

## **Culture Change in the Nursing Home: The Impact on Resident, Staff, & Family**

### **Background**

Traditional nursing home care has focused on treating the medical needs of residents rather than on the individual's quality of life (Barkan, 1981). However, unlike the hospital setting where patients typically stay for brief periods of time, the nursing home is a long-term-care residence where people live for months and often years. For nursing home residents to thrive, they need the opportunity for continued growth of mind and spirit in addition to good medical care. New initiatives are currently underway to transform the culture of the nursing home to one that emphasizes quality of life, resident centered care, family involvement, and staff empowerment (Bond, et al., 1996, Thomas, 1994, & 1999, & Kehoe, 2001). The change in focus that these new resident centered quality of life initiatives bring is often termed culture change.

Since 2003 Jewish Home Lifecare (JHL) has been undergoing a culture change transformation at our three nursing home campuses. Since the start of the culture change initiative we have simultaneously implemented a culture change study to monitor and understand the phenomenon and effects of culture change at Jewish Home Lifecare.

Specifically, the purpose of this study is to examine (1) the extent to which culture change has been implemented on our communities and (2) the impact of the culture change initiative on resident care, satisfaction, and quality of life; family satisfaction; and staff work practices and satisfaction.

### **Study Design**

*Timeline.* The culture change study is a longitudinal study with three data collection periods. The first period (Time 1, pre-culture change) occurred between 9/03 and 3/04, the second period (Time 2) occurred between 01/05 and 05/05, and the third period (Time 3) occurred between 12/07 and 7/08.

*Design.* Thirteen long-term-care communities across our Manhattan, Bronx, and Westchester campuses participated in this study. Seven of the communities in the study were culture change communities and six communities were designated as control communities. During most of the first two data collection periods the control communities continued to function along our traditional pre-culture change model of care. The control communities however began to phase into the culture change process during the end of the Time 2 data collection period. By Time 3, all communities in the study became culture change communities at different stages of the transformation process. Therefore, in later analyses, the **original culture change group** is also referred to as the **early culture change group** and the **original control group** is also referred to as the **late culture change group**.

## **Culture Change Initiative**

The following are a list of some of the general culture change initiatives at JHL:

1. The creation of the Community Coordinator position. Each community has a community coordinator who has the responsibility of facilitating the change process and organization on the communities. The community coordinator acts as the community "team leader" interacting closely with all members of the community including all staff, residents, and residents' family members.
2. Flattening of the organizations system from a departmental hierarchy to community teams.
3. Collaborative work environment among staff.
4. Resident centered care.
5. A greater focus on integrating family members into life on the communities as well as in care and treatment planning.

## **Subjects**

The subjects in this study were the residents, staff, and primary family contacts on the 13 study communities. Every staff, resident, and family member associated with a study community for at least two months prior to the start of each data collection period was asked to participate in the study. In Time 1, n=287 staff members, 199 nursing home residents (69 of whom were interviewable), and 108 family members; in Time 2, n =280 staff members, 233 nursing home residents (79 of whom were interviewable), and 122 family members; and in Time 3, n=216 staff members, 212 nursing home residents (61 of whom could be interviewed), and 170 family members.

## **Measures**

Residents: Face-to face interviews were conducted with residents to examine their satisfaction, quality of life, and perceived control over everyday activities in the nursing home. Resident behavioral measures were collected by asking nursing assistants about resident behavior and mood. Chart reviews for data on diagnoses, cognitive status, ability to carry out activities of daily living, etc, were also conducted on each resident.

Families: Families completed surveys examining their satisfaction with the nursing home and their perceptions of the degree to which culture change values were actually implemented on the communities.

Staff Members: Staff completed surveys examining employee satisfaction, burnout, collaborative decision-making, and perceived implementation of culture change values on the communities. Number of days floated to other units were also examined.

Culture change checklist: Staff on each community completed a questionnaire examining the community's culture change initiatives (e.g. number of community meetings, involvement of various staff members in community decisions, number of community celebrations).

