Introduction

Transforming Nursing Home Culture: Evidence for Practice and Policy

Sheryl Zimmerman, PhD,*,[1] Victoria Shier, MS,[2] and Debra Saliba, MD, MPH[3]

[1]Cecil G. Sheps Center for Health Services Research and the School of Social Work, University of North Carolina at Chapel Hill.
[2]RAND Corporation, Santa Monica, California.
[3]UCLA/JH Borun Center for Gerontological Research, VA GLAHS GRECC and HSR&D Center of Innovation, RAND Corporation, Santa Monica, California.

*Address correspondence to Sheryl Zimmerman, PhD, Cecil G. Sheps Center for Health Services Research and the School of Social Work, University of North Carolina at Chapel Hill, 725 Martin Luther King Jr. Boulevard, Campus Box 7590, Chapel Hill, NC 27599-7590. E-mail: Sheryl_Zimmerman@unc.edu

The nursing home culture change movement aims to improve resident quality of life and quality of care by emphasizing the deinstitutionalization of nursing home culture and focusing on person-centered care. This article briefly reviews the history of culture change, discusses some of the challenges related to culture change in nursing homes, and overviews the conceptualization and select models of culture change. Building from this background, it critiques current understanding, identifies critical research questions, and notes key issues arising during a workshop that addressed existing and emerging evidence in the field. This review and analysis provide a context for how 9 accompanying papers in this supplemental issue of *The Gerontologist* fill identified evidence gaps and provide evidence for future practice and policies that aim to transform nursing home culture.

Key Words: Culture change, Person-centered care, Long-term care

Despite significant national efforts to improve nursing home quality, quality of life remains less than optimal for many nursing home residents.

Increasingly, stakeholders have begun to place an emphasis on restructuring how nursing homes view and deliver care. Embracing the central role of organizational culture in care delivery, the nursing home culture change movement aims to improve resident quality of life and quality of care by emphasizing the deinstitutionalization of nursing home culture and focusing on person-centered care. This effort seeks to transform nursing homes into resident-centered homes that offer long-term care services by changing the physical environment, values, norms, and supporting organizational structure. Notwithstanding the growing awareness of culture change principles, an empirical base that can fully inform and guide the implementation of culture change initiatives in nursing homes has yet to be generated.

The supplemental issue of *The Gerontologist* entitled *Transforming Nursing Home Culture: Evidence for Practice and Policy* seeks to expand the evidence base related to nursing home culture change by synthesizing existing literature and providing new information of special relevance to policy and practice. This introduction provides a history of culture change; discusses some of the challenges related to culture change; overviews

the conceptualization and select models of culture change; highlights key issues; and summarizes the content of 9 accompanying papers that address different but related concepts of culture change.

History of Culture Change

The culture change movement encompasses three decades of consumer advocacy and policy initiatives to improve quality of life in nursing homes by changing the manner in which care is provided. Some (Koren, 2010) date the culture change movement as beginning with efforts of the National Citizen's Coalition for Nursing Home Reform (now the National Consumer Voice for Quality Long-Term Care). In the early 1980s, the coalition issued the *Consumer Statement of Principles for the Nursing Home Regulatory System* emphasizing resident's rights (Holder, 1983), which was endorsed by more than 60 organizations and distributed to government and congressional offices. Shortly thereafter, the coalition issued *A Consumer Perspective on Quality Care: The Residents' Point of View* (Holder & Frank, 1985), which informed the work of the Institute of Medicine Committee on Nursing Home Regulation. At that point, it was recognized that quality of care and quality of life were inseparable, and that policies should be implemented that promote resident quality of life.

Recommendations for regulation soon followed, including the 1986 Institute of Medicine Report *Improving the Quality of Nursing Home Care* that promoted better care and emphasized the "home" as opposed to the "nursing" component of nursing home care (Vladeck, 2003). Then, in 1987, the Nursing Home Reform Act was incorporated into the Omnibus Budget Reconciliation Act (OBRA), creating an explicit statutory requirement that residents be provided services to attain and maintain their highest practicable well-being—essentially calling for what is now called "person-centered care" (Kelly, 1989).

