

Implementing Nursing Home Culture Change: The Importance of Education and Communication

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Nursing Home Culture Change

- Aims to alter the way care is provided in nursing homes (NHs) by:
 - Providing care that is more person-centered
 - Preserving the autonomy of those receiving care
 - Making NHs more homelike and less institutional



Nursing Home Culture Change

- Changes to physical plant
 - Households and neighborhoods
 - Private rooms
 - Enhanced dining
- Organizational changes
 - Autonomy for direct-care workers
 - Increased choice for residents



Nursing Home Culture Change

- In existence for about two decades (Koren, 2011)
- 2007 survey found 43% of NHs reported no involvement in culture change (Doty, Koren & Sturla, 2008)
- Our 2010 survey found only 14% of NHs reported no involvement (Miller et al., forthcoming)



Previous Research

- Several studies have examined health outcomes associated with CC (Hill et al., 2011)
- Few studies have examined CC implementation:
 - Formal training for managers better than informal (Munroe, Kaza & Howard, 2011)
 - Organizational culture, attention to sustainability, management practices and staff involvement important (Crandall, White, Schuldeis & Talerico, 2007)
 - Readiness for change, quality management communications, and favorable perceptions of culture change by direct-care workers important (Rosemond, Hanson, Ennett, Schenck & Weiner, 2012)



Need for Additional Research

- Findings limited due to small numbers of non-randomly sampled NHs
- Missing are studies conducted among a nationally representative sample of nursing homes (Rahman & Schnelle, 2008)
- Addressed this gap by sampling NHs based on a nationally representative survey of US NHs



Conceptual Framework

- Role of leaders in organizational performance and organizational change has long been the focus of research (Smith, Carson & Alexander, 1984)
- Leaders set the organizational context within which innovative programming must be implemented (Klein & Sorra, 1996)
- Attitudes of and approach taken by an organization's leader may make or break efforts to implement innovative programming (Brannon, Kemper, Heier-Leitzell & Stott, 2010)



Research Questions

- Due to importance of leaders to implementation efforts, sought to answer 2 questions:
 - 1) What barriers or challenges do nursing home administrators face in their efforts implementing nursing home culture change?
 - 2) What strategies do administrators utilize to overcome these challenges?



Methods – Sample Selection

- 64 telephone interviews with NH administrators in the US
- Admins identified through nationally representative survey of 2769 NHs
- Surveys completed by 75% of the 3693 NHs contacted (by admin, DON, or both)
- Sampled in 4 strata based on high or low CC and high or low care quality



Methods – Interviews

- Semi-structured interview guide drafted
- Piloted with 3 NH admins and interview guide refined
- 3 interviewers conducted the 20-30 minute interviews
- Interviewers were blinded to sampling quadrant
- Interviews recorded, transcribed, and checked by interviewer



Methods - Interview Approach

- We are asking you about some of your practices.
- How did you decide to implement these practices?
- What helped? What were the hurdles?
- Was it worth it?
- Mostly, we're interested in *your story* and in showcasing the practices you're proud of.
- We specifically did NOT ask about culture change practices: did not want to “lead the witness”



Methods – Data Analysis

- Qualitative coding scheme developed during analysis of first 5 interviews
- 5 members of the research team coded ALL interviews
- Met bi-weekly to reconcile coding decisions
- Discussed and developed themes and kept audit trail
- Team members were still blinded to sampling quadrant



Findings Overview

- 7 major themes identified
- 2 related to the research questions in the current study:
 - 1) Admins described barriers and challenges to implementing CC and described a variety of strategies to overcome these
 - 2) Education and communication were vital to these strategies



Barriers to Culture Change

- Barriers cited by admins:
 - Limitations of the physical plant
 - Resident mix of the facility
 - Staff resistance to change
 - Resident and/or family member resistance to change



Barriers: Staff Resistance

Well, our longer employed ones have been more resistant. They don't want to be flexible. You-you know like the bathing schedule and that kind of thing, they, you know, they like to have things, this is how we've always done it and so that's been a little more difficult.



