



Meeting: NURSES INVOLVEMENT IN CULTURE CHANGE
Opportunity for Improving Residents' Quality of Care and
Quality of Life (Funded by the Commonwealth Fund)

Presentation: October 27 – 28, 2008

Topic: Nursing Education and Culture Change

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Schools of nursing (SoN) and culture change pioneers in the last few decades have been leading the way for improving care for elders in our country. Yet, in many ways it seems that these two forces have been on parallel tracks, with only minimal connection. It would be very advantageous to create a stronger partnership and presence to support and develop the collaboration. A renewal/ resurgence of the Teaching Nursing Home model (Mezey, Mitty & Burger, 2008) using transformed facilities as partners with schools of nursing could certainly help further the work. This paper addresses the parallel paths of culture change and geriatric nursing education with a view towards merging key principles and content of geriatric nursing education and person-centered care, a key tenet of culture change. Recommendations for advancing nursing education and culture change practices include:

- Conduct a comprehensive review of what culture change content has been implemented in SoNs.
- Work with the Geriatric Nurse Education Curriculum (GNEC) to bring culture change materials into their faculty development institutes. Review standards of practice to assure that they support individualized care.
- Create a project linking Hartford Centers for Geriatric Nursing Excellence (HCGNE) and the Pioneer Network (PN) to review Hartford and culture change materials to create a common language, competencies, tools and vision for nursing education at all levels.
- Create a clearing house for disseminating existing gerontological, educational and practice materials to nurses using state coalitions, the existing culture change educational avenues, and creating a collaborative web presence.
- Develop function and task guidelines for nursing, drawing from the format and process developed in The Commonwealth Fund project for medical directors and building institutional support for this “middle management” level of clinical care in nursing homes.
- Involve nurse leaders from academia to assist in the development of a core curriculum and competencies for culture change that crosses all disciplines and care settings and creates a common vision and language for change. Create partnerships and new avenues for collaboration between the HCGNE and the state coalitions for culture change.

- Continue to explore the integration of coaching supervision skills into the nursing curricula at a variety of levels.
- Create a workgroup composed of nursing educators, culture change educators and LTC nurse leaders to identify the principles and characteristics of nursing practice models across settings that includes role definition and culture change competencies for all members of nursing service (i.e., directors of nursing, supervisors, managers, RNs and LPNs, certified nurse assistants, advanced practice nurses).
- Continue to support and educate nursing faculty at all levels (direct care worker instructors, LPN, AD, BSN, grad and advanced practice) to be experts in elder care and culture change.

Roots of culture change and some definitions

The culture change (CC) movement has its roots in the work of the National Citizens Coalition for Nursing Home Reform (NCCHNR) which helped pass the Nursing Home Reform Act of 1987 (Omnibus Budget Reconciliation Act [OBRA]), the first major revision of federal standards for nursing homes since 1965. The Act requires facilities to provide services such that each resident can “attain and maintain her highest practicable level of physical, mental and psychosocial well being” and encourages a resident-centered approach to care. Prior to this, much of the focus for improving nursing homes was on fixing the existing system and not questioning the premises on which the system was based.

The Robert Wood Johnson Foundation Teaching Nursing Home Project (1982-1987) was the incubator for much of the pioneering work in gerontological nursing and culture change. It helped give a sense of purpose, pride and visibility to geriatric nurses. As an outgrowth of this project, the groundbreaking restraint-free care work of nursing researchers and educators, Lois Evans and Neville Strumpf, opened doors to new ways of honoring and respecting elders in care settings.

Now, two decades after the passage of OBRA, culture change innovators through the Pioneer Network and other organizations are rethinking everything and “creating extraordinary places where people live in dignity and greet the day with contentment, assisted by employees who feel valued and appreciated” (Baker, 2007). Carter Catlett Williams, a social worker and pioneer describes culture change as follows: “We’re not talking about innovation, we’re talking about deep philosophical and systems change. We also aim to change the culture of aging in this country.” Tellis-Nayak (2007) reports that the term “culture change” was rapidly adopted in the lexicon of long term care, and has become a catch-all term “sometimes liberally applied to careless definitions, unmarinated concepts, and unfinished agendas” (p. 22); he suggests that “culture change is the process... a caring compassionate culture is your goal” (p. 22).

