audiotaped, and tapes were transcribed word-by-word. Review of the transcripts was conducted manually by project staff in order to identify categories and general subject themes. The qualitative data generated by the focus groups were organized into a matrix format, or overview grid (Knodel, 1993), with five major categories of interest along the x-axis and themes relating to these categories along the y-axis. The five major categories were based on the original research questions: experiences, training, barriers, support, and recommendations. Initial themes were suggested by a review of the literature, the proposed study questions, and a preliminary review of the transcripts. Any material coded as 'other' was labeled, and review of this category allowed for further definition of themes.

Analysis was by category within each transcript. In order to compare expressed ideas and attitudes among volunteers from different geographical locations, each segment was labeled by location, as well as by theme. Views that were consistently found across groups separated by background characteristic represented broad consensus (Knodel, 1993).

Results

Four major categories emerged from the focus group discussions: a) volunteers' activities and experiences in the long-term care facility; b) perception of the training program; c) perception of support; and d) perception of barriers to effectiveness.

Activities and Experiences

Perception of the certified volunteer ombudsman role. Focus group participants throughout the state expressed having difficulty with explaining the ombudsman role. The word 'ombudsman' itself created a barrier to understanding for many of the volunteer ombudsmen's clients, both residents and family members. Some commented on the difficulty of pronouncing the word – "it's a Swedish word," or "it's an arcane name – very difficult concept." One participant wished that the word would be more user- friendly, and another observed that she was called an "ombudslady." Several certified volunteer ombudsmen stated that they avoided the word and used such alternative terms as "information source" or "advocate" to explain their function. Often, group participants spoke of their ombudsman role in terms of what they do. The notion of advocacy, which is one of the major functions of the certified volunteer ombudsman, was expressed in terms of "helping with problems" and ensuring that residents get what they are "entitled to."

In contrast, the term "ombudsman" also had some advantages for some of the focus group participants. The word provided an opportunity for residents and families to inquire further into the nature of the job. Ombudsmen saw the chance to "really expound on what you're doing with pride." Several participants observed that family members had less difficulty understanding their role than did the residents. Participants in several locations reported that families were

appreciative of their assistance. One family member's curiosity aroused by the term and its implications may have contributed to communication with the certified volunteer ombudsman.

Some participants found that the certified volunteer ombudsman position conferred a type of status. One focus group person, who had served previously as a friendly visitor, observed that after certification "I felt prepared and they could not tell me to shut up. Or they can't tell you that's none of your business – now people listen to me." Another person, who initially felt intimidated by the presence of state inspectors, – "I'm just a lonely ombudsman – they are the surveyors." He found that the inspectors valued the certified volunteer ombudsman's input: "... he took careful notice of what I said and he called the group back and went over the questions that I had said I had heard ... he really went out of his way."

Communication. In order to perform their roles effectively, the certified volunteer ombudsmen said that they found it necessary, first, to gain the trust of the residents. Several participants talked about the amount of time it took to bond with residents. One person indicated that it would take six to nine months to win their trust. Another participant described a technique for establishing a bond:

You have to be an advocate, an advocate ombudsman, you have to know how to communicate with each resident and so that they feel with you, that they could communicate with you. And I'll tell you what, I have no problem. I'll go in and you have this smile, and the first thing, you go to the [residents] and say: 'Hi, how are you doing today?' and they open up right away to you. And then they start talking and you just about get everything from them.

Several participants gave examples of how they contributed to the social life of the facility in order to win over both residents and staff.

Responsibilities of the certified volunteer ombudsman. Certified volunteer ombudsmen act as advocates for the residents. They solve problems in the facility, identify gaps in services, as well as develop and support family councils. Situations encountered by focus group participants in their facilities ranged from fairly mild complaints regarding the quality of institutional food to serious examples of neglect. Several individuals recalled having to deal with

issues of sanitation. For example, one participant, who had identified a lack of proper hydration and sanitation, described being unsuccessful in trying to rectify the problem:

Dehydration has been a big problem – several people had to be sent to the hospital because they were dehydrated. One lady – and they – and the state [was called in] to substantiate – I went into this lady's room and her friend who comes to see her on a daily basis – showed me – she said “I want to show you her cup – her drinking cup” – it had dried slime in the bottom – she showed me – I saw the cup and she said “this is the only cup that this lady has had to drink from” – well that was reported – they weren't giving the residents water – they were dehydrated – yet the state said ‘unsubstantiated’ – that's all right – I saw her cup – that dried black slime in the bottom – she has not had a clean cup of water – and there was no reason for that – and it wasn't that she had a swallowing problem, or that she was not to be given fluid / liquid by mouth or anything – this lady was able to drink water from a cup – you know they need water – they all need water – they beg for water – and a lot of those people aren't able to get in a wheelchair and roll themselves down to the cafeteria and ask for water down there – they depend on those aides to bring them water and put it where they can get to it. So, that was another thing that was ‘not substantiated.’

Another person, however, described successfully confronting nursing home personnel with a sanitation problem:

There was BM all over the floor, it was on the curtains, it was on the bed, it was on her clothing – the roommate was having her lunch, she was the one who had spread the feces around – and I thought – the aides came in and set down the trays – right here they had to have seen what I was seeing and smelled what I was smelling. So I went down and got the administrator and the DON and before we got to the room I said: “Ladies I like you to envision having your lunch here with Mrs. X today and I said come on into the room” and they said this must have happened after the trays had been brought in – I said ‘there is no way this is dried BM. The trays were dropped off this way.’ But that's how I handled it. Just having the administrator and the DON come in and experience the full flavor.

