

# **Quality Long Term Care:** **The Role of the Volunteer Ombudsman** **Part 1: Survey**

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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 survey of certified volunteer ombudsmen in Texas were to (a) gain a better understanding of their experiences; (b) identify barriers to effective job performance; and (c) identify training needs and ongoing needs for education and support. Survey questionnaires were mailed to the 642 certified volunteer ombudsmen in 28 regions in the state of Texas. Completed questionnaires were received from 361 volunteers for a return rate of 56%.

Certified volunteer ombudsmen are predominantly women (73.6%) with an average age of 65 years. The majority of volunteers are retired and many have had previous experience in the health and social service fields. Many certified volunteer ombudsmen persist in the role for many years; in this study over 60 percent had been ombudsmen for three years or longer. In general, certified volunteer ombudsmen felt that they were most effective in performing tasks directly related to individual residents and in protecting the residents' rights. The certified volunteer ombudsmen felt least effective in resolving system-wide complaints and in influencing broader policy-related activities, such as promoting regulatory and legislative changes.

Overall, certified volunteer ombudsmen were satisfied with their role and with their training program. Satisfaction was, however, related to age, education, and length of time as an ombudsman. Younger, better-educated volunteers, and especially those with professional nursing and social work experience, who had been in the ombudsman role for a shorter length of time were less satisfied with the role and with the training, than the older volunteers without professional experience in health care. Volunteers who had left the program were not surveyed. Training for certified volunteer ombudsmen occurs at the local level and is based on a curriculum developed by the State Ombudsman's Office. In general, certified volunteer ombudsmen were satisfied with the curriculum. However, many preferred a centralized training program in Austin to the current localized approach.

Certified volunteer ombudsmen identified lack of a clear line of authority and lack of power as the two greatest barriers to their effectiveness. This report contains 30 recommendations for improvement including legislative changes, training suggestions, communication issues, and recruitment, recognition, reimbursement, and retention of volunteers.

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## Part I: Survey

### Introduction

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 certified volunteer ombudsmen function as advocates for residents in nursing facilities (Harris-Wehling, Feasley, & Estes, 1995). The primary aims of the survey 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 Ombudsman Program began 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 state Long-term Care Ombudsman Program. This study was conducted by the Institute of Medicine and released in 1995 (Harris-Wehling, Feasley, & Estes). Research findings indicated that many of the successful programs made extensive use of volunteers. Often, however, state Ombudsman Programs encounter obstacles in their efforts to recruit, train, and support these volunteers (Nathanson & Eggleton, 1993).

In Texas, the current ratio of paid staff to volunteers across the state is 1:21 (Harris-Wehling, Feasley, & Estes, 1995). Despite this extensive reliance on certified volunteer ombudsmen, little research has been conducted on the volunteers themselves. Gaining an understanding of the characteristics of certified volunteer ombudsmen, their perceptions and attitudes, and their motivation for continuing as volunteers in the program can contribute to successful recruitment, training, and retention strategies. Specific research questions were: 1) How effective are the regional ombudsman programs in preparing ombudsmen for their roles? 2) What sociodemographic, experiential, geographic, or organizational factors influence the

effectiveness of the volunteers? Certified volunteer ombudsmen were also asked to make recommendations for improving the program.

### Methodology

This report is based on information gathered from a questionnaire that was mailed to each certified volunteer ombudsman across the state. The questionnaire included basic demographic questions; a series of Likert-type scales assessing barriers, satisfaction, and sources of support; and open-ended questions which generated qualitative data. A copy of the Survey Questionnaire is attached as Appendix A. Names and addresses of certified volunteer ombudsmen were obtained from the state ombudsman's office and verified with regional ombudsmen in the 28 offices throughout the state.

The distribution of the questionnaires followed the method established by Dilman (1994). Questionnaires were mailed to the 642 certified volunteer ombudsmen in the state of Texas, along with a self-addressed, postage-paid return envelope. Approximately three weeks after the initial mailing, a follow-up postcard was sent to all participants to remind them to return the questionnaire and to thank those who had already done so. To track returns and maintain anonymity, each questionnaire was numbered, and records of returned questionnaires were maintained separately from the questionnaires themselves. Approximately three weeks following the mailing of the postcard reminder, a second survey was mailed out to non-respondents. Three hundred and sixty-one surveys were returned, for a return rate of 56%. Not every respondent answered each question.

### Quantitative Analysis

Data were entered into Microsoft Excel and then transferred to the Minitab statistical analysis program for analysis. Summary statistics were generated on descriptive data from the questionnaire, and percent responses were calculated for each question in the Likert-type scales. Questions on satisfaction with training, experiences with work as an ombudsman, the ability to promote change in the nursing home, and general support were cross-tabulated by

age, gender, occupation, educational background, and length of service. The non-response rate varied among questions, and in each instance, statistics were based solely on the number of actual responses.

To facilitate analysis, some categories of data were collapsed. In the questionnaire, participants were asked to indicate their age and the length of service as certified volunteer ombudsmen in months and years. Ages were collapsed into two discrete categories: under 65; and 65 and above. Similarly, length of service was organized into four categories: 0-2 years, 3-5 years, 6-10 years, and 11 or more years. Education categories were combined into less than high school, high school, some college, and college graduate/graduate school. Type of employment was collapsed into three categories relevant to experience with nursing homes and health care: administration of long-term care facilities, health care or social services, and non-caregiving related categories.

Since dissatisfied volunteers tend to drop out of programs, a high degree of satisfaction was expected. In the scales dealing with satisfaction, survey participants indicated they were either very satisfied, satisfied, somewhat satisfied, or not satisfied. In the analysis, the four levels of satisfaction were collapsed into two: very satisfied and satisfied became "satisfied," whereas somewhat satisfied and not satisfied became "less than satisfied."

### Qualitative Analysis

Qualitative data from the open-ended questions in the survey were organized into a matrix format, 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 review of the data. Any material coded as "other" was labeled, and review of this category allowed for further definition of themes. The responses to the open-ended questions are attached as Appendix B.



## Results

### Demographic Profile of Certified Volunteer Ombudsmen

The demographic profile of the certified volunteer ombudsmen who responded to the survey is shown in Table 1. The percent is based on the number of ombudsmen responding to the survey. The total number varies with each question. The largest age category of the certified volunteer ombudsmen comprised those 65 to 74 years of age. Fewer than 11% of the volunteers were under 50, and those aged 50 to 74 comprised two-thirds of the total number of participants responding to the survey. Volunteers ranged in age from 25 to 86 years: the mean age was 65 years, and the median age was 67 years. Almost three-quarters of the volunteers were female. The overwhelming majority of volunteers -- 83% -- were Caucasian, with just over 7% indicating that they were African-American, and just under 7% indicating that they were Hispanic.

**Table 1. Age and Gender Profile of Certified Volunteer Ombudsmen**

Category	#	%
<b>Age</b>		
Under 65	119	35.9
65 and Above	212	64.1
Total	331	100.0
<b>Gender</b>		
Male	87	26.4
Female	243	73.6
Total	330	100.0

Levels of education were high, particularly for an older population. (See Table 2.) Only approximately 7% had not attained a high school education or GED. One-third of volunteers had worked in health care as nurses, social workers, or administrators: they therefore, brought specialized knowledge and skills to the job. As might be expected among a group of adults, the majority of whom were 65 or older, almost 60% of the certified volunteer ombudsmen were retired, and another 6% described themselves as “not working but not retired.”

**Table 2. Education and Work Profile of Certified Volunteer Ombudsmen**

<b>Category</b>	<b>#</b>	<b>%</b>
<b>Educational Level</b>		
< High School	22	6.9
High School	48	14.9
Some College	113	35.2
College or >	138	43.0
Total	321	100.0
<b>Work Status</b>		
Part-time Work	35	10.6
Full-time Work	64	19.5
Retired	190	58.0
Not working/not retired	21	6.4
Other	18	5.5
Total	328	100.0

### Reasons for Being a Certified Volunteer Ombudsman

The majority (55%) of the certified volunteer ombudsmen chose empathy or care about the elderly as their main reason for being an ombudsman. (See Table 3.) Almost 20% gave the desire to be an advocate as the main reason. The empathy of the volunteers was reflected in their comments in the survey.

One certified volunteer ombudsman wrote:

It makes me feel good as a person to be able to bring a little sunshine in the life of another individual.

Another certified volunteer ombudsman stated:

I feel the Ombudsman program is a way of making LTC residents feel more protected and important. They need someone to care about their complaints and for them personally.

**Table 3. Main Reason for Being a Certified Volunteer Ombudsman**

Reason	#	%
Empathy/care about the elderly	185	55.0
Desire to be an advocate	65	19.3
Involvement in the community	53	15.8
Family/friend in nursing home	15	4.5
Job experience	8	2.4
Educational requirement	1	0.3
Other	9	2.7
Total	366	100.0

Many of the certified volunteer ombudsmen who completed the survey had been involved with the program for a long time. (See Table 4.) Over half had been with the program at least three years. Almost 9% of all participants indicated that they had been with the program at least 11 years.

**Table 4. Length of Certified Volunteer Ombudsman Service**

Length of Service	#	%
0 – 2 years	126	41.0
3 – 5 years	74	24.1
6 – 10 years	80	26.1
11 + years	27	8.8
Total	307	100.0

Certified volunteer ombudsmen are expected to commit at least two hours per week to their assigned facility, and survey results indicated that the majority of them are able to fulfill that commitment. Eighty-eight percent indicated that they were able to visit their assigned nursing home on a regular basis. Thirty-five percent indicated that they spent two hours per week, and only 15% of the total number of respondents said that they spent less time than that. Approximately one-half of the volunteers indicated that they worked more than the minimum two hours per week.

#### Certified Volunteer Ombudsmen's Activities

Given that the Texas Long-term Care Ombudsman Program relies extensively on volunteers, a major aim of the current study was to gain a better understanding of volunteers' training and experiences. As delineated by the Older American's Act, the primary role of the certified volunteer ombudsman is to identify, investigate, and resolve individual complaints affecting residents. In addition, ombudsmen advocate for residents' rights, work to promote

policies to improve long-term care, function as a liaison with the staff ombudsman's office, and network in the community.

In the long-term care facilities, certified volunteer ombudsmen function as listeners, spokespersons for residents who cannot express themselves, problem-solvers, advocates, and, on occasion, collaborators with the nursing home administration. When they assist with training in the facility, they function as teachers. They are the link between the facility and the staff ombudsman and enable the staff ombudsman to perform his or her job effectively. Although it is the responsibility of the staff ombudsman to report rights violations to the state, the volunteers are often themselves involved in amelioration. They are prohibited, however, from dealing directly with abuse and neglect, which are responsibilities of the Texas Department of Human Services.

Certified volunteer ombudsmen are involved in a variety of activities within nursing homes and personal care (board and care) homes, as well as within the community. (See Table 5.) Almost all certified volunteer ombudsmen reported that they handled complaints, a major component of the ombudsman's job.

Examples of complaints that certified volunteer ombudsmen reported resolving included grooming and personal care of the residents; waxed floors which posed a danger of falls; stolen and lost personal items; and communication among residents and staff. One certified volunteer ombudsman wrote "Administrators have been very cooperative, and I have good rapport with them, so I have had no barriers." Most certified volunteer ombudsmen seemed to feel that they were able to handle complaints, sometimes with the help of the regional staff ombudsman. One certified volunteer ombudsman wrote:

I do not feel that we have many barriers. We have been fortunate to have regional ombudsmen who were capable and always willing to assist with any problems that we encountered.

Surprisingly, however, 18% of the respondents indicated that they rarely or never handled complaints. In some cases, this may be because they did not experience any problems in their particular facility. One ombudsman confirmed that there were no particular problems at his or her facility. It is also possible, however, that some volunteers prefer to report complaints and let the staff ombudsman handle them, even at the care facility level.

**Table 5. Volunteer Ombudsman Activities**

Activity	Frequent		Occasional		Rarely/Never	
	#	%	#	%	#	%
Handle complaints	102	31.3	165	50.6	59	18.1
Conduct friendly visit at NH	264	79.5	53	16.0	15	4.5
Conduct friendly visit at B&C homes	24	8.1	41	13.7	233	78.2
Explain program to residents	154	46.4	151	45.5	27	8.1
Explain program to other agencies	29	9.0	98	30.5	194	60.4
Explain program to community	38	11.6	117	35.8	172	52.6
Public relations	30	9.5	113	35.9	172	54.6
Fundraising	3	0.9	26	8.2	289	90.9
Clerical support	15	4.8	50	15.9	249	79.3
Advisory committee membership	28	9.0	45	14.5	238	76.5
Recruit volunteers	21	6.5	104	32.3	197	61.2
Train volunteers	6	1.9	21	6.6	289	91.5
Supervise volunteers	5	1.6	18	5.7	292	92.7
Accompany licensure staff on inspections	26	8.1	111	34.5	185	57.4

Although a friendly visitor is not an ombudsman, functioning as a friendly visitor is a necessary part of the ombudsman's role. Over 95% of survey respondents reported that they

made friendly visits in nursing homes. A certified volunteer ombudsman's expression of concern may itself make a difference in the quality of life for some residents. One certified volunteer ombudsman wrote:

Just a visit and talk with the residents has a lot of impact. Let them know that they haven't been forgotten and let them know they are loved.

Another observed that "chatting with people seems to relax [them] and satisfy their need for someone to listen to and sympathize with them." Establishing rapport with residents develops trust and enables the ombudsman to work with the resident:

They [the residents] seem to be happy to have an advocate as they get to know you, and then they feel they can confide in you and trust you.

Explaining the Ombudsman Program to residents and staff is sometimes difficult, although a certified volunteer ombudsman cannot perform effectively if the facility and the residents do not understand the volunteer's assignment. Over 45% of the respondents to the survey indicated that they frequently explained the program, and almost as many said that they did occasionally.

Over 50% of all certified volunteer ombudsmen reported that they did not accompany licensure staff on inspections. This issue is of great importance to the certified volunteer ombudsmen, who feel strongly that they should be allowed to accompany state inspectors. One certified volunteer ombudsman complained that the staff ombudsman would not let the volunteers participate in state visits. Another argued persuasively for participation: "I believe [the] ombudsman should talk with state inspectors, as we know residents' personalities." The certified volunteer ombudsmen felt that their inability to participate in state inspections was a major barrier to their effective role performance.

#### Certified Volunteer Ombudsmen's Effectiveness

Respondents to the survey were asked to indicate on a twenty-one item three-point Likert scale how effective they were in their role as ombudsmen. Certified volunteer

ombudsmen appeared well prepared for their roles in the long-term care facility. Overall, they appeared to perform effectively their role as advocate. When asked about their success in solving specific complaints, most volunteers judged themselves to be either extremely effective or effective.

In general, volunteers rated themselves as most effective at performing tasks directly related to individual residents (e.g., comfort, social interaction). (See Table 6.) The protection of residents' rights was rated as extremely effective by approximately 50% of the survey respondents. Only a little over 3% of the volunteers indicated that they were not effective at protecting residents' rights. Some discussed rights at resident council meetings, and others gave new residents an informal orientation to their rights.

**Table 6. Effectiveness in Advocating for Residents in Long-term Care Facilities**

Area of Responsibility	Extremely Effective		Effective		Not Effective	
	#	%	#	%	#	%
Protect resident rights	164	49.9	154	46.8	11	3.3
Solve complaints	97	29.6	216	65.9	15	4.6
Increase resident comfort	89	27.0	222	67.7	17	5.2
Resolve conflicts	86	26.5	217	67.0	21	6.5
Increase resident empowerment	62	19.6	222	70.3	32	10.1
Promote social interaction	106	32.9	176	54.7	40	12.4
Reduce resident restraints	39	12.8	191	62.6	75	24.6
Improve resident nutrition/hydration	58	18.3	179	56.5	80	25.2
Resolve financial exploitation	35	11.8	136	45.6	127	42.6

Handling complaints was a basic activity for the certified volunteer ombudsmen, and most felt that they were generally effective. When asked about their ability to solve



complaints, fewer than 5% said that they were not effective. Solving complaints was frequently named as an area in which the certified volunteer ombudsman had had an impact in achieving positive resident outcomes. The specific complaints which the volunteers handled successfully pertained to basic care needs of the residents – getting more frequent baths, receiving more drinking water, removing odors more efficiently, helping obtain clothes for needy residents, and increasing the comfort of residents.

