ABSTRACT

CULTURE CHANGE IN NURSING HOMES

By Carrie L. Clark

The purpose of this study is to explore why and how nursing facilities embark on the journey of culture change. In-depth interviews with nursing home administrators and culture change directors were conducted in eight Midwest facilities, three Eden Alternative, three Greenhouse Model, and two Pioneer Network. These administrators and culture change directors were able to openly discuss their journey of culture change and their perceived challenges and benefits. Through this research two facets of culture change were discovered. First the method by which change must be initiated and second the results or outcome of serious attempts at culture change. Main aspects of the method include education of staff; residents and their family members; a commitment to culture change; step-by-step action at the appropriate pace and sequence; and the recognition that culture change is a never-ending process.
CULTURE CHANGE IN NURSING HOMES

A Thesis

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Chapter One

Introduction

It is estimated that 76 million baby boomers are getting ready to enter retirement; for some, long-term care will be a necessity. As the U.S. population has aged the need for assistance has grown. At the turn of the century Ohio had approximately 5% of its 1.6 million people aged 65 years or older living in nursing homes (Ohio Long-Term Care Factbook, 2003). And while these figures are expected to remain fairly constant through 2010, this population will increase by nearly 70% by 2050.

As this population trend continues, nursing homes are going to be forced to make drastic changes in living conditions to compete with assisted living facilities and home health agencies. Currently, the perception among the general population is that nursing homes are “just holding-tanks for the dying” or “places where our senior citizens are herded with no consideration for their individual differences” (Gubrium, 1997, p. 44). Compared to many assisted living facilities and care provided in the home, nursing homes do not provide a feeling of home. According to Gubrium, “a nursing home should be a place that does all it can for the patient; it should strive to be a warm, familylike place that really cares for its… residents” (Gubrium, 1997, p. 44). Such changes will not only help to ensure the lasting survival of nursing homes, but, more importantly, will significantly enhance the quality of life and comfort for the residents.

This study explores why and how a growing number of nursing facilities embark on the journey to change the culture from a medical model to one that places residents at the center of all practices. To explore this journey, I selected eight facilities that were at different stages of implementing the Eden Alternative, the Greenhouse Model, or members of the Pioneer Network. Through individual interviews with administrative staff and/or directors of culture change I was able to openly discuss the motivations that prompted their decision to change, and the challenges and the benefits they faced that resulted from this process.

Culture change is an ongoing process engulfing the nursing home industry that is based on person directed values, and that seeks to restore control to elders and those who work closest with them. This transformation includes changing core values, choices about the organization of time and space, relationships, language, rules, objects used in every day life, rituals, contact with nature, and resource allocation (www.culturechangenow.com). To fully understand the meaning
of culture change it is important to note the history of long-term care and the predecessors of the contemporary nursing home.

History of Nursing Homes

The idea of the “modern” nursing home has origins stemming from the early 19th century almshouses, poorhouses, old age homes, convalescent homes, and hospitals. The initial growth of nursing homes is credited to the provision in the 1935 Social Security Act that prohibited Social Security payments directly to people in public institutions. Instead, benefits were paid directly to providers of health-care services. This led to a whole new era in entrepreneurial venues springing forth including privately operated rest homes and nursing homes (Zinn, 1999, p. 31). The rapid increase of facilities as we know them came with the 1965 federal legislation that created Medicare and Medicaid.

Medicare and Medicaid did more than stimulate the growth of nursing homes. These two programs influenced the nature of nursing homes by creating and enforcing rules and standards that facilities needed to comply with in order to become certified to receive payment. Initially, these rules and standards were set under time pressures. Faced with the task of creating standards quickly, federal and state bureaucracies turned to available models. One of these models was the small hospital. It was easy for the program framers to envision nursing homes as smaller hospitals and therefore easy for them to use existing hospital plans as templates for the standards for nursing home construction, staffing, and regulations on issues of life safety (Kane, Kane, & Ladd, 1998). Because of these new standards and regulations, many of the older nursing homes, which had originated from boarding homes, could no longer continue to operate because the cost of meeting the new standards was too high. The modern nursing home thus came to look and function like a small hospital.

