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WHAT CULTURE CHANGE IS AND WHY AN AGING NATION CARES

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In the world of aging, culture change has been described as everything from new wallpaper and a bird in the nursing home lobby to a major social shift in U.S. society. Culture change is the process of moving from a traditional nursing home model—characterized as a system unintentionally designed to foster dependence by keeping residents, as one observer put it, “well cared for, safe and powerless” —to a regenerative model. This model, which increases residents’ autonomy and sense of control, is also sometimes referred to as resident-centered care. Culture change embodies an emerging, progressive view of aging that seeks to find a common thread in the various approaches to reformulating what it means to grow older in the United States.

Culture change in nursing homes means systemic change throughout a facility from both individual and organizational perspectives, a transformation anchored in values and beliefs that returns control to elders and those who work most closely with them. The goal is creating a culture of aging that is life-affirming, satisfying, humane and meaningful. Successfully implemented culture change can transform a facility into a home, a patient into a person and a schedule into a choice.

PIONEER MOVEMENT

About 5% of elders in the United States—1.6 million people—currently live in 16,800 nursing homes. That number will soar, reflecting not only the accelerated growth of those age 85 or older but also the growing number of working women, who will be less available for caregiving (the majority of caregivers for aged loved ones are women). Too often identified by their diseases or conditions rather than their names, elders in nursing homes become the objects of care services, disenfranchised and isolated from the normal rhythms of everyday life. Staff assume responsibility for making daily lifestyle decisions for residents—when to get up, when to eat and what to eat, when to bathe and when to go to bed.

The earliest nursing home pioneers began their work in the 1970s as individuals working to rethink long-term care. Their efforts grew into a national grassroots movement focused on transforming nursing homes from a medical to a more holistic care model. As their numbers and experience grew, these kindred spirits—a wide range of healthcare professionals, regulators, family members, residents, researchers and design professionals—knew in their hearts that things could be different for elders. They believed that life with meaning is possible in any setting.

The cornerstone of the pioneer approach is striking in its simplicity: Residents first! The goal is to redesign nursing homes as places for living, with good medical and nursing care supporting—rather than dominating—daily life. In recent years, strongly inspired by the residential appeal of assisted living, this new nursing home environment is characterized by a sense of home.

Culture change must start at the top, with complete support and participation from all levels of management. Staff participation in planning and design is essential because without involvement from the entire organization, culture change will never get off the ground. This approach empowers staff, inspires

creativity and puts more focus where it belongs: on direct-care staff, who provide for residents' daily needs. Also, establishing a positive psychosocial and spiritual environment is crucial for getting to know, being involved with and often loving the resident elders.

IMPLEMENTING CHANGE

Initiating change with organizational and psychosocial changes not only provides a solid foundation for understanding how the physical environment is expected to function but also makes modification and change much easier. Design changes can foster a social-holistic model of care that accommodates and supports rather than drives residents' behavior. For example, the nursing home community can be divided into smaller neighborhoods in which eight to 12 residents share a living room, dining room, kitchen and pantry. In such settings, residents spend more time together, building community and even looking out for each other.

Person-centered care in smaller, more intimate settings has, for example, enhanced mealtime enjoyment by transforming the task-oriented climate of efficiency with tray service to a multicourse, family-style meal. Each resident can select what and how much he or she would like to eat. The food is hot, the choice belongs to the residents, appetites have improved and the atmosphere is warm and congenial.

In particular, restaurant-style dining has replaced assembly-line trays and given residents an opportunity to order from menus. With some creative design, for example, Crestview Home in Bethany, Md., added buffet dining as an option. The buffet is structured on two levels to allow ambulatory diners and diners using wheelchairs equal access, those who walk on one side of the buffet and those with wheelchairs on the other.

Culture change is not just about nursing homes—it's about a society that's lost its way. In a discussion about her ethical will taped in 2001, Beatrice Taishoff, a 99-year-old resident of the Jewish Home and Hospital in the Bronx, N.Y., had a hopeful message: "There's a general tendency to see elders primarily as having problems and as being frail. I believe that despite those losses, there is something else—that essence is there. We just have to uncover it—go through the layers to find it and hope to develop this relationship with each person—a partnership—to rediscover meaning in life."

TOMORROW'S CHALLENGES

Culture change is more than an attempt to deal with yesterday's failings: It is also an opportunity to deal with tomorrow's challenges. Bill Thomas, the physician who created The Eden Alternative, has long predicted the demise of the nursing home for having failed to pay attention to customer needs and preferences. What older people are looking for is not the right healthcare provider but the right housing environment. Older adults want a home that will help them stay healthy, or at least as healthy as possible, as they age.

I remember the struggle in the early 1980s to create special-care units for people with Alzheimer's. Many felt strongly that such units were necessary not only to significantly highlight care but also to change the physical environment in ways that allowed better care for residents with dementia. Although we wanted to focus attention on those with special needs, the fact is, we also wanted special care for all aging loved ones.

It truly warms my heart to know that we are now placing the focus on special needs, special environmental supports and special care for all older adults without regard to diagnosis. It gives me cause for hope that we can find ways to care for each other humanely and comfortably, as we all hope to be cared for if we need it. ❖

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OUTCOMES RESEARCH ON ALTERNATIVES

Although culture-change outcomes research is still very limited, the information currently available is promising. For example, Providence Mount St. Vincent in Seattle, Wash., was one of the first in 1994 to institute what are called neighborhoods, areas in a home that serve small groups of up to 15 residents with their own living and dining rooms and consistent staffing.

The evaluation of the Providence program showed an 11% reduction in routine medication utilization, a 40% reduction in the use of medication for bowel management, a 100% reduction in antianxiety medications, a 100% reduction in antipsychotic medications, a 100% reduction in sedative hypnotics, a 50% increase in resident activity levels, and a more than 100% increase in social interaction.

In 2000, a report by the Institute for Quality Improvement in Long Term Health Care cited a 33% reduction in the use of PRN (as needed) anxiolytics and antidepressants in nursing homes incorporating The Eden Alternative model. The institute also recorded a 44% decrease in staff absenteeism and a 60% reduction

of in-house pressure wounds. The cumulative rate of bedridden residents decreased by 25%; use of restraints decreased by 18%.

In a three-year study by researchers at the University of Rochester published in 1999 by the New York State Department of Health, culture change was shown to have substantial beneficial consequences for residents and staff by fostering increased social activity. In addition, residents had less depression, fewer falls and reduced instances of weight loss and dehydration.

More recently, researchers at the University of Minnesota and the national Green House Project reported in *The Gerontologist* (Vol. 46, No. 4, 2006) that residents, family and staff have positive experiences at the small Green Houses (homes for 10 or fewer elders), and that the expansion of formal Green Houses and the diffusion of the culture-change ideas underlying them “would be welcome and would justify the exercise of thinking grandly rather than incrementally.” ♦

—Elizabeth C. Brawley
and Paul Kleyman