Several group members expressed having difficulty with organizing and maintaining family councils. One person, who was relatively new to the Ombudsman Program, described the challenge of communicating with residents. Another one expressed frustration over having solved a problem in a nursing home successfully, only to see the state close down the facility.

Exit interviews. Whether or not the certified volunteer ombudsman was allowed to attend exit interviews conducted by state inspectors, was an area of concern in all of the focus groups. From the comments generated in the group discussions, it did appear that most certified volunteer ombudsmen were at least notified and given the chance to attend, although there was

a wide range of experiences. One participant commented: "It's not clear how that [participation in exit interviews] is decided – people have totally different experiences." Occasionally, certified volunteer ombudsmen found that they were not allowed to be involved at all, whereas others were called in and given the opportunity to voice concerns either before or after the interview. Sometimes, the certified volunteer ombudsman may have been present but not able to contribute, either because the inspectors did not encourage participation or because the ombudsperson felt inhibited. In some cases, the inspection team did solicit the volunteer's input.

Access to records. If participation in exit interviews generated a variety of responses based on experiences and attitudes, the desire for access to clients' records was unanimous. Participants perceived that lack of access to residents' records denied the ombudsman the opportunity to know what was happening in a particular situation. One volunteer, who also was employed in a long-term care facility, observed the irony of having access in a professional capacity while simultaneously being denied access as a volunteer. Some volunteers were able to circumvent the problem by asking a staff person for information from the records, but the ability to do so depended on the volunteer's rapport with facility staff.

Paperwork. Monthly reports were of concern to most focus group participants. Volunteers did not seem to experience difficulties with submitting the reports in a timely manner, but there were problems with the format of the report-form. For example, there did not appear to be a standardized way to count the number of contacts made during a visit. In some areas, the staff ombudsman had suggested that only contacts of five minutes or more should be counted, whereas in other regions, volunteers counted brief but "meaningful" conversations with residents, or quick visits to rooms of comatose residents. One volunteer, who complained about the "numbers game," nevertheless, counted every complaint, however brief. Another person had trouble counting because it was more important to make the contact than to "remember to log down every time." Volunteers also complained about the report format. Several participants expressed the need for a space in which to write comments. Others did not know how to report

issues that were still pending, since the form did not provide a separate area for this information. Occasionally, volunteers created their own forms.

Motivation and retention. To improve retention of volunteers, participants were asked about their own motivations for remaining with the program. Most volunteers indicated that they derived intrinsic rewards from serving as ombudsmen: "I derive a lot of pleasure from the ombudsman program," and "I'm tired before I go to do the volunteer work, but after I get there, somehow, the residents perk me up...." Similarly, for many, the need of the residents was the reason for staying with the program: "I think once you get to know your residents, it's very hard to go off and leave them."

Nevertheless, it was apparent among group participants that external rewards were also valued. Expression of respect for certified volunteer ombudsmen was stated as one way in which staff ombudsmen could motivate them. Participants commented, for example: "I think the best reward I get from ___ is that sometimes she'll call me and ask for my opinion ... Her calling me that makes me feel that I'm doing a good job" and "We just would like a little more credit – a little more respect ... We are taking the burden on our backs without expecting anything other than a little respect." Similarly, volunteers indicated that verbal acknowledgment of a job well done made them feel valued.

Recognition events and awards also appeared important to the volunteers. Appreciation dinners, certificates, trophies, and even such trinkets as little angels were examples of recognition from their staff ombudsman. Attention paid to details during special events showed appreciation:

There were no slip-ups in the arrangements, so whoever organized it cared about us enough not to have this look like something you have to do. The handling of the people who were the speakers, and giving out honors, etc., was very well orchestrated, so that ... it felt genuine and it wasn't too long ... When you came in the door, somebody took care of you right away.

Perception of Training Program

General assessment. Overall, the focus group participants appeared satisfied with the training they had received. They did, however, express a preference for training provided at the state level, as it had been done in the past, over training offered at the local level. One participant who had received local training captured this general attitude:

I learned a lot of things I had no idea existed. So it was very good for me. I think these two [volunteers] did go to Austin and they had their training all in one session. Whereas I [my training] was different. I had it in several broken up pieces, and to my way of thinking, I think it would be better if you had it [training] – like they did – in one or two whole days ... when you are just doing it for a couple of hours here, and a couple of hours there – it sort of chops it up...

In-service training was generally provided to the volunteers, and participants in most cases found it useful, although they also had suggestions for improvement. One volunteer commented that the staff office was open to training suggestions:

After the task force meeting, we are given a form for evaluation and what we want or would like to request to talk about ... So whatever the interest is on a particular subject, the staff ombudsman tries to accommodate [the special interest].

The quality of in-service training may have been in part a reflection of the stability of the particular program. Participants in a group which had not experienced a recent change in staff ombudsman were satisfied: "I think that the training that we get here is adequate ... I agree the staff is very available to us...." and "I think the training program they have now is adequate and good." In contrast, one volunteer whose program had recently undergone some staffing changes commented:

In my case, that [in-service training] started out, I thought, very good and then there were personnel problems etc., and for the last eighteen months almost, we have had very little training and very little preparation and I felt kind of out on a limb a lot of the time.

