

UNDERSTANDING NURSING HOME CULTURE CHANGE: THE
HIGH AND LOW

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ABSTRACT

Culture Change is the transformation of a nursing home (NH) from an institutional establishment with a top down approach to decision making to a resident-centered program that creates an environment that focuses on what is most important to residents and staff. Twenty-five care practices from the Colorado Foundation for Medical Care served as the theoretical framework for seven dimensions of *Culture Change*—home-like environment, resident-directed care, staff/resident relationships, NH staff empowerment, NH leadership, quality improvement, and shared values. Using a secondary data analysis, the overall aim of the study was to examine differences in staff and leadership reports of *Culture Change* among Kansas nursing homes with high ($n = 7$) and low turnover rates ($n = 5$). Facility turnover rates were obtained from the 2006 Kansas Medicaid Cost Report. Leadership ($n=75$) and staff ($n=437$) participants from Kansas nursing homes (6 rural and 6 urban) completed data collection with response rates ranging from 26 to 85%. We hypothesized that staff in nursing homes with low turnover rates would report higher levels of *Culture Change* than staff in high turnover homes. Data analysis was conducted using two sample t-tests. Although both leaders and staff in low turnover nursing homes reported higher levels of *Culture Change* across all dimensions than those in high turnover homes, we only found significance ($p <.05$) differences in the staff/resident relationships dimension by leaders and staff, and in the leadership dimension by leaders. The results of this study revealed that turnover rates have potential to serve as a proxy measure for some aspects of *Culture Change*. However, further testing in a larger sample is needed.

INTRODUCTION

According to the U.S. Census (2008), in the year 2030, one fifth of Americans will be 65 years old or older. The growing elderly population places the spotlight on nursing homes, asking the question, 'What type of care will be provided to the estimated 57.8 million baby boomers that will be entering retirement age in the coming years?' (U.S. Census, 2008). Nursing homes typically are stereotyped as long hallways with two-person rooms where staff members make the majority of the decisions related to resident care (e.g., time of eating, bathing, and sleeping). However, in recent years, a grassroots movement called *Culture Change* has been redefining the nursing home experience. *Culture Change*, also known as resident-centered care, transforms the old institutional-styled nursing homes into environments that are more homelike where the residents and staff are empowered; and residents have choices and are involved in decisions regarding their care (Bott et al., 2007).

Purpose

Resident-centered care embodies the core values of nursing, including providing quality, individualized care for patients, regardless of age and background. Nursing practice emphasizes the importance of meticulously assessing the problem and analyzing the data before executing interventions. Problems have been identified in traditional nursing home environments. In our study, we assessed the need for *Culture Change* by investigating the beliefs of the staff members and leaders.

The overall aim of the parent study was to refine an instrument that measures nursing home staff and leaders' reports of *Culture Change*. Although numerous models of *Culture Change* have been implemented throughout the country, currently a reliable and valid instrument that effectively measures *Culture Change* has not been reported. The purpose of this study is to compare

the relationship between the reports of *Culture Change* to the staff turnover rates at each nursing home facility. By studying staff turnover rate, we hope to obtain a proxy measure for some aspect of *Culture Change*. The question that guided our research is: What are the differences in staff and leadership reports of the *Culture Change* indicators among Kansas nursing homes with high and low turnover rates? We hypothesized that staff and leaders in nursing homes with low turnover rates will report higher levels of *Culture Change*.

Literature Review

In the past, nursing homes followed the same model of care provided by hospitals, which emphasized efficiency, consistency and hierarchy for decision-making. Rosher and Robinson (2005) studied the effect of *Culture Change* on patient and family satisfaction. They described that when residents entered the traditional-styled nursing homes, residents would surrender all control to the staff under the assumption that the employees know what is best for the client. This left the elder with limited autonomy and the realization that adaptation to the rules and schedules of the facility may be the only option. The researchers defined the revolution in nursing homes as a dynamic change from a medical model toward a social model of care, known as *Culture Change*.

According to the Pioneer Network (2008), an organization of leaders striving to improve the quality of elder life in homes, communities, and long term care facilities, the beginnings of *Culture Change* in nursing homes can be traced back several decades. Although the initial movement was unofficial and not managed by any particular organization or committee, a goal was established to “create places for living and growing rather than for declining and dying” (Pioneer Network, 2008). Eventually, different models of *Culture Change* were developed and implemented throughout the country.