Federal certification rules govern minimum standards for nursing homes; states, which enforce the federal regulations, are free to impose their own higher standards. Over the years nursing home regulations have been revisited, modified, and strengthened. 1987 marked the second major milestone in nursing home care. Legislation known as OBRA ’87, part of the Omnibus Budget Reconciliation Act of 1987, introduced changes in the conditions of nursing home participation for quality of life, residents’ rights, and resident assessment. OBRA ’87 also mandated an inspection process that included obtaining information directly from residents.
Two important by-products of this reform initiative were the implementation of a federally mandated resident assessment instrument and a concerted attempt to reduce the use of physical and chemical restraints in nursing homes (Kane et al., 1998).

Long-term care experts Rosalie Kane, Robert Kane and Richard Ladd stated in their 1998 book The Heart of Long-Term Care: “Although the disadvantages of hospital-like accommodations with their crowded, shared space, and rigid routines in a dwelling place were well understood early on, states were reluctant to impose different regulations for the nursing home environments, both because of the lobbying power of the nursing home industry and because they would have been left paying for the presumed higher cost of doing business for their Medicaid residents.”

In the early 1990s, nursing home providers, long-term care professionals and researchers started to implement new organizational models that attempted to overcome the disadvantages of hospital-like accommodations by going above and beyond the Nursing Home Reform Act (OBRA ’87). They proposed a radical departure from the traditional nursing home model, a departure which is often termed “culture change.” Those involved in culture change believe long-term care residents can and should direct their own lives, and they recommend replacing hospital like units with households of small groups of residents and permanently assigned staff. In addition, proponents of culture change seek to improve training of nursing home staff, giving them voice in how their job is performed and valuing their contribution to the organization (The Commonwealth Fund, 2006).

Models of Culture Change

There are a variety of culture change models such as Wellspring, Service House, the Eden Alternative, the Greenhouse Model, and the Pioneer Network. Each of these models demonstrates the viability and benefits of resident-directed care. Yet, there is no common definition of the culture change process. Research suggests that organizations attain different types and degrees of change, depending on their leadership and organizational resources. It has become clear that achieving “culture change” requires a significant commitment on the part of a nursing home. While some reforms emphasize the appearance and comfort of residents’ living environments, others focus on deeper organizational processes, including how decisions are
made and whether residents exercise control over their daily lives (The Commonwealth Fund, 2006).

Dr. Leslie A. Grant, Associate Professor and Director of the Center for Aging Services Management at the University of Minnesota, proposed a four stage model of culture change for nursing facilities. These stages consist of four models: institutional model, transformational model, neighborhood model, and household model (Grant & Norton, 2003). Action Pact, Inc., a culture change consultants and trainers group, believes that there is a fifth stage, which they call the early neighborhood model, and which is located between the transformational model and the developed neighborhood model.

The institutional model is the traditional model found in most nursing facilities. This is where activities and tasks are organized around a nursing station with medication and chart storage. Decisions are made by top managers and administrators with little input from front-line staff, residents, or family members. Nurses are not permanently assigned to an area or a group of residents but are rotated around different units. The physical environment is not decorated like a home but has the appearance of an institutional setting.

The transformational model is the initial stage used by most culture changing facilities. This model is still organized around a nursing unit but top managers and administrators are beginning to elicit input from residents, family members, and front-line staff for decision making. Nursing staff are permanently assigned to their units. During this stage the physical environment is slowly being changed, with minimal cost interventions, from the institutional look to a more home like appearance. This is done by adding new furnishings, artwork, interior design features, and personalization of resident rooms.

The third stage proposed by Grant is the neighborhood model. This model breaks up the typical nursing unit into smaller functional units, of eight to ten residents, called neighborhoods. These still share core services (laundry, dining, and activities) with the other neighborhoods. In this model frontline staff, residents, and families have direct input related to the decision making process about every day life. The neighborhood model’s nursing staff are permanently assigned and work in self-directed teams with a neighborhood coordinator as the team leader. Non-nursing staff are also permanently assigned to a neighborhood and work as a part of the team. The neighborhood model also offers decentralized dining rooms and activities areas specific to a given neighborhood.
The fourth and final stage presented is the household model. To achieve this stage, renovations to the physical environment are necessary. This model represents a self-contained area with no more than 16-24 residents. All decisions are made together by the front-line staff and the residents. Decisions dealing with food, activities, wake-up times, evening bed times or how they want to spend their day are more resident-directed than in any other model. Staff members are permanently assigned to a single household. There are full-time staff and part-time staff and also staff that are hired without regularly scheduled hours in each of the households. The staff consists of cross trained universal workers who can cook the meals, clean the household, and take care of the residents. Each household has its own kitchen, personal laundry, a common dining room, and a common living area. Residents typically have private rooms.