Content. Many focus group participants indicated that it was necessary to be familiar with the rules and regulations. A volunteer in one group stated "I think the ombudsman training program content should be Residents' Rights – the resident needs to know every resident right,

word by word.” Another person in a different group observed: “There are so many rules there that for most people, who volunteer for this kind of job, knowledge how to search for information is needed...but a lot of them aren’t used to doing research, etc.” The training manual, or ‘big book’ was recognized as a useful guide to these regulations, not only during training, but also as a permanent reference guide: “So my way of using the ‘big book’ as we call it is that whenever an incident happens, and I’m trying to find the policy that relates to it – I search for it.” Updates to the manual were seen as particularly useful.

A few participants, however, were concerned about the emphasis on rules and regulations. A volunteer in one group felt that too much reliance on just rules shifts the perspective of the volunteer from advocate to enforcer, a role which is not appropriate to the certified volunteer ombudsman:

They used to spend a lot of time going through those [rules and regulations], and then you would know when somebody’s doing something they’re not supposed to ... But then that makes us the inspector or some sort of police.

In another group, one of the participants commented that ombudsman training was much more cursory than surveyor training, and that for lay people “coming into a profession that is extensively regulated, it’s a tough piece [task] for you to pick up all of the pieces.” Another volunteer felt similarly overwhelmed by the number of rules: “You can probably find it [particular rule], but it’s going to take you a while to dig through it all.”

All of the focus groups indicated that in-service training on a variety of topics was available, although both the content and the adequacy varied. Training on Medicare and Medicaid was mentioned by several participants, and it was generally well received. A training session on palliative medication helped one volunteer understand the nursing facility’s approach to pain management. In contrast, a participant in another group would have liked information on medication:

I believe some [residents] are being overmedicated. I don’t have any training along that line, and so I’m kind of on shaky ground because I’m not confident ... but I know the resident is not the same as in the past.

Other in-service training topics addressed included working with family members of the residents, and discussion of medical and legal issues related to Alzheimer's patients.

Since communication with staff and residents alike was seen as crucial to the performance of the volunteer ombudsman role, participants often talked about the value of training in communication skills. One participant described learning how anger management training can help diffuse a situation:

He ... gave us just "a mind boggling demonstration of how someone can behavior-respond positively on account of that training, and it sure helps me understand how these angry people become. I learned a great deal out of that.

Another person indicated that training taught the certified volunteer ombudsmen to interact more effectively with the staff. Communicating with cognitively impaired residents was another topic of interest.

In a multi-ethnic state such as Texas, language becomes an important issue. Focus group participants indicated that some facilities have residents of different ethnic origins, mostly Hispanic, yet only limited or no bilingual staff. One volunteer, therefore, suggested the use of a training module designed to explain the role of the ombudsman in both English and Spanish, in order to communicate at least basic information to residents and their families. Similar modules could be developed for other languages as needed.

Training Methods. Focus group participants were enthusiastic about a number of non-didactic approaches to training. These included assigning a mentor to a new volunteer, providing opportunities to exchange information with fellow ombudsmen, and offering exercises to stimulate thinking skills.

Mentoring appeared important to focus group participants across the state. One participant commented: "It's good to have a mentor the first couple of times that you go, because the administrator can totally dominate you." Another person described working informally as a mentor:

As a matter of fact, I'm going tomorrow to take one of the new ones with me when I go to make my call at the facility to kind of show her the ropes, to see what you do when such and such – just so she can get an idea – and then another man out there who is new – he was just introduced to his facility – and so, I'm going to be a sort of mentor. I've given them my name and phone number, and I told them if they would like, I'll be glad to go with them, for a few times, to their facility to kind of help them get their feet wet – just so they feel comfortable with it and not overwhelmed, that's the thing – it keeps them from being overwhelmed and they think 'oh, it's too much to do.'

For in-service training, volunteers generally preferred idea-exchange sessions with peers to didactic presentations. Focus group participants frequently indicated that discussing problems and problem-solving strategies could help fellow certified volunteer ombudsmen who are facing similar situations:

We do that at quarterly meetings – there is a period during the meeting where we discuss unusual problems any one of us is facing – when we come up against an unusual problem, then we bring it up for discussion. So you do learn in a practical sense from problems others have had – how they solved them – so in the event you're faced with the same or a similar problem, you have a little background to fall back on. I think it's probably the most helpful part of the quarterly meeting actually, because it's a practical kind of thing.

The word "sharing" was often used to describe this process. The structure of the focus group itself may have prompted some of the interest in exchanging ideas: "I think the training is adequate, but I think sometimes we just need to have training like we're doing here and just sit down and let everybody tell experiences."

Volunteers expressed a similar preference for training sessions requiring thinking skills. One recalled learning about residents' rights in an interactive session in which the staff ombudsman would describe a situation in a facility and then question the volunteers about the specific residents' rights related to that particular situation. In another group, one person described a Scrabble-like game in which the staff ombudsman would ask questions about dealing with various issues in a long-term care facility. Role-playing was discussed as another way in which volunteers could practice their thinking skills.

Perception of Support

The local staff ombudsman/volunteer coordinator. Focus group participants emphasized the support they received from the staff of their regional ombudsman office. Several were lavish in their praise of the staff ombudsman: "He is very helpful," or "You always have an ally in him," and "she's wonderful ... she communicates a lot, and we share a lot of information." Numerous participants cited instances in which the local staff ombudsman had been instrumental in solving a problem at a long-term care facility. Showing appreciation for the work of the certified volunteer ombudsmen was another way in which staff often demonstrated their support. Participants also indicated that the staff ombudsman had an obligation to ensure that they were perceived as professionals:

[The letter of introduction] should go to the administrator and the DON and everybody so the staff understands that we're there to work with them, and we're there for the resident ... and that the state approves of this.