Measures were collected during each data collection period.

### **Project Status**

Data analyses are on-going as is dissemination of findings and preparation of manuscripts.

### **Selected Findings on Time 1 to Time 2 Change**

1. On culture change communities, residents indicated increased control and well-being from Time 1 to Time 2 as compared to residents on control communities.
2. On culture change communities, staff reported increased implementation of culture change values on their communities as compared to staff on control communities. Additionally, while increased emotional exhaustion was found among staff on the control communities, emotional exhaustion remained stable on the culture change communities.
3. Families on culture change units indicated increased implementation of culture change values on their communities as compared to families on the control communities.
4. Staff on culture change communities reported increased decision-making by community coordinators, environmental service workers, and food service workers and an increase in celebrations including resident birthdays and staff retirement parties as compared to staff on control communities.
5. A significant relationship was found between staff and resident outcomes, with more positive staff outcomes related to more positive resident outcomes.

### **Findings on the Relationship between Resident Quality of Life and Satisfaction**

6. Residents' feeling of dignity was the most consistent predictor of resident satisfaction predicting both general satisfaction in the nursing home and residents' satisfaction with staff.
7. Spiritual well-being and food enjoyment in addition to dignity were significant predictors of general satisfaction with the nursing home.

### **Findings from Time 1 to Time 2 to Time 3**

8. The findings indicate that the greatest positive impact of culture change occurred near the initial implementation of the intervention however

sustainability of the change and its impact becomes more difficult over time. These findings are consistent with other culture change initiatives and illustrate the importance of developing strategies focused on sustainability.

**Project Team:** Audrey Weiner, DSW & Sigal Barsade, PhD, Principal Investigator  
Orah Burack, MA, Senior Research Associate

**Funded by:** Jewish Home Lifecare (JHL)

**Project Period:** 2003-2010

### **Publications**

Ramarajan, L., Barsade, S. G., & Burack, O. R. (2008). The Influence of organizational respect on emotional exhaustion in the human services. *The Journal of Positive Psychology, 31*(1) 4-18.

### **Presentations**

Downes, D., & Burack, O. (2010) Culture Change in the Nursing Home: A Five Year Longitudinal Study Examining the Impact of Culture Change on Elder Nursing Home Residents. To be presented at the Pioneer Network's 10<sup>th</sup> Annual National Conference in Indianapolis, Indiana.

Burack, O. R., Weiner, A. S., Barsade, S. G. (2009). Culture change in the nursing home: The relationship between culture change values and staff affect. Presented at the 62<sup>st</sup> annual meeting of the Gerontological Society of America in Atlanta, GA.

Weiner, A., Burack, O., & Barsade, S. (2009). Culture change and staff satisfaction: Using research to guide practice. Presented at the Pioneer Network's 9<sup>th</sup> Annual National Conference in Little Rock, Arkansas.

Burack, O. R., Annunziato, R. A., Barsade, S. G. & Weiner, A. S. (2008). Culture Change Values in the Nursing Home: The Family Perspective. Presented at the Joint Conference of The National Council on Aging and American Society on Aging, Washington, DC.

Burack, O. R., Weiner, A. S., Barsade, S. G. & Annunziato, R. A. (2007) Culture change in the nursing home: The impact of residents, staff, and families. Poster presented at the 60<sup>th</sup> annual meeting of the Gerontological Society of America. San Francisco, CA.

Annunziato, R. A., Burack, O. R., Barsade, S. G. & Weiner, A. S. (2007) Principles of Culture Change: What Matters to Nursing Home Residents. Poster presented at the 60<sup>th</sup> annual meeting of the Gerontological Society of America. San Francisco, CA.

**Websites**

Weiner, A., Reinhardt, J., Barsade, S., & Burack, O. (2009). Culture Change in the nursing home: The impact on elder, staff, and family. Research in the Culture Change Spotlight-Jewish Home Lifecare of New York.  
<http://www.pioneernetwork.net/Resources/ResearchSpotlight>.

Updated: May 2010