According to Action Pact, Inc. there is also an early neighborhood model that falls between the transformational model and the fully developed neighborhood model. This model takes into consideration the time and challenges associated with moving from the transformational stage to the developed neighborhood. The early neighborhood model has permanent care teams and promotes close and continuing contact between caregivers and residents. In the following section I will discuss in detail three of the major specific approaches to culture change: The Eden Alternative, Greenhouses, and the Pioneer Network, each of which may adopt any or all of the above models.

**The Eden Alternative**

The Eden Alternative arose in response to an observation by its founder, Dr. William Thomas, regarding how the conditions of loneliness, helplessness, and boredom steadily lead to the decay of the spirit and adversely affect the quality of life of older adults residing in nursing homes (Thomas, 1996). Since its inception in a single institution in the early 1990s, the Eden Alternative has gained momentum and now has member nursing homes all over the United States, Canada, Europe, Australia, and Japan (www.edenalt.com, 2006). The Eden Alternative is dedicated to helping others create enlivening environments and the elimination of the plagues of loneliness, helplessness, and boredom. The core concept of The Eden Alternative is that we must teach ourselves to see caregiving environments as habitats for human beings rather than facilities for the frail and old (www.edenalt.com). The goal of The Eden Alternative it to help
people weave together the philosophy of The Eden Alternative with the real world of daily practice of health care and service provision.

Eden Alternative’s mission is to provide a humane habitat for nursing home residents that values a compassionate and caring experience with variety and spontaneity. To fulfill this mission, the Eden Alternative must follow these ten principles, taken verbatim, with minor copy-editing, from the organization’s webpage (www.edenalt.com):

1. Understand that loneliness, helplessness, and boredom account for the bulk of suffering in a typical long-term care facility.
2. Commit to surrendering the institutional point of view and adopt the Human Habitat model that makes pets, plants, and children the axis around which daily life in the facility turns.
3. Provide easy access to companionship by promoting close and continuing contact between the Human Habitat elements and the residents.
4. Provide opportunities to give and receive care by promoting resident participation in the daily round of activities necessary to maintain the Human Habitat.
5. Imbue daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place.
6. De-emphasize the programmed activities approach to life and devote these resources to the maintenance and growth of the Human Habitat.
7. De-emphasize the role of prescription drugs in residents’ daily lives and commit these resources to the maintenance and growth of the Human Habitat.
8. De-emphasize top-down bureaucratic authority in the facility and instead seek to place the maximum possible decision-making authority in the hands of those closest to the residents.
9. Understand that “Edenizing” is not a program but a never-ending process and that the Human Habitat, once created, should be helped to grow and develop like any other living thing.
10. Be blessed with leadership that places the need to improve resident quality of life over and above the inevitable objections to change. Leadership is the lifeblood of the Edenizing process and has no substitutions.
The Eden Alternative is based on a naturalist perspective, incorporating a number of species in the environment. The philosophy is that “biological diversity is as good for human habitats as it is for natural habitats” (Thomas, 1994, pp.31-33). Three main components of the Eden Alternative are plants and gardens, animals, and children. A large variety of plants and gardens change the sterile environment into a softer, more pleasant, and natural place. Indoor plants improve air quality, increase humidity, and decrease the number of bacteria in the air (Thomas, 1996). Outdoor gardens supply vegetables, herbs, and materials for eating and crafts. It is important that these gardens be accessible by wheelchairs and inviting and safe for wandering residents. The gardens give the residents the opportunity to provide care by starting seedlings or cuttings, nurturing plant growth, and planning productive decorative and vegetable gardens.

In the Eden model, children become fully integrated into the activities of the home, so residents and children come to know each other well (Barba and Courts, 2002). Children naturally create hubbub that injects vitality into any environment. Their play, laughter, and song are potent medicines for the older adults (Thomas, 1996). There are many ways that children can become a part of life in a nursing home. A few ways that the Eden Alternative integrates children with the nursing home residents is by offering on-site child care, after-school care, summer camp, exchange student programs, community group meetings, and organizing young volunteers. On-site child care provides a benefit for staff and allows residents to become familiar with their caregivers as parents. After-school activities and summer camp allow the residents and children a chance to interact not only with each other but also with the community. Young volunteers help care for the elements of the environment by feeding birds, walking and training dogs, and weeding gardens. Residents might help the children with their school work and with developing interests and hobbies. However the integration is accomplished, the key is to form ongoing relationships (Barba and Courts, 2002).