Other certified volunteer ombudsmen. Information exchanges during quarterly in-service meetings were one way in which certified volunteer ombudsmen support one another. Those who had been with the program for a long period of time functioned as assistants to newer certified volunteer ombudsmen, giving them their telephone numbers and even accompanying them on visits to their facility. When one certified volunteer ombudsman in a rural area became unable to drive, a fellow volunteer chauffeured her. Participants indicated that this peer support was often the motivation for continuing in the ombudsman service.

Staff and administrators in the long-term care facility. Occasionally, participants indicated that they did feel supported by the administrators at their particular facility: "I've had some extremely good administrators who'd work with me and do what they could to correct whatever situation I brought to them." Social workers were seen as particularly supportive, and staff support was mentioned at least on one occasion.

Residents and families. The certified volunteer ombudsmen are in the facility to support the residents, and the residents are uniformly appreciative. Several volunteers spoke of the

acceptance they felt on the part of both residents and family members.

The state. Focus group participants described positive experiences in dealing with the state: "The state backed me up," and "I tend to get good response from the state." The state was most supportive when the local staff ombudsman intervened on behalf of the volunteer. One certified volunteer ombudsman recounted an instance in which the staff ombudsman and the state supported him against the facility administrator:

I got into an argument with the administrator. He told me to leave the facility. So I came home and called ___ [the staff ombudsman] and told him, and he called Austin, and, boy, he [the administrator] got a call from Austin, and he apologized to me, and I'm still with that home.

State surveyors occasionally validated certified volunteer ombudsmen by acting on their suggestions during surveys. One focus group participant observed that, in general, state personnel seemed to have more respect for certified volunteer ombudsmen than had been the case in the past.

Perception of Barriers to Effectiveness

Just as support for the certified volunteer ombudsman was found at every level of organization, barriers were also encountered at both state and local levels. One volunteer observed: "When you get up there actually doing the work of a volunteer you can feel awfully alone." Other barriers were due to personal or environmental factors.

The state. Focus group participants noted that, in dealing with the state, the certified volunteer ombudsman is often handicapped by a lack of credibility. One participant recalled, for example, finding that the state disagreed with her assessment of a staffing ratio complaint: "See, they won't take the ombudsman's word for it. We've absolutely no credibility." Similarly, one participant found that state inspectors said complaints were 'unsubstantiated,' even when evidence of neglect was presented to them. By excluding volunteers from exit interviews, state personnel showed a lack of support. Focus group participants also complained that inspectors spent too much time in documentation and, therefore, were too slow in taking action.

The long-term care facility. Nursing home administrators' attitudes often posed barriers for the certified volunteer ombudsman. Like state inspectors, they, too, failed to take the role of the certified volunteer ombudsman seriously. One participant reported that the nursing home administrator would not act on a complaint unless the staff ombudsman became involved, and another described an incident in which a resident died because the staff ignored a complaint. Administrators were hostile on occasion: "She [administrator] was new, and when I went in, she said, 'oh, there's the one you have to be afraid of,' and I said, if everything's all right here, you don't have to be afraid of me." The hostility on the part of the administrators was reflected by the staff.

Poor attitudes were compounded by a lack of knowledge on the part of the staff. Focus group participants cited numerous instances in which staff's ignorance or lack of training had not only resulted in neglect initially, but had also led to an inadequate solution to a problem. For example, rather than move a television so that the resident could see it, aides moved every piece of furniture in the room except the television, thereby confusing the resident. One focus group participant complained that "... they hire them off the street and put them to work and train them for a few hours now and then."

Residents and families. Residents did not erect barriers deliberately, but many volunteers felt handicapped by the residents' fear of retaliation. Volunteers cited such incidents as residents being afraid that they would be put under a cold shower, or that their food or medication would be withheld. Even families sometimes were afraid to complain. If residents did not want their problems reported, the volunteer ombudsman was hesitant to do so. Furthermore, the level of either physical or mental impairment of some residents made it difficult to determine whether a complaint was legitimate or imagined.

The staff ombudsman. There was very little criticism of the various regional staff ombudsmen. Problems with the staff were always those that had occurred in the past, under a different staff ombudsman. Any neglect on the part of the current staff ombudsman was

attributed to overwork.

Lack of time. Personal factors affected the ability of the focus group participants to devote adequate time to the program. Constraints included job demands for younger certified volunteer ombudsmen and caregiving responsibilities for several of the older ones. The difficulty of devoting adequate time to the program is compounded by the fact that the two hours per week, that certified volunteer ombudsmen are expected to spend at their job, are not sufficient.

One person commented:

It's two hours per week and that's not nearly enough time – not nearly enough – there is no way that I can keep up with everything in two hours – generally what I'm finding is that it's really a little bit every day – you almost have to be involved every day if you want to do your job – and, as a volunteer to spend that much time....

Lack of funds. The lack of money to support ombudsman activities was closely related to the lack of time. Some participants expressed frustration over either not receiving mileage reimbursement at all, or receiving an inadequate amount. This was particularly an issue when volunteers had to drive long distances. One person, who served in a largely rural area, stated:

I'm putting in a lot of mileage that's costing me a lot of money – that's the truth. When I started ... they paid up to \$20. And then they came down to \$15. And now it's \$10 – that's not much.

