

The Good and Bad News about “Culture Change” in America’s Nursing Homes

The “culture change” movement is working to radically transform nursing home care but only about a third of nursing homes have completely embraced it, and many nursing homes have done little or nothing to adopt it.

Nursing homes that have adopted “culture change” perform far better than those that have not on a broad range of criteria affecting residents, staff, operations, competitive positioning and costs.

The Commonwealth Fund recently released the results of their **2007 National Survey of Nursing Homes**, based on a survey of directors of nurses in 1,435 nursing homes, who were surveyed between February and June 2007. The findings of this research were reported in a paper published by the Commonwealth Fund entitled *Culture Change in Nursing Homes: How Far Have We Come?*, written by Michelle M. Doty, Mary Jane Koren and Elizabeth L. Sturla. Copies of the report can be obtained on the Commonwealth Fund’s website (www.cmwf.org).

This issue of the *Harris Interactive Healthcare News* presents and summarizes some of the key findings of this research.

1. What Is “Culture Change” in Nursing Homes?

The “culture change” movement is sometimes referred to as using a “resident-centered” or “resident-directed” approach. It is intended to transform nursing home care and help nursing homes transition from institutions to homes.

In order that the directors of nursing homes who were surveyed should fully understand the concept of “culture change,” the questionnaire included the following definition:

Definition of “Culture Change” or Resident Centered Care

Experiences with Resident Centered Care

We would now like to ask you a few questions about the concept of “culture change,” also referred to as a resident-centered or resident-directed approach. A “culture change” or resident-centered nursing home can be defined as an organization that has home and work environments which include the following:

- *Care and all resident-related activities that are decided by the resident;*
- *A living environment that is designed to be a home rather than an institution;*
- *Close relationships existing between residents, family members, staff, and community.*
- *Work organized to support and allow all staff to respond to residents’ needs and desires;*
- *Management that allows collaborative and group decision making; and*
- *Processes/measures that are used for continuous quality improvement.*

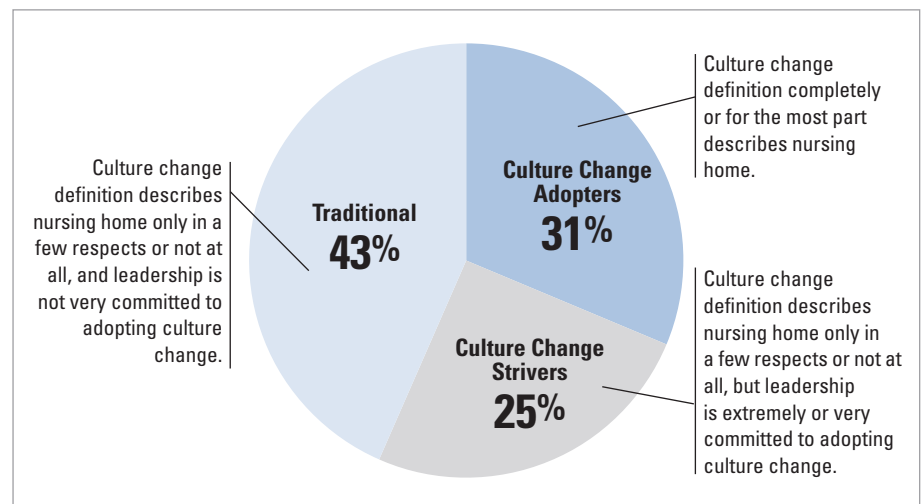
2. How Many Nursing Homes Have Adopted or Are Adopting “Culture Change?”

After the directors of nursing had seen the written definition of “culture change,” only 5% said that the definition described their nursing home completely, while another 25% indicated that this definition described their home for the most part. A quarter (25%) said that the definition described their nursing homes only in a few respects or not at all but that their leadership was very or extremely committed to adopting “culture change.” The largest group of nursing homes (43%) was described by their directors as having done little or nothing and that their leaders were not very committed to adopting “culture change.”

As the rest of this report shows, these three groups – who have been labeled “culture change adopters,” “culture change strivers” or “traditional” – are very different, both in terms of how their nursing homes are run and managed and in terms of their success in meeting their residents’ needs, satisfying and retaining their staff and achieving success in the marketplace.

How Widely Has Culture Change Been Implemented?

Categories of Nursing Homes, by Extent of Culture Change Adoption



Source: Doty, M. M., Koren, M. J., & Sturla, E. L. (2008). *Culture Change in Nursing Homes: How Far Have We Come? Findings From the Commonwealth Fund 2007 National Survey of Nursing Homes.*

3. The Perceived Impact of “Culture Change” on Nursing Homes

Virtually none of the nursing directors in nursing homes that have adopted “culture change” or whose leaders are committed to it (i.e., 56% of nursing homes) believe that “culture change” has had a negative impact on their institutions, while substantial numbers believe “culture change” has improved them in several ways. These include:

- 52% who see an **improvement in their competitive positioning**
- 57% who report **improved staff retention**
- 45% who report **improved occupancy rates**
- 32% who report **reduced staff absenteeism**
- 26% who report **improved operational costs**; and
- 24% who see an **improved payer mix.**

Table 1
Impact of “Culture Change”/Resident-Centered Care on Nursing Homes

“In your opinion what kind of business (organizational) impact do you think ‘culture change’ or resident-centered approach is having on this nursing home?”