Animal companions help to transform the lonely nursing home environment into a diverse, vibrant place to live (Thomas, 1996). In an Eden facility one would normally find dogs, cats, rabbits, birds, and hamsters. It is important that the animals be healthy, have appropriate temperaments, and fit in with the culture of the facility. Caged birds are the most popular Eden animal because they are inexpensive to purchase and to keep, and require little space. The benefits of animal companionship in long-term care, with dogs and cats particularly, are well
known. Animals have been shown to decrease stress, improve mood, and increase communication skills and sociability, and decrease loneliness and depression (Barba and Courts, 2002).

There are six necessary steps in implementing the Eden Alternative. Step one is to understand the Eden mission statement, the ten principles, the “structure” of the Eden Alternative, and the Eden Tree, a visual representation of a facility’s progress in implementing change. The Eden Tree displays the symbol that each facility chooses, as they implement the Eden Alternative philosophy. As each part of the philosophy is implemented a symbol is added to the tree. Step two is to obtain the starter kit which contains the book *Life Worth Living*, an audio cassette and a resource manual. Step three consists of education. During this step the facility either holds a one day Eden retreat or sends a staff member to an Associate Training session. Step four is to administer the Eden Warmth surveys for elders, family members, and employees to measure optimism and trust in their Eden Alternative Home. Step five is to gather the staff together and develop new mission and vision statements. Step six culminates in the registry application (www.edenalt.com, 2006). From the beginning, when the vision is created, through the long educational phase and implementation, the Edenizing process should take approximately two years to develop a firm foundation. Yet it is important to note that the “Edenizing” process is never-ending. There are always ways to improve the application of the Eden Alternative concepts and endless possibilities for making life better for residents.

*The Pioneer Network*

The Pioneer Network is a group of people dedicated to supporting elders and those who work for them. It consists of residents, family members, administrators, nurses, certified nurses aides, resident assistants, physicians, social workers, educators, researchers, ombudsmen, advocates, regulators, and architects. The original pioneers were a group of long-term care providers and advocates who recognized the need to reexamine long-term care and to systematically change the values, practices, and culture of their facilities to rediscover the human side of care. The original group of pioneers came together in 1997 to discuss the culture change they had achieved in their respective facilities, and to devise strategies for communicating culture change to other facilities across the country. The Pioneers identified culture change as an ongoing journey of growth that begins by understanding the experiences of the person who lives
in the nursing home (http://www.tlcinltc.org). In 1998 the Pioneers met again and the participants created a steering committee to promote the development and growth of the fledging national organization. In August of that year, the organization’s name, Nursing Home Pioneers, was created. At the same time the mission and vision statements were created (http://www.pioneernetwork.net). In 2000 the organization met again and changed its name from Nursing Home Pioneers to the Pioneer Network. The Pioneer Network took on as its general mission to facilitate “deep system change” to make a positive change in the delivery of long-term care in the United States (http://www.pioneernetwork.net). By the end of 2003 nine states--Colorado, Florida, Illinois, Michigan, New Jersey, North Carolina, Pennsylvania, South Carolina and Washington-- had established active culture change coalitions following the Pioneer Network.

Over the past eight years the Pioneer Network has exerted an influence on the long-term care industry throughout the country. Reports about cultural transformations and Pioneering approaches have been presented at major national conferences. There has been a marked increase in the number of nursing facilities starting on the path of culture change. Regulators are taking notice of and interest in long-term care transformations. And providers who have implemented such culture change are reporting improved retention of direct care workers and positive outcomes in resident quality of care and quality of life (http://www.pioneernetwork.net).

According to its mission statement, “The Pioneer Network advocates and facilitates deep system change and transformation in our culture of aging. To achieve this, we: create communication, networking and learning opportunities, build and support relationships and community, identify and promote transformations in practice, services, public policy, and research, and develop and provide access to resources and leadership” (http://www.pioneernetwork.net). Their Webpage, http://www.pioneernetwork.net states that their mission is inspired by the following Pioneer Values: to know each person; to recognize that each person can and does make a difference; to consider that relationships are the fundamental building block of a transformed culture; to respond to spirit, as well as mind and body; to embrace risk taking as a normal part of life; to consider the person more important than any task at hand; to admit that all elders are entitled to self-determination wherever they live; to consider the community as the antidote to institutionalization; to do unto others as you would have them do unto you; to promote the growth and development of all; to shape and use the potential of the
environment in all its aspects: physical, organizational, and psycho-social/spiritual; to practice self-examination, searching for new creativity and opportunities for doing better; and to recognize that culture change and transformation are not destinations but a journey that is always in progress.

