

Guest Editorial: Cultural transformation in nursing homes

I'd rather die than be in one of those places! This has been a common reaction of many people when they consider admission to a nursing home. A past checkered with media exposés and scandals that revealed horrible conditions within America's nursing homes left many consumers with the thought that the nursing home is the care site of last resort and led many nurses to the perception that employment in a nursing home is less fulfilling than other clinical settings. In reality, nursing homes have had an unfortunate past. Instead of arising from the biopsychosocialspiritual needs of the population served, the nursing home model evolved from practices utilized in other institutional settings and regulatory standards that were responses to substandard practices. The nursing home reflected a patchwork quilt of poorly fitted fragments of traditional medical care loosely held together by weak threads of institutional rules and routines.

In recent years, consumer demands, regulatory changes and increased awareness of the needs of ageing individuals have contributed to a movement to create a different living environment in nursing homes. This movement to transform the culture from one that was 'institutional' and impersonal to one that offers a dynamic living environment that is resident-centred and resident-directed is known as *culture change*.

Culture change models

Several models for culture change emerged in the 1990s, one of which was the *Eden Alternative* founded by geriatrician Bill Thomas. The basic theme of the program is that residents should have a life worth living in the facility. Toward this goal, the Eden Alternative offers ideas on how to reduce loneliness, helplessness and boredom for residents. Modifications to the physical environment, such as the inclusion of plants and pets, are done. An

enlivened environment that is welcoming to children and other visitors and that offers an enjoyable, meaningful experience to residents is promoted. An emphasis is placed on having more decisions and control at the hands of residents and their direct caregivers, rather than administrative personnel.

Evolving from the Eden Alternative was the *Green House Program*. This program has been an extremely innovative one in its approach to deinstitutionalizing the nursing home environment. The large institutional-like setting of the nursing home is broken down into small clusters of self-contained rooms (7–10) with a residential-style kitchen that create a sense of community. There are private bedrooms and baths, a home-like décor and highly individualized care. The traditional components of a typical institution, such as nurses' stations, paging systems and medication carts are avoided. Direct caregivers are given a wider range of responsibilities and authority.

Another initiative was the *Wellspring Program* which builds upon the beliefs that care decisions need to occur at the closest level to the resident as possible, staff needs to be knowledgeable to effectively make decisions, and an empowered staff increases resident and staff satisfaction. Although not a culture change model, the *Pioneer Network* is a leader in the movement by providing resources and guidance to nursing homes in making system changes that will improve the quality of residents' lives. The program's support of research, provision of education, advocacy for change and coordination of various transformation efforts have caused it to become a leading voice in the culture change movement.

Elements of culture change

Although there is something unique about each culture change program, there are some aspects common to all.

Perhaps the most important element is that of providing a *high quality of life for residents*. Achieving this requires that residents not only receive individualized care that supports their highest level of function, but that the care is directed by the residents. This means that residents determine when they sleep and arise, when and what they eat, what they wear, and the activities in which they want to participate. Creating a *home-like environment* is an important component. Residents' rooms are personalized to reflect the individual who resides within. Kitchens are established on the units to enable made-to-order meals to be prepared and afford residents the opportunity to access food and drink when they'd like. Long hallways and shared rooms are replaced with small groups of private rooms that open into common living room areas. The look of the institution is replaced by a softer appearance of a home. Because it is a clinical setting in addition to being a home, *high quality care* is promoted. Caregiving strategies are based on best practices and education is provided to equip staff with competencies to function at their best. In addition to residents being empowered, staff also are empowered. Frontline staff are afforded opportunities to make decisions related to their work activities. Concern is given to staff satisfaction and establishing a high quality work environment.

Change is not easy

Despite evidence that nursing homes that commit to culture change have higher levels of resident and staff satisfaction, improved clinical outcomes, and no negative financial outcomes, only a minority of nursing homes have become part of the movement to date. In addition to general resistance that often is experienced with change, nursing homes question if they will have the fiscal ability to make environmental

and practice modifications within the current reimbursement systems. Administration sometimes lacks confidence in the frontline staff's ability to responsibly make decisions that are sound from a fiscal, clinical and regulatory standpoint. There also is the belief that nurses' are resistant to culture change (Alliance for Health Reform, 2008) resulting from perceived or real threats to nursing autonomy, regulatory-related issues, and concerns related to accountability and liability. However, the movement is growing. The media increasingly features nursing homes that have implemented culture change, raising the awareness, and consequently, expectations of consumers. Regulatory bodies are recommending features that support culture change. Nursing homes are becoming sensitive to the reality that to be competitive to recruit consumers and employees, they need to have a living environment for residents and a work environment for employees that

reflects culture change principles and practices.

As this transformative movement continues to spread among nursing homes, care must be taken to assure the implications of changes are well-thought through, the workforce is equipped with the competencies for expanded practices, quality of care is given equal consideration to quality of life issues, and research on structures, processes and outcomes accompanies efforts. By doing so we can better assure that we do not develop another patchwork quilt of poorly fitted fragments but rather, a beautiful tapestry of evidence-based, effective practices that enables the nursing home to be a fulfilling setting for residents and their caregivers.

For additional information about culture change please visit:
Eden Alternative tools
<http://edenalt.com/edentols.htm>.
Green House Project
<http://www.ncbcapitalimpact.org>

National Citizens' Coalition for Nursing Home Reform (NCCNHR)

<http://www.nccnhr.org>.

Pioneer Network

<http://www.PioneerNetwork.net>

The Commonwealth Fund in New York City (offers a video on its website to show examples of culture change)

http://www.cmwf.org/topics/topics_show.htm?docid=372482.

The Wellspring Program

<http://www.WellspringProgram.org>

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Reference

Alliance for Health Reform (2008) *Issue Brief: Changing the Nursing Home Culture*.
http://www.allhealth.org/publications/Long-term_care/Changing_the_Nursing_Home_Culture_79.pdf