Implementing and Sustaining Culture Change

Nursing homes engaged in culture change must ensure ongoing reinforcement of its principles and avoid "institutional creep." In addition to sustaining change, they must provide staff with the initial education, resources, and training.[27] Management's commitment to changing the culture of the nursing home has been identified as the most important factor in sustaining change.[28] Supportive leadership is needed to maintain fidelity to culture change principles: Staff resources and intentional practices are necessary for sustaining that change. Support for culture change should encourage periodic self-assessment and evaluation.

The Green House Project has drawn from organizational change research to develop a self-assessment tool, the "Model Enrichment Resources Integrity Tool" (MERIT), a staff assessment survey. Nurses and care staff respond to over 90 questions covering the degree to which their home implements the three core Green House model values: real home, meaningful life, and empowered staff. First available in 2017, the tool provides feedback for leadership, and engages and re-educates staff on how the elements of the model should connect with daily practices. Unfortunately, only 40 of the 256 Green House homes that were registered in 2019 utilized the tool.[29]

> **Culture Change Case: Cocktail Party**
> A cook noticed that full plates of food had the effect of dampening residents' appetites. So, he started offering food in bite-sized portions as they might appear at a cocktail party. Residents kept coming back for more of the appetizer-sized food. At another home, the food manager showed residents the food before it was pureed and gave residents choices about what went into the blender. This gave residents the opportunity to enjoy the shapes and smells of the food, and not just the finished product.

A synthesis of research on the Green House model from 2011-2014 (before MERIT was available) found that fidelity to the model was inconsistent.[30] Green House homes differed most greatly in practices intended to support resident choice, with a third of the homes restricting choice in waking times and two-thirds restricting choices in bathing. No homes allowed residents to provide input in staffing changes and the homes varied in the model elements for collaborative and empowered worker decision-making.[31] For example, the study discussed above comparing hospitalization rates of residents in Green House homes with traditional homes, found that some of the enrolled clinicians did not involve the care staff, known as Shahbazim, in

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[27] Marla Devries, "Culture Change that Endures: Model Integrity in Ever-Changing Environments," (webinar from The Greenhouse Project, January 9, 2020), https://www.youtube.com/watch?v=_H7KrKcHUJU.
[28] Marla Devries, "Culture Change that Endures."
[29] Marla Devries, "Culture Change that Endures."
[30] Sheryl Zimmerman et al., "New Evidence on the Green House Model of Nursing Home Care: Synthesis of Findings and Implications for Policy, Practice, and Research," *Health Services Research* 51, Suppl. 1, (February 2016): 475-496, https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12430.
[31] Zimmerman et al., "New Evidence on the Green House Model."

collaborative decision-making.[32] Some Shahbazim, in turn, worked too independently from the nurses, and failed to bring insights back to them, raising concerns that they might try to try to manage a resident's change in condition on their own. Interestingly, Shahbazim with longer tenures were more likely to act independently. This suggests the need for clinicians and guides, or coaches, to reinforce the collaborative principles among both clinicians and Shahbazim. The lack of communication and collaboration was associated with higher hospitalization rates.[33]

A 2016 study examining patterns of daily decision-making in 43 Green House homes found that some sustained the model's practices while others regressed to more traditional ways of operating (for example, using a medication cart for staff convenience, which is antithetical to a homelike environment).[34] This research views sustainability as a series of decisions and actions taken while solving problems. Some of the challenges to culture change included turnover of administration with new management not supportive of the culture change model; budgetary pressures, where Shahbazim were not involved in deciding on options; competition for workforce; failure to support Shahbazim in their daily decision-making (lack of development of interpersonal skills, coaching, and encouragement of household problem-solving); and responses to regulatory oversight in ways that overrode resident autonomy and choice. Many of those issues are common across culture change models. Conversely, solutions reinforcing the Green House model (i.e., increasing wages for Shahbazim, educating state surveyors in culture change, making decisions inclusive of residents' preferences, and preserving autonomy [35]) can help reinforce all culture change principles and practices.

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[32] Bowers et al., "Inside the Green House 'Black Box,'" 391.
[33] Bowers et al., "Inside the Green House 'Black Box,'" 390-391.
[34] Bowers, Nolet, and Jacobson, "Sustaining Culture Change," 403-404.
[35] Bowers, Nolet, and Jacobson, "Sustaining Culture Change."