Certified volunteer ombudsmen felt least effective in influencing nutrition and hydration, restraint-use and financial exploitation. When the issue of food was not its nutritional content, but rather its presentation and availability at appropriate times, volunteers felt even less effective: over 40% of them indicated a lack of success in this area. (See Table 7.) One participant in the survey who indicated that she was not effective in these two areas wrote in the margin that it was “not because I don’t try.” Resolving complaints and ensuring rights are major responsibilities of the certified volunteer ombudsman, and in general, the volunteers appeared well prepared in these areas.

**Table 7. Effectiveness in Changing Facility Policies and Procedures**

Area of Responsibility	Extremely Effective		Effective		Not Effective	
	#	%	#	%	#	%
Promote environmental safety	51	15.9	195	60.7	75	23.4
Establish methods to identify & resolve problems with staff	68	22.1	147	47.9	92	30.0
Develop & support family councils	54	17.1	160	50.6	102	32.3
Promote changes in organization of services	36	11.7	147	47.7	125	40.6
Promote appropriate meal scheduling & attractiveness	35	11.5	139	45.7	130	42.6
Reduce Medicaid discrimination	38	12.6	116	38.4	148	49.0

The development and maintenance of family councils was an area of concern for certified volunteer ombudsmen. Although a majority of volunteers felt that they had been successful in the development of family councils, almost one-third reported that they were not effective in developing and supporting family councils. One wrote:

The Social Director and I scheduled a family council meeting: only two family members attended – it died on the vine.

One certified volunteer ombudsman wrote of having an impact on the families' sense of empowerment. Volunteers also worked with families on an individual basis: one reported being contacted at home by a resident's daughter, who subsequently met with the certified volunteer ombudsman in the facility to work on the resident's problems.

Despite their efforts, slightly more than 40% of the survey participants felt that they were not able to change the nursing home environment. One indicated that "I try, but I don't feel anyone changes much about nursing homes." The volunteers sometimes felt that administration does nothing to solve complaints:

I hear excuses for what has happened, assurances that things will be corrected –BUT – the problems and complaints continue. Reports go to [the] state [office], and year after year the same problem still exists.

Many volunteers emphasized the slow pace of change in the long-term care facility and the need for persistence. One certified volunteer ombudsman observed that "It takes a long time to resolve many things." Ombudsmen must be tenacious: "If something needs to happen, I will find a way to make it happen." Another reported the importance of staying on top of a matter or problem at hand until it is corrected.

It takes [a] long time to resolve many things.  
I refuse to give up, and continue to stress the residents' rights.

Although volunteer ombudsmen did not always feel effective in making changes, they perceived that their presence was a positive force in the nursing home. A recurring theme was the impact that the mere presence of the volunteer ombudsman had on the long-term care facility. Many volunteers felt that the knowledge that there was someone watching out for residents' rights was in itself a deterrent to rights' violations. One certified volunteer ombudsman wrote:

My visits tend to keep the staff aware that they have responsibilities to the residents and that they may have to answer for their actions.

Others similarly commented that "Just being present at the facility makes them (nursing home staff) aware that they are being watched" and "Just the name Ombudsman brings attention. The presence of even a volunteer in the facility is helpful." Consciousness raising was identified as an important result of the ombudsman's presence:

I believe my visits and interaction with residents and facility staff promotes staff's realization of the importance of advocates to the residents and the awareness of community involvement.

Less success was reported regarding system-wide changes. (See Table 8.) More than 50% of the certified volunteer ombudsmen felt ineffective in promoting system-wide changes. The majority reported that they were unsuccessful in tackling broader policy-related activities, such as promoting regulatory and legislative changes, increasing resources for the Ombudsman Program, or effecting facility closures. However, respondents did feel effective in alerting others to the ombudsman mission and increasing community awareness of the Ombudsman Program. This suggests, that they may be willing and effective recruiters of other volunteers.

**Table 8. Effectiveness in Promoting System-wide Changes**

Area of Responsibility	Extremely Effective		Effective		Not Effective	
	#	%	#	%	#	%
Alert others to ombudsman mission	89	27.3	202	62.0	35	10.7
Increase resources for Ombudsman Program	42	13.8	92	30.3	170	55.9
Promote legislative changes	41	13.2	99	31.9	170	54.8
Promote regulatory changes	33	11.2	109	37.1	152	51.7
Increase community awareness	56	17.6	188	58.9	75	23.5
Promote facility closure & receivership	24	8.6	73	26.4	180	65.0

#### Certified Volunteer Ombudsmen's Satisfaction with Ability to Effect Change

Not surprisingly, there was some correlation between satisfaction with ability to bring about change in the nursing home and length of service with the Ombudsman Program. Volunteers with more experience have developed a level of comfort with their roles and report being more effective, than those with less experience. Well over 50% of those who had been in the program six years or longer were satisfied with their ability to effect change, while just over 50% of those who had been certified volunteer ombudsmen for two years or less were less than satisfied. (See Table 9.)

**Table 9. Length of Service and Satisfaction with Ability to Effect Change**

Length of Service	Satisfied		Less than Satisfied	
	#	%	#	%
0 – 2 years	59	47.97	64	52.03
3 – 5 years	36	50.00	36	50.00
6 – 10 years	51	63.75	29	36.25
11 or more years	16	59.26	11	40.74
Total	162	53.64	140	46.36

#### Factors Related to Certified Volunteer Ombudsmen's Ability to Effect Change

Communication with nursing home. Good communication with the staff and administration of the long-term care facility was seen as critical to bringing about change. One certified volunteer ombudsman with past work experience in a long-term care facility experienced cooperation and found the staff open to discussions. Several emphasized the good communication between volunteer ombudsmen and nursing facility staff or administration. Some volunteers participated in in-service training in the long-term care facility. Whereas some volunteers emphasized channels of communication with the administration, others pointed out that it was equally important to speak with all staff about residents' problems.

The social worker or activity director was often seen as a key to successful communication in the long-term care facility. One certified volunteer ombudsman collaborated with the activity director to arrange an outing followed by an ice-cream social at the facility. Another recommended soliciting the help of the social worker or the activity director in programming. Working on social activities for residents was seen as a way to build trust. One certified volunteer ombudsman described establishing rapport with the social worker, activity

director, and food service supervisor to “ensure that my observations, comments, etc. receive appropriate attention, consideration, and results.”

Volunteers also emphasized the role of the ombudsman in facilitating communication between residents and staff. The certified volunteer ombudsman was described in one instance as a “ necessary link in the communication chain for resident to staff.” Another certified volunteer ombudsman wrote:

An ombudsman is a very positive addition to any NF [nursing facility] – both for the residents and the administration. The purpose of the Ombudsman Program is to improve communication between residents and administration, and to improve the conditions in the facility which benefits both residents and nursing center.

Ombudsmen also promoted communication among residents. Well over one-half of the volunteers reported success in increasing social interaction in their facility. In establishing rapport with the activity director or social director, the ombudsmen often participated in activities that increased resident contact. Besides the excursion mentioned above, examples of such activities included birthday parties and similar events. Certified volunteer ombudsmen also participated in resident councils, and several indicated that resident council meetings were a particularly effective vehicle both for learning about resident concerns and informing residents of the ombudsman’s role.

The fact that a large percentage of volunteers had a background in health care or long-term care may have facilitated their communication with both staff and residents. It is possible that the skills learned in their professional education and on the job enabled them to establish a rapport with staff and administration. Their experience in working with the elderly may also have enhanced their ability to work with frail residents who often suffer from some sort of cognitive or communicative impairment.

Relationship between staff and certified volunteer ombudsman. In many cases, the certified volunteer ombudsman is the liaison between the long-term care facility and the staff ombudsman. Particularly in such a large state as Texas, the staff ombudsman cannot visit nursing facilities on a frequent basis. Volunteers, therefore, are charged not only with solving problems at the facility level, but also reporting problems to the staff ombudsman. One certified volunteer ombudsman provided a succinct and accurate description of the volunteer ombudsman's role: "I view myself as the eyes and ears, on site, of the professionals who stand behind me." Certified volunteer ombudsmen can also be a source of information about the program, both as trainers of other volunteers and as spokespersons in the community.

Overall, the certified volunteer ombudsmen perceived that they represented the staff ombudsman effectively. The channels of communication between certified volunteer ombudsmen and staff were good. When volunteers were unable to solve problems in the facility themselves, they turned to the staff ombudsman: "The area ombudsman listens to me and advises me although I act alone to resolve some problems." One certified volunteer ombudsman described the teamwork of the volunteers, staff ombudsman, and state ombudsman.

Good communication with the staff ombudsman is not universal, however. In one case, a certified volunteer ombudsman complained about the lack of a clear reporting system: "I don't even know who to contact as the staff ombudsman." Another stated:

I believe more contact is needed from the office  
of the paid ombudsman to the certified volunteer  
ombudsman.

Others complained of the lack of communication with the regional office, or with the office's failure to follow through on complaints.

As enthusiastic representatives or spokespersons for the Ombudsman Program, the volunteers can help increase the visibility of the program in the community. Many of the volunteers indicated that they were active in church and community organizations. One

certified volunteer ombudsman described using a position in the community to recruit additional volunteers:

I was appointed chair of [the] Senior Citizen Committee for \_\_\_ County Medical Society Auxiliary... I had just become a certified ombudsman. The first year, I tried everything I knew to convince the members of the Auxiliary that it was such a good program and worthwhile service. I had probably 5 or 6 to get certified. The second year, I went out into the community trying to interest others. It has been a while, but I suppose a total of 8 or 10 took training.

Volunteers, however, appear to be underutilized in promoting the Ombudsman Program. While 90% of the certified volunteer ombudsmen felt effective in alerting others to the mission of the Ombudsman Program, over 60% indicated that they rarely or never explained the program to other agencies, and over 50% never explained the program to the community at large or engaged in any form of public relations. Fewer than 10% of the volunteers had been involved in fundraising for the program. A greater percentage of volunteers rated themselves as effective in the various program areas than actually performed them on behalf of the program. Although 45% of the volunteers rated themselves as effective at increasing resources, only about 10% had actually engaged in fundraising.

The knowledge accumulated by certified volunteer ombudsmen likewise appears to be rarely used by the area office. Fewer than 10% of all participants indicated that they had been involved in training other volunteers or in supervising volunteers. The volunteers with backgrounds in health or social services to the elderly could support local training programs and several appeared to be interested in doing so. One person with a background in nursing wrote:

I believe ... use [could have] been made of my skills and others to have given more advanced information.

Another indicated

I had expected to be involved in orientation and training [nursing home] staff and other volunteers.



Volunteers who were new to the program indicated that they would welcome the guidance of experienced volunteers, and specified the desire for a mentor.

Relationship with state agencies. Certified volunteer ombudsmen repeatedly indicated their desire to be more involved in the site visits to their assigned nursing homes. This was perceived as a major factor in increasing communication between the ombudsman and the state regulatory agency. Although the volunteer is the ombudsman on-site, volunteers, often, are not involved in inspections. Almost 60% of the volunteers responding to the survey indicated that they rarely or never accompanied licensure staff on inspections, and only 6% did so frequently. One certified volunteer ombudsman wrote: "I had no notice of the last inspection – no input whatsoever." Better utilization of the volunteers could result in a better understanding of the problems in the home.

#### Relationship between Expectations and Satisfaction with Certified Volunteer Ombudsman Role

In general, most of the volunteers completing the survey indicated that the job was much as they had expected: fewer than 2% found the job totally different from their expectations. (See Table 10.) One wrote:

I didn't know what to expect, but I'm pleased  
with what I've experienced and how I feel about  
what I do.

Since a majority of volunteers had been with the program at least three years, it is not surprising to find such a high degree of congruency between expectations and actual role. Volunteers who found that the certified volunteer ombudsman job was not at all like they expected would not be likely to remain with the program.

**Table 10. Expectations of the Role**

<b>Job Expectation</b>	<b>#</b>	<b>%</b>
Just as expected	111	33.6
Somewhat like expected	199	60.3
Not much like expected	15	4.6
Not at all like expected	5	1.5

As expected, there was a relationship between longevity in the role and satisfaction with the job. (See Table 11.) Among the newest volunteers, those with two years of service or less, over one-fourth indicated some degree of dissatisfaction with their work as ombudsmen. The proportion of dissatisfied volunteers diminished with increased length of service, and fewer than 8% of volunteers who had been with the program at least 11 years were dissatisfied. This may mean that volunteers who are not satisfied drop out of the program or that satisfaction increases as volunteers gain the knowledge and skills necessary to do the job well.

**Table 11. Satisfaction with Ombudsman Role by Length of Service**

<b>Length of Service</b>	<b>Satisfied</b>		<b>Less than Satisfied</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
0 – 2 years	88	71.0	36	29.0
3 – 5 years	57	78.1	16	21.9
6 – 10 years	64	83.1	13	16.9
11 or more years	24	92.3	2	7.7
Total	233	77.7	67	22.3

## Relationship between Demographics and Satisfaction with the Certified Volunteer Ombudsman Role

Greater proportions of volunteers aged 65 and over were satisfied with their work than volunteers under the age of 65. (See Table 12.) It is not clear if this relationship is independent of length of service, since those who have been with the program for 11 years or more also tended to be age 65 or older. However, it is important to note that almost one-third of those under the age of 65 were less than fully satisfied with the ombudsman role.

**Table 12. Satisfaction with Ombudsman Role by Age**

Age Category	Satisfied		Less than Satisfied	
	#	%	#	%
Under 65	81	69.23	36	30.77
65 and Above	166	80.58	40	19.42
Total	247	76.47	76	23.53

Chi square (1, N = 323) = 5.344,  $p < .05$ .

When satisfaction with certified volunteer ombudsman work was examined according to professional background, individuals with professions in social work or health care expressed the greatest dissatisfaction with the role: almost 30% were less than satisfied. (See Table 13.) This relationship cannot be explained by educational level, because there is no correlation between level of education and satisfaction with the ombudsman role. This may suggest that nurses and social workers have greater expectations of appropriate care and are more dissatisfied with their ability to effect change. It may also mean that they feel that their skills are not being fully utilized.

**Table 13. Satisfaction with Volunteers' Experience by Profession**

Profession	Satisfied		Less than Satisfied	
	#	%	#	%
Administration	38	79.17	10	20.83
Health/Social Services	39	70.91	16	29.09
Other	176	77.88	50	22.12
Total	253	76.90	76	23.10

The high degree of satisfaction may be due more to the volunteers' strong sense of intrinsic satisfaction derived from helping frail elderly than from their perception of their effectiveness as ombudsmen. In fact, intrinsic satisfaction was a major theme in the comments written by the volunteers, and more than one-half chose empathy for the elderly as the main reason they joined the Ombudsman Program. One certified volunteer ombudsman wrote: "Not only am I serving others, but I'm the one who receives the blessings."

#### Certified Volunteer Ombudsmen's Perceptions of the Training Program

One aim of the survey was to understand volunteers' perceptions of their training program and to identify needs for continuing education. In Texas, every certified volunteer ombudsman is trained according to the protocol set forth in the Ombudsman Training Manual published by the Texas Department on Aging Office of Long-Term Care. Training modules include an introduction to the program, including tips on communicating with impaired individuals; the role and responsibility of the volunteer; rules, regulations, and residents' rights; advocacy skills training; assessment and quality of care; and resources. Training was initially given at the state level, but to reduce travel expenses, it is now conducted at the local level by the staff ombudsman. Well-trained volunteers are not only more effective on the job, but also more likely to remain with the Ombudsman Program.

Volunteers completing the survey were asked to rate the importance of specific portions of their training. Items were arranged on a Likert-type scale, with a range of (1) for not important to (3) for extremely important. Training in the mental and emotional aspects of aging and in communication skills were most frequently seen as extremely important, and the description of aging network services and agencies was most often identified as the least important aspect of ombudsman training. (See Table 14.)

**Table 14. Ratings of Texas Ombudsman Training Program Content**

Item	Extremely Important		Important		Not Important	
	#	%	#	%	#	%
Description of aging network services and agencies	135	41.4	177	54.3	14	4.3
Physical aspects of aging	148	45.4	171	52.5	7	2.1
Mental and emotional aspects of aging	190	57.9	130	39.6	8	2.4
Legal authority	151	46.6	162	50.0	11	3.4
Description of TDA responsibilities	168	51.7	148	45.5	9	2.8
Adult Protective Services	142	43.8	166	51.2	16	4.9
Communication skills	194	59.7	122	37.5	9	2.8

Communication skills were considered very important by a large majority of volunteers, and training focuses on communicating with residents. The volunteers are given specific information about communication with residents who are hard of hearing, whose communication skills are compromised due to stroke or other illness, and who suffer from dementia. Most volunteers appeared comfortable with their ability to communicate with residents. Issues of trust and of confiding in the ombudsman arose frequently: for example, one survey participant wrote:

Many of those in nursing homes ... seem to be happy to have an advocate as they get to know you, and then feel they can confide in you and trust you.