Whatever the terminology used, a major focus of the Pioneer Network is to change the culture of long term care from the traditional model to one that honors the choice and autonomy of elders, creates home wherever elders live and also respects and honors those who work with them. It supports the concept of person-directed care, “a philosophy and

practice that strives to support the choices that the person being assisted makes, and to involve the person in as much decision-making as possible. It recognizes the inherent value of each individual and is focused on supporting his/her strengths and abilities, capacity for social contribution, unique values, preferences and living habits, promoting autonomy and choice” (Oregon Better Jobs, Better Care, Steering Committee, 2006 unpublished paper). Hallmarks of a transformed facility include consistent assignment, resident choice about eating, bathing, waking, self-directed teams and decentralized organizational structures. These practices can exist only in a culture that puts relationship before task when planning and providing care. Person-directed care grows and draws from many concepts familiar to nurses and nursing education: prevention of problems, listening to patients’ viewpoints, basing care on their wishes and values, and looking holistically when planning care.

What currently exists related to nursing education and culture change?

Over the last few years, many of the national organizations (American Society on Aging, American Association of Homes and Services for the Aging, American Health Care Association) with the assistance of the Pioneer Network, have created culture change tracks at their national conferences. Topics have included governance, leadership, person-directed care and staff retention to name a few. The collaborative National Advancing Excellence Campaign includes staff retention and consistent assignment as two of their eight goals (www.nhqualitycampaign.org) and provides webinars and other educational and training material to facilities and consumers. A number of consulting organizations (Action Pact, B and F Consulting, Edu-catering, Institute for Caregiver Education, PHI National, Eden Alternative) routinely provide trainings, seminars and consultation to interested facilities and individuals on how to transform from a traditional model to one that is person-directed. A number of excellent toolkits (Shields, Norton, 2006a), books (Baker, Fox, Shields and Norton, 2006b, Barrick et. al.), training manuals (Misiorski, Institute for Caregiver Education, Action Pact) and videos (www.culturechangenow.com, Action Pact) have emerged from the Pioneer Network, consulting organizations, grants, independent authors and transformed facilities. CMS has provided invaluable education and support for change through their on-line trainings (www.cmsinternetstreaming.com), inclusion of culture change initiatives into the Quality Improvement Organization’s (QIO) 8th scope of work and co-sponsorship, with the Pioneer Network, of a symposium on the built environment.

Where have LTC nurses gone to find guidance for their changing roles?

Many of the current culture change nurse pioneers have little connection to schools of nursing. As such, they used a variety of resources to learn about culture change. Over time, people in a variety of roles and disciplines involved in cultural transformation wrote papers, provided consultation, developed toolkits, shared successes and lessons learned through conferences, videos, and opening their doors to others. State culture change coalitions emerged and provided a place for sharing and growing. Much of this interdisciplinary material, honed and fine-tuned over the last 10 years, provides useful guidance to nurses in leadership positions. The one example of a culture change program specific for nurses is the Mather Lifeways LEAP (Learn, Empower, Achieve, Produce) program which is designed to clarify, support and enhance the roles of long term care nurses. In addition, for the last three years, the Pioneer Conference has had specific sessions for nurses on their roles in the culture change movement. Recently, the American Association of Nurse Assessment Coordinators developed a manual on the resident assessment process in the context of person-directed care and the American Association for Long Term Care Nursing developed a Culture Change Nurse Coordinator manual and certificate program.

In a project funded by The Commonwealth Fund, the Pioneer Network is currently working with the American Medical Directors Association to develop competencies for physicians in nursing homes and is looking to further partner with nursing organizations to expand this to include core curricula and competencies for all disciplines including those specific for nursing.

Culture change nurse leaders have a lot to teach others and need to be included in education discussions. One major barrier to culture change identified by members of the Coalition of Geriatric Nursing Organizations (CGNO) Campaign for Quality Care meeting at the 2008 Pioneer Network conference, was the lack of culture change content in nursing curricula (Pioneer Network, unpublished notes from meeting). The educational content of person-directed care and culture change is not the same as basic geriatrics or gerontology, but there is certainly overlap. Both are important and need to be clearly articulated.

What is the current interface with nursing education and the concepts of culture change and person directed care?

Some schools of nursing still struggle to get even basic geriatric/gerontology content into the BSN program (Gilje et al. 2007). The John A. Hartford Foundation (JAHF) of New York has championed innovation in geriatric nursing education programs for many years through the Hartford Geriatric Nursing Initiative (HGNI). Working with a variety of nursing organizations (American Academy of Nursing, American Association of Colleges of Nursing, Sigma Theta Tau) and through the creation of eleven Hartford Centers for Geriatric Nursing Excellence (HCGNE), many advances have been made: creating and disseminating geriatric nursing curricula, creating careers in geriatric advance practice nursing, supporting evidence-based practice, and promoting and

providing faculty development. A part of JAHF's large vision is that all schools of nursing will have faculty who are experts in geriatric nursing.

The JAHF, through its various funded programs, has also championed clinical practice tools and educational materials such as:

- www.ConsultGeriRN.org an evidence-based clinical website
- www.hartfordign.org *TryThis* series assessment tools and videos

A recent informal survey of about 20 nurses actively involved in culture change indicated few were aware of or used these materials (JR personal communication).