Eden Alternative model

One of the first and better known models of *Culture Change* is the *Eden Alternative*, established in 2002 at a 150-bed nursing home in the Midwest. Rosher and Robinson state, “Although the *Eden Alternative* is noted for the inclusion of animal, plants, and children to combat loneliness, helplessness, and boredom, its core philosophy is resident-centered care and the elder’s right to choice and decision making.” (2005, p. 190). Another vital dimension is the necessity of family involvement to help individualize the patient’s care. Eden consumers believe that the family’s input will help shape the care given by providing information pertaining to the resident’s likes, dislikes, and hobbies. “Research has shown that homes that welcome high family involvement also have high family satisfaction ratings” (Rosher and Robinson, 2005, p. 189). They state this is especially important because of previous studies that revealed family involvement created tension for the staff because they viewed the families’ presence as a sign that families didn’t believe that proper care was being provided. In addition, some staff view family interaction as a distraction and interruption to the daily care given to the elders.

In their study, Rosher and Robinson (2005) conducted several educational sessions on the principles of the *Eden Alternative* over the course of a year. Every staff member attended an average of ten hours of education. The following year, the researchers interviewed the elders and their families who were part of neighborhoods (a concept of the *Eden Alternative* model). By surveying the residents, three main problems were identified and resolved: a) the residents’ desire to include dogs as pets that could reside in the nursing facility, b) more time outdoors, and c) additional choices for meals. The facility continued to hold monthly meetings in which one of the ten Eden Alternative principles were discussed with the residents and families. Surveys that rated twenty-one areas of nursing home care were distributed to the residents and were compared to the same survey that was completed prior to the implementation of the educational intervention. As a result, seventeen out of the twenty-one areas improved drastically because of the *Eden Alternative* implementation. This study not only shows the positive effects of applying a social rather than a

medical model to a nursing home, but also provided researchers with insight into methods that could improve the *Culture Change* experience.

Other Culture Change Models

The following sections will briefly describe other models in efforts to provide a detailed description of the history of *Culture Change*. In 1990, Eric Haider founded the *Person Centered Care* model in hopes of improving the care given in nursing homes. Haider states,

[Person Centered Care] gives personal attention to the people who live in Long Term Care and empowers staff to be a resident advocate. We believe in honoring each person's dignity, rights, self-respect, and independence by giving them choices, respecting their wishes, meeting their needs, involving them in decision making process, giving them the control of their life and keeping them actively involved, happy and as healthy as possible (Haider, n.d., p. 1).

Similar to the Eden Alternative, the model focuses on resident empowerment and returning the control to the elder. Resident advocacy was a new term not emphasized in the previous models. Instead of directing the majority of changes to the outer environment (i.e., adding gardens or pets), the Person Centered Care model shifts the responsibility to the staff and their actions.

The six dimensions of this particular Culture Change model include: creating neighborhoods to encourage teamwork and the feeling of community among the elders, respecting the residents by allowing them to make decisions, motivating residents to participate in activities by providing a variety of options, upgrading the dining to a buffet-style, encouraging resident to personalize their room by bringing belongings from home, and emphasizing the importance of continual growth (Haider, n.d.). The Cedars HealthCare Center, a Kansas nursing home, uses the Person Centered Care model and received a Peak Pioneer Award, an honor bestowed to nursing homes in Kansas

that exhibit exceptional outcomes of Culture Change. LeWoy Weddle, CEO of the Cedars, stated, “In my years in long-term care I don’t think any change has been more important or more dramatic than the trend to person-centered care.” (The Cedars, n.d.)

In the state of Pennsylvania lies the Live Oak Institute, a long-term care facility and originator of the *Regenerative Care* model since 1977. The *Regenerative Care* model, “views aging as another stage of life and respects individual needs. A regenerative nursing home allows residents more control over their lives.” (Kovner, Feuerberg, & Eaton, 2001, p. 1) Barry and Debora Barkan, founders of Live Oak Institute, have been acknowledged for their contribution to *Culture Change* by numerous affiliations, including National Citizen Coalition for Nursing Home, California Department of Health Service (Barkan, 2005). Barkan’s new model is described as an, “approach [that] shifts the focus from what elders need to what they can contribute and helps nursing homes create a culture of respect and support in which the elders have themselves become the antidote to the circumstances of civic disgrace that have institutionalized the environments that care for them” (Ashoka, 2004). In addition to residents having control over their decisions, the *Regenerative Care* model accentuates the need for the elders to reconnect to the community and to continue learning, emphasizing that age is not a number that means to cease education or wisdom (Kovner, Feuerberg, & Eaton, 2001).

The *Wellspring* model is an alternative style of *Culture Change* that utilizes the collaboration of several nursing homes to serve as a strong unit and foundation. Since 1994, the Wellspring Alliance has grown from the original eleven nursing homes to eighty facilities that either have adopted the *Wellspring* model or have joined the Alliance. The goal of the *Wellspring* model is similar to previous models in regards to improving the quality of resident care. However, the unique contribution of this model focuses on nursing home staff and leaders (Ashoka, 2004), “*Wellspring* believes the key to an improved resident experience and success is collaboration and