The Pioneer Network is not a membership organization but an overarching network that consists of state-specific coalitions, organizations, and other initiatives that have taken on the culture change process. In the state of Ohio, Pioneer initiatives can be found through the Ohio Person-Centered Care Coalition.

The Ohio Person-Centered Care Coalition focuses on many of the same issues presented above (http://centeredcare.org). These include: Resident assessment and care planning - some homes use "I" for writing care plans from the resident's point of view. For example, instead of "ambulation 2X/day," a care plan would say, "I like to walk. My favorite times for walking are after lunch and dinner. I usually walk about 15 minutes, but on nice days, I like to stay out longer." The coalition fosters consistent assignment, that is rather than have staff rotate, staff are assigned consistently to the same group of residents and the same co-workers, so that they all get to know each other and can work well together as a team. The coalition also advocates decentralization of decisions, resources, and routines. For example, they provide dispersed kitchens, so that residents can eat when and what they desire. Activities are done individually and may be coordinated by cross-trained staff rather than regular activities directors. Regular meetings on the units or neighborhoods are held among those who live and work there to discuss what is relevant to their daily life. Inter-shift communication enables each care team to stay in tune with the rhythms and needs of residents and fosters open, honest relationships. And they recognize that opening the lines of communication nurtures human connections and is central to good care.

The Greenhouse Model

Like the Eden Alternative, the Green House Model is the brainchild of Dr. Bill Thomas who calls the Green House “A sanctuary for a new kind of elderhood; it is an intentional community for people seeking the worth and meaning in late life” (Thomas, 2004, p.223). The culture of a Green House is founded on distinct beliefs about aging, the people who choose to work with elders, and on the idea that the physical and social environments in which long-term
care is delivered should be warm, smart, and green, a concept that is derived from the Eden Alternative method of empowering staff by making the resident the center of the community and by enlivening the nursing home environment with plants, animals and children. The physical dimensions of a Green House resemble the home more than any other institution through innovative floor plans, furnishings and décor and the intensive use of a small number of caregivers. The Green House is based on a self-reinforcing cycle. It begins with the belief that elderhood exists as a distinct phase of life. It presumes a right to late-life development as an essential component of the human life cycle. Those who live in, work in, and care about a Green House share the duty to foster continuation of development into late life within the daily life they create together (Thomas, 2004). The Green House “is not an attempt to change the culture of long-term care because it rejects the very idea of long-term care. It offers instead an intentional community that is devoted to fostering late-life development” (Thomas, 2004, p. 227).

Green Houses are dwellings that house six to ten people. The idea of a Green House is to have as little distinction as possible between a Green House and other housing nearby. A Green House can be a free standing facility embedded in the community. The inside of the building, furnishings and decorations reflect the preferences of the elders who live in that community. Green Houses must provide opportunities for contact with the living world that surrounds us all and also for privacy. Every Green House must have a hearth around which the affairs of daily living are arranged. The hearth includes an open kitchen and a large table around which meals are shared. Because the hearth is the center of the design each room opens into this space. There are no long corridors (Thomas, 2004). “The Green House is a design that is meant to support a distinctive form of intentional community. It is a vessel that sails through time, taking people who share its spaces even further into the realm of elderhood” (Thomas, 2004, p. 235).

This chapter gave a brief history of traditional nursing homes and a detailed description of three culture change initiates: the Eden Alternative, The Greenhouse Model, and the Pioneer Network. In the following chapters I will discuss in detail how and why eight culture change facilities began their journey of culture change, the challenges and issues that arose during this journey, and some of the benefits that resulted from being a culture changing facility.
Chapter Two

Methodology

In this chapter I describe and provide a rationale for the methods used to conduct this study. Since the study seeks to explore a topic about which little is known, that is, how and why facilities are embarking on the journey of culture change through the Eden Alternative, the Pioneer Network, and the Greenhouse Model, a qualitative approach was appropriate.

Research Questions

This study focuses on culture changing facilities, specifically facilities that are using the Eden Alternative, the Greenhouse Model, or the Pioneer Network.

I posed these four main questions to my informants:
1. Tell me the story of how you started on the journey of culture change.
2. Why did your facility choose one route of culture change over another?
3. Describe some of the issues/challenges that arose as you were on this journey.
4. Describe some of the benefits
5. What advise would you give an administrator/facility who was contemplating culture change?