Little is known about whether culture change information and education is part of nursing curricula. Dr. Chris Mueller, at the University of Minnesota, has integrated concepts from the LEAP program and individualized care into a Gerontological nursing course. The Oregon Health and Science University has worked to incorporate culture change concepts into the revised statewide nursing curriculum. We need to explore what else is being done.

PHI National developed a two day coaching supervision training that was originally designed for those who supervised direct care workers in home health and nursing homes. One of the goals of the training is to decrease staff turnover. The John A. Hartford Foundation has funded an implementation project to assess the effectiveness of the training in 12 nursing homes. A second part of that project is to explore the possibility of adapting some of the content for schools of nursing at both the undergraduate and graduate level. The four major components of this skill based training are active listening, self management, self awareness and problem solving. Elements of the training can be adapted to many levels of nursing education from basic assessment and communication to leadership and management at the graduate level.

Barriers and Needs

The BSN competencies identified through the Geriatric Nursing Education Consortium (GNEC) website (www.aacn.nche.edu/education/Hartford/index.htm) include the many skills needed for transforming care: effective communication, self awareness, balancing autonomy and safety decisions, individualized care and a holistic approach. Yet facilities involved in transforming nursing homes frequently describe nursing as one of the most resistive disciplines for embracing change (Misiorski, Ortigara, personal communication).

Why is there this perceived gap? Is it because many nurses who have been in LTC did not get gerontology content or experience in their nursing education and became self taught in the traditional nursing home environment? Is it a lack of clear differentiation between the RN/LPN role that is further compromised by having RN's do paper compliance for large groups of residents without real contact? Is it related to the fact that most licensed nurses in LTC are LPNs or Associate Degree nurses and most of the JAHF and AACN initiatives, up to this time, have focused on the BSN and graduate level programs?

In the culture change movement, the purview of nursing education is defined broadly including all levels of nursing service, while in academia, there is usually a more narrow definition. As the HCGNE nursing home collaborative and CGNO move forward defining and implementing the role of the professional nurse, great caution must be used to not alienate sectors of the nursing staff such as LPNs and direct care workers.

While it is critically important that we teach nurses to maintain control over professional nursing practice, we must not confuse this with maintaining control over individuals or systems. Responsible nursing practice, supports resident self-determination and choice, and promotes respectful team work

Currently, many LTC nurses lack information about the evidence base, skills, and processes for culture change. As with the medical directors, nursing goals in culture change in large part focus on the development of leadership so that nurses can be *change agents*. Nursing staff face special unique challenges when trying to accept and embrace change. Within nursing homes, they are comparable to “middle management” in corporate settings. That is, although they have primary, day-to-day responsibility for the clinical care of residents, they are not the facility’s prime decision-makers. The robust nursing tradition/expertise of evidence-based practice and theory building would be invaluable in promulgating and infusing clinical content into culture change initiatives. Through the Commonwealth Fund project, the Pioneer Network is working to create these connections.

With the emergence of new community-based care models like the household model, Green Houses(R) homes and Small Houses, there is an urgent need for the nursing profession to take a leadership role in this evolution. We have to intelligently answer questions such as how the role of the nurse will be different in environments when there are self-directed teams, decentralized decision making, new partnerships with the resident and direct caregiver and no hierarchical department of nursing.

Anna Ortigara, Director of Communication and Outreach for The Green House Project, identifies the need to clarify clinical decision making paths in transformed cultures. What if a resident decides she no longer wants to get up at night to use the toilet and requests an overnight, incontinent garment as a replacement? Does that decision rest only with the direct care worker and the resident? Does the nurse have a responsibility to assess the person for types of incontinence, infections, and provide education and alternatives prior to the decision being made? Who will notify her or how will she know? These important questions need to be carefully explored. It is time to have carefully thought out communication processes conceptualized and taught to both nurses and direct care staff. Then ongoing and frequent opportunities for comfortable and respectful communication related to both quality of care issues and quality of life needs to become a part of a transformed culture. The perspectives of advance practice nurses, nurse researchers and educators could be very helpful to providers in thinking through these issues.

We are in a unique window of opportunity. With the current nursing and nursing faculty shortage, there is unprecedented openness to educating nurses in new and creative ways (Joynt, Kimball, 2008). Long term care is now fluid and ripe for change. The business case and evidence base for culture change is growing. Armed with the changing demographics, now is the time for gerontological nurse leaders in education and LTC to join together to create new models and partnerships that infuse culture change and person-directed care deeply into all nursing education programs and continue to bring evidence based knowledge and skills to elder care.

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