Participants from one ombudsman program, which serves a large geographical area, pointed out: "[In] a lot of other regions in the state, the [long-term care] administrators haven't heard of ombudsmen, because they don't see them but once or twice a year." There does not seem to be sufficient funding to support the program adequately.

Turnover. The shortage of nursing home staff and frequent staff turnover made it more difficult for certified volunteer ombudsmen to advocate for residents effectively. One focus group participant observed:

The entire staff, from the administrator on down, is so jammed and so crammed, they don't have time to give personal attention. One week you'll have a new dietary person, the next week you'll have a new head nurse, and then you'll have somebody else who's in charge of something else. These people are constantly changing, and I think that's what causes the problem.

Turnover among the staff ombudsmen posed additional problems for some of the participants, causing a lack of continuity in recruitment and training. Furthermore, attrition among the certified volunteer ombudsmen appeared to exacerbate the need for recruitment and training in some regions.

Language barriers. Given the rich ethnic diversity throughout the state, language differences within a facility also seemed to impede ombudsmen's effectiveness. Focus group participants indicated that, on the one hand, residents with impaired hearing had particular difficulties in understanding the accented English of non-native workers. On the other hand, participants also encountered a large number of Hispanic residents in some facilities, and neither the English-speaking staff nor the certified volunteer ombudsmen were able to communicate with them.

Discussion

Effectiveness and Barriers

Overall, the focus group participants appeared to perform their certified volunteer ombudsman duties effectively, although individual experiences varied. All groups were similar in their perceptions of the program and their role as certified volunteer ombudsmen. They appeared most successful in addressing problems at the facility level. Examples of success often centered on such issues as helping a resident find a more compatible roommate, or ensuring that residents' mealtimes are more pleasant.

Certified volunteer ombudsmen's reception in their assigned long-term care facility and their effectiveness in advocating on behalf of the residents was largely dependent on the attitude of the facility administrator. Some administrators were indifferent or hostile, whereas others welcomed the certified volunteer ombudsman as "another pair of eyes." Focus group participants often indicated that they were successful in gaining the cooperation of the facility staff and administration by offering their support to them. Some participants cautioned, however, that forming too much of a bond with the administrator might impede the performance of the

ombudsman's duties: "The administrator ... we have a good relationship, but I don't want to get too friendly with her because ... the residents might be second place." Participants' experiences with the state also varied. This variability, too, appeared to be a matter of employee differences – as one participant said, "It depends on who answers the phone that day."

Many of the barriers to effectiveness were factors outside of the certified volunteer ombudsman's control. Some problems were inherent to the institutional setting:

You're trying to be an advocate for the resident, but you know, a lot that is being generated there is the result of the environment – the amount of staffing, and the number of things you can do in an institutional setting.

The low educational level of nursing home staff frequently made the certified volunteer ombudsman's task more difficult.

The issue of "lack of power" was discussed in all of the focus groups. Certified volunteer ombudsmen demonstrated resourcefulness in overcoming this barrier. Many indicated the need for persistence. Support from the staff ombudsman was crucial – it was the staff ombudsman who was responsible for ensuring that the long-term care administrator understood the role of the certified volunteer ombudsman, and the staff ombudsman was called on to intervene when the volunteer was not effective.

Training:

Focus group participants seemed generally satisfied with the training that they had received. There was a strong preference for training offered at the state level. Participants indicated, however, that training by itself was not sufficient. Many stated that they had had training in either gerontology or social service that enhanced their effectiveness. Furthermore, many of the volunteers were themselves older adults whose life experiences gave them the necessary skills. One volunteer captured the synergy between training and experience:

Well, if you bring some talents to the table, it helps. Training can only do so much. You can polish a stone, but it's not going to be the diamond itself.

Weaknesses of the Study

Many of the participants in the focus groups had served as certified volunteer ombudsmen for over five years, and several indicated that they had been active in the program for at least a decade. No focus groups were conducted with dropouts. Thus, important information about recruitment, effectiveness, and training needs may have been missed.

It is possible that the positive findings of the study were a result of selection bias. The focus group participants were handpicked by the staff ombudsman. All groups were held in locations that were linked to regional ombudsman programs. Focus group participants knew each other, and despite efforts to maintain neutrality and to exclude regional staff members from participation, some groups had at least one member who was closely tied to the staff ombudsman.

Results from focus group studies are not generalizable. Nevertheless, the participants represented a broad range of experiences, ages, and geographic locations, and may be presumed to be representative of certified volunteer ombudsmen in Texas. Although no demographic information was formally collected on the focus group participants, research personnel observed that the distribution appeared similar to that in the quantitative study which included all certified volunteer ombudsmen in the state.

Recommendations

Participants were asked to make recommendations for strengthening the volunteer ombudsman program. In general, the recommendations supported those from the analysis of the quantitative portion of the study (Part I). Those, that are unique to the focus groups, are marked with an asterisk (*). Recommendations are directed toward legislative and policy issues, volunteer training, verbal and written communication, as well as reimbursement, recruitment, recognition, and retention of volunteers. Implementation of some recommendations will require additional funding, other recommendations can be put into place immediately.

Legislative and Policy Changes

Focus group participants emphasized the need for access to more resident information. Often, such matters are policy related and would necessitate changes in the law. Numbers 1-4 address these issues. In the questionnaire, additional recommendations concerned legislation affecting long-term care facilities and the establishment of a mechanism to allow certified volunteer ombudsmen access to legislators.