Barriers: Resident Resistance

We've kind of trained them, this-this is how things work in a nursing home so to un-train them, you know, they'll say, "Oh, everything is fine, we don't need to change anything. I'm perfectly happy." ... For example, clothing protectors or bibs, we've tried to get rid of those, but we've trained them to use them. So when we don't put them out, they ask for them. And we've, you know, we've even said, "Well, when you go out to eat with your daughter, do you take one of these with you?" "Well, no." We even have cloth napkins for them to use ... to tuck in their shirt or put in their lap, but they want the clothing protectors. That's because of how we've trained them... We're still working on that.



Barriers: Family Resistance

We've had some families not be as keen on it because to be quite honest, it's a little different. It's not that hospital mentality set-up, you know, where you have this task, this task, this task, you know, kind of the assembly line production and, and sometimes people are expecting that. And, and that's been, that's been one of the challenges, is to try to get the families onboard with things, and to kind of make them understand our position and why this is the benefit to the resident. I think that's been the biggest



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Administrator Strategies

- Strategies mentioned by admins:
 - Small and incremental changes
 - Modeling their own commitment to the CC initiative
 - Education and communication



Education & Communication

- Admins mentioned:
 - Importance of involving others and getting input
 - Using education and communication to get buy-in from those resistant to change
- Admins displayed ability to be flexible and gear education and communication to their facility's unique needs
- Successful admins were able to accept input/feedback, while others were unwilling



Education Strategies

- Admins reported how managers received education and training:
 - State-sponsored conferences
 - Culture change coalition conferences
 - Through their corporation
 - Eden & Pioneer Network



Education: Through Corporation

Some of our other facilities are a little bit further along in the program and they've kind of been the guinea pigs where you know, we brought other facilities in to take a look at them, see how they do things. And we've tried to model ourselves after them as much as possible.



Education: Conferences & Coalitions

I've been to conferences on culture change and I'm now sending my staff. I've got six staff members who have been to Eden Training.



Education Strategies

- Admins reported a variety of training strategies used with staff:
 - In-services
 - Breaking down training into manageable pieces
 - Orientation
 - Small group sessions
- Importance of including everyone



Education: In-services

We have had two in-services, very lengthy ones, to teach staff about how to find the difference between institutionalized care and person-centered care... Trying to distinguish what's considered institutional and what's considered personal? Cause it, it's a tough thing.



Education: Manageable Pieces

We [managers] had an 8 hour orientation and in-service. And we brought that back to the facility and began, because it was an 8 hour training, we broke ours down into 20 minute segments so it took a very long time to do. But my thoughts for the staff was-is 15 to 20 meetings that are 20 minutes long are better than, you know, 8 one hour sessions. Because I, my opinion was they would remember more....so it took us almost a year to accomplish all the in-servicing.



Education: New Employee Orientation

It's also upon orientation, we especially for our new CNAs [certified nursing assistants], we hook them up with some CNAs who've been here for a while and they're drilling it in people from the second they walk in the door: 'This is how we do things here and-and it is different, it's about the residents.' And, so everybody's driving that message home. It's really nice.



Education: Small Group Sessions

Well, we have a staff educator here, a nurse and we would do small group sessions on the units. We would get the CNAs together in small groups or get the LPNs [licensed practical nurses] together in small groups and talk about these issues.



Education: Include Everyone

...education is the key. It requires a lot of in-servicing and-and making sure that everybody's on the same page before you can roll out the program. Same thing with the residents, you want to meet with the residents ahead of time and let them know what's going to happen and ask them their ideas and inputs and then we even had a family night where we, you know, where we explained it all to family members so that they weren't, you know, coming in the next day and saying, why... are all these changes going on. I think that's the key is to get everybody involved and empowered and educated.