It was not until 1997, however, that what is commonly recognized as the culture change movement began with providers, consumer advocates, researchers, and regulators coming together to form the Pioneer Network to progress from institutional to social models of care (Fagan, 2003). This network gave birth to the name "culture change." It gained steam in 2005, at the St. Louis Accord meeting of 400 long-term care leaders, including those from the Centers for Medicare & Medicaid Services (CMS) and State Survey and Certification Agencies; their involvement was particularly important, given that policies and regulations can serve to either promote or impede the movement (Rahman & Schnelle, 2008). Government buy-in followed thereafter, and CMS directed Quality Improvement Organizations (QIOs) to work with nursing homes to improve their organizational culture (CMS, 2005).

Several other national organizations and efforts have focused on promoting nursing home culture change and providing resources and networks for providers. For example, the Advancing Excellence in America's Nursing Homes Campaign promotes culture change as important to achieving eight goals that bridge medical and residential quality: restraint avoidance, pain prevention and reduction, prevention and treatment of pressure ulcers, resident/family satisfaction, advance care planning and preference-driven goals of care, minimizing staff turnover, consistent certified nursing assistant (CNA) assignment, and staff satisfaction (Advancing Excellence, nd). The Veterans Administration (VA) has launched culture change in its facilities, including changing their terminology and now referring to nursing homes as Community Living Centers (Sullivan et al., 2013). Further, both CMS and the VA have implemented the Minimum Data Set (MDS) 3.0 (Saliba et al., 2012; Tangalos, 2012), which supports individualized care by systematically incorporating the resident's voice into assessments of preferences, mood, and pain.

Challenges Related to Culture Change

Efforts to shift to a broader focus on overall quality of life and well-being face several serious challenges. First, most nursing home residents have a combination of complex medical conditions and frailty (Moore, Boscardin, Steinman, & Schwartz, 2012). Further, 60% require human assistance with three or more activities of daily living (Centers for Disease Control [CDC], 2004), making them highly dependent on staff to accomplish daily tasks. Unfortunately, traditional organizational structures, staffing levels, and resources constrain the ability of staff to provide individualized, resident-focused care to this complex population. The task of care delivery is made even more complicated by the misguided notion that achieving quality care is at odds with achieving quality of life.

In addition, nursing homes are a workplace for more than 900,000 nursing staff (Jones, Dwyer, Bercovitz, & Strahan, 2009), where turnover is a

common occurrence and related to poorer resident outcomes (Castle & Engberg, 2005; Collier & Harrington, 2008; Hickey et al., 2005). The ability to deliver individualized, high-quality care is impeded by the lack of consistent, well-trained workers, as well as lack of integration across the members of the care team (Cott, 1997; Mather & Bakas, 2002), poor organizational readiness for change, and organizational instability (Berlowitz et al., 2003; Collier & Harrington, 2008).

Conceptualization and Models of Culture Change

Recognizing these challenges, stakeholders have begun to emphasize the restructuring of how nursing homes view and deliver care (Saliba & Schnelle, 2002). The ability to accomplish significant restructuring depends to a large extent on the organization's culture and the degree to which it values and emphasizes factors such as teamwork, participation, innovation, rule obedience, efficiency, and goal attainment (Shortell et al., 2004).

Although the term culture change has been used to refer to both specific components of care as well as comprehensive change across an entire organization (Hill, Kolanowski, Milone-Nuzzo, & Yevchak, 2011), there is general consensus that the true intent behind the concept of culture change is expansive. As such, culture change in nursing homes can be thought to include resident direction, home environment, close relationships, staff empowerment, collaborative decision making, and systematic quality improvement (Koren, 2010).