By exploring these questions, I was able to identify approaches to culture change along with suggestions for future practice and research.

The purpose of the qualitative interview is to gain access to the cultural categories and assumptions according to which one culture construes the world (McCracken 1998, p. 17). By using qualitative methods I was able to explore issues about which little is known, and determine the meaning culture change facilities give to their lives and actions. The outcome of these qualitative interviews is not the generalization of results but a deeper understanding of experience from the perspectives of the participants selected for study (Maykut & Morehouse 1994, p.44). By using qualitative methods this study allowed me to gain an understanding of how and why nursing facilities embarked on the journey of culture change and why a facility would choose one route of culture change over another. It also allowed me to explore issues and challenges that arose throughout a facility’s journey of culture change, and the benefits resulting from it.
Research Design

I utilized an in-depth interview-based design to explore how and why nursing facilities embark on the journey of culture change. I selected the eight nursing facilities to use for this project. I contacted each facility administrator/contact person by mail (See Appendix B). The letter requested that I be allowed to interview the person most closely associated with the culture change journey and be given a tour of the facility. The interview schedule I used to guide my questions is included in the Appendix.

Participants

To begin my search for culture change facilities I used the Eden Alternative and the Greenhouse Model website (www.edenalt.com). Here I found a list of all registered facilities. I then contacted the Person Centered Care Coalition for a list facilities participating in the Pioneer Network. From there I contacted numerous nursing facilities beginning with those in Ohio and then adding facilities from around the mid-west. I sent letters and emails to each agency contacted requesting an interview. The purposive sampling used for this study led to eight culture change facilities that agreed to participate in the study. These agencies were located in Ohio, Kentucky, Mississippi and Michigan. Participants in this study were nursing home administrators and directors engaged in one of the three culture change models. The nursing home administrators served as the initial contact persons who led me to another interviewee if they felt they were more appropriate for the interview. I used purposive sampling to select participants that represented a range of experience on the chosen topic and thus increase the likelihood to capture a high degree of variability with which the process of culture change unfolds. Initially, I sent out twenty letters. Of the twenty persons I contacted, ten responded that they would like to participate; four responded that they were not interested; three responded that they did not feel they were appropriate for the study, and three did not respond. A description of the nursing facilities participating in the study can be found in table #1.
Data Collection/Analysis

All participants were aware of the purpose of the study and signed a consent form or gave verbal consent (see Appendix A). For the interviews I followed an interview guide (see Appendix C) designed to define the topic of inquiry but also to allow the participants to provide as much information as was comfortable for them. I conducted four face-to-face interviews in the facilities and four phone interviews. Each interview lasted between 90-120 minutes. All interviews were audio-recorded and transcribed. This allowed for careful analysis of the interviews. Observation notes taken during the interviews were added to the transcribed interviews for analysis. Text of the interviews served as the data for analysis. After transcribing the interviews I conducted line-by-line analysis to identify patterns, concepts, and emerging themes regarding how and why a facility began their culture change journey and lastly, some of the benefits.
Chapter Three

Findings

This chapter presents the themes and issues that arose from the interviews with the administrators and directors of culture change at eight facilities: three Eden Alternative, three Greenhouses, and two Pioneer Network. The goal of the analysis was to understand how each facility embarked on the journey of culture change, why the facility chose one route of culture change over another, the issues/challenges that arose, and which were expected and/or achieved benefits. This chapter provides a profile description of each of the facilities, a report of the emergent themes, and the benefits of being a culture changing facility.

Profile of Participating Nursing Facilities

This study examined eight culture changing facilities within the Midwest. Each set of culture change facilities are similar in some aspects. For example each of the eight facilities is part of a continuing care retirement community, not-for-profit, and Medicare/Medicaid certified. The three Eden Alternative nursing facilities range in size from 98 to 149 certified nursing beds and introduced culture change between 1999 and 2000. Two of the facilities consider themselves fully integrated, having completed the six necessary steps in implementing the Eden Alternative, while the third facility considers itself to be in the early stages of change. The three Greenhouse models range in size from one home with twelve beds to five homes with a total of 50 beds and introduced culture change between 2003 and 2006. Each of the three Greenhouse Models is in one of the three stages of implementation: Greenhouse Model # 1 is in the planning phase, no construction has taken place. Greenhouse Model #2 is in the initial phase, with two of their five homes completed. And Greenhouse Model #3 is fully integrated with four houses completed. The two Pioneer Network nursing facilities range in size from 98 beds to 102 beds and introduced culture change between 2003 and 2004. Both of the Pioneer Network facilities consider themselves to be in the early stages of implementation (see Table 1).
## Table #1: Description of Nursing Facilities Participating in Study

