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.”

Existing research demonstrates the potential for culture change to improve outcomes for the most important stakeholders: the residents. 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. 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. The review by Armstrong et al. found mixed results, but identified some improvements in the quality of care and life as well as working

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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.

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

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19 Bowers et al., “Inside the Green House ‘Black Box.’”
21 Bowers et al., “Inside the Green House ‘Black Box,’” 386-9, 393.
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. This includes supporting the self-managed teams and allowing staff to be creative problem-solvers.

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. 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. It is important to promote culture change for this particularly vulnerable population and reduce reliance on harmful medications.

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

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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.


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.