Embracing this more comprehensive perspective, some of the better known models of culture change include the Wellspring Model, the Eden Alternative, and more recently the Green House Model. Wellspring uses learning collaboratives in which groups of nursing homes share management expertise and approaches to training and empowering staff, and collaborative members use an outcome reporting system to submit performance data (Stone et al., 2002). The Eden Model creates a human habitat with continuing contact with plants, animals, and children and also architectural changes (Coleman et al., 2002). The Green House model most notably stresses architectural changes to promote elder-centered care in small homes; care is provided by a self-directed team that is responsible for all care and meal preparation, and collaborative decision making, resident-directed care, and close relationships between staff and residents are emphasized (Zimmerman & Cohen, 2010).

Remaining Questions

Despite the growing awareness of culture change principles, national initiatives to promote nursing home culture change, and the dissemination of several models of culture change, an empirical base to guide state and federal agencies in designing appropriate policies does not yet exist.

Questions that remain to be answered include the appropriate role of government in culture change; that is, should (and if so, how) federal and state governments promote culture change? Potential roles include training and payment, but such decisions must be weighed in terms of overall benefit to quality of life and related spending. Also, the "culture change" train has left the station, and so what is the role of research in examining and promoting optimal changes to the culture of care? Presumably, research should examine whether and which models/components of culture change relate to clinically significant quality of life outcomes, as well as barriers and facilitators to, and costs of, these models/components. This information would help nursing homes decide which culture change initiatives to undertake, and strategies to so do.

In preparing for the supplemental issue, potential authors were invited to contribute papers based on their expertise in the field. Papers underwent two rounds of peer review. In the first round, drafts of the papers were reviewed and discussed at a 2-day working conference at RAND's Washington office. The conference was funded by the Assistant Secretary for Planning and Evaluation (ASPE) of the Department of Health and Human Services. After the conference, the papers were revised, submitted, and subsequently underwent rigorous, blinded peer review as is standard for *The Gerontologist*. Not all workshop participants have papers included in the supplemental issue.

During the conference, two areas of healthy skepticism emerged: (a) how to define and differentiate "culture change" from improved standards of care and the extent to which the amorphous term "culture change" is a benefit or hindrance; and (2) the methodological challenges of conducting research in this field. Some authors discussed select practices of culture change in their work (Miller and colleagues, 2014; and Zimmerman and colleagues, 2014), whereas others relied on

expert opinion to determine what constituted culture change (Elliot and colleagues, 2014; and Grabowski, O'Malley, and colleagues, 2014). Also, a tautology was noted, in that *components* of culture change are often used to define culture change, which sidesteps the matter of definition. In the end, the experts agreed that the term culture change in and of itself may be doing the field a disservice. Instead, practice, policy, and research should promote care processes and structures that promote person-centered care and optimal psychosocial and medical outcomes (Shier, Khodyakov, Cohen, Zimmerman, & Saliba, 2014).

Overview of the Supplemental Issue of *The Gerontologist*

This supplement represents an effort to fill the void of evidence to inform practice and policy. Shier and colleagues (2014) begin by providing a useful framework to consider factors influencing culture change and its outcomes. Their framework moves to clarify the labels surrounding the discussion of quality, emphasizing that residential quality and quality of care should combine to enhance quality of life. They use this framework to assess the existing literature on culture change interventions in nursing homes and report that published studies do not provide sufficient evidence to guide nursing homes or governing bodies in the implementation of culture change. The other articles in this supplement address some of the methodological challenges and knowledge gaps identified in this review.

Recognizing that existing studies do not provide adequate guidance on the processes to implement culture change and their related outcomes, Elliot, Cohen, Reed, Nolet, and Zimmerman (2014) identify specifically which domains of culture change have been adopted, and in what combinations, by nursing homes identified by national leaders. Zimmerman, Sloane, Cohen, and Barrick (2014) address the gap in a different manner, by detailing a culture change training program to individualize and improve outcomes related to a basic care activity; they address not only components of individualized care but also policy issues relevant to improved care. Further addressing outcomes, Grabowski and colleagues (2014) use propensity score analysis to identify a comparator group and examine the relationship between culture change and medical markers of quality of care, an especially important topic given the primacy of these measures in determinations of quality care.

