

Culture Change Research: No One-Size-Fits-All Approach

Culture change strategies have potential to improve outcomes for residents in long-term care. Yet, the growing body of research on culture change suggests that there is no one-size-fits-all approach, according to Pat Armstrong, a distinguished researcher in long-term care. In a literature review, Armstrong *et al.* write that the overall mixed evidence on culture change “does not lead to a recommendation for a single model but rather to a strategy to learn from all the models, adapting promising practices to specific homes and their populations.”¹³

Existing research demonstrates the potential for culture change to improve outcomes for the most important stakeholders: the residents.¹⁴ A 2014 study examining early Green House homes in Mississippi found that residents in homes implementing culture change practices reported higher satisfaction and quality of life compared to residents in two comparator nursing homes.¹⁵ These findings are consistent with other research, including a 2011 literature review that found that comprehensive culture change models can potentially improve psychosocial health outcomes, and that person-centered interventions in themselves improve a wide range of health outcomes.¹⁶ The review by Armstrong *et al.* found mixed results, but identified some improvements in the quality of care and life as well as working

Culture Change Case: Know Your Residents

At a nursing home in Sweden, staff devoted significant time socializing and engaging with residents, learning about their hobbies and interests. Developing relationships helped staff and residents solve problems together, whether calming anxiety or helping care for a pet bird. The researcher often observed “peals of laughter as staff joked with residents and chatted with family – and this was on a dementia unit.”

¹³ Pat Armstrong et al., “Models for Long-term Residential Care,” 51. Compare Victor Shier et al., “What Does the Evidence Really Say About Culture Change in Nursing Homes?” *The Gerontologist*, 54, no. S1 (2014): S6-S16, <https://pubmed.ncbi.nlm.nih.gov/24443607/> (reviewing peer reviewed and “gray” literature published between 2005 and 2012 studying at least one culture change domain, and concluding that there was little consistent evidence of positive effects and a need for rigorous research on the outcomes of culture change) with Pat Armstrong et al., “Models for Long-term Residential Care: A Summary of the Consultants’ Report to Long-Term Care Homes and Services, City of Toronto,” Revised Appendix A, April 15, 2019 (concluding that criteria for conventional scientific evaluation can be hard to meet when evaluating the effects of culture change practices: variables can be hard to measure, and it can be difficult to hold controls constant), <https://www.toronto.ca/legdocs/mmis/2019/ec/bgrd/backgroundfile-130891.pdf>.

¹⁴ Susan C. Miller et al., “Does the Introduction of Nursing Home Culture Change Practices Improve Quality?,” *Journal American Geriatrics Society*, 62, no. 9 (2014):1675–1682, <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.12987>.

¹⁵ Rosalie A. Kane et al., “Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program,” *Journal American Geriatric Society* 55, no. 6 (2007): 832-839, <https://pubmed.ncbi.nlm.nih.gov/17537082/>. Green House residents enjoyed greater privacy, dignity, autonomy and food enjoyment than residents in either comparator nursing home, as well as more meaningful activity, relationships, and individuality than residents in one comparator home, but not the other.

¹⁶ Nikki L. Hill et al., “Culture Change Models and Resident Health Outcomes in Long-Term Care,” *Journal of Nursing Scholarship* 43, no. 1 (2011): 30-40, <https://pubmed.ncbi.nlm.nih.gov/21342422/>.

conditions. Those authors note that “taking what was best from all models and adapting them to meet their own unique needs, showed the highest levels of front-line staff empowerment that allowed for person centered care.”¹⁷

Staff engagement plays a critical role in resident well-being in any nursing home, and culture change settings are no exception. A study assessing staff in Green House homes found that residents had better health outcomes when direct care workers worked consistently with the same residents (“consistent assignment”) and interacted regularly with clinical staff leads.¹⁸ This care model is shared across culture change models (and, of course, can be adopted as its own, independent process). Staff consistently assigned to the same residents will spend more time engaging with those residents, developing relationships and learn their likes and dislikes. They are more likely to notice changes in the residents’ conditions and more empowered to work collaboratively with the clinical staff, who in turn value their insights and knowledge.

A qualitative study of six Green House homes found lower hospitalization rates and greater resident-centered care in nursing homes where direct care staff were purposefully engaged with medical teams in collaborative care.¹⁹ The physical layout of the homes (where elders’ rooms surround common areas) facilitates interaction between residents and staff, and between clinical and care staff. This helps staff to identify and address changes in elders’ conditions.²⁰ Communication and collaboration still require intentional communication between staff. In Green House homes where clinicians did not encourage communication from direct care staff or make themselves accessible, collaboration faltered and hospitalization rates increased.²¹ Direct care staff did not feel themselves to be a vital part of the care team.