Only one certified volunteer ombudsman specifically complained of difficulties in communicating with impaired residents.

#### Certified Volunteer Ombudsmen's Satisfaction with the Training Program

The study found that satisfaction with training was high overall, although satisfaction varied with age, length of time in the program, education, and work experience. Almost 85% of all respondents to the survey were very satisfied or satisfied with training in general. Several volunteers mentioned frequent training when asked what types of support assisted them in their volunteer activities. One certified volunteer ombudsman was very complimentary of the training program:

I feel that I was very well trained by \_\_\_\_.  
My training gave me strength in knowing what  
I was supposed to do.

Participants were not asked whether they had received training at the state or the local level. When general satisfaction was analyzed by length of time as a certified volunteer ombudsman, however, there was a positive correlation between length of time in the program and satisfaction with the training program. (See Table 15.) This suggests that those who received their training through the state were more satisfied than those who went through the later local programs.

**Table 15. Satisfaction with Training Program by Length of Service**

Length of Service	Satisfied		Less than Satisfied	
	#	%	#	%
0-2 years	93	78.2	26	21.8
3-5 years	60	81.1	14	18.9
6-10 years	71	89.9	8	10.1
11 or more years	26	96.3	1	3.7
Total	250	83.6	49	16.4

**Relationship between Demographics and Satisfaction with Training Program**

Younger volunteers indicated somewhat less satisfaction with training in general than did their older counterparts: almost 20% were less than satisfied, compared to 13% of volunteers aged 65 and older. (See Table 16.) It is unclear whether this is related to age or to length of service. This difference may again be due to whether or not they received training through the state, since volunteers aged 65 and over generally had longer periods of service than did those under age 65.

**Table 16. Level of Satisfaction with Training by Age Category**

Age Category	Satisfied		Less than Satisfied	
	#	%	#	%
Under 65	94	80.3	23	19.7
65 and Above	176	86.7	27	13.3
Total	270	84.4	50	15.6

In response to open-ended questions, survey participants expressed less satisfaction with the current training than they did with training provided at the state level. Some volunteers indicated that training was too short to be effective. One certified volunteer ombudsman wrote:

The training that I received in 1991 to 1995 was very useful but the training for new Ombudsmen is not the quality that was offered earlier. The workshops we had in Austin were so inspiring.

Another wrote:

Training at the local level is mediocre and not well planned or sequential ... Little formal training [is available] unless presenters come from state level agencies.

Satisfaction with training showed a negative correlation with education. (See Table 17.) Whereas just over 90% of volunteers with less than a high school education indicated satisfaction, this proportion dropped to just over 80% among those with at least a college degree. There was some indication that highly educated volunteers found the training too superficial or too general.

**Table 17. Level of Satisfaction with Training Program by Educational Level**

Level of Education	Satisfied		Less than Satisfied	
	#	%	#	%
Less than High School	19	90.5	2	9.5
High School Graduate	44	93.6	3	6.4
Some College	95	86.4	15	13.6
College Graduate/Graduate School	107	80.5	26	19.5
Total	265	85.2	46	14.8

Volunteers with backgrounds in health care or social services were particularly dissatisfied with their training. (See Table 18.) One certified volunteer ombudsman with a



degree in social work indicated resentment at "having to give up time for continued training" and another recommended more-in-depth training, since ombudsmen's tasks were similar to those performed by social workers.

**Table 18. Satisfaction with Training by Professional Experience**

Work Categories	Satisfied		Less than Satisfied	
	#	%	#	%
Long-Term Care Administration	43	89.6	5	10.4
Health/Social Services	42	77.8	12	22.2
Other	191	85.3	33	14.7
Total	276	84.7	50	15.3

#### Perceptions of Specific Components of Ombudsman Training Program

Course content. Volunteer ombudsmen responding to the survey often expressed confusion over the exact boundaries of their responsibilities as certified volunteer ombudsmen. One wrote: "Some responsibilities overlap, and no one seems to have defined them." Another indicated the need "to know more about my rights as an ombudsman," and one recommended training on boundaries.

The need to be informed of legislative changes was mentioned by several volunteers. One certified volunteer ombudsman was "not real sure what areas ombudsmen can enter — Medicare changed, legislature, etc." One observed that the

Ombudsman program is becoming too complicated for a volunteer. Issues are becoming social, legal and ethical in nature.

Training in such issues as the right to die and autonomy appeared inadequate. There could be more emphasis on mental, physical, and emotional aspects of aging.

Volunteers also indicated a need for more preparation on issues encountered in long-term care facilities. Certified volunteer ombudsmen perceived the lack of knowledge about legislative changes as a barrier to their effectiveness. Training, particularly that offered at the local level, was often seen as perfunctory. One certified volunteer ombudsman complained that training “is a waste of time – see videos, etc. Little formal training unless presenters come from state agencies.” Volunteers also indicated the need for more interactive training, including group training. There was a request for more training regarding complaint investigation. More training on legislative and legal subjects would be helpful:

There are ... many frustrating moments when  
it sometimes seems there are no laws at all to help.

Experience in facility. Although certified volunteer ombudsmen have an internship prior to certification, many expressed a need for more hands-on experience, especially early in the training period. Several said that first-hand knowledge of the facility during the training period would be beneficial: “We should have visited a facility so we could go to class and discuss concerns seen,” and “maybe visiting a nursing home in training could help.” Volunteers also suggested that attrition following training might decrease if volunteers were given a better understanding of the ombudsman’s role in the nursing home earlier in the training program.

Mentoring. There was some indication that a mentor could prove useful to trainees and new ombudsmen: “[I] would like to go with someone experienced to nursing homes on visits to see how they do theirs.” More hands-on experience could ensure that volunteers started out with a more accurate understanding of their expected roles and responsibilities. One certified volunteer wrote:

Advocates go into the field with little or no knowledge  
of the system in which they want to play an advocate role...  
Training must be purposeful and must give the volunteers  
the skills they need to be part of an organization doing  
an important job for the community.

### Perceptions of Support Provided to Certified Volunteer Ombudsmen

The survey indicated a high degree of satisfaction with the amount of overall support received. (See Table 19.) General satisfaction with support was greater than 75%. Volunteers with the longest service time were also the most satisfied: over 85% of them indicated satisfaction with support. Volunteers who had been with the program between three and five years were least satisfied with the support they received: almost one-third were less than satisfied.

**Table 19. Satisfaction with Support**

Length of Service	Satisfied		Less than Satisfied	
	#	%	#	%
0 – 2 years	94	75.8	30	24.2
3 – 5 years	50	67.6	24	32.4
6 – 10 years	62	77.5	18	22.5
11 or more years	23	85.2	4	14.8
Total	229	75.1	76	24.9

Certified volunteer ombudsmen reported that they received support for their role from a variety of sources. (See Table 20.)

**Table 20. Sources of Support**

Source	A Lot		Somewhat		Not at All		NA	
	#	%	#	%	#	%	#	%
Guidance from other ombudsmen	108	33.5	120	37.3	60	18.6	34	10.6
Guidance from volunteer coordinator	123	38.9	119	37.7	33	10.4	41	13.0
Legal consultation	42	14.0	80	26.6	95	31.6	84	27.9
Ongoing educational support	145	46.0	124	39.4	34	10.8	12	3.8

Ongoing educational support was the most common, followed by guidance from their volunteer coordinator or staff ombudsman, as well as from fellow volunteers.

Educational support. Ongoing educational support was rated as very beneficial by the largest number of volunteers. Forty-six percent indicated that they benefited a lot from ongoing educational support, and almost 40% said that they benefited somewhat. Many volunteers found task force meetings or periodic training sessions conducted by the local office or the sponsoring Area Agency on Aging particularly useful. Although many preferred the initial training at the state-level, they clearly appreciated the local ongoing training and felt that it fostered good communication between staff and volunteers and among the volunteers themselves. One volunteer summarized this as follows: "We support each other, frequent training is of help."

Volunteer coordinator. Guidance from the volunteer coordinator was seen as a major source of support. Over 38% of all participants rated the coordinator as a major source of support, and almost as many said that the coordinator was "somewhat" supportive. Thirteen percent indicated that this question was not applicable, possibly because in many local offices,

the staff ombudsman assumes the duties of a volunteer coordinator and there is no separate coordinator position.

Staff ombudsman. Overall, the volunteers indicated that their staff ombudsman was a principal source of support. The staff ombudsmen were described as willing listeners who provided assistance when necessary. One certified volunteer ombudsman wrote, for example:

We have been fortunate to have regional ombudsmen who were capable and always willing to assist with any problems that we encountered. This type of care is of great importance.

Volunteers sensed that they were part of a team. The staff ombudsman was also a good role model for many volunteers and participated directly in the residents' care and well-being. One volunteer stated: "[My] Regional Ombudsman is the best. She will go the extra mile needed for any elderly person."

The local offices housing Ombudsman Programs were also mentioned as a source of support. Several volunteers indicated their appreciation of the seminars presented and the written materials by those agencies.

Other volunteer ombudsmen. Over 70% of the participants indicated that guidance from other volunteers was a source of support. One certified volunteer ombudsman made note of "group meetings with other volunteer ombudsmen to discuss handling problems."

Staff and administration. Although many ombudsmen reported that administrators and staff were hostile or indifferent to them, volunteers sometimes also found support from staff in their long-term care facility. Numerous participants wrote of support from staff regarding residents' care. Administrators who understood and appreciated the mission of their volunteer ombudsman were a major source of support, as their cooperation was key to effective job performance.

Residents. Residents were seen as a major source of motivation for the volunteers. One volunteer wrote:

Just writing this makes me long to see my friends.  
I'm off to the nursing home now. Maybe today the  
music will be on in the Alzheimer wing and I'll get  
to dance with one of the men again.

Volunteers felt inspired by their contact with residents:

Days when I feel bad I can visit a diabetic resident  
without legs and other residents in bad shape.  
Then I forget my aches and pain. I look forward to  
going to the NH, as the residents' smiles make my day.

### Barriers to Effectiveness of Certified Volunteer Ombudsmen

Fewer than half of the volunteers who responded to the survey reported major barriers to their effectiveness. Those who did, perceived that lack of a clear line of authority and lack of power were the two greatest barriers. (See Table 21.) An open-ended question elicited additional information regarding barriers. Volunteers specified barriers that arose from the culture and administration of the long-term care facility, limitations placed on volunteers' participation, constraints on the local Ombudsman Program, and personal factors.

**Table 21. Barriers to Effectiveness**

Barrier	Not Threatening		Threatening		Extremely Threatening		Not Applicable	
	#	%	#	%	#	%	#	%
Lack of:								
Clear line of authority	160	49.8	92	28.7	28	8.7	41	12.8
Training	184	58.4	56	17.8	18	5.7	57	18.1
Job clarity	184	58.2	70	22.2	15	4.7	47	14.9
Modern means/ communication	145	46.8	61	19.7	16	5.2	88	28.4
Power	165	52.6	83	26.4	26	8.3	40	12.7
Guidance	207	66.3	48	15.4	13	4.2	44	14.1
Advocacy skills	207	65.7	48	15.2	13	4.1	47	14.9

Lack of power. Lack of power was rated as threatening or extremely threatening by over one-third of the volunteers. The volunteers complained that the position lacked status, that reports that they generated were often not acted upon, and that the certified volunteer ombudsman who generated the report could not do anything about the situation:

As ombudsmen, we often feel like 'toothless tigers,'  
we can forward serious complaints to TDHS, they  
show up 2, 3, or 4 weeks later, don't see the problem,  
pat the administrator on the back ... and all is well.  
But it's not! [The nursing home] administration knows  
that we have no effectiveness in generating a response  
from TDHS.

Lack of a clear line of authority. The lack of a clear line of authority may be a barrier to communication both within the long-term care facility and, occasionally, between a certified volunteer ombudsman and the local office. Certified volunteer ombudsmen reported that nursing home administrators often refuse to take responsibility for solving residents' problems:

I understand that when I go to the facility to visit,  
I am to let the SOCIAL WORKER know. Just the  
other day, I waited 15 minutes for permission (?) to  
visit and finally decided to do a little visiting without  
permission. I've tried often to meet with the  
Administrator and SOCIAL WORKER to determine how I  
can do my volunteer work.

Occasionally, certified volunteer ombudsmen do not know the division of responsibilities within the local office. One volunteer complained of not knowing to whom to report, and another criticized the

frequent transfer of regional ombudsman's  
responsibilities within the Area Agency on  
Aging staff -- or -- the assignment of dual  
responsibilities of regional ombudsman  
and other staff functions.

The relationship between the state and the local office was sometimes not clear to the volunteers, particularly in the area of nursing home surveys.

Nursing home staff attitudes and corporate culture. Although individual experiences varied, and many certified volunteer ombudsmen were satisfied with the support they received from the nursing facility's administration and staff, others indicated that nursing home staff presented barriers to their effectiveness. Some certified volunteer ombudsmen reported that administrators frequently refused to act on reports of problems, and that staff were often hostile to them. Communication between the volunteer and the long-term care facility staff and administration, although necessary for promoting change, was frequently lacking. Many ombudsmen perceived that staff and administration often either did not understand the role of the certified volunteer ombudsman or were distrustful of the position. They observed that many administrators appeared to be more concerned with profit than with residents' care. In addition, volunteers believed that residents were often hesitant to complain to the ombudsman because they were afraid of retaliation from the facility staff.

Turnover. Staff turnover in both the long-term care facility and the local ombudsman's office was frequently seen as a barrier to effectiveness. One facility, for example, had seven administrators in one year. It was not unusual for the director of nursing to remain for only six months, and nursing aides turned over every three months.

Lack of access to records. Certified volunteer ombudsmen reported that lack of access to records was a major barrier to their effectiveness. Although the staff ombudsman is granted access, the certified volunteer ombudsman is prohibited by law from viewing records without authorization. Survey participants reported that they were often unable to contact a resident's guardian in order to obtain such permission. Some volunteers reported that they had been denied access to even basic information about the residents, including room numbers. Volunteers indicated that access to records and to basic information about the residents would enhance their effectiveness as ombudsmen.



Inspections and exit interviews. Certified volunteer ombudsmen were frequently prohibited from participating in exit interviews. As stated earlier, the majority of volunteers did not have the opportunity to accompany licensure staff on inspections. Often, they were not notified of the time of the exit interview. Certified volunteer ombudsmen felt that greater involvement of the volunteers in state inspections could result in better treatment of the residents.

Personal and program constraints. Certified volunteer ombudsmen reported constraints in terms of money, time, and personnel. Money was an issue for many of the volunteers. Although certified volunteer ombudsmen are entitled to mileage reimbursement at the state rate, many of them either did not receive reimbursement or felt that it was inadequate. Volunteers in rural areas in Texas must travel great distances. Furthermore, telephone calls to the long-term care facility are not always local and are not reimbursed.

Lack of time was a major barrier to the volunteers. Volunteers were often involved in a number of other activities, and some had to care for family members. Personal health was also a problem for some. Several volunteers could not visit their assigned facility regularly due to personal health concerns and changes in functional status — at least one certified volunteer ombudsman was no longer able to drive.

In addition, many of the regional Ombudsman Programs had a shortage of volunteers. Several participants pointed out that there were not enough volunteers to visit all of the facilities, and some of the larger facilities could even benefit from a second ombudsman. The lack of volunteers placed a burden on both the existing volunteers and the staff ombudsmen.

## Recommendations

Recommendations come both from an analysis of the results of the survey questions and from the written comments of the certified volunteer ombudsmen who responded to the survey. Recommendations are directed toward legislative and policy issues; ombudsmen training; verbal and written communication; reimbursement; recruitment; as well as recognition and retention of volunteers.

### 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 performing the 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 at 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 work, 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. Respondents 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 commented:

There are too many long-term care facilities as well as personal assistance 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 announcements 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 do 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 the 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.

## Conclusions

A major limitation of this study was that it only surveyed the current, active certified volunteer ombudsmen. The volunteers who had dropped out of the program were not contacted. These volunteers may have expressed more dissatisfaction with the program. In addition, all current volunteers did not complete the survey. It is not known whether those volunteers would have responded differently to the questions. Therefore, the results must be interpreted in light of these limitations.

Overall, based on this sample, it appears that the Ombudsman Program performs well in Texas with over 600 active volunteers in 28 regions. The size of the state poses particular challenges for both training and service, but the volunteers, regional staff, and state ombudsmen all work to overcome obstacles. Despite occasional frustration with the state bureaucracy, most volunteers responding to the survey were satisfied with their communication with the state and felt that relations between the state and local offices had improved in recent years.