The organization of staffing is critical to providing individualized care to the complex nursing home population; two articles in this supplement inform the matter of staffing. Bishop (2014) examines culture change in the context of high-performance work systems, drawing on insights from other sectors to consider similarities and differences regarding staffing recommendations. Looking more specifically at the critical role of nurses, Bowers and Nolet (2014) explore how the role of nurses is integrated into one model of culture change, the Green House model, and how clinical care practices are influenced by variations in the nursing team; further, this work illustrates that culture change implementation differs even within one model of care.

This supplement also explores how federal policies or statewide efforts can support nursing home culture change initiatives. Grabowski, Elliott, Leitzell, Cohen, and Zimmerman (2014) provide evidence on facility, market, and state policy factors that are associated with the implementation of culture change programs. Delving more deeply into one component given the potential costs associated with physical improvements to make nursing homes more homelike, Miller, Cohen, Lima, and Mor (2014) explore how a state's Medicaid capital reimbursement policy is associated with a nursing home's physical environment. Finally, Beck, Gately, Lubin, Moody, and Beverly (2014) describe the evolution of a state coalition for nursing home excellence and how diverse organizations can collaborate to support person-centered care across a state.

Together, the articles in this supplemental issue of *The Gerontologist* aim to provide evidence that can be translated into improved practice and policy to transform the culture of nursing home care. The accompanying Commentary (Bishop & Stone, 2014) synthesizes some of those implications and highlights pressing issues related to improved systems of care for those who reside in nursing homes.

References

Advancing Excellence in America's Nursing Homes. (nd). Eight goals. Retrieved November 1, 2013, from http://www.nhqualitycampaign.org/star_index.aspx?controls=eightgoals

Berlowitz, D. R., Young, G. J., Hickey, E. C., Saliba, D., Mittman, B. S., Czarnowski, E., . . . Moskowitz, M. A. (2003). Quality improvement implementation in the nursing home. *Health Services Research*, *38*, 65–83. Retrieved from http://dx.doi.org/10.1111/1475-6773.00105

Beck, C., Gately, K. J., Lubin, S., Moody, P., & Beverly, C. (2014). Building a state coalition for nursing home excellence. *The Gerontologist*, *54*(Suppl. 1), S87–S97. doi: 10.1093/geront/gnt110

Bishop, C. E. (2014). High-performance workplace practices in nursing homes: An economic perspective. *The Gerontologist*, *54*(Suppl. 1), S46–S52. doi: 10.1093/geront/gnt163

Bishop, C. E., & Stone, R. (2014). Implications for policy: The nursing home as least restrictive setting. *The Gerontologist*, *54*(Suppl. 1), S98–S103. doi:10.1093/geront/gnt164.

Bowers, B. J., & Nolet, K. (2014). Developing the Green House nursing care team: Variations on development and implementation. *The Gerontologist*, *54*(Suppl. 1), S53–S64. doi: 10.1093/geront/gnt109

Castle, N. G., & Engberg, J. (2005). Staff turnover and quality of care in nursing homes. *Medical Care*, *43*, 616. Retrieved from http://dx.doi.org/10.1097/01.mlr.0000163661.67170.b9

Centers for Disease Control, Health Data Interactive. (2004). Retrieved November 10, 2013, from http://205.207.175.93/HDI/TableViewer/tableView.aspx?ReportId=521

Centers for Medicare & Medicaid Services (CMS). (2005). 8th Round SOW contract. Retrieved November 1, 2013, from http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/QualityIMprovementOrgs/04_9thsow.asp#TopOfPage