1. Give volunteer ombudsmen access to patients' records. Participants were adamant in their insistence that they be allowed this access. At present, such access is prohibited by law. Certified volunteer ombudsmen felt that knowing an individual's chart could help them determine for themselves whether a complaint was valid or the individual making the complaint suffered from dementia or confusion.
2. Involve certified volunteer ombudsmen in care planning for residents.* As the on-site advocate for the resident, many certified volunteer ombudsmen indicated that they could provide useful information.
3. Increase the amount of time the certified volunteer ombudsman is expected to spend on the job to match reality.*
4. Increase the funding available to hire an adequate number of staff ombudsmen.* Some programs were served only by a part-time staff member.

Training

Focus group participants made a number of recommendations concerning training content or methodology. Recommendations 5-7 address content, and 8-11 address methodology. Recommendations arising from the focus group discussions were, in general, more specific about content than those from the survey questionnaire. The latter focused more on delivery.

5. Create videos that would teach basic communication skills and provide a basic script for explaining the LTC Ombudsman Program to someone in both Spanish and English.*
This would not only help bridge the language gap between ombudsman and resident/ staff, it would also assist volunteers in describing the ombudsman role. Respondents to the questionnaire mentioned general training videos, which would help standardize the training offered throughout the state.
6. Teach therapeutic communication in order to work more effectively with impaired residents.*
7. Give instruction on diseases affecting the elderly.*
8. Tap into the expertise of certified volunteer ombudsmen. Assign mentors to new volunteers. It was also suggested that long-time certified volunteer ombudsmen could benefit, on visits to nursing facilities, by having a fellow ombudsman come along as a "second pair of eyes."
9. Offer initial training in large blocks, not in a number of small sessions.*
10. Incorporate role-playing into training. This would allow volunteers to perfect their skills as ombudsmen as well as to experience the point of view of long-term care staff and administrators.*
11. Give more feedback about individual performance.*

Communication

Focus group participants expressed the desire for closer communication with each other and with the state. They also recommended networking with the community in order to promote the LTC Ombudsman Program. Suggestions for improving communication between the certified volunteer ombudsman and the local office did not appear in the focus groups, as they did in the responses to the questionnaire. Focus groups offered more specific comments regarding monthly reports. Numbers 12-20 address these issues.

12. Increase the interaction among certified volunteer ombudsmen. Quarterly training sessions could include a time for volunteers to exchange ideas and information.
13. Establish a liaison between the Texas Department of Health and the regional ombudsman office.*
14. Try to support the long-term care administrator and show appreciation for staff in order to gain support.* Participants cautioned, however, that certified volunteer ombudsmen should never lose sight of their primary responsibility towards the resident.
15. Learn what ombudsmen themselves can do to improve the way in which they are regarded by state and local agencies.*
16. Provide a letter of introduction from the staff ombudsman to pave the way for a new certified volunteer going into a facility.*
17. Provide special space for comments on the standardized reporting forms.
18. Measure contacts on monthly report forms in terms of outcome, rather than in terms of the number of minutes used for each contact.*
19. Simplify the report form.* Make it easier for volunteers to submit the monthly reports.
20. Create a way to indicate whether a complaint has been resolved, or action is still pending.*

Reimbursement

Focus group participants indicated that they continue in their certified volunteer ombudsman role because of the internal reward of "making a difference." Nevertheless, they did indicate that reimbursement for expenses would improve morale. Recommendation 21 addresses this issue.

21. Reimburse volunteers for on-the-job expenditures such as mileage and postage for mailing monthly reports.

Recruitment

The program suffers from a shortage of certified volunteer ombudsmen and a substantial rate of turnover. A stable volunteer program is crucial for such a state as Texas, where much of the mission of the LTC Ombudsman Program is carried out by volunteers. Both respondents to the questionnaire and focus group participants suggested techniques for recruiting. The former also emphasized ensuring that competent, healthy volunteers were recruited.

Recommendations 22-24 address these issues.

22. Increase outreach to civic organizations in order to promote the LTC Ombudsman Program in the community.
23. Use media coverage including local newspapers, television, and radio to increase awareness among community members.
24. Emphasize retention of existing volunteers over recruitment of new volunteers*.
Focus group participants in at least one location perceived that state and local officials awarded programs only for the number of volunteers recruited and did not consider the attrition rate.

Recognition and Retention of Volunteers

Although focus group participants appeared to be motivated by altruism and intrinsic rewards, they nevertheless had suggestions concerning ways to improve recognition. Recommendations 25-28 address these issues. Focus group participants and survey respondents had similar recommendations.

25. Arrange special ceremonies to recognize volunteer ombudsmen's effort and dedication.
26. Distribute certificates of recognition or even small monetary awards such as a \$10 –15 gift certificates.
27. Have a Governor's proclamation recognizing certified volunteer ombudsmen.*
28. Acknowledge volunteers' birthdays.*

Conclusions

Overall, the participants in the focus groups were satisfied with the LTC Ombudsman Program and they generally felt comfortable in the ombudsman role. Most volunteers were extremely satisfied with their staff ombudsman and realized that many problems encountered with the local office were often due to factors outside of the staff ombudsman's control. The majority of problems were encountered in the long-term care facilities, and again, most of those were environmental problems that could not be addressed by the ombudsman. Although participants were satisfied with training, they also had numerous suggestions for improvement. Increased communication with other ombudsmen was crucial, as evidenced by the support for a mentor program, for both new and seasoned volunteers, and for interactive in-service sessions. Emphasis must be placed on ensuring adequate volunteer coverage of long-term care facilities, both through recruitment of new volunteers and increased efforts to retain those already in the program.

