Nursing Home Culture Change: Key Resources

LTCCC’s brief for policymakers, “Consumer Perspectives on Nursing Home Culture Change,” relies heavily on the following resources. The links below provide access to an abridged list of resources, some of which are full articles, and others abstracts. See LTCCC’s brief on nursing home culture change for a complete list of resources.


- An academic team led by Pat Armstrong of the University of York in Canada compares the elements of models that seek to transform long-term care (including dementia care) and reviews literature evaluating these models. The team notes the difficulty of assessing the impact of care models using conventional research methods. Research produced uneven and sometimes conflicting evidence overall, although all models showed some improvement in residents’ quality of life and quality of work life for staff. The team concluded that the mixed evidence leads to recommendations not for a single model but for a strategy to learn from all models, adopting promising practices tailored to specific homes and populations.


- An international team of researchers developed case studies in long-term care homes in the U.S., Canada, the U.K., Germany, Sweden, and Norway. Teams conducted qualitative research in the homes in search of promising practices that support long-term care as a desirable and equitable option for individuals and families.


- This qualitative study reviewed care processes in 28 Green House homes and how these processes may relate to hospital transfer rates. The study found significant variation in how the care model was implemented. Staff in homes with lower transfer rates maximized opportunities to identify and respond to changes in residents’ conditions,
whereas staff in homes with higher rates failed to do so and failed to support collaborative care processes.


- Based on staff interviews and observations, this study found that eleven Green House homes varied in their ability to sustain the model’s principles and practices. Leadership’s consistent support of the collaborative approach to decision-making was key to sustaining the model.


- Literature review of studies examining the effect of culture change models on long-term care residents’ physical and psychosocial health. Evidence of physical health outcomes was inconsistent, but studies demonstrated potential psychosocial benefits for residents.


- Cost analysis of Green House homes found that the model was twice the capital cost of traditional medical model nursing homes, but equivalent to other small house homes with private rooms for residents. Staffing costs were equivalent overall to transitional homes. High occupancy and more private pay residents have offset the costs for Green House homes.


- This study of 824 U.S. nursing homes involved in culture change practices between 2005 and 2010 found that high practice implementation appears to result in significant improvements in some care processes and outcomes.


- This review of literature on nursing home culture change, relates to its implementation and barriers to change. The study concludes that management practices that include good communication, providing training and education, and supportive leadership, is needed to support staff implementation of culture change practices and overcome staff resistance to change.

This study uses both qualitative and quantitative methods to evaluate the effects of empowered work teams of certified nurse aides (CNAs)—within long term-care settings. A variety of modest, positive effects: increased CNA empowerment; better CNA performance; improved resident care and choices; improved procedures, coordination, and cooperation between CNAs and nurses; and possibly reduced turnover.


This review synthesizes the findings of literature evaluating Green House homes between 2005 and 2014. The review finds that implementation of the Green House model is inconsistent, but that there are numerous ways in which Green House homes differ from comparison homes, including more consistent staffing and more time with direct care givers. The review summarizes barriers to implementation and sustainability, quality of care and quality of life measures, Medicare spending relative to comparison homes. The authors offer policy and practice recommendations, noting that the findings and implications are often applicable to other culture change initiatives.