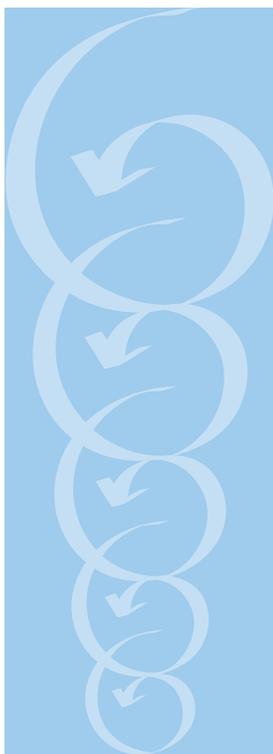# MELDRENA CHAPIN, PhD

ARCHITECTURAL GERONTOLOGIST

Creating Innovative Places: Organizational and Architectural Case Studies of the Culture Change Movement in Long-Term Care

1869 Robinhill Court

Atlanta, Georgia 30084

404.313.3582

meldrena@meldrenachapin.com

Dissertation Synopsis

Nursing homes all over the country are casting off their institutional nature and working toward creating home. This emerging change is due to a new phase of cultural, organizational, and physical evolution in long-term care, the Culture Change Movement. Spear-headed by The Pioneer Network, the Culture Change Movement recognizes the need to create a place where elders can live comfortably and receive needed care, rather than simply creating a building where medical services are provided. Culture change in long-term care is the process of transforming a facility from operating in an institutional medical model manner to operating under a holistic resident-centered care manner focused upon fulfilling individual resident's needs, wants, and wishes.

This dissertation research examines culture change in long-term care, in order to answer two pertinent research questions:

1. *What is culture change in long-term care?* (including the historical context of culture change in long-term care; the definition of culture change in long-term care; the needs for and the potential benefits of culture change in long-term care; the forces driving culture change within the industry; and the obstacles that arise when implementing culture-change in long-term care) and
2. *How does culture change occur?* (including the elements of a long-term care organization that are altered during culture change; the actions, tools, methods, and processes used to create culture change; the key players facilitating culture change; and the role, if any, the physical environment plays in creating culture change in long-term care)

While much has been written on the psychosocial/spiritual environment of culture change within long-term care (Fagan, 2002; McNamara, 1999; Gold, 2002), literature is only beginning to emerge on the process of creating culture change (The Pioneer Network, 2004; Shields and Norton, 2006), and little has been developed on the role of the physical or architectural environment in this transformation (Shields and Norton, 2006). Although making changes solely in the physical environment does not bring about culture change within long-term care (McNamara, 1999), this dissertation research reveals that placemaking (the in-depth processes of creating new physical environments or re-creating existing environments) may have a more important role in creating culture change than previously acknowledged. In addition, this dissertation revealed valuable insights into the complex, organic and lengthy process of culture change as it occurs within long-term care organizations.

Using a systemic approach employing an extensive literature review and in-depth case studies, this dissertation research examines culture change in three arenas of a long-term care facility - the psychosocial/spiritual environment, the organizational environment, and the physical or architectural environment. By conducting an

extensive content analysis of resources pertaining to culture change in long-term care and exploring the process of transformation within three exemplary long-term care communities and other organizations known for their culture change efforts, this dissertation has uncovered six primary findings:

A) The hidden program and mental models can serve as both an obstacle and a catalyst for culture change in long-term care. The hidden program is a complex, systemic set of relationships that give a place a "social-physical form" and shapes our implicit communal understanding of places or a particular place-type (Silverstein and Jacobson, 1978: 151). Embedding long-term care in an institutional medical model has resulted in a negative societal view of long-term care, which is now serving as a catalyst for change while simultaneously proving difficult to overcome.

B) More than 300 systemic actions were discovered to be employed in long-term care organizations during culture change. These actions can be sub-divided into five categories corresponding to five categories of the organization that were altered during the process of culture change: vision, organization, empowerment, practice, and environment (sociocultural and physical).

C) The collaborative process of placemaking is an integral part of the process of culture change in long-term care. Placemaking (the process of engaging in communal, collective actions to create and maintain meaningful environments and settings in which a group of individuals reside) was critical in altering the hidden program, creating households, re-creating work practices, and developing community at culture change organizations. Collaborative alteration of the physical environment with architects and designers not only demonstrated new ways of working to the staff, but also served as a visual reminder of the goals to create home and community, rather than working in a hierarchical, institutional manner.

D) The process used to facilitate culture change within long-term care organizations is a complex, organic, multifaceted, systemic and lengthy process based upon numerous refining cycles of action research that occur over time in three distinct phases— visioning, implementation, and stabilization. This lengthy process, based upon action research and overcoming conflict, is additive in nature, where change in one arena simultaneously spurs and builds upon alterations in other arenas. This transformation occurred in a refining pattern, moving back and forth between alterations to the organizational environment, the practice environment, and the physical environment.

E) Although many advocates of culture change promote this process as a "never-ending journey," culture change does have a definable end-state involving the achievement of specific objectives and creating a learning organization, in which people collaboratively work together to create new patterns of working and thinking in order to achieve specific goals and develop the capacity to learn, grow, and change over time as new consumer demands arise

F) There are numerous inherent conflicts within long-term care culture change, including the desire to provide resident autonomy and control while still providing exceptional health care services; the desire to undertake costly expenditures in order to pursue culture change while operating on a limited budget; and the desire to create resident households and provide resident-centered care in an industry often seen as overwhelmed with regulations and bound by limited resources.

This dissertation has begun to unravel the complex tapestry of culture change, and although it does present a vast amount of information, there may be aspects of culture change that it has not investigated thoroughly. This dissertation has proposed a three-phase longitudinal model to describe the process a long-term care organization goes through when altering from an institutional facility to a learning organization dedicated to fostering community and improving quality of life. In order to more adequately determine the appropriateness of this model of culture change, further research will need to be undertaken. It is most likely that there are numerous models that accurately describe this transformational process. In order to further understand the role of the physical environment in facilitating long-term care culture change, additional research needs to be undertaken to investigate the impact of the physical environment, household care models and resident households upon organizational functioning and resident outcomes.