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Stage of Culture Change</th>
<th>Year Culture Change was Introduced</th>
<th>Size of Facility</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Facility #1</td>
<td>Fully Integrated</td>
<td>1999</td>
<td>141 nursing beds</td>
<td>CCRC</td>
</tr>
<tr>
<td>Eden Facility #2</td>
<td>Early Stages</td>
<td>2000</td>
<td>98 nursing beds</td>
<td>CCRC</td>
</tr>
<tr>
<td>Eden Facility #3</td>
<td>Fully Integrated</td>
<td>1999</td>
<td>149 nursing beds</td>
<td>CCRC</td>
</tr>
<tr>
<td>Greenhouse Model #1</td>
<td>Planning Phase</td>
<td>2006</td>
<td>12 (1 house/12 beds) Not yet built</td>
<td>CCRC</td>
</tr>
<tr>
<td>Greenhouse Model #2</td>
<td>Initial Phase</td>
<td>2005</td>
<td>50 (5 houses, 10 beds each) Two houses completed</td>
<td>CCRC</td>
</tr>
<tr>
<td>Greenhouse Model #3</td>
<td>Fully Integrated</td>
<td>2003</td>
<td>40 (4 houses, 10 beds each)</td>
<td>CCRC</td>
</tr>
<tr>
<td>Pioneer Network #1</td>
<td>Early Stages</td>
<td>2003</td>
<td>98 nursing beds</td>
<td>CCRC</td>
</tr>
<tr>
<td>Pioneer Network #2</td>
<td>Early Stages</td>
<td>2004</td>
<td>102 nursing beds</td>
<td>CCRC</td>
</tr>
</tbody>
</table>
This study focused on three culture change models: the Eden Alternative, the Greenhouse Model, and the Pioneer Network. While each of these models is unique and each of the eight facilities is distinctive with respect to location, financial resources, and size, they all have one common objective: to create better environments and living conditions that improve the quality of life for the residents and staff that honors the humanity of all. Regardless of the model chosen the important aspect is that these nursing homes have changed or are in the process of transforming institutional wards into personal communities. They are pursuing care models that provide the best personal, health, and medical services that any community member will need. Each of these models is striving to be the best and, not surprisingly, each of the facilities that embarked on the culture change journey shared similar characteristics as they went about their respective culture change experience.

All of the facilities first heard of the culture change model initiatives when one of their administrative staff attended a conference. Three basic reasons emerged as to why these facilities chose to pursue a model of culture change following its introduction at the conferences. The administration teams felt that the culture change models supported their overall mission and values; all had tried other types of initiatives but failed to meet the culture change goals; and all eight facilities were “ready for something new.” In order for the culture change process to be implemented the administrators and directors faced four major challenges: educating board members/staff/and residents; committing to the decision to embark on culture change; sequencing their innovations/plans in the right order; and embracing the never ending process.

**Education:** One of the major steps identified throughout the interviews was the need to educate board members, staff, residents, and anyone else involved with the facility. In order for culture change to be implemented properly everyone must understand the underlying mission and how it is tied into each facility as a whole, each department within the facility, and then in each staff member’s individual work. Each facility had its own unique way of educating those involved. One administrator tells the story of how she used a creative way of educating board members about culture change:

I had a maximum of thirty minutes at a board meeting to approach the idea. So we decided the best way to go about it would be by blindfolding the board of directors and while they were blindfolded bring in plants, animals, and aroma
therapy scents. And once they had a feel for the scents and the atmosphere of what was happening they were asked to remove the blind folds to see the plants and animals we had brought in.

This administrator strongly believed that in order for the culture change process to begin and be successful, education needed to start at the highest level.

A commonly used approach for all models of culture change is one that began by having meetings with staff, family members, and residents. Following the initial meetings, focus groups were held for staff, residents, and family members so that they could ask more questions and also give input on what they wanted to see happen.