Many of the barriers encountered by certified volunteer ombudsmen were within the long-term care facility: staff attitudes and lack of training for aides posed particular challenges. Ombudsmen must be skilled negotiators to overcome these obstacles. There is room for improvement in training, and volunteers need to be empowered more to act on behalf of the residents. Given the vital function performed by certified volunteer ombudsmen in caring for residents of long-term care facilities, there is an ever-increasing need for volunteers. In the words of one survey respondent:

One of the great needs for the program is that the state can't always be there checking on the daily operations of each nursing home, and the ombudsman can fill that void.



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**APPENDIX A**  
**SURVEY QUESTIONNAIRE**

## SURVEY QUESTIONNAIRE

### INSTRUCTIONS:

For each question please fill-in your answer in the space provided or choose the answer which best applies. For the questions where you must choose an answer, please choose only one.

### THIS FIRST SECTION ASKS SOME GENERAL QUESTIONS

1. Gender:

(1) Male

(2) Female

2. Ethnicity:

(1) African American

(2) Asian

(3) Caucasian

(4) Hispanic

(5) Other: Please identify: \_\_\_\_\_

3. How old were you on your last birthday? \_\_\_\_\_

4. What is the most schooling you have completed?

(1) Grade School

(4) College Graduate

(2) Some High School

(5) Master's Degree

(3) High School Graduate

(6) Doctoral Degree

(4) Some College

(7) Other: Please specify: \_\_\_\_\_

5. How much income do you receive each year?

(1) Less than \$10,000

(2) \$10,000 - \$19,999

(3) \$20,000 - \$29,999

(4) \$30,000 - \$39,999

(5) \$40,000 or more a year

6. What type of work have you done most of your life?

(1) Administrator

(8) Homemaker

(2) Clerical

(9) Legal or Financial

(3) Clergy

(10) Sales

(4) Craft/Trade

(11) Social Services

(5) Factory Work

(12) Student

(6) Farmer/Rancher

(13) Teacher

(7) Health Professional

(14) Other: Please specify: \_\_\_\_\_

7. In regard to paid employment, what is your current status?

- (1) Working part-time
- (2) Working full-time
- (3) Retired

- (4) Not working, but not retired
- (5) Other: Please specify: \_\_\_\_\_

8. Enter the Month and Year you became a Volunteer Certified Ombudsman

\_\_\_\_\_/\_\_\_\_\_  
Month Year

**THIS SECTION ASKS ABOUT YOUR EXPERIENCES AS AN OMBUDSMAN**

**How important were these specific portions of your ombudsman training?**

(Circle the response that BEST applies using the following scale: (3) EXTREMELY IMPORTANT; (2) IMPORTANT; (1) NOT IMPORTANT; (0) NOT APPLICABLE)

	Extremely Important	Important	Not Important	Not Applicable
9. Description of aging network services & agencies agencies	(3)	(2)	(1)	(0)
10. Physical aspects of aging	(3)	(2)	(1)	(0)
11. Mental & emotional aspects of aging	(3)	(2)	(1)	(0)
12. Legal authority	(3)	(2)	(1)	(0)
13. Description of Texas Dept. of Aging responsibilities	(3)	(2)	(1)	(0)
14. Adult Protective Services	(3)	(2)	(1)	(0)
15. Communication skills	(3)	(2)	(1)	(0)

16. How satisfied are you with the ombudsman training you received?

- (1) Very Satisfied
- (2) Satisfied
- (3) Somewhat Satisfied
- (4) Not Satisfied

17. How did you find out about the ombudsman program?

- |                         |                                 |
|-------------------------|---------------------------------|
| (1) Word of Mouth       | (5) Radio/TV Announcement       |
| (2) Church Announcement | (6) Presentation                |
| (3) Program Brochure    | (7) Other: Please specify _____ |

18. What is the MAIN reason you are an ombudsman?

- (1) Involvement in the community
- (2) Desire to be an advocate
- (3) Empathy/care about the elderly
- (4) Family/friend in nursing home
- (5) Job experience
- (6) Educational requirement
- (7) Other: Please specify \_\_\_\_\_

19. Estimate number of hours you spend every week conducting your ombudsman activities.

\_\_\_\_\_ hours per week

20. Do you visit your assigned long-term care facility/facilities on a regular basis?

- (1) Yes
- (2) No

21. How many long-term care facilities are you responsible for? \_\_\_\_\_

**How often do you participate in the following activities?**

(Circle the response which BEST applies using the following scale:

(4) FREQUENTLY; (3) OCCASIONALLY; (2) RARELY; (1) NEVER)

	Frequently	Occasionally	Rarely	Never
22. Handle complaints	(4)	(3)	(2)	(1)
23. Conduct friendly visits at nursing home	(4)	(3)	(2)	(1)
24. Conduct friendly visits at board & care home	(4)	(3)	(2)	(1)
25. Explain program to residents	(4)	(3)	(2)	(1)

(Circle the response which BEST applies)

	Frequently	Occasionally	Rarely	Never
26. Explain program to other agencies	(4)	(3)	(2)	(1)
27. Explain program to community	(4)	(3)	(2)	(1)
28. Public relations	(4)	(3)	(2)	(1)
29. Fundraising	(4)	(3)	(2)	(1)
30. Clerical support	(4)	(3)	(2)	(1)
31. Advisory Committee membership	(4)	(3)	(2)	(1)
32. Recruit volunteers	(4)	(3)	(2)	(1)
33. Train volunteers	(4)	(3)	(2)	(1)
34. Supervise volunteers	(4)	(3)	(2)	(1)
35. Accompany licensure staff on inspections	(4)	(3)	(2)	(1)

36. Please list any other ombudsman activities in which you participate.

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37. Is the work that you do as an ombudsman like you expected it would be?

- (1) Just like I expected
- (2) Somewhat like I expected
- (3) Not much like I expected
- (4) Not at all like expected

38. How satisfied are you with the work you do as an ombudsman?

- (1) Very Satisfied
- (2) Satisfied
- (3) Somewhat Satisfied
- (4) Not Satisfied

**How important do you think your role as ombudsman is in obtaining the following resident, facility or system outcomes?**

(Circle the response which BEST applies using the following scale:

(3) EXTREMELY EFFECTIVE; (2) EFFECTIVE; (1) NOT EFFECTIVE)

	<b>Extremely Effective</b>	<b>Effective</b>	<b>Not Effective</b>
39. Solve complaints	(3)	(2)	(1)
40. Reduce resident restraints	(3)	(2)	(1)
41. Increase resident's sense of empowerment	(3)	(2)	(1)
42. Protect resident's rights	(3)	(2)	(1)
43. Resolve conflicts	(3)	(2)	(1)
44. Increase resident's comfort	(3)	(2)	(1)
45. Improve resident's nutrition & hydration	(3)	(2)	(1)
46. Resolve financial exploitation of resident	(3)	(2)	(1)
47. Promote companionship & social interaction	(3)	(2)	(1)
48. Promote changes in organization of services	(3)	(2)	(1)
49. Promote environmental safety	(3)	(2)	(1)
50. Promote appropriate meal scheduling & attractive presentation	(3)	(2)	(1)
51. Alert others to ombudsman mission	(3)	(2)	(1)
52. Increase resources for the Ombudsman Program	(3)	(2)	(1)
53. Reduce Medicaid discrimination	(3)	(2)	(1)
54. Promote legislative changes	(3)	(2)	(1)

(Circle the response which BEST applies)

	<b>Extremely Effective</b>	<b>Effective</b>	<b>Not Effective</b>
55. Promote regulatory changes	(3)	(2)	(1)
56. Develop & support Family Councils	(3)	(2)	(1)
57. Increase community awareness	(3)	(2)	(1)
58. Promote facility closure & Receivership	(3)	(2)	(1)
59. Establish organizational methods to identify & resolve problems with staff	(3)	(2)	(1)
60. Please list any other areas where your role as an ombudsman has an impact in achieving resident, facility or system outcomes?			

59. How satisfied are you with your ability to promote change?

- (1) Very Satisfied
- (2) Satisfied
- (3) Somewhat Satisfied
- (4) Not Satisfied

**What barriers do you perceive threaten your ability to be effective?**

(Circle the response that BEST applies using the following scale: (4) EXTREMELY  
THREATENING; (3) THREATENING; (2) NOT THREATENING; (1) NOT APPLICABLE

	<b>Extremely Threatening</b>	<b>Threatening</b>	<b>Not Threatening</b>	<b>Not Applicable</b>
62. Lack of a clear line of authority	(4)	(3)	(2)	(1)
63. Lack of training	(4)	(3)	(2)	(1)
64. Lack of job clarity	(4)	(3)	(2)	(1)
65. Lack of modern method of communication	(4)	(3)	(2)	(1)



(Circle the response which BEST applies)

	<b>Extremely Threatening</b>	<b>Threatening</b>	<b>Not Threatening</b>	<b>Not Applicable</b>
66. Lack of power	(4)	(3)	(2)	(1)
67. Lack of guidance	(4)	(3)	(2)	(1)
68. Lack of advocacy skills	(4)	(3)	(2)	(1)

69. Please list any additional barriers to your effectiveness

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**What support does assist you in carrying out your activities?**

(Circle the response which BEST applies using the following scale: (4) A LOT;  
(3) SOMEWHAT; (2) NOT AT ALL; (1) NOT APPLICABLE)

	<b>A lot</b>	<b>Somewhat</b>	<b>Not at All</b>	<b>Not Applicable</b>
70. Guidance from other ombudsman	(4)	(3)	(2)	(1)
71. Guidance from volunteer coordinator	(4)	(3)	(2)	(1)
72. Legal consultation	(4)	(3)	(2)	(1)
73. Ongoing educational support	(4)	(3)	(2)	(1)

74. List other types of support that assist you in carrying out your activities.

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75. How satisfied are you with the amount of support you receive?

- (1) Very Satisfied
- (2) Satisfied
- (3) Somewhat Satisfied
- (4) Not Satisfied

76. Please feel free to include any additional comments that you may have about the ombudsman program or being an ombudsman.

## **APPENDIX B**

### **PARTICIPANTS' RESPONSES TO OPEN-ENDED QUESTIONS**

## Comments from Survey Compilation: Ombudsman Survey

### Question/Response

**Q60. Please list any other areas where your role as an ombudsman has an impact on achieving resident, facility, or system outcomes.**

Resident councils.

Food quality, neglect of care, resolving complaints.

Questions involving family members looking for a facility or needing information.

Personal acquaintances over the years.

When I find a problem, go to the Department head. If not done before I leave, next time I come, I check, and if not done this time, I report to the Administrator.

I served as volunteer with House Human Service Committee to update and revise chapter 102, Human Resource Code "Rights of the Elderly" passed by the legislature and signed by the Governor in May, 1997.

RESPECT

My facility has an active Resident Council. I attend their meetings occasionally. Residents are well aware of their rights and the administration seems to be supportive.

By reporting dress conditions – dirty, old, etc. Several ladies received better care because of my visits.

The staff responds readily to all complaints that I discuss with them.

Counseling with family members. My mother was in a home before she died, so I speak from experience. I believe ombudsmen should talk with State inspectors because we know the residents' personalities.

They pay attention to my suggestions.

Advisor to administrator or staff.

Establish rapport with staff – make them aware of the value of volunteer ombudsmen who provide consistently top quality service to residents.

I helped solve problems in three major cases with family members and residents.

Improve staff attitude toward residents as people not just patients.

27 Residence serves as home, not hospital.  
28 Communication between residents and Nursing Facility staff.  
29 Give the residents information and increase confidence.  
30 Making follow-up visits.  
31 My visits tend to keep the staff aware that they have responsibilities to the residents and that they  
32 may have to be accountable for their actions.  
33 Participating in resident council and survey team meetings.  
34 Presence of ombudsman provides awareness that someone is watching.  
35 I have no real problem with my facility.  
36 I feel that by just being there establishes some protection for the folks in care.  
37 Ombudsman serves as necessary link in the communication chain between resident and staff.  
38 At hospital where I'm employed they live better.  
39 Providing residents with a sense of company and loyalty - they know someone else cares.  
40 Because I'm well known in community, people [residents] communicate their satisfaction as  
41 well as disgust with procedures, regulations, etc. in the Nursing Home.  
42 Improves relations between family members and staff; results in better care.  
43 Being present at meetings or affairs for senior people increases trust from residents and their  
44 families.  
45 Visiting with residents as a compassionate person who is also aging.  
46 Participating in social activities (birthday parties and other).  
47 If I find something not sanitary in the Nursing Facility I report it.  
48 Knowing where and to whom to report problems.  
49 No problems noted at present time.  
50 Because the administrator and/or staff is to attend family council on invitation, he [administrator]  
51 started his own meeting with families - so attendance at official family council declined.  
52 Because of health problems I have not been as active in program recently.  
53 As ombudsman I impact safety issues (waxed floors); provide companionship to residents; get  
54 residents bathed when needed; provide more drinking water; communicate with nurses - inform  
55 them about complaints; get patients cleaned up; get odors removed; listen to residents'  
56 complaints; get residents what they want; seek solutions for stolen and lost clothing;  
57 take lost residents to their room; push residents in wheelchairs.

58 I feel that anything to help make these elderly people feel productive is extremely important.  
59 People ask questions of me when they know of my qualifications as an ombudsman and are  
60 looking for a nursing home.  
61 The facility staff and I talk freely about everything.  
62 Just being present at facility makes them (nursing home staff) aware that they are being watched.  
63 I was in the Silver-Hair Legislature, we tried to find ways to help the elderly - especially  
64 regarding nursing home care.  
65 I don't believe my role has had an impact yet.  
66 Increase family's sense of empowerment; educate families and residents about resident rights.  
67 When the State staff asks for my opinion.  
68 In all my clubs, Chamber of Commerce, etc.  
69 My background as a hospital administrator as well as 5 years with TDHS.  
70 To become friends with the people I visit.  
71 Just a visit and talk to the residents has a lot of impact. Let them know that they haven't been  
72 forgotten and let them know they are loved.  
73 I go over Resident Rights with new residents.  
74 I work with administrator to improve residents' quality of life.  
75 My presence keeps staff on their feet.  
76 Residents see me as their advocate and feel free to discuss problems with me.  
77 By having resident council-meetings, residents open up with their problems and are informative.  
78 Chatting with residents seems to relax them and satisfy their need for someone to listen to and  
79 sympathize with them.  
80 I am invited to all resident council meetings and I learn a great deal about resident concerns.  
81 I encouraged re-establishment of Alzheimer Unit.  
82 Making hot food is rare.  
83 I encourage greater community involvement. Access and assistance from AAA of \_\_\_ County -  
84 we need more of their support as ombudsmen!  
85 Encourage outside community support in entertainment.  
86 Establish good rapport with the administrator and staff.  
87 Never give up on what is right.  
88 Helping obtain clothes for residents.

89 Facility staff members are more aware of my presence.  
90 Try to improve the attitude of the community toward nursing home care.  
91 Help with transportation, entertainment, get medical attention.  
92 Attending the monthly regional activity directors' meetings.  
93 Providing in-service on various aging subjects, ex. Alzheimer's disease.  
94 Resident Council concerns.  
95 As Director, AAA, help explain program to others and make program more visible.  
96 Speaking with all staff members, rather than just the administrator about problems.  
97 Read all "not effective" answers to mean "no opportunity" who knows if I would have been  
98 effective, if given the opportunity.  
99 By communicating with residents and giving special interest to residents they have more one on  
100 one contact.  
101 A caring and open attitude.  
102 Made small crack in sealed door to let residents and family members know that someone does  
103 care and is trying.  
104 Attend many activities to get more one-on-one contact with residents.  
105 When people in my community see how much I enjoy going to visit the nursing homes, it makes  
106 them want to go too.  
107 I believe my visits and interaction with residents and facility staff promotes staff's realization of  
108 the importance of advocates to the residents and the awareness of community involvement.  
109 Activity Director and I got rural transit van to take residents for ride downtown through State  
110 park and served ice cream upon their return.  
111 Make a point of establishing good rapport with Nursing Home staff, especially Director of  
112 Activities, Social Services Worker and Food SVC. Consult with supervisor to ensure that my  
113 observations, comments, etc. receive appropriate attention, consideration and results.  
114 Providing information to new residents and building trust. Quality care builds trust with resident  
115 and staff. Explain financial issues to families; reduce family conflicts.  
116 Visit often with administrator; solicit the help of social director and activities director in  
117 programming and social activities.  
118 Talking to a resident's family and being ready to help; sometimes a daughter of family member  
119 calls me by phone and asks for advice or help. We make an appointment and meet in the facility.