Base: Nursing homes that meet the definition of “culture change” in a few respects, for the most part or completely (80% of all nursing homes)

		Improved	Worsened	No Impact/ Not Sure/ Not Applicable/ No Response
Staff retention	%	47	2	50
Staff absenteeism	%	32	2	66
Competitive position in market area	%	52	1	48
Occupancy rate	%	45	1	54
Use of agency staff	%	16	2	83*
Payer mix	%	24	1	75
Operational costs	%	26	4	70

*Includes 52% who replied “not applicable.”

4. Commitment of Leadership of Nursing Homes to “Culture Change”

Just as nursing homes vary from those that have already embarked enthusiastically on “culture change” to those that are not interested, so the leadership of nursing homes vary greatly in their commitment. Half of nursing directors reported that their leaders are extremely (20%) or very (29%) committed to “culture change,” while 29% said that they are only somewhat, not at all, or not very committed and 5% report mixed commitment. A further 16% were not sure how much their leaders are committed.

Table 2
Commitment of Leadership of Nursing Homes to Adoption of “Culture Change”

“How committed, if at all, is the leadership of this nursing home, that is the owners, board and administrators, to the adoption of “culture change” or a resident-centered approach?”

Base: Nursing homes that meet the definition

	%
Not at all or not very committed	8
Somewhat committed	21
Very committed	29
Extremely committed	20
Mixed commitment	5
Not sure	16
No response	2

Note: 20% of homes were not asked this question because they indicated that their home did not meet the definition of “culture change” at all.

5. Barriers to Implementing “Culture Change”

Implementing major changes and changing the culture of institutions is often very difficult. Inertia and resistance to change are often powerful forces that prevent, inhibit or slow changes, however desirable these changes are.

The nursing directors of the nation’s nursing homes reported a number of barriers to implementing “culture change.” Those mentioned most often include:

- **Cost** (31% see this as a major problem, and a further 28% see it as a minor barrier).
- **Regulations** (23% major and 33% minor barrier)
- **Size of facility** (22% major and 27% minor barrier)
- **Staff (resistance)** (14% major and 47% minor barrier)
- **Corporate board support (or lack of it)** (11% major and 16% minor barrier)
- **Human resources policies** (8% major and 34% minor barrier)

Table 3
Major and Minor Barriers to Implementing “Culture Change”

“How much of a barrier, if any, are the following to implementing “culture change” or a resident-centered approach in this nursing home?”

Base: All nursing homes

	Major Barrier	Minor Barrier
Cost	31%	28%
Regulations	23%	33%
Size of facility	22%	27%
Staff	14%	47%
Corporate board support	11%	16%
Human resources policies and procedures	31%	28%
Unions	7%	6%
Family or resident resistance	3%	35%

6. Differences between “Culture Change Adopters,” “Strivers” and “Traditional” Nursing Homes

The survey found very powerful evidence that “culture change” works. There are very large differences between nursing homes that are “culture change adopters,” “strivers” and “traditional,” and all of these differences provide strong arguments in favor of “culture change.”

Some of these differences (but by no means all of them) are shown in Table 4. Among the most striking are:

- 58% of adopters but only 22% of traditional allow residents to determine their own schedules.
- 70% of adopters compared to 27% of traditional actually involve residents in decision making about their units
- 86% of adopters , compared to 65% of traditional allow residents to choose when they are bathed or showered
- 78% of adopters, compared to 54% of traditional allow residents to eat when they want.
- 49% of adopters, compared to 20% of traditionals involve residents in the planning of social events
- 58% of adopters, compared to 33% of traditionals, involve residents in the development of their care plans.
- 69% of adopters compared to 37% of traditionals, include certified nursing assistants in resident-centered care planning sessions
- 64% of adopters compared to 35% of traditionals involve residents in important decisions affecting their entire nursing homes
- 46% of adopters compared to 22% of traditional are implementing physical changes that will **change the dining experiences** of residents.

Table 4
Some Differences Between “Culture Change Adopters,” “Strivers”
and “Traditional” Nursing Homes

Base: All nursing homes

	Total	Culture Change Groups		
		Culture Change Adopters	Culture Change Strivers	Traditional
Base:	1435	425	371	589
Resident-Directed Initiatives				
Percent of homes that are currently implementing the following resident-directed initiatives:				
Enable residents to determine their own daily schedule	29	58	28	22
Actively involve residents in decisions regarding their household/neighborhood/unit	38	70	39	27
Fully implement “Bathing Without a Battle Techniques”	35	64	45	37
YES TO ALL	12	25	7	5
Percent of homes indicating this is practice for residents to be able to choose the following:				
<i>Bathing Choices:</i>				
Choose how they are bathed	87	94	89	83
Choose when bathed or showered	72	86	69	65
<i>Eating Choices:</i>				
Request and receive favorite foods that are not on the menu	84	93	87	79
Eat when they want	62	78	64	54
Resident Autonomy and Decision Making				
Decisions for the following activities are usually made by residents independently or jointly with staff				
<i>Daily Living Choices and Social Events:</i>				
Creating schedule for meals	12	23	9	7
Planning menus	14	26	13	8
Decorating communal areas	13	22	16	5
Creating calendar for social events	28	46	27	17
Planning for social events	31	49	33	20
<i>Personnel Issues and Care Planning:</i>				
Developing the resident’s care plan	42	58	40	33
Decisions about who provides their own hands-on care	14	22	14	8

Source: Doty, M. M., Koren, M. J., & Sturla, E. L. (2008). *Culture Change In Nursing Homes: How Far Have We Come? Findings From The Commonwealth Fund 2007 National Survey Of Nursing Homes.*

Healthcare News

9 | Volume
1 | Issue
February 10
2009

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