Communication Strategies

- Administrators stressed that communication must:
 - Include everyone (staff, residents, family members)
 - Be two-way
 - Be ongoing
- This type of communication:
 - Allows for feedback
 - Fosters involvement and buy-in



Communication: Fosters Buy-In

So it was you know, getting them [everyone] onboard and-and getting them to buy-in to the program. [RS: How did that happen?] Just a lot of education and getting them involved in helping with the process and you know, asking for their ideas, empowering them to make some decisions, and then when they saw that it was successful, then you know then they were onboard.



Communication: Involving Residents

Just from resident council, you know the feedback from resident council hearing that you know, folks were talking about meal times, talking about wake-up times, talking about having direct people taking care of them all the time. I mean, the resident council really sort of, put all those pieces together and we jumped in the culture change thing.



Communication: Two-Way

Well, I think you have to get the buy-in from the staff so I think the very, very first thing is the, you know, to get them involved, not to just tell them this is what we're going to do. You need to empower your-your staff and you need to let them know ahead of time, this is what we're looking to do. You know, if anybody has any suggestions or ideas or questions or concerns, you really have to get to everybody onboard and make sure that they're aware of-of what the idea is that you're going to be doing. Because they have a vested interest, you know, they want to make sure that it's appropriate for their patients and they want to make sure that you know, it's not going to affect them in any-in any terrible, horrible way. So I think that's the most important thing is to get everybody onboard and not you know, not just have it be a management decision where you say, this is what's going happen starting, you know, a week from tomorrow-type thing.

Communication: Allows for Feedback

And the nice thing about it is.. the positive feedback that we received immediately from the residents and the residents' families kind of helps spread the faith or spread that message a little bit that you know, hey, this stuff does work. Because a lot of times, you have people saying, 'Well, why do we want to change?'" And, and for everybody change can be difficult, and so it's been nice to get that positive feedback, that immediate gratification that 'Hey, this is a good way to go' and so that way it helps some of the other managers to say, 'Hey, you know, maybe we should try to think of doing some things in a different way.'

Communication Strategies

- Since feedback may include negative feedback, we found that successful NH leaders:
 - Could flexibly respond to feedback
 - Reported this helped foster teamwork
- In contrast, many non-CC admins were unwilling or unable to accept this type of input



Communication: Good

...just making sure they know their input is important and asking them what they think... If they have suggestions making sure that we, if we don't implement them we at least explain why we can't, or else implement what they think. Because most of the time they know what would make things better.



Communication: Poor

The biggest help was talking to people, verbalizing from the top down versus what they were not verbalizing to me from the bottom up.

Get as much staff input as you can and then you'll have to cut it off because you'll get, everybody has their own idea about something.



Conclusions

- Involve all stakeholders in planning and decision making
- Use education & communication to establish buy-in
- Be flexible and gear education & communication to NH's organizational context and specific needs
- Good admins were able to accept input and feedback



Discussion

- Consistent with literature related to leadership and implementation
- Raises important questions:
 - Are more skilled leaders already embracing CC?
 - Are less skilled admins reluctant to implement CC?
 - What can be done to assist these NH admins?



Discussion

- Findings suggest that leadership training may be an important first step in CC efforts
 - Some CC organizations do offer leadership training
- This could allow less skilled leaders to learn:
 - Better communication skills
 - How to be more flexible
 - How to accept and respond to negative feedback



Discussion

- Other studies have also pointed to the need for better leadership in NHs in order to improve:
 - Care quality (Jeon, Merlyn & Chenoweth, 2010)
 - Staff recruitment and retention (Harvath, et al., 2008)
 - Staff and resident satisfaction
- Leadership training may be beneficial to not just CC efforts, but to other important facility outcomes



Limitations

- Only spoke to one representative at each NH
- May have received different information from DON, direct-care staff or residents
- Tempered by large number of interviews & consistency with which admins reported importance of communication and education



Thank you!

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