120 Help keep nursing home on their toes to keep enough help hired to work at all times to ensure to  
121 residents the proper care they need to be given.

122 **Q69. Please list any additional barriers to your effectiveness.**

123 Facility staff appear threatened by ombudsman's presence.

124 Constant staff changes – had to gain acceptance and understanding of ombudsman role.

125 The corporate concern for the dollar profit, bottom line.

126 Trying to determine contact person in nursing home. Administration says social worker is  
127 responsible; social worker says Administration is the contact.

128 Not being able to reason with employees (kitchen, housekeeping, janitors).

129 Knowing in advance when State inspectors are due; corruption in long-term care facilities in East  
130 Texas; willingness to pay fines and not correct the real problems.

131 Some problems arise when needing to know what is on resident's chart. When you ask, the  
132 usual response is "why do you need this?"

133 At times, residents themselves can be barriers. They do not accept change well. They do not  
134 want to complain for fear of consequences. They become very accepting of poor care and  
135 standards. They do not want to rock the boat.

136 Money used for paid workers (trips, etc.) could be spent on residents' help.

137 **TOO MANY CHIEFS – NOT ENOUGH INDIANS.**

138 Abundance of paid staff – volunteers could do the jobs.

139 Lack of information about residents.

140 The staff expressed concern over the residents' fate if a facility is closed for violations.

141 Unclear relationship of TDOA local ombudsmen and TDHS nursing home regulatory surveyors.

142 Absence of periodic the AAA training and orientation sessions to discuss and resolve agency-  
143 wide ombudsman issues.

144 Bureaucratic response from the Health Department is usually negative (probably because we are  
145 not on the Department's payroll).

146 Nursing home salaries for aides and willingness to spend money on residents' complaints.

147 Constant turnover of staff (since May: 2 Directors, 3 Social Workers, one head nurse, and one  
148 activities director).

149 Lack of authority to act on problems except report to State and area ombudsman.

150 Not knowing what the latest legislative changes are.



151 Not being able to see medical chart of resident – i.e. need permission but they have a guardian  
152 whom I cannot reach.

153 A barrier to my effectiveness is that the time I spend as volunteer ombudsman is so limited.  
154 The main barrier to my effectiveness is that I report problems and complaints to nursing home  
155 staff and I receive excuses and promises but nothing changes. It is very frustrating!

156 As a trained ombudsman I face the barriers and go about having them removed.  
157 Most nursing facility administrators have been very cooperative, and I have good rapport with  
158 them, so I have had no barriers. Some administrator have not wanted to give me a list of  
159 residents, room numbers, doctors, and dates of entry to Nursing Facility.

160 Dishonesty of nursing home staff. The word “threatening” is inappropriate. An ombudsman  
161 cannot be “threatened” because the position has no income or status.

162 No barriers, so far; however, I do not feel that \$15 per month covers my expenses. Mileage and  
163 long-distance telephone calls add up.

164 Lack of cooperation on part of paid ombudsmen.

165 Lack of communication with contracting local office; lack of support from local AAA.

166 Complaints made by volunteer ombudsman are not followed through by staff ombudsman.  
167 I feel that there is not enough contact between “long-term care” Office and “the ombudsman  
168 program”. Some responsibilities overlap and no one seems to have defined them clearly.

169 Being bilingual would be of help.

170 Not knowing Mexican-Spanish language.

171 Lack of knowledge and understanding about ombudsman program by nursing facility staff and  
172 Administration.

173 Family members fear of retaliation.

174 No real problem with my facility.

175 Time factor is main barrier; also family and health problems.

176 The bureaucracy is very frustrating and cumbersome. Too many officers and numbers. Not  
177 clear on whom to call.

178 Lack of cooperation with one administrator.

179 Language - mostly professional. Nurses and administrators are foreigners (Filipino). The  
180 majority of the residents are Hispanics.

181 Many of service personnel are non-Spanish speakers; many young Hispanics are also non-  
182 Spanish speakers.

183 Volunteers must have continued support and training and knowledge regarding 'boundaries.'  
184 Not real sure what areas ombudsman can enter - Medicare changes; legislature; etc.

185 Getting volunteers to sign visitation sheet; getting families to attend meetings.

186 Ombudsman should have final say. They see things other people don't see.

187 There is not enough coordination with TDHS.

188 I have no barriers. If something needs to happen, I will find a way to make it happen.

189 Lack of cooperation from facility owners; staffs' unwillingness to change current ways of doing  
190 things; lack of funds; residents' lack of knowledge about ombudsman program; their fear of  
191 reprisal from staff.

192 Personal health problems and time schedule demands.

193 My personal insecurity of having the administrator think I am trying to tell him how to run his  
194 facility.

195 Lack of cooperation from staff at times.

196 I need to study and learn more about the rights I have as an ombudsman.

197 Lack of support.

198 My biggest barrier at this time is not having the time to visit nursing homes.

199 The lackadaisical attitude of underpaid aides is the most glaring barrier.

200 I have no computer.

201 Lack of cooperation with management and employees.

202 Not being truly bilingual in Spanish/English.

203 Regional Human Services staff shortage result in long delays of investigating complaints.

204 No barriers I can think of.

205 Cannot always understand residents who have had a stroke.

206 We need more training as a group.

207 The huge turnover in nursing home management is a definite barrier.

208 Lack of power for enforcement--they agree and then do as they please when you are gone.

209 It seems that complaints never get solved. Staff never meet with any family council group.

210 When the Administrator sees you as just a troublemaker.

211 Lack of clear and consistent guidelines; lack of sufficient professional staff; lack of volunteer  
212 coordinators.

213 Administrator and staff do not take the ombudsman program seriously.

214 Nursing Home does nothing to make changes, they hate for us to be on-site, that makes it very  
215 uncomfortable for me.

216 Inability to review charts.

217 Lack of resource assistance.

218 I am a "volunteer"! I suggest, persuade, and explain.

219 Need better laws and enforcement; stronger penalty for violations.

220 Lack of substantial changes in facilities as a result of corporate policy; facility seems to be more  
221 concerned with making a profit rather than resident care.

222 Sometimes my personal health is a barrier.

223 Not being able to drive car to facility.

224 Lack of support from TDHS on complaints.

225 Initial training was too perfunctory and models of functioning not sufficiently demonstrated.

226 Constant turn-over of staff, seven administrators in one year.

227 Unable to do problem-solving effectively and efficiently without access to individual medical  
228 records.

229 Yearly training and calls to District and State Ombudsman.

230 Not told of survey or exits and lack of information that I need to know about.

231 Lack of back-ups (AAA).

232 Very poor supervision of volunteer staff by Area Agency on Aging.

233 Lack of sufficient time.

234 My effectiveness -- very positive because I'm interested and very serious yet pleasant.

235 I don't know whom to contact as the staff ombudsman.

236 Sometimes communication can be a barrier.

237 I wish I had more time to spend in the Nursing Home. I am working on it.

238 Staff and Administration of Nursing Home are very hostile to the ombudsman program.

239 My biggest barrier at this time is not having the time to visit nursing homes.

240 Not enough volunteers in the family circle to help residents.

241 Homes always know when the survey is or so-called inspection for complaints. This allows  
242 them [facility] to bring in extra staff and etc.

243 Lack of resources

244 I do not feel that we have many barriers. We have been fortunate to have regional ombudsmen  
245 who were capable and always willing to assist with any problems that we encountered. This type  
246 of care is of great importance. We do have frequent training.

247 Regulatory law regarding staff ratios – it's very difficult, if not impossible, to address complaints  
248 about "not enough staff." Slow and ineffective response to referrals made to Adult Protective  
249 Services.

250 I'm very new in the program so I probably need more one on one training, I'm just limiting  
251 myself to visits and try to build a good communication among the residents.

252 I was asked by the residents to attend a meeting. The State person from LTC made me leave,  
253 and the residents got very upset.

254 The wheels grind so slowly when complaints are made to the Administrator of the Care Center.  
255 Sometimes it's very difficult to see the Administrator.

256 Ombudsman program in nursing homes. Ombudsman Director does not include ombudsman in  
257 DHS visits to nursing homes.

258 I believe the lack of understanding on the part of family and especially facility staff members,  
259 plus role of an ombudsman, could be a barrier to my effectiveness.

260 Pay scale of CNAs increases turnover in employment and temptation to steal from CNAs.

261 Higher standards should be made in Food area, too much cutting cost in this area for profit.

262 I often feel long term care administrators think of the ombudsman as an ineffective annoyance.

263 We have little power to bring about change. There is so little enforcement of regulations against  
264 abuse of nursing home residents.

265 Due to many other activities, my main barrier is just not having enough time to spend in the  
266 nursing homes with residents and staff. The more I am on the scene, the more effective I am.

267 **Q74. List other types of support that assist you in carrying out your activities.**

268 The director of the Ombudsmen Program and ombudsman staff.

269 Support from Nursing Home Staff.

270 Guidance from the staff ombudsman.

271 Support from other agencies and communication with them.

272 Cooperation from staff when questions arise about care of residents.  
273 Good relations with administrator, activity director, and board members.  
274 Would like to go with experienced ombudsmen to nursing home on visits to see how they  
275 conduct their visits.  
276 Knowing nursing home way of rules. Retired from nursing home, helps my work with residents,  
277 staff, and other volunteers.  
278 The residents at the facility give me the most support I receive.  
279 Cooperation from facility staff and administrators. Need more support from Austin.  
280 The Area Agency on Aging provides great assistance.  
281 Monthly meeting with regional ombudsman.  
282 The Residents' expressions of appreciation and friendship.  
283 Good relationship with care center's administrator and staff. They show healthy interest in what  
284 we do.  
285 Prayers of my husband, friends, and fellow church members.  
286 Great and supportive regional ombudsman staff.  
287 Activity director; social workers and administrator at nursing home.  
288 Senior Citizen group and paid Ombudsman.  
289 Probate court; and residents.  
290 I would like to see more people give of their time like I feel I am expected to give.  
291 Open communication with staff ombudsman.  
292 I get very good support from the staff.  
293 I appreciate very much, when I can get a name list of patients, their room number, their doctor's  
294 name and dates when patients entered nursing home. Then I can easily tell when a patient is  
295 losing weight or going lower.  
296 Group support of personal belief system.  
297 Group meetings with other volunteer ombudsmen to discuss handling of problems.  
298 Staff ombudsman.  
299 Need more ongoing educational support.  
300 Cooperation from regional ombudsman; cooperation from Nursing Home.  
301 Staff ombudsman extremely helpful.  
302 State ombudsman; local ombudsman - we all try to work as a team.

303 Relationship with member of ombudsman staff.  
304 The ability to contact state personnel with questions.  
305 The yearly update.  
306 Participation from city officials; citizens; employees at Nursing Home and residents.  
307 Task force meetings.  
308 Staff meetings; programs.  
309 Support from Nursing Home itself makes other support unnecessary.  
310 My staff ombudsman is very supportive but she is also very busy and so am I.  
311 Employees at Nursing Home are very helpful.  
312 Always trying to get at the studies and education we get.  
313 Calls from the office; support calls from others.  
314 State ombudsman office and staff; Department of Health.  
315 District ombudsman.  
316 The activity director.  
317 Statistical information regarding status of problems in other locations and medical cures.  
318 The home administrator who understands ombudsman mission.  
319 Lectures; meetings; group discussions.  
320 Written material about life in a facility and how family and advocates can help residents improve  
321 their quality of life.  
322 Seminars and pamphlets.  
323 Staff training; State training.  
324 Regional Ombudsman is the best. She will go the extra mile needed for any elderly person.  
325 Appreciation from family members of residents and residents themselves.  
326 My supervisor.  
327 Area ombudsman was excellent in helping with information etc.  
328 Regional ombudsman is my very best assistant.  
329 The cooperation from the administrator, DON, Social Worker and really, all the staff at our  
330 facility.  
331 Keeping up with the new changes in the laws and training.  
332 To be recognized as ombudsman a little bit more often and to motivate other people.  
333 Technical support from Area Agency on Aging.

334 Our quarterly newsletter and periodic training sessions--the AAA does an excellent job with  
335 training.

336 Staff Ombudsman is always available. Task Force meetings.

337 Other volunteers, LTCR Surveyors and the staff at the facilities.

338 Support from Senior Citizens group of \_\_\_\_\_ staff.

339 The staff is very good in helping and telling me things.

340 The Regional Ombudsman.

341 We support each other, frequent training is of help.

342 Being able to call Austin.

343 25 years as a hospital administrator and 5 years as a social worker in nursing homes with TDHS  
344 \_\_\_\_\_ has been very supportive in my work.

345 Task Force meetings and update on laws, etc.

346 Not very much.

347 Staff Ombudsman.

348 \_\_\_\_\_ College seminar on aging.

349 When an administrator sees you as someone who sees a problem they have overlooked or are  
350 unaware of.

351 The residents who open up to you and their well being -- smiles especially when they are down  
352 and have no family.

353 Technical support from Area Agency on Aging.

354 Best to have a back up "Partner" like my Ombudsman. Supervisor goes to the lead nursing home  
355 with me.

356 Supervisors and staff.

357 Resource assistance.

358 The staff is a great source of support.

359 Cooperation from administrator, social services director, DON, and CRNA's and aides.

360 Frequent training. Willingness by the regional ombudsman to hear of problems we may have  
361 encountered.

362 Good relationship with everybody.

363 Licensure staff support.

364 A good relationship with the facility administrator can make my activities more effective.

365 Occasional support and information from TDHS workers.  
366 No support.  
367 Get support from listing of phone numbers for State Agency and Protective Service Agency, and  
368 family members.  
369 Ombudsman training on new issues, not covered in manual.  
370 Follow up on questions/research.  
371 Some help in providing promotional brochures.  
372 Help from staff.  
373 Administrative cooperation, support from regional Ombudsman.  
374 Staff co-operation.  
375 The Director is always ready to help.  
376 Area Ombudsman listens to me and advises me although I act alone to resolve some problems.  
377 Friendly visitors and family reports.  
378 TDOA State Ombudsman.  
379 If I utilize it, the help is there.  
380 My background in customer service and being a member of the Texas Silver-Haired Legislature,  
381 also a Job Stewart for 30 years with the phone company – this experience helps.  
382 I enlist and get excellent support from members of my church, especially the Women's  
383 Organization.  
384 Being very positive, agreeing only when things are right and correct.  
385 Staying on top of a matter or problem at hand until it is corrected. It takes long time to resolve  
386 many things; I refuse to give up and continue to stress the residents rights.  
387 **Q76 Other comments/ Comments in margins.**  
388 Ombudsman program is working very good.  
389 I was exempted from training due to my work experience. I did have orientation and made  
390 rounds with the Director and her assistant.  
391 I feel the Nursing Home I serve is happy to have me as a resource – the staff is very willing to  
392 cooperate with me and talk things out – so to speak. Perhaps, because I have worked in a  
393 nursing home, the staff realizes I can understand their problems as well as those of the resident.  
394 Any way I do feel like I am making a contribution to my community as a volunteer.



395 I have not been an ombudsman long. I find many residents are not mentally capable of assisting  
396 in their care. These residents need more aides to assist them.

397 I became a volunteer certified ombudsman when the program was funded – about 12 years – was  
398 doing similar work for Veterans. I also do work for Hospice - so I visit Hospice patients in other  
399 homes. Why is it [that] the program is so difficult to sell? Constant changes in personnel at  
400 AAA plus cuts in ombudsman staff – seems the program is a step-child – making some people  
401 insecure about getting involved.

402 We need more support from the political bodies and the legislation in Austin and Washington,  
403 showing positive prompt support.

404 What happens or doesn't happen depends upon the cooperation of the administrator.

405 Not satisfied at this time – I expect to be very satisfied later. The nursing facility that I'm  
406 assigned to has changed owners several times in the last few years. Although the Administrator  
407 has been there for 15 years, the Social Worker was just hired -- a young woman who recently  
408 graduated.

409 I understand that when I go to the facility to visit that I am to let the SOCIAL WORKER know.  
410 Then I was told to let the Administrator know. Just the other day I waited 15 minutes for  
411 permission to visit and finally decided to do a little visiting without permission. I've tried often  
412 to meet with the Administrator and SOCIAL WORKER to determine how I can do my volunteer  
413 work. I'm hesitant to involve the area volunteer coordinator at this point because I want a  
414 relationship based on mutual respect and understanding. However, I've decided to involve the  
415 AAA if the situation does not improve.