Collier, E., & Harrington, C. (2008). Staffing characteristics, turnover rates, and quality of resident care in nursing facilities. *Research in Gerontological Nursing*, *1*, 157–170. Retrieved from http://dx.doi.org/10.3928/00220124-20091301-03

Coleman, M. T., Looney, S., O'Brien, J., Ziegler, C., Pastorino, C. A., & Turner C. (2002). The Eden Alternative: Findings after 1 year of implementation. *Journal of Gerontology: Medical Sciences*, *57*, M422–M427. Retrieved from http://dx.doi.org/10.1093/gerona/57.7.M422

Cott, C. (1997). "We decide, you carry it out": A social network analysis of multidisciplinary long-term care teams. *Social Science & Medicine*, *45*, 1411–1421. Retrieved from http://dx.doi.org/10.1016/S0277-9536(97)00066-X

Elliot, A., Cohen, L. W., Reed, D., Nolet, K., & Zimmerman, S. (2014). A "recipe" for culture change? Findings from the THRIVE survey of culture change adopters. *The Gerontologist*, *54*(Suppl. 1), S17–S24. doi:10.1093/geront/gnt133

Fagan, R. M. (2003). Pioneer Network: Changing the culture of aging in America. *Journal of Social Work in Long-Term Care*, *2*, 125–140. Retrieved from http://dx.doi.org/10.1300/J181v02n01_09

Grabowski, D., Elliot, A., Leitzell, B., Cohen, L. W., & Zimmerman, S. (2014). Who are the innovators? Nursing homes implementing culture change. *The Gerontologist*, *54*(Suppl. 1), S65–S75, doi:10.1093/geront/gnt144

Grabowski, D., O'Malley, A. J., Afendulis, C. C., Caudry, D. J., Elliot, A., & Zimmerman, S. (2014). Culture change and nursing home quality of care. *The Gerontologist*, *54*(Suppl. 1), S35–S45. doi:10.1093/geront/gnt143

Hickey, E. C., Young, G. J., Parker, V. A., Czarnowski, E. J., Saliba, D., & Berlowitz, D. R. (2005). The effects of changes in nursing home staffing on pressure ulcer rates. *Journal of the American Medical Directors Association*, *6*, 50–53. Retrieved from http://dx.doi.org/10.1016/j.jamda.2004.12.003

Hill, N. H., Kolanowski, A. M., Milone-Nuzzo, P., & Yevchak, A. (2011). Culture change models and resident health outcomes in long-term care. *Journal of Nursing Scholarship*, *4*, 30–40. Retrieved from http://dx.doi.org/10.1111/j.1547-5069.2010.01379.x

Holder, E. L. (1983). *Consumer statement of principles for the nursing home regulatory system*. Washington, DC: National Citizens' Coalition for Nursing Home Reform (NCCNHR).

Holder, E. L., & Frank, F. W. (1985). *A consumer perspective on quality care: The residents' point of view*. Washington, DC: National Citizens' Coalition for Nursing Home Reform (NCCNHR).

Jones, A. L., Dwyer, L. L., Bercovitz, A. R., & Strahan, G. W. (2009). The National Nursing Home Survey: 2004 overview. National Center for Health Statistics, *Vital and health statistics. Series 13, Data from the National Health Survey*, *167*, 1. Retrieved from http://www.cdc.gov/nchs/data/series/sr_13/sr13_167.pdf

Kelly, M. (1989). The Omnibus Budget Reconciliation Act of 1987. A policy analysis. *Nursing Clinics of North America*, *24*, 791–794.