Mixed evidence from studies of culture change models “does not lead to a recommendation for a single model but rather for a strategy to learn from all the models, adapting promising practices to specific homes and their populations.”

Staff are better equipped to deliver quality care when they are empowered to make decisions and take on responsibilities beyond their typical roles. A study of empowered, self-managed certified nursing assistant (CNA) teams in five nursing homes (not Green House) found that staff empowerment was associated with improved resident care, increased resident choice, improved coordination between CNAs and nurses, and possibly reduced CNA turnover.²² Staff

¹⁷ Pat Armstrong et al., “Models for Long-term Residential Care,” 51.

¹⁸ Barbara Bowers et al., “Inside the Green House ‘Black Box’: Opportunities for High-Quality Clinical Decision-making,” *Health Services Research* 51, Suppl. 1 (February 2016): 378-397, <https://pubmed.ncbi.nlm.nih.gov/26708135/>.

¹⁹ Bowers et al., “Inside the Green House ‘Black Box.’”

²⁰ Bowers et al., “Inside the Green House ‘Black Box,’” 386-7.

²¹ Bowers et al., “Inside the Green House ‘Black Box,’” 386-9, 393.

²² Dale Yeats and Cynthia Cready, “Consequences of Empowered CNA Teams in Nursing Home Settings: A Longitudinal Assessment,” *The Gerontologist* 47, no. 3 (2007): 323-339, <https://academic.oup.com/gerontologist/article/47/3/323/562696?login=false>.

empowerment requires strong nursing home leadership to ensure that collaborative practices are implemented and reinforced. Nursing home leadership must support and foster the staff's roles and involve them in decision-making and regularly provide feedback to the teams.²³ This includes supporting the self-managed teams and allowing staff to be creative problem-solvers.²⁴

Finally, a promising study has found that culture change strategies can help curb antipsychotic (AP) drug use – a pervasive problem in U.S. nursing homes, especially in understaffed facilities. The 2016 study found that AP drug use decreased significantly after incorporating culture change in a dementia unit of a traditional nursing home.²⁵ The culture changes included adding direct care staff to the day shift and removing tasks inconsistent with person-centered care. Direct care staff led activities during the days and evenings, integrating their *own* hobbies and interests (i.e., cooking, crocheting, singing) into the schedule; schedules were adapted according to resident preferences. The unit culture became more relaxed and person-centered. This study builds on research suggesting that staff-resident relationships and interactions are critical components in reducing the behavioral and psychological symptoms associated with dementia.²⁶ It is important to promote culture change for this particularly vulnerable population and reduce reliance on harmful medications.

Culture Change Case: Sing along

Vina, a vision-impaired resident, wanted to learn the lyrics to a song she could perform at a memorial service. So, she asked an aide, Sarah, for help. Though Sarah had many other responsibilities, she prioritized helping Vina with the song. “We feel secure enough to go beyond [basics] and to meet people’s needs,” said Sarah, who upon Vina’s request would end up singing at Vina’s funeral. In culture change homes, staff center their responsibilities around the elders. If a resident has a hankering for a Red Lobster meal, a milkshake, or a shirt, staff members get it done.

The research on culture change outcomes is still in its nascent stages and there is significant room for exploration on the topic. Experts caution that measuring culture change outcomes can be challenging given the ever-changing environments in long-term care, and opinions differ on whether more rigorous methods are needed, or if conventional scientific methods can even be applied. Consumers and policymakers should be wary of companies marketing culture change

²³ Dale and Cready, “Consequences of Empowered CNA Teams,” 337. See also Yeats, Dale, Cynthia Cready and Linda Noelker, *Empowered Work Teams in Long-Term Care: Strategies for Improving Outcomes for Residents & Staff* (Baltimore: Health Professions Press, 2008). This book includes the Dale and Cready study, analyzes the challenges and potential for empowered work teams in various long-term care settings, and offers tools for training and maintaining effective teams.

²⁴ Bowers, Nolet and Jacobson, “Sustaining Culture Change,” 399, 404, 406-7.

²⁵ Phyllis Tawiah et al., “Reducing Antipsychotic Use Through Culture Change: An Interdisciplinary Effort,” *Annals of Long-Term Care* (November 2016), <https://www.hmpgloballearningnetwork.com/site/altc/articles/reducing-antipsychotic-use-through-culture-change-interdisciplinary-effort>.

²⁶ Tawiah et al., “Reducing Antipsychotic Use.”

as the elixir for the longstanding problems in long-term care. Still, there is growing evidence that culture change strategies, when implemented effectively, can benefit residents and staff alike. Consumers should consider this evidence when assessing prospective nursing homes that identify as culture change models. Policymakers, moreover, should carefully evaluate culture change research as they work toward reforms that protect the rights of vulnerable residents while holding nursing homes accountable when they fail to follow federal requirements for resident care.