416 The Ombudsman Program is becoming too complicated for a volunteer. Issues are becoming  
417 social, legal and ethical in nature – cold food patterns and roommates can be changed, but the  
418 right to die and the wishes of residents do conflict with desires of family members. Future  
419 possibilities include increased home health care and the nursing home may become the last stop,  
420 “custodial care” for persons with strong wills but weak bodies. My opinion is that ombudsmen,  
421 no matter what level of education or experience, should be re-focused on mediation and  
422 resolution instead of rules and regulations only.

423 Need more hands-on experience - maybe visiting a nursing home while in training could help.

424 Number of hours I spend in my assigned facility varies because of illness and time of year.

425 Now that I manage an assisted living facility I am not visiting assigned facility on regular basis.

426 There isn't one nursing home that I could recommend to a family in the area. This is due to the  
427 odors, nutritional status, the most important being the ratio of aides to care for the residents'  
428 needs. Oral care is left undone many times, also incontinence care is given every two hours – if  
429 lucky – residents sitting “forever” in wheelchairs or geri chairs without their position changed –  
430 how long do you sit in a chair in one position without moving? Really comfortable, isn't it –  
431 If nursing homes had a higher standard of pay rate for their aides along with proper training –  
432 care might improve.

433 There are some great people caring for great residents and great administrators also caring;  
434 however, not in our area.

435 Some staff members don't like you helping on some resident problems.  
436 I get disgusted with personal work at times.

437 If a social worker thinks residents are depressed, they involve Ombudsman to help.  
438 When an Ombudsman comes into the facility, the ombudsman needs to know resident's  
439 problems that occurred while not on duty. Knowing that information, Ombudsman can help the  
440 resident.

441 I guess having worked so long in Nursing Homes makes me get more involved.  
442 The ombudsman program is so very important and is needed so very much.

443 Many of the residents in nursing facilities have very little or no contact with anyone outside the  
444 facility.

445 The Ombudsman Program enables people like myself to come into the facility and visit with the  
446 residents. I truly care and have great concern for the residents. Some of the residents realize that  
447 I care and they need to know someone cares. We all do!

448 The residents can receive hydration, nutrition, and medication which of course are needed to  
449 sustain them, but they also need and deserve Dignity, Respect, Care Concern, Friendship, Love,  
450 Touch, and someone just to listen to them, all of which the Ombudsman can provide.

451 Since I have been in the program, many volunteers have quit, left or been forced out for what  
452 they considered unfair practices by paid staff. Three in particular – very good workers.

453 One disabled person was able to visit homes regularly “when able.”

454 We need to recruit additional volunteers to meet all the needs of the numerous facilities.

455 I would accompany licensure staff on inspections, but they exclude me. I had no notice of the  
456 last inspection – no input whatsoever.

457 The Social Director and I scheduled a Family Council meeting: only two family members  
458 attended – it [family council] died on the vine.

459 Even though the facility to which I am assigned is probably one of the better nursing homes,  
460 there are numerous technical violations of the Residents' Rights.

461 The physical plant is well maintained and odor free, but it is old and really not adequate. The  
462 rooms are too small for two people to live with dignity.

463 One male resident told me that convicts in the state prison have a better life style than he does in  
464 the nursing home. He probably is right, and that troubles me.

465 The frequent transfer of regional ombudsmen responsibilities within the Area Agency on Aging  
466 staff – or – the assignment of dual responsibilities of regional ombudsmen and other staff  
467 functions should be prohibited.

468 As a long time resident of our rural county she knows the people in our long term care homes.  
469 She checks on them and asks the Neighbor-to-Neighbor Office to 'see to' any problems she  
470 finds. We, in turn, call our local ombudsman office or AAA at once. We check, she checks, to  
471 be sure all is well with her people in our poor Homes.

472 I enjoy the work and can't understand why it is difficult to recruit other men. I have never  
473 figured out a way to keep people interested in being an ombudsman. We need some sort of an  
474 examination to determine who would make good candidates.

475 There needs to be more funding for the Ombudsman training. Austin used to provide 2 days of  
476 training for certification. That training is now provided by area coordinator, it is not as  
477 comprehensive, as informative and as reassuring as the Austin based training.

478 Being an ombudsman is a very rewarding experience. Our LTC residents deserve to know that  
479 they still have the rights they enjoyed when they lived alone.

480 The long term care facilities need to wake up to the fact that they are there to accommodate the  
481 needs of this population, not just treat them as inferior citizens. Treat them with DIGNITY –  
482 RESPECT – LOVE – they are our history, their knowledge should help us with our future.

483 Wish I had more time to devote to it.

484 I believe the Ombudsman Program is one of the most beneficial tools in the nursing home field.  
485 Just the name Ombudsman brings attention. The presence of even a volunteer in the facility is  
486 helpful.

487 It's interesting how the lights [call button] can be ignored for long periods of time until I am  
488 noticed me and then watch them run to answer them. That shows how effective the Ombudsman  
489 Program can be.

490 Not only am I serving others, but I'm the one who receives the blessings.

491 I try, but I don't feel anyone changes much about nursing homes.

492 I have enjoyed my six plus years immensely. I have made so many friends among the residents  
493 and family members that my life has been enriched. These residents have given me so many  
494 wonderful memories. One year I wrote a paper nominating the president of our Resident Council  
495 for volunteer of the year and wrote about her many activities. She won and was honored at a  
496 dinner in Austin - her first trip there in 60+ years. She had a write-up and picture in the local  
497 paper and was quite the celebrity, which she enjoyed. By that time the next year, she had gone  
498 home to be with our Lord. I started memorial services for deceased residents which has caught  
499 on so well that in some cases it is the only service the family has.

500 I feel God gave me this opportunity and He has blessed me with no illnesses since I began as a  
501 friendly visitor and then Ombudsman.

502 Just writing this makes me long to see my friends. I'm off to the nursing home now. Maybe  
503 today the music will be on in the Alzheimer wing and I'll get to dance with one of the men again.

504 I would like to strive for the following in all nursing homes: private rooms (no matter how  
505 small); van or form of transportation for residents' social activities, and contact with the outside  
506 world.

507 As mentioned before, the constant turnover of personnel and staff seems to cause disruption. I  
508 think that some kind of advocacy program to benefit the employees might be helpful. I have  
509 heard this as one of the reasons for quitting.

510 Also, I have had to fight long and hard for one resident to get the attention she needed. She was  
511 just going downhill fast. Finally, they got hospice to help and she improved. I can almost sense  
512 when some of these people are on the edge and often wonder if I am doing a service in trying to  
513 keep them alive. But, I cannot do otherwise.

514 Senior Citizens of \_\_\_\_\_ do a very good job in support and keeping us current. They have  
515 frequent Task Force meetings. Also, sharing with other ombudsmen has helped.

516 The Ombudsman Program is a very worthwhile program – good for the residents.

517 Being in the nursing profession, I feel there was little information given in the area of “training  
518 in the physical aspects of aging,” and it was poorly conducted. No help was given in this area  
519 [training in communication skills] other than whom to report to! I believe training could have  
520 been more individualized and use made of my professional skills, and those of others, to have  
521 given more advanced information. Training was very low grade for a health professional. I have  
522 requested to be used for the training of volunteers, but was not used.

523 I believe persons who are well educated and skilled are somewhat a problem to the paid State  
524 ombudsmen and they do not know how to use us except for complaints reporting and visits.  
525 Well-qualified volunteers could be very effective if a process were developed for promoting  
526 legislative changes.

527 I had expected to be involved in orientation and training of staff and other volunteers.  
528 Ombudsmen receive their reward from helping individual residents or their family members.  
529 We really do not have a defined protocol for the role of an ombudsman or a resident advocate or  
530 one who can effect change except through reporting poor practices.

531 Thank you for asking the volunteer ombudsmen their views! I have 16 years experience serving  
532 a \_\_\_\_ hospital – a skilled care unit, also 20 years experience in a VA Hospital as chief nurse –  
533 all my hospitals or centers had nursing homes – I also surveyed community hospitals to make  
534 sure they met VA standards prior to placing our patients with them. I am sharing this  
535 information with you in hope a program can be generated that will make better use of qualified  
536 senior volunteers.

537 It is my opinion that the program in this area is only fair – more creativity could be used to effect  
538 a better climate for the volunteer ombudsman.

539 Why isn’t abuse more prosecuted in the criminal courts? Mostly, an aide who injures a resident  
540 is only fired?

541 Ombudsmen should be able to see charts of residents, like in other states, without permission.  
542 It’s hard to see a chart if the resident has a guardian and you cannot get hold of the guardian for  
543 permission to see the chart. (Could give us extra training as a stipulation though I know it is a  
544 legislative hold-up right now).

545 At this time, I don’t feel that I am very effective -- but I am new at this. At the beginning I was  
546 skeptical of my acceptance as I walked around. The residents made me feel at home. I do enjoy  
547 going.

548 My time is sometimes limited to the requirement of two hours per week. I am involved in other  
549 volunteer projects, mainly Girl Scouts and Religious Education. If this becomes a problem I will  
550 resign.

551 I haven't had any educational support to this point.

552 I have been very disappointed in my ability to be an effective advocate for residents –  
553 particularly in the area of comfort and verbal abuse. I have tried to be very supportive of the  
554 nursing home, its staff and program, and to be helpful to them in their ability to provide for the  
555 residents. Instead of cooperation, I have been received with a very defensive attitude when I  
556 report complaints and problems. I hear excuses for what has happened, assurances that things  
557 will be corrected – BUT – the problems and complaints continue.

558 Nutrition and hydration has been one area with the biggest complaints – something I've tried to  
559 work on with the appropriate staff – but things remain the same.

560 Except for the feeling residents have that I give them some hope for change, I see no other  
561 benefits from my participation in this program. I'm relatively new, so perhaps even this feeling  
562 of hope on the part of the residents will eventually disappear.

563 When I joined this program, I believed that the local Nursing Home would welcome my visits  
564 with the residents and would lend a supportive effort to making things easier for the residents  
565 and lend a sympathetic ear to residents' concerns. However, I find that the administrator and  
566 staff lack a professional attitude toward the concerns of the residents, plus I sometimes feel that  
567 the residents are intimidated by this lack of concern. My fellow ombudsman and I share the  
568 above stated feelings, and I remain in this program because of my concern for the residents.

569 Perhaps I need further training to learn how to assert my concerns in a more positive manner, and  
570 to make life a little happier and easier for the residents.

571 I feel that I was very well trained by \_\_\_\_\_. My training gave me strength in knowing what I was  
572 supposed to do. This is a very positive and vital program.

573 Prior to becoming a volunteer ombudsman I was a support group leader for M.S. for 17 years. I  
574 am and have been a peer counselor for 20 years.

575 At first I expected to be "down" after visiting my facility – nothing could be further from the  
576 truth. So many changes have occurred, and many more are on the way, to benefit the residents.

577 I am a long-term caregiver at my home – my son has had M.S. for 23 years and is total care.

578 I feel enormous compassion for disabled people and enjoy trying to help others. Plus our older  
579 people have such wisdom to impart.

580 I am satisfied and enjoy what I am doing. I have excellent guidance from my regional  
581 ombudsman.

582 It would be of great help to me, and I think to most other ombudsmen, if administrators of  
583 nursing homes or facilities were instructed to give ombudsmen a list each month, or at least  
584 quarterly, of each resident's name, room number, doctor's name, and admission date. This  
585 would be very helpful in noticing when a resident is not eating, or losing weight. It has been  
586 helpful to me on at least 3 occasions. One had bed sores, one had a broken hip, and one was ill.

587 I feel the Ombudsman Program is very necessary because we can watch and report nursing  
588 facilities that are not providing proper care to the residents. Management companies, especially,  
589 do not always want to put out enough money to give proper care and comfort to residents. They  
590 try to get along or operate on a minimum budget. They are all making money, or they would not  
591 be owners of more than one nursing facility.

592 Ombudsmen need more detailed information on what a resident should or should not expect in  
593 the way of nutrition, medical help, personal assistance, recreational activity etc. so we can  
594 evaluate the level of compliance or failure.

595 There is too much bureaucratic double-talk in the handouts.

596 I didn't know what to expect but I'm pleased with what I've experienced and how I feel about  
597 what I do [as ombudsman].

598 Work as an ombudsman is very interesting.

599 Wish I could do more – too committed to other volunteer duties.

600 The facility I am visiting, already for seven years, is so big, and I am the only ombudsman for  
601 the home – facility needs more than one ombudsman.

602 Program information we receive now is good, but we need better direction.

603 Being an ombudsman is one of the most rewarding programs that I have been fortunate to be a  
604 part of.

605 There is such a great need for more involvement in this kind of program. My greatest satisfaction  
606 is the relationship that I have with both the residents and the Nursing Facility staff.

607 I enjoy my role as a volunteer ombudsman very much. It has been rewarding and educational. I  
608 would like to become a staff ombudsman.

609 I love my job as volunteer ombudsman. I feel I'm making a difference.  
610 I feel that the staff ombudsman doesn't follow through on complaints and spends too much time  
611 at meetings (Washington, Austin, etc.) and not enough time in the field.  
612 There does not seem to be enough back-up by the State; not enough State caring.  
613 I'm involved in a number of aging network programs and I am not satisfied with the amount of  
614 time I'm able to spend in the nursing homes. I'm not notified of State inspections as I was a few  
615 years ago. I think it is important for ombudsmen to be involved in compliance inspections.  
616 The Ombudsman Program is frustrating because one sees incompetence in management or  
617 various other jobs and is powerless to do anything about it. Reports go to the State Office and  
618 year after year the same problem still exists. The volunteer ombudsman is at the bottom of the  
619 chain and can only feel helpless.  
620 Having worked in a nursing home for 18 years, I feel I can help residents and staff with resolving  
621 problems. Also, I love our elders. Sometimes people forget what they gave to this great country.  
622 I've been working as a volunteer ombudsman for only about eight months. It is a slow process.  
623 That is, it has taken months to become acquainted with the facility, residents, staff and families. I  
624 really feel that I haven't even begun the advocacy work! Initially, there was much to learn - I  
625 didn't realize this from my training, and felt frustration at the slow pace getting started. It would  
626 have been helpful to receive a list of things to do - for example: meet staff and administrator;  
627 meet residents; spend time observing staff at work - look specifically for x,y,z; help serve meals;  
628 meet with new residents as soon as possible upon arrival. Copies of forms for documentation of  
629 activities might also be helpful.  
630 There is a huge lack of staff and administrative knowledge about the Ombudsman Program. It  
631 seems the ombudsman could be utilized more efficiently and effectively by staff and  
632 administrator resulting in more benefits to the residents. Also, increased opportunities to  
633 exchange/discuss information with other ombudsmen would be helpful. This is very much an  
634 O.T.J. experience!  
635 I feel that the work of volunteer ombudsman is not appreciated by some AAA. The only time  
636 you have contact with them is at the "time to get your monthly report in." The following are my  
637 opinions only:



1. When the staff ombudsman attends a training seminar the volunteer ombudsman should be brought up to date on information learned at the seminar. This could be done through a meeting with the volunteer ombudsmen, or a 'fact sheet' could be prepared and sent to them.
2. There should be a program established to recognize the efforts of volunteer ombudsmen. The only recognition I have 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 volunteer ombudsman just for recognition; however, a 'pat on the back' or 'a job well done' doesn't hurt anyone.
3. The work done by a volunteer ombudsman is voluntary; however, I do believe they could receive mileage payment for the use of their P.O.V for conducting ombudsman-related work. Information could be collected and documented for verification by the staff ombudsman.
4. There should be a scheduled meeting for the staff ombudsmen and all the volunteer ombudsmen on a quarterly basis, minimum, to exchange information and ideas.

I love and appreciate the opportunity. I am praying and looking forward to the time when I will be able to donate more time to my assigned facility.

I am an extended core ombudsman in a hospital. My duties are a little different. Ombudsmen need full support.

Health problems are my greatest hindrance.

Being an ombudsman is very satisfying. My particular facility has no real problems at this time. Periodically I have had to neglect my ombudsman duties because of business responsibilities and school board duties. I certainly hope to be more attentive to ombudsman responsibilities in the future since my business situation has changed.

The Ombudsman Program depends on dedicated people with compassionate hearts, big ears, and open minds. These traits become a big burden without sufficient funding to make the program efficient. I try to enter several homes each week, visiting with residents and families. I speak with as many staff members as possible about the concerns of the day. I try to manage my time but the dollars are helpful in the transportation problem. I could not have a better trainer or office-contacts. More workers are needed to help carry the load to make the program a success. Usually the ones who can spare the time cannot spare the dollar load. Being a volunteer, not a paid staff person, carried a lot of weight with me when I was a family member in need of assistance. I felt that person cared or they would not be there for me. At the same time I would

not call on them because I thought the load was too great for them to bear. Now I stand in those shoes myself. You ask many questions on the form that I am not sure how to answer. I had good training but there needs to be more --perhaps more paid trainers or dollars to veteran volunteer ombudsmen to help in recruiting and training. I see the pain in the eyes of family and friends who want to help their resident. I feel the pain in the eyes of staff members who are not allowed the time to help the helpless. I sense my days are hastening to my resident hours also. To make the system as smooth as I can for those there, in the present, is a task I shall press toward. I shall seek all guidance and council in achieving that goal -- as God is my witness.