Koren, M. J. (2010). Person-centered care for nursing home residents: The culture-change movement. *Health Affairs*, *29*, 312. Retrieved from http://dx.doi.org/10.1377/hlthaff.2009.0966

Mather, K. F., & Bakas, T. (2002). Nursing assistants' perceptions of their ability to provide continence care. *Geriatric Nursing*, *23*, 76–81. Retrieved from http://dx.doi.org/10.1067/mgn.2002.123788

Miller, S. C., Cohen, N., Lima, J. C., & Mor, V. (2014). Medicaid capital reimbursement policy and environmental artifacts of nursing home culture change. *The Gerontologist*, *54*(Suppl. 1), S76–S86. doi:10.1093/geront/gnt141

Moore, K. L., Boscardin, W. J., Steinman, M. A., & Schwartz, J. B. (2012). Age and sex variation in prevalence of chronic medical conditions in older residents of U.S. nursing homes. *Journal of the American Geriatrics Society*, *60*, 756–764. Retrieved from http://dx.doi:10.1111/j.1532-5415.2012.03909.x

Rahman, A. N., & Schnelle, J. F. (2008). The nursing home culture-change movement: Recent past, present, and future directions for research. *The Gerontologist*, *48*, 142–148. Retrieved from http://dx.doi.org/10.1093/geront/48.2.142

Saliba, D., Jones, M., Streim, J., Ouslander, J., Berlowitz, D., & Buchanan, J. (2012). Overview of significant changes in the Minimum Data Set for nursing homes version 3.0. *Journal of the American Medical Directors Association*, *13*, 595–601. Retrieved from http://dx.doi.org/10.1016/j.jamda.2012.06.001

Saliba, D., & Schnelle, J. F. (2002). Indicators of the quality of nursing home residential care. *Journal of the American Geriatrics Society*, *50*, 1421–1430. Retrieved from http://dx.doi.org/10.1046/j.1532-5415.2002.50366.x

Shier, V., Khodyakov, D., Cohen, L. W., Zimmerman, S., & Saliba, D. (2014). What does the evidence really say about culture change in nursing homes? *The Gerontologist*, *54*(Suppl. 1), S6–S16. doi:10.1093/geront/gnt147

Shortell, S. M., Marsteller, J. A., Lin, M., Pearson, M. L., Wu, S. Y., Mendel, P., & Rosen, M. (2004). The role of perceived team effectiveness in improving chronic illness care. *Medical Care*, *42*, 1040–1048. Retrieved from http://dx.doi.org/10.1097/00005650-200411000-00002

Stone, R. I., Reinhard, S. C., Bowers, B. Zimmerman, D., Phillips, C. D. Hawes, C., . . . Jacobson, N. (2002). Evaluation of the Wellspring model for improving nursing home quality. The Commonwealth Fund. Retrieved from http://www.commonwealthfund.org/~/media/Files/Publications/Fund%20Report/2002/Aug/Evaluation%20of%20the%20Wellspring%20Model%20for%20Improving%20Nursing%20Home%20Quality/stone_wellspringevaluation%20pdf.pdf

Sullivan, J. L., Shwartz, M., Burgess, J. F., Jr., Peköz, E. A., Christiansen, C. L., Gerena-Melia, M., & Berlowitz, D. (2013). Person-centered care practices and quality in Department of Veterans Affairs nursing homes: Is there a relationship? *Medical Care*, *51*, 165–171. doi: 10.1097/MLR.0b013e3182763230.

Tangalos, E. (2012). MDS 3.0: Can this release be all things to all people? *Journal of the American Medical Directors Association*, *13*, 576–577. doi: 10.1016/j.jamda.2012.04.015.

Vladeck, B. (2003). Unloving care revisited: The persistence of culture. In A. S. Weiner & J. L. Ronch (Eds.), *Culture change in long-term care*. Binghamton, NY: Haworth Press Inc.

Zimmerman, S., & Cohen, L. W. (2010). Evidence behind The Green House and similar models of nursing home care. *Aging Health*, *6*, 717–737. Retrieved from http://dx.doi.org/10.2217/ahe.10.66

Zimmerman, S., Sloane, P. D., Cohen, L. W., & Barrick, A. L. (2014). Changing the culture of mouth care: *Mouth care without a battle*. *The Gerontologist*, *54*(Suppl. 1), S25–S34. doi:10.1093/geront/gnt145