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APPENDIX A
FOCUS GROUP MODERATOR GUIDE

FOCUS GROUP MODERATOR GUIDE

Focus Group Session

Topic 1: Ombudsman Experiences

Can you describe experiences you have had as an ombudsman?

- ...in area of introducing yourself as an ombudsman to residents;
NH administrator; etc.
- ...in area of explaining program to others
- ...in area of working with other volunteers
- ...in area of handling complaints

Topic 2: Ombudsman Training – monthly in-service sessions

In what ways has ombudsman training prepared you (or not prepared you) for carrying out your ombudsman activities?

- ...useful skills and techniques you have learned or wish you had learned
- ...think back to the last time you needed to get information

Topic 3: Barriers to Effectiveness

What factors facilitate or hinder your ability to be effective?

- ...if you need information/assistance where do you go?

Topic 4: Recruitment and Retention

What strategies are used in your region to recruit and retain volunteers?

- ...what methods are used to recruit new volunteers?
- ...how long do volunteers usually stay with the program? (high or low turn-over)

Topic 5: Monthly Reports

How do you feel about completing and sending in your monthly reports?

- What method do you use to count your contacts in NH?
- ...in which way could monthly reporting be handled differently?

Topic 6: Use of Mentor

How would you feel if you could work together with a mentor?

- ...have experienced ombudsman at your site to demonstrate to you how to do things?
 - introduce yourself to the resident
 - introduce yourself to family members
 - search for information

Topic 7: Volunteer Recognition

Do you feel your work as an ombudsman volunteer is sufficiently recognized?

- ...have annual volunteer recognition luncheon
- ...in what ways is appreciation for your work expressed

Topic 8: Recommendations

What recommendations would you like to make to the ombudsman program?

- ...different training strategies
- ...NH assignments
- ...etc.

APPENDIX B

RECOMMENDATIONS FROM PART I

Appendix B

Recommendations from Part I: Survey

Legislative and Policy Changes

Certified volunteer ombudsmen repeatedly indicated that they had very little knowledge of, or input into, the policies or laws that impact their role in the nursing home. Recommendations 1-3 address these issues.

1. Allow the certified volunteer ombudsmen access to residents' charts and records. As the on-site advocate for the resident, many certified volunteer ombudsmen indicated that they could be more effective if they had access to the residents' records.
2. Advocate legislation that would grant the state more authority over nursing homes that fail to provide good care.
3. Create a mechanism within the Ombudsman Program which would allow volunteers to communicate observations and suggestions to legislators.

Training

Survey respondents made a number of suggestions related to improving the training they receive for their certified volunteer ombudsman role. Additional recommendations regarding training come from an analysis of volunteers' comments regarding training and on-the-job difficulties. Recommendations 4-12 address these issues.

4. Provide more hands-on and interactive experiences at a long-term care facility early in training. Actual experience in a facility would enhance volunteers' self-efficacy.

5. Involve state nursing home inspectors in certified volunteer ombudsman training so that they have a better understanding of the process. A mock exit interview as a training module might also accomplish this goal.
6. Increase the direct involvement of the state ombudsman office in certified volunteer ombudsman training programs. Overall, volunteers preferred state training to training at the local level. When trainers from the state offered training at a local office, it was generally well received.
7. Develop standardized training videos and materials that the state office could distribute to regional staff ombudsmen for use in their training programs. These educational tools might help to respond to volunteers' complaints that training provided on the local level was superficial.
8. Conduct training from a central location using electronic technology. Training modules could be offered over the Internet, or training could occur over a teleconference network. This approach, too, would help standardize certified volunteer ombudsman training throughout the state.
9. Offer training by state personnel in geographically clustered regions throughout the state. This service could provide expertise to several regional offices simultaneously and would be cost-effective.
10. Tap into the expertise of volunteers. Many survey participants have been certified volunteer ombudsmen for a number of years, and many of them have also had work experience in nursing, social work, or long-term care administration. These experienced volunteers could be utilized more in

training new recruits or in serving as mentors: several volunteers offered their services.

11. Provide training in investigative skills, negotiation skills, and problem-solving skills. Although ombudsmen cannot be expected to cure all of the problems within the nursing home industry, negotiation skills may help overcome some frequently encountered obstacles. Almost 20% of certified volunteer ombudsmen stated that they rarely or never solved problems: this may be due more to their lack of skills than to the absence of problems in the facility.
12. Grant continuing education credits for ombudsmen training. Professional credits could make the role more attractive to potential volunteers who are still working or who are seeking work in nursing or other health care fields, social services, or long-term care administration.

Communication

Volunteers indicated that they sometimes felt isolated from each other and from the regional and state offices. Recommendations 13 through 16 address these issues.

13. Increase the interaction among certified volunteer ombudsmen.

Volunteers repeatedly expressed the need to exchange information and ideas with other certified volunteer ombudsmen on a regular basis. They preferred this approach to didactic presentations.

14. Provide space on standardized reporting forms for volunteers' comments.

Survey participants indicated that their feedback was often not sought on nursing home problems.

15. Disseminate to volunteers all program updates distributed in staff training seminars. Some survey participants indicated that information received by their local staff ombudsman was often not passed down to them.

16. Provide follow-through communication to volunteers. Volunteers repeatedly expressed frustration that they received no feedback on complaints that they reported.

Reimbursement

Survey participants indicated that they continue in their certified volunteer ombudsman role because of the internal reward of "making a difference."