The monthly reporting form does not allow for comments or explanation of service provided. There should be some form of feedback given to the volunteer ombudsman on issues that have been reported. We have no way of knowing if issues reported were resolved one way or the other; i.e.: Food Services - was the issue addressed - were changes made? It would be helpful to receive follow-up information without having to visit the resident to inquire.

I feel the ombudsman should take a more proactive role to ensure changes are being made and regulations are being followed and enforced. Ombudsmen should work along with the enforcement body to assure residents' satisfaction.

I can't really know how to answer all these questions. I only visit one Nursing Home as time permits.

It is a valuable and much needed program. It helps residents realize that they still have an advocate who cares for their well-being by working with staff to help solve any complaints. I just feel that I have not been able to spend as much time as I should have.

I enjoy making my visits, at least once a month, to my assigned facility. I am a full-time employee at \_\_\_\_ Hospital. So I don't get to make visits as often as I should. I think the LTC Ombudsman Program is a great asset to the community. I enjoy the training and the continuing education that our sponsors prepare for us and I feel I can help resolve some of the problems I face when visiting the facility. I enjoy working with people - young or the elders. I prefer the elders. I am going to try to visit my facility more than once a month. I think our Regional Ombudsman is doing a fine job. Also, the Assistant State Ombudsman is doing a great job conducting workshops.

I am pleased to be involved in the Ombudsman Program. I find the assigned LTC facility a good place to do my work. I have been an ombudsman now for about two years with about a six

700 months sabbatical because of business responsibilities. I feel that our area volunteer coordinator  
701 is pleasant to work with and that she does a good job. I want to continue my involvement with  
702 the Ombudsman Program.

703 I love being an ombudsman, but feel I can't do my home justice. My husband is a pastor and I  
704 am tied up a lot with the duties of a pastor's wife. I am, however, here anytime they need me.  
705 Being retired and returning to a small town and being an ombudsman gives me something to do  
706 in the community and the residents I have adopted as my family. I love making them smile  
707 instead of complain all the time. Days when I feel bad I can visit a diabetic resident without legs  
708 and other residents in bad shape. Then I forget my aches and pain. I look forward to going to the  
709 Nursing Home, as the residents' smiles make my day.

710 The attitude, that ombudsman spell trouble, still exists at the Corporate Level. Do not cooperate  
711 is the word handed down from upstairs

712 Staff are not oriented about the Ombudsman Program. They do not know whether we are  
713 helpers, watchmen, or what.

714 In some places the Family Council is a farce; actually run by the Nursing Home staff.

715 In many cases the educational and mental level of residents is low. The Resident Council then is  
716 a farce dictated and guided by staff members.

717 Training at the local level is mediocre and not well planned and sequential. I travel 90 miles  
718 round trip for the training. Sometimes I feel it is a waste of time – just watching videos, etc.

719 There is little formal training unless presenters come from State level agencies.

720 I believe more contact is needed between the office of the "paid" ombudsman and the volunteer  
721 ombudsman – at least on a monthly basis. My training, received in January 1996, was too short  
722 for all the information needed to be covered. A complaint investigation is a serious aspect of the  
723 job. More training regarding investigation etc. should be given serious consideration.

724 Tools like envelopes possibly with stamps to mail our monthly reports should be given to the  
725 volunteers.

726 Volunteer ombudsmen who are retired and dependent on SS income only, should be paid for  
727 their mileage to and from facilities if needed.

728 To be a volunteer ombudsman is not an easy task sometimes. I feel when I am "working" it is  
729 very important that we get some type of encouragement – certificate of recognition; etc.

730 I discontinued visits for about ten months because I had another community involvement. During  
731 that period someone called my house and "kind of" demanded my monthly report.  
732 Review of training needs is needed.

733 Communication between paid-supervisors and volunteers is totally lacking. The organization  
734 is placing ill-equipped and poorly trained paid-supervisors in management positions. Young  
735 people with limited life-experience are in no position to understand and deal with the problems  
736 of aging persons in a management sense regardless of their academic excellence. Advocates go  
737 into the field with little or no knowledge of the system in which they want to play an advocate  
738 role. Many are motivated by sympathy, or to be doing "good" things; not by empathy for the  
739 residents. Selection of advocates should result in a group of volunteers who are competent to  
740 understand their role and perform in a mature manner benefiting the resident and the  
741 organization of caregivers. Training must be purposeful and must give volunteers the skills they  
742 need to be part of an important organization doing an important job for the community.

743 An ombudsman is a very positive addition to any Nursing Facility - both, for the residents and  
744 the administration. The purpose of the ombudsman program is to improve communication  
745 between the residents and the administration, and to improve the conditions in the facility with  
746 the aim to benefit both, residents and nursing center.

747 I feel the program is an asset to residents, staff, and family members.

748 Volunteering in the Ombudsman Program is a great activity. Seniors need aid in many areas. I  
749 think we must do our best to make the elderly comfortable. I love serving as an ombudsman. I  
750 have served older people all my life. No effort for them is a loss. I have received a lot of joy  
751 serving them. We should continue to find ways to be of service to them.

752 Ombudsmen should have support from higher-up. The staff should walk tall around an  
753 ombudsman. The ombudsman should not be looked at as an intruder. Ombudsmen spend time  
754 with these old people. Closing your eyes doesn't help our seniors.

755 More effort needs to be put to getting the word to the general public -- just what ombudsmen do.  
756 Increased public awareness should also help in getting more volunteers. At the present time,  
757 75-80% of the people do not know what an ombudsman is or does or why he does it.

758 I realize that my age makes a difference, but I don't like long meetings and reporting. I love old  
759 people and I like to do things for them. The year I served as an aide and activity director were  
760 some of my very happy and rewarding days. I find being an ombudsman fulfills the desire to

761 continue living while doing service to these dear ones. I know there is abuse and lack of caring,  
762 that can be helped, and I'm so thankful that the State cares about this. Maybe I spend too much  
763 time just visiting, listening and caring, and not enough time trying to find problems. I am grateful  
764 to my Nursing Facility. The staff is very eager to make the residents happy and willing to correct  
765 most problems very quickly. Thank God for loving and caring people.

766 Overall it is a satisfying experience with numerous frustrations along the way. Part of the reason  
767 is the limited time I have to spend at the facility because of my full-time job. In addition, my  
768 facility is quite large (164 beds). Coupled with usual problems of understaffing, lack of job-  
769 dedication by staff, dishonesty among staff members, and the corporation's priority to make a  
770 profit. The State's annual survey is better than no survey at all, but it left many issues not dealt  
771 with because they were not evident during the few days surveyors are on the premises.

772 I enjoy going to visit and do things that I can for the patients and I'm learning also what to do for  
773 them.

774 I do not get to participate in area training sessions because I do not have personal means of  
775 transportation. I would gladly attend sessions if I had some means of transportation.

776 The periodic Regional and State Training was most helpful in the past. The requirement to visit  
777 a minimum of so many hours at times creates a problem. Continuing education hours or contact  
778 hours should be granted for training. The hours would be helpful considering the number of  
779 hours I spend with training and visits.

780 I feel that more public awareness about the ombudsman program and more training would be  
781 helpful. During the last eight years of my employment, I was a licensed Social Work Associate  
782 for a home health agency performing much the same type of tasks as ombudsmen do. I do think  
783 more in depth training would be helpful to volunteers.

784 My main concern at this time is my grandmother. We had no choice in putting her in the Nursing  
785 Facility she is in. The problem is she is in one facility, and I am the ombudsman for another  
786 facility. I spend all my extra time checking on her. I work and go to check on her as soon as I get  
787 off work each day.

788 My other concern are the residents who do not have family members check on them each day. I  
789 could show a lot more hours on my reports if I could include the hours I spend in \_\_\_\_\_. There  
790 are some real problems in both facilities. I feel really bad that I'm not able to spend more time in  
791 \_\_\_\_\_, but it is just not possible. My grandmother is very special to me and she always comes first.

2 I think a volunteer ombudsman should have the authority to make the necessary changes  
3 whenever they see something that needs attention. If you see a resident who needs changing you  
4 can tell the aides and they will get to them when they can. It should be that they immediately  
5 take care of that resident and not just when they get around to it.

6 All of the facilities, that I have been in, immediately bring in extra help when the State surveyor  
7 comes in, but as soon as they are gone so are the aids. Perhaps they (the State) need to know  
8 what happens on a day-to-day basis. That is the only way you can see what really goes on. Also,  
9 baths are a real concern in the facility. Once a week is the norm unless you make them bathe the  
10 residents more often. This should not be. You should not be able to smell urine in the dining  
11 room during meal times. If this were reported at the time they [surveyors] are checking - all  
12 would be well.

13 I was recruited by the facility to act as ombudsman because I know many of the residents from  
14 the community and through volunteering in the facility. However, it took six months or more and  
15 numerous calls to get the training I needed. I feel my primary role is that of resident advocate  
16 which can be best achieved through a good working relationship with residents and staff. Any  
17 perceived problem is resolved quickly by staff. I have never seen a major problem in my facility.  
18 I enjoy visiting residents, talking with them and their families. I enjoy my relationship with the  
19 entire staff. They are friendly, caring and always willing to help me.

20 I think it's a great program but it needs more active volunteers. It needs something that would  
21 create a real demand for the program - people seeking it. I was appointed chair of Senior Citizen  
22 Committee for \_\_\_\_ County Medical Society Auxiliary... I had just become a certified  
23 ombudsman. The first year, I tried everything I knew to convince the members of the Auxiliary  
24 that it was such a good program and worthwhile service. I had probably 5 or 6 to get certified.  
25 The second year, I went out into the community trying to interest others. It has been a while, but  
26 I suppose a total of 8 or 10 took training. A few served a year or two, some probably not at all.  
27 I even held meetings at my home or a restaurant to discuss our daily observations/problems and  
28 possible solutions. The Senior Minister of my church (7000 member church) started a monthly  
29 meeting for members with loved ones in nursing homes to share their experiences.

30 I started my ombudsman training while my husband was a resident in Nursing Home \_\_\_\_\_. They  
31 trained several people at the time. The staff ombudsman is a very helpful and caring person who  
32 has helped me in many ways. Since my husband passed away, I have continued to go to the

823 Nursing Home. I go to three nursing homes in the area and enjoy being of some help and the  
824 residents and the staff seem to like me. I am in contact with at least 20 people each week.  
825 I feel my visits and concerns are appreciated. Giving a touch and a smile when they are so ill.  
826 Having them talk about their families and their problems. They are so lonely.  
827 We need more ombudsmen visiting nursing homes -- once a week is not enough.  
828 At my age I do not try to drive my car to places I need to go, right now I am ill.  
829 I have not been able to devote enough time to have made an impact on the program. My hopes  
830 are for a better year and more time. Wish I could have more time.  
831 I have been involved as a volunteer in nursing homes for over 30 years. I have a bachelor degree  
832 in Social Work although I have never worked in that field. I resent having to give up time for  
833 continuing training.  
834 My biggest frustration comes from not being able to interest other volunteers to work in nursing  
835 homes.  
836 I feel like I am providing a service to the nursing home staff as well as to the residents and their  
837 families.  
838 Being a volunteer ombudsman is the most rewarding experience I have ever had. I think we  
839 could do better with more government in our homes. But I certainly could do more! Don't have  
840 enough time to devote to being an ombudsman.  
841 I have 23 years of continuing education in the field of health care and hospital/nursing home  
842 administration and I worked as LNFA for seven years.  
843 I don't have any similar classes to judge, the class was fine for my experience. I feel others might  
844 have been lost. It was a very small class.  
845 The initial ombudsman training, I received, was very inadequate. However, the trainer was  
846 replaced and a new person came on board. He is an excellent teacher and trainer.  
847 As staff member of Area Agency on Aging, one of my duties is to give information about the  
848 Ombudsman Program. I answer the phone in our office.  
849 I would like the Ombudsman Program to continue, for someday I will be in need of these same  
850 services and I will want someone to care for me and be concerned about my needs.  
851 During the past year, my granddaughter's illness has kept me from visiting my assigned nursing  
852 home. I have been caring and transporting our granddaughter to doctor visits and chemo

853 treatments. All of my time has been spent caring for her as her mother is a teacher and only has a  
854 limited number of sick days.

855 Suggestions to improve Ombudsman Program:

856 1) Communicate and exchange facility information with other AAA Ombudsmen.  
857 2) Check with Licensure staff on legislative changes effecting nursing facilities.  
858 3) Consult with family members of nursing home residents.

859 Besides my ombudsman activities, I am active in related activities: I teach 4-6 hours in the  
860 Nursing Home Administrator's course, and I teach classes on chaplaincy; with topics including  
861 grief, death and dying, resident's religious rights, and ethics.

862 There is a need for counseling family members as well as consulting with and providing advice  
863 and assistance to nursing home key supervisory staff.

864 As ombudsman I am very active in the Family Council. I also do programs at request of the  
865 Activities Director, and I donate money for birthday cakes, etc.

866 I am caring for my granddaughter with cancer; therefore I have been unable to perform my  
867 ombudsman duties. I will however say that the few months I was active I did let each person  
868 know of the Ombudsman organization. I think it is a great organization and is very effective in  
869 helping the elderly. I think our local Ombudsman Program is one of the best!

870 I feel we could be more effective if we had state laws that would place more severe penalties on  
871 those homes that do not provide quality care to the residents.

872 We as ombudsmen are willing to assist with any problems that we encounter. This type of  
873 service is of great importance. We do have frequent training.

874 There are many times you feel like the elderly are regarded as a commodity, almost like cattle  
875 worth so many dollars a head. I am somewhat fortunate to have been assigned to one of the  
876 better facilities. Anyone who is an ombudsman has to have some dedication to the job. There  
877 are many seminars to attend, reports to write, and many frustrating moments when it sometimes  
878 seems there are no laws at all to help. All of this without any monetary reimbursement at all, in  
879 other words, it costs you to be an ombudsman. Therefore, anyone who serves as an ombudsman,  
880 I would say without a doubt, that person is dedicated.

881 The training that I received in 1991 to 1995 was very useful but the training for new ombudsmen  
882 is not the quality that was offered earlier. The workshops we had in Austin were so inspiring.



883 Too many long-term care facilities as well as personal assistance facilities are without an  
884 assigned ombudsman. The regional ombudsman supervisor has too many facilities to oversee;  
885 therefore, on-site visits by the supervisor are too far between.

886 The recruitment strategies for the Ombudsman Program are very ineffective. I cover five long-  
887 term care nursing facilities as well as four personal care facilities and also one Alzheimer's/  
888 Dementia facility because there is no one else to do it. This is not a complaint because I am  
889 retired and enjoy the work very much.

890 This job has given me a lot of reward. I was amazed at the residents' response when I could not  
891 make a visit and they asked: "Where is the volunteer?" I try to facilitate good communication  
892 between the residents and the staff.

893 I truly enjoy being an ombudsman - what a thrill to help someone resolve a problem. My staff  
894 ombudsman is truly a tribute to the program.

895 I have been unable to do anything in my nursing home since September, as I had surgery on my  
896 knee. I do think the Ombudsman Program is a blessing.

897 I thoroughly enjoy my work as an ombudsman and feel with every passing year that the public  
898 (i.e. family members, etc.) is more aware of our work and becoming more inclined to call on us.  
899 I find that the administrative staff, in particular, is much more accepting of us and recognizes our  
900 ability to work with the residents and their families. My area ombudsman is very helpful as is  
901 the State Office when help is needed.

902 Nursing Assistants give most of the care to the residents, yet the required hands-on experience  
903 for certification is unbelievable. Most Nursing Homes, I know about, pay minimum wage and  
904 often no benefits. If they paid more -- I wonder if there would be more interest in acquiring the  
905 training and positions. It seems that more could be done to attract good caring workers. I have  
906 even told LVN's that they could teach CNAs things that would help them, e.g. transferring  
907 residents from chair to bed, etc. I love nursing and have a long-standing interest in nursing  
908 homes.

909 I love my ombudsman work, but I think it takes a special type of person to do a good job.  
910 Things I think are important for being an ombudsman are: to love people; to be a good listener;  
911 to be open-minded; to be caring; to be non-judgmental; and to want to make a difference. Also,  
912 as ombudsman you need to know what goes on around you; listen to both sides; collect all the  
913 facts; and remain objective. Always remember that some day you could be on the other end.