Nevertheless, respondents expressed a desire to be reimbursed by the state for expenditures associated with the performance of their volunteer ombudsman duties. Recommendations 17 through 19 address this issue.

17. Provide stamped envelopes or reimburse volunteers for postage if they are expected to mail in monthly reports.

18. Offer mileage reimbursement on a systematic basis to all certified volunteer ombudsmen. According to survey results, some local offices reimbursed volunteers for mileage, but others did not. Mileage documentation procedures could be standardized and required of the volunteers.

19. Reimburse volunteers who serve as instructors or mentors for additional expenses associated with these roles. This would allow local programs to provide volunteer ombudsman training sessions at reduced cost.

Recruitment

The Ombudsman Program suffers a shortage of certified volunteer ombudsmen and a substantial rate of turnover among both volunteers and staff ombudsmen. A stable volunteer program is critical for such a state as Texas, where much of the mission of the Ombudsman Program is carried out by volunteers. There are currently too few volunteers to cover existing nursing facilities. Many facilities have no ombudsman, and some certified volunteer ombudsmen must cover several facilities. Volunteers worried that a lack of coverage would result in inadequate care for residents. One survey participant observed that there were

too many long-term care facilities as well as personal assistant facilities without an assigned ombudsman. [The] regional ombudsman supervisor has too many facilities to oversee, therefore, on-site visits by the supervisor are too far between.

Recommendations 20-26 address these issues.

20. Clarify expected time commitment before recruiting potential volunteers.

Ensure that new recruits understand how much time is involved to perform the certified volunteer ombudsman duties adequately. Survey respondents indicated that the two-hour minimum service required weekly was inadequate, yet many had difficulties committing more time.

21. Increase the number of volunteers to ensure additional coverage. One certified volunteer ombudsman was responsible for five long-term care facilities and four personal care homes.
22. Increase recruitment efforts among groups of active retirees, such as church and civic groups and AARP chapters. Prepare statewide media spots to assist with recruitment.
23. Expand the number of racial/ethnic minority volunteers. Increase the number of bilingual volunteers around border cities, where nursing home residents are more likely to speak Spanish.
24. Recruit competent volunteers, whose health allows them to fulfill the role, and who have transportation to the facilities that they are assigned to visit.
25. Screen out the would-be recruits who did not understand the difference between a friendly visitor and a resident advocate or assign them to a different role in the regional office.
26. Increase the number of paid staff who can support the volunteers. Survey respondents often indicated the "impossibility" of the staff ombudsman role - recruiting, training, supervising volunteers, providing continuing education, visiting homes, participating in exit interviews. Some programs lack a volunteer coordinator, who could assist in recruitment, as well as address many of the complaints identified by volunteers.

Recognition and Retention

Although certified volunteer ombudsmen are motivated primarily by empathy for the elderly and derive a great deal of intrinsic reward from their

service, they nevertheless expressed in the survey the need for more recognition. One certified volunteer ombudsman expressed this sentiment poignantly:

There should be a program established to recognize the efforts of ombudsmen. The only recognition I received ... came from one of the LTC facilities during Celebration of National Volunteer Week. At that time, I was one of the individuals honored at a brunch. I did not become a certified volunteer ombudsman just for recognition; however, a 'pat on the back' or a 'job well done' doesn't hurt anyone.

Volunteer recognition is an effective strategy for retention.

Recommendations 27-30 address these issues.

27. Acknowledge the professionalism of certified volunteer ombudsmen by providing mileage reimbursement, training opportunities, and other means of support.
28. Schedule volunteer recognition events at least annually. Distribute certificates and acknowledge volunteers for their efforts.
29. Give frequent verbal "thank you's" to volunteers for their work on behalf of the residents in long term care facilities.
30. Encourage certified volunteer ombudsmen to serve as spokespersons for the program. Many volunteers are well known in the community and could speak at civic and other community organizations and promote the program through the media.

APPENDIX C

**RECOMMENDATIONS FROM ATTENDEES AT REPORT PRESENTATION
GOVERNOR'S CONFERENCE ON AGING
DECEMBER 1, 1998, AUSTIN, TX**

Addendum

A presentation of the survey results was given at the Governor's Conference on Aging. December 1, 1998, Austin, Texas. Approximately twenty persons were in attendance, including State Ombudsman John Willis and numerous regional staff ombudsmen. All were invited to give input into the study. The following recommendations emerged from this interactive session.

Legislative and Policy Changes

1. Increase regional program funding to a level sufficient that would provide adequate volunteer support. It was suggested that a stronger infrastructure would increase the perceived power of the certified volunteer ombudsmen.

Training

2. Provide benefit-counseling training.
3. Create a "buddy system" for certified volunteer ombudsmen. This differs from mentoring in that all certified volunteer ombudsmen would be paired and would be equal partners. If one of the team sees a problem, the second member would be notified to assess the situation, and, if necessary, the local staff ombudsman would be consulted. The term "ombuddies" has been coined by one program and adopted elsewhere.

Recruitment

4. "Ask." People have to be encouraged to volunteer.
5. Increase cooperation and collaboration among agencies working in long-term care facilities.
6. Advertise for volunteers among individuals who have a family member in a long-term care facility.
7. Offer something to potential volunteers. Specifically, say "training provided," not "training required."
8. Recruit via the Internet.

Retention and Recognition

9. Hold a long-term care volunteer conference. It was pointed out that this will be folded into the Governor's Conferences on Aging in the future.
10. Communicate to the certified volunteer ombudsman the outcomes of their reports. This would indicate that their input is valued enough to be acted upon.