914 Remember, some of these residents are mentally ill, just old, alone for the first time, lonely, and  
915 scared. They had to give up their home and friends. My job as an ombudsman helps me to help  
916 others, and to make each day a little better for them.

917 Being an Ombudsman has been one of the most rewarding experiences in my life. It makes me  
918 feel good as a person to be able to bring a little sunshine into the life of another individual. It is  
919 frustrating at times when the nursing home does not work with you in trying to resolve issues  
920 directly related to the residents. It is sad to see residents needing your help and you not being  
921 able to help them because the nursing home is working against the system in place.

922 I feel like the support that I get is not very effective. I make complaints, yet they are never  
923 solved to my specification, very little cooperation from the Administrator. I'm never invited to  
924 Residents Council meetings, Inspections/exits, or Family Council meeting. I have made  
925 complaints concerning chairs in the residents' rooms. Some residents have a chair in their room  
926 and some do not.

927 I do like being an ombudsman and I think the program is a super program. I think we volunteers  
928 need a little more support from the Local Office and State Office. Thank you for allowing me  
929 this opportunity to air some of my personal feelings. Please feel free to contact me at any time.

930 I have not been a certified Ombudsman for long, but I feel I have a good rapport with the  
931 Administrator and other staff members who are very cooperative in helping to solve problems.

932 Yet I observe failure of staff to take information seriously. Remarks like: ok-she gripes all the  
933 time; we already are aware of situation; families are constant complainers; frequent staff changes  
934 in this facility prevent continuity of awareness and care of residents' situations.

935 I feel the Ombudsman Program is a way of making LTC residents feel more protected and  
936 important. They need someone to care about their complaints and advocate for them personally.

937 As a Licensed Social Worker I think my training helps me to be more knowledgeable. I feel that  
938 my experience qualifies me for the role of advocate.

939 I wish that some Administrators were more interested in seeing that complaints are resolved  
940 sooner. Some are, but too many administrators are more interested in business rather than  
941 residents, not realizing that residents are their business.

942 It is rewarding to see that you as a person can really help. Especially when they are down here  
943 and you enter the nursing home and everyone is smiling and happy to see you and visit with you.

944 When I come home my outlook is different - the nursing home visit paid off.

945 I would advise that no one attempt to be an ombudsman who has a relative or special friend in  
946 the home. It can be a factor in employee relationships.

947 I am a retired senior and visit my assigned nursing home on an average of twice a week. I am  
948 not a professional welfare worker nor do I have medical training. I view myself as the eyes and  
949 ears, on site, as the professionals who stand behind me.

950 Many volunteer ombudsmen function as "friendly visitors," avoiding conflict. There is a place  
951 for friendly visitors (and we do train them), but the Ombudsman needs to engage in conflict  
952 resolution. Potential volunteers need to be screened well for their interests and appropriateness.  
953 Good candidates need to be trained. A program that relies on volunteers needs a volunteer  
954 coordinator in order to be effective. The program director needs to be free from complaint  
955 handling duties to address issues of system change, legislature change, etc.

956 Ombudsman Program guidance and training has substantially improved with transfer of  
957 responsibility to contractor -- primarily due to experience and staff support.

958 I'm having a very hard time in one Nursing Home, need to have a tape recorder-so "they" can't  
959 say I said or did something -- when I didn't.

960 I feel very sad when I go into this ninety-bed home. On weekends there may be 1 or 2 aides --  
961 they are usually hiding, eating or smoking. The people are dirty and wet, medicines are late, food  
962 left unopened, people just staring at nothing... no activities for them, let alone a mall trip or any  
963 outing. No tablecloth, let alone a flower! State comes but nothing is done.

964 Those that have a family member are lucky because those that don't, if it weren't for me or  
965 another ombudsman, they would get no attention.

966 The laws need to be able to work, go after their money with fines instead of slapping their hands.  
967 Diets of beans and coleslaw aren't good for 80-90 year olds.

968 We need more meetings to help each other and how to solve some of these problems.

969 Sometimes I return home very depressed and worried if the clients will be O.K. until I return. If  
970 the building burns, they won't get out. But if I can give a hug, kiss and smile and reach one  
971 person it's worth it.

972 Feel there is too much politics involved with staff afraid to make waves which would improve  
973 efficiency of program-housing, nursing home lobbies are very strong and support from  
974 Ombudsman Program to counteract this is lacking. There is too much dependency on other

975 agencies such as AARP and Silver Haired Legislature, etc. Further examples could be given if  
 976 needed.

977 Having worked in the health care field from 1958 to 1981 (hospitals and long term care facility),  
 978 I am naturally interested in health care; especially as it effects the elderly. When I retired in  
 979 1981, I missed being there every day; advocating for the aging and disabled. When I read the  
 980 first article in my local newspaper about the "Ombudsman Program", I was very interested.  
 981 Having been among the first 100 licensed administrators in Texas, I learned to love it and  
 982 "regret" at times now not having the "authority or power", to get a problem solved immediately.  
 983 Acting as an ombudsman, there may be a wait-and-see period to see the solutions come about. A  
 984 lot of patience is required. Thank you.

985 I think the best thing that can be done for Nursing Home residents is to recruit and train  
 986 volunteers to visit those residents who do not have regular visitors.

987 I am highly dissatisfied with resource support such as Adult Protective Services etc. In my view,  
 988 such services respond well if media attention is involved, but when an ombudsman makes an  
 989 inquiry, the results are poor; therefore, I refer the responsible party/resident by phone number,  
 990 rarely becoming directly involved.

991 We need more recognition here! As well as with the State regulatory agencies. We may be  
 992 volunteers, but we are very competent. I will measure up to any paid employee in terms of  
 993 dedication and people skills.

994 1. Staff makes (tries to make) volunteers think they are authoritative figures!! Baloney!!  
 995 2. Some volunteers come across as "know-it-alls" thinking they can solve all problems of  
 996 operation!

997 3. State Inspector team members should be more involved in training!

998 4. After 10 months as a Volunteer I learned more from the State exit (closing) meeting or at least  
 999 a better understanding of State regulations.

1000 5. Perhaps a "mock" closing (exit) can be included in training.

1001 I truly would like to be included in a focus group discussion! Yes, you do need more input from  
 1002 volunteers!

1003 All of the contact I have with the Department of Texas and any Local Office is by mail. The  
 1004 conferences scheduled do not allow me to attend. Never a phone contact.

1005 (1) Directors take continuing education courses especially in compassion of aged not business  
1006 classes.

1007 (2) Food presents a major problem, in this area there are most cost cuts for profit. Prepared food  
1008 purchased not up to good standards.

1009 (3) Mental Health Department has too many facilities and not enough paid employees or  
1010 volunteers to get around enough.

1011 (4) I would like to see fresh vegetables used a certain number of days a month, especially in the  
1012 summer.

1013 (5) I have 30 years experience in the medical profession and feel comfortable going in the  
1014 facility after the 8 week course but have to wonder if during the 8 weeks we should have visited  
1015 a facility for one hour a week so we could go to class and discuss concerns seen.

1016 (6) Paid volunteer ombudsman to teach classes to release staff ombudsman to visit facilities and  
1017 other duties.

1018 I just wish I could do more! I feel the residents need more on-going activities, more exercise for  
1019 them. I wish I could be there all the time during the time they are fed, so I could spoon-feed  
1020 them myself! As usual they are short staffed.

1021 I serve in a new personal care unit in private pay facility. My problems are minimal - good,  
1022 happy residents, staff and administrator. I love what I do.

1023 Being an ombudsman has been a very rewarding experience for me. I enjoy visiting in the  
1024 nursing home where I have made many friends. I feel that I gain from my activities with the  
1025 residents, and hope that I have been able to help them with their problems, and have added a  
1026 little cheer to their lives. Much knowledge about life in general can be gained by mingling with  
1027 people of all ages.

1028 Being an ombudsman has also given me the opportunity to improve the image that the public has  
1029 about nursing homes.

1030 I have been involved as a volunteer in nursing homes for over 30 years. They have improved  
1031 some over the years but they still have a long way to go. I have taught water exercises at \_\_\_ for  
1032 over 20 years. I feel that if I can help people over 55 to exercise etc., means they can stay out of  
1033 nursing homes longer. I find the attitude of the State Staff to ombudsmen has improved during  
1034 the past 2 years, but there is certainly much room for improvement, a ombudsman could alert  
1035 them to problems if they would ask.

1036 A very good program, all people are wonderful, they have an openness with everybody. They  
1037 are friendly, courteous and understanding. Very much personal satisfaction. Makes me feel  
1038 good to serve, especially the elderly because they used to feed me when I was a boy during the  
1039 depression in 1930's. I haven't forgotten that and I love them too. God Bless.  
1040 The turn-over is great in nursing homes, you find new help [workers] every time you go. Not  
1041 enough training; not enough help; too much robbery; the food is terrible some days.  
1042 One of the most frustrating aspects of this program concerns the working relationships with  
1043 TDHS. It doesn't matter that I get complaints and confirm that staffing shortage is a real and  
1044 serious problem in my facility. If and when TDHS enters the facility if they do not see short  
1045 staffing upon entering the facility, the facility is not cited. Constantly, I am told "If we don't see  
1046 it ourselves," it is not valid. Unfortunately, this makes complaints by family, residents and  
1047 ombudsman "unverifiable".  
1048 As ombudsmen, we are often feeling like "toothless tigers", we can forward serious complaints  
1049 to TDHS, they show up 2,3 or 4 weeks later, don't see the problem, pat the administrator on the  
1050 back... and all is well. But it's not! Administrator knows that we [ombudsmen] have no  
1051 effectiveness in generating a response from TDHS.  
1052 Recently, by chance, TDHS surveyors showed up 3 weeks after a complaint and were able to  
1053 validate the complaints. They found a 60% failure rate in passing appropriate medications,  
1054 unlawful restraint use and found 2 LVN's, 2 CNA's on staff for 120 residents. Two weeks later,  
1055 the problems had not been resolved.  
1056 This is frustrating work, especially without support from TDHS and knowing we are only  
1057 "toothless tigers" when we advocate for the elderly.  
1058 I think the training program needs to be redesigned, especially in the following areas: a) inter-  
1059 personal communication; b) understanding what constitutes good (and feasible) care; c)  
1060 understanding levels of cognitive impairment; d) understanding family systems theory as it  
1061 applies to resident behavior and family attitudes reflected to ombudsman; and e) understanding  
1062 affirmation of resident dignity and staff dignity.  
1063 As a Nursing Home Administrator I was given access to a resident's social history and progress  
1064 notes; to facilitate my charge as an ombudsman, similar access is required.

1065 This program needs more advertising to get more people informed. Speaking to churches where  
1066 there are many retirees that could participate. Getting the public interested. (Since I am fairly  
1067 new, I hesitate to make too many comments but I already see a great need for this program.)  
1068 I became an ombudsman because I had parents in a Nursing Home for 13 years. It's unreal what  
1069 you have to go through and see. I've seen verbal abuse, neglect, bruises and skin tears, the whole  
1070 list and it breaks my heart. I'm sure there are some good homes out there, but I haven't found  
1071 one. The CNAs are underpaid. There's not enough help. Being an ombudsman gives you a  
1072 chance to be in the home, and while you are there you can make a difference. It can be a  
1073 stressful job but it also has its rewards. My hope is that we will get better laws that will require  
1074 the owner to give quality care to the elderly.

1075 I have enjoyed being an ombudsman and the facility, \_\_\_\_\_, is the main reason. They strive to do  
1076 the best for residents and families along with the staff ombudsman. My responsibility is  
1077 enjoyable. My husband and I have looked forward to our participation in the program.  
1078 Sorrowfully, he died the 9th of Dec. and I hope I can continue doing what I can.

1079 I believe, ombudsmen have a very important role in the care of the elderly. Many of those in  
1080 nursing homes seem to fear speaking up for themselves. They seem to be happy to have an  
1081 advocate as they get to know you, and then feel they can confide in you and trust you. I know I  
1082 enjoy the elderly I work with and hope I bring something into their life. They have such a  
1083 cooperative staff that of course helps my work. I work closely with the Social Worker, Head of  
1084 Nursing, Activities Director and the Administrator. I feel it is all very worthwhile.

1085 I enjoy my work at the nursing facility very much. Most of my work or time at the facility is  
1086 spent in the volunteer part. I have a wonderful facility because I hardly have any ombudsman  
1087 things to do. We had an alleged abuse case several months ago. The nurse on duty (night) and  
1088 the aide were both fired following an investigation. I was told about it when it was already being  
1089 handled. A lot of the complaints the facility gets from the residents are about food – it is either  
1090 too hot or too cold. Sometimes residents' clothes are put in the wrong rooms, or they don't like  
1091 their roommates, or one lady has a cleaning fetish - the staff does not clean her room the way she  
1092 likes it cleaned and little things like that.

1093 I do think the ombudsman needs more training as in any job. We can never know enough.  
1094 I hope I answered the questions properly since I really have not had to deal with the same  
1095 situation as a lot of the other ombudsman.

1096 Being an ombudsman is an extremely important role to obtain resident care information that the  
1097 facility system needs for legislative and regulatory changes. I have learned a lot since being an  
1098 ombudsman and I have enjoyed being of service to the community. All ombudsmen need a lot  
1099 of encouragement because at times we can feel alone or that no one on the frontline is listening  
1100 to us. I would like to thank all departments for the opportunity to be of service to them.  
1101 I am working \_\_\_\_ in \_\_\_\_\_. A beautiful place, beautiful staff and very sweet residents, very few  
1102 problems. Everyone is happy.  
1103 My main concern for now is the many ways in which resident's \$30.00 per month is being  
1104 handled. Resident's family is told that \$30.00 is not for resident's personal purpose but for the  
1105 purpose of overall expenses. When the resident's family contacts me I tell them the plain truth  
1106 about that \$30.00, that it is the resident's money.  
1107 The quality of the service from the professional staff has varied from very good to completely  
1108 non-existent.  
1109 If any of this information is to be used to set up a similar program for star-plus be aware! The  
1110 needs of those "helpers" for the paid Ombudsman will be much greater.  
1111 The existing problems mainly concern staff attitude; i.e., intimidation, rudeness to residents as  
1112 well as outsiders like ombudsman, other volunteers.  
1113 My nursing home has a long history involving neglect and abuse. As a former TDH complaint  
1114 investigator and surveyor, I was in this facility on many, many occasions. My assignment there  
1115 seems rather ironic, but it has been a challenge I welcome as an ombudsman. There is little or no  
1116 family participation, although many attempts have been made to form a family council.  
1117 One family member told me a year ago that they did not need another consumer advocate  
1118 [Marvin Zindler], and asked that I not stir up trouble! It takes a lot of stamina and determination  
1119 to keep going back!  
1120 The presence of the ombudsman seems to have some impact on staff and general employees. Just  
1121 my being there makes the ones working there more conscious of giving quality care to residents.  
1122 A number of residents look forward to seeing you around on a regular basis and also talk about  
1123 situations that bother them. Good listeners are needed too.  
1124 My forte is helping the elderly. I have a great rapport with them. The families trust me as I have  
1125 lived in my town all my life and have a work history that inspires trust in my words and deeds.



1126 The main problem is lack of education or acceptance on the part of the facilities' staff and  
1127 administrator. They all see an ombudsman as a problem looking for a problem. The patient care  
1128 is secondary to "it is just a job and pay-check to me". Don't look and there is no problem.  
1129 I don't subscribe to the "Gotha" theory but people are being allowed or helped to die in the  
1130 nursing home in my area. All help is appreciated!!!  
1131 I strongly believe in the program and the need for it. I hope to see it always continue. I feel it  
1132 lets the nursing homes know if any of their little old residents don't have a loved one to care for  
1133 them, that there's still someone out there who cares and is keeping a check on the care they are  
1134 being given. One of the great needs for the program is that the State can't always be there  
1135 checking on the daily operations of each nursing home. The ombudsman can fill that void. It  
1136 helps in many ways, but one very important way I see the most is that too often the nursing  
1137 homes are trying to operate with too little help. In this I'm not sure where the blame falls,  
1138 whether cutting the budget too much or being unable to find enough people for that type work.  
1139 Running a nursing home with too little help overworks the care providers and short-changes the  
1140 sweet little old people needing the care, which is not fair to either one. This seems to be one of  
1141 my number one complaints. Thanks to good training, when a problem arises and I don't know  
1142 the answer, I know whom to call to find the answer and get needs met. Keep up the good work!