Once the facilities felt that everyone was well educated they then placed people into task forces based on their interests. Each task force was assigned a different area such as: plants, animals, children, volunteers, community involvement, resident care, and safety. The plant task force looked at issues surrounding which plants would grow during the different seasons, making sure that the plants were not poisonous to residents, which plants residents would be able to start as seedlings indoors and then move outdoors at later dates, and which residents could best nurture the individual plants. The children task force looked at what age groups would best fit certain activities, what times would work best for the different aged children, and coordinated with the children volunteer groups. The volunteer and community involvement task forces looked at finding available community resources and coordinating activities based on what was available. The residents care and safety task forces looked at making sure that the goals set by the other task forces were meeting resident needs in a safe and proper manner. The individual groups met on a biweekly to monthly basis and then designated a single representative who met at the end of each month with the other representatives and the administrative team to discuss their findings, issues, and new ideas. On average these committees met for six months to a year before any implementation took place. One culture change director stated:

Educating about culture change is the backbone of the process…for some it may take just a few weeks and for others it will take up to a few years. It is a process that should be continued until you feel that everyone is ready to begin implementation and it is not until this time should any changes be made.

Educating the staff, residents, and family members is a never-ending process in the culture change facilities interviewed. New employees go through training that ranges between 2-
8 hours depending on one’s position (2 hour training for high school students and volunteers who only work a few hours a week and 8 hour training for full and part time employees) and other employees are constantly being educated with new ideas through in-services and required training.

The biggest challenge that culture change facilities have to face during the education process is convincing the front-line staff that their opinions and ideas matter. This is how one administrator talked about this challenge:

The hardest thing was getting everyone to know that their voice matters. It is very important to us that everyone’s voices are heard…we spent a lot of time with front line staff because in a traditional model of care it is a top-down decision, they really don’t have a voice. We want to reassure them that what they have to say is important and they should no longer be afraid to voice their opinions…as a result of allowing all staff members’ ideas to be heard we now have a yearly program that was initiated by one of our aides. It might actually be the largest program we hold…this aide’s program idea blossomed so much that it is now a tradition with the residents and the local high school. We hold it on their prom night and invite them in for a fashion show and dinner and now we even offer limo rides for the students and those residents that are able are also given rides. It all started with a small idea…it really is an amazing program that may never have been started if we had not started listening to all staff members.

Education is one of the main steps in the culture change process. One facility in particular spoke of how important the education process is to culture change as a result of their first attempt at culture change failing. Their next attempt was successful because they went back and made sure that everyone involved was well educated. All of the interviewees agreed that the education process is the most important step in the culture change process.

*Commitment to the Decision:* The culture change initiative is not something that can take place over a short period of time. The administrators interviewed stressed that once culture change is decided upon it may be a very slow going process, and in order to see it through to the end those involved must be very committed and persistent. In order to keep employees excited and committed to the culture change initiative the facilities in my study had implemented different programs so that all employees knew where the facility stood on the transformation
process. For example, in one facility a bulletin board on each wing was updated weekly to reflect the changes that had been made. This informed residents, staff, and family members where the facility was in the process and also held them accountable for continuing the implementation. One director of culture change stated:

Our residents keep us moving…if the bulletin board gets updated and they don’t feel like we have accomplished enough in that week they are the first ones to tell us. They are also the first ones to throw out new ideas and also encourage us. There is nothing like the feeling you get when a resident tells you that you are doing a good job and for that matter also the feeling you get when they tell you that you didn’t accomplish anything this week and ask why.

Once the idea had been discussed with residents and family members the staff fielded many continuous questions about when things would be done and when each step was going to be started and completed. Many of the interviewees felt that family members’ participation was critical to the process. One director stated:

I had one family member come to me after a visit with their mother asking all kinds of questions about different ideas we had spoken to the residents about. She said that for the first time in months her mother was talking about the future and how she was excited to be on different committees. From that time on this family member stopped almost once a week for an update…when you have this kind of motivation from family members you begin to realize the meaning of the culture change…you begin to realize that this might be the single most important decision you make for your facility and it is one you must be completely committed to seeing through.

Other ways that facilities kept their employees motivated and committed was by setting up reward systems. These systems recognize outstanding employees for coming up with new ideas, motivating staff, keeping spirits high, and not allowing setbacks to obstruct the journey of culture change. One director stated:

The process of culture change can be a long road. After several months we began to see our staff members begin to have second thoughts. They were saying that for all the work they were putting in they were not seeing any immediate changes.
After speaking with them and explaining that we knew this process was going to take a while we asked them to look back over the few months and note what had been done.

Administrators and directors of culture change stressed the need for commitment, persistence, and patience. They agreed that finding ways to keep staff members committed should be one of the first things decided upon once the culture change initiative is started. As one of them stated:

It’s a long road…you need each and every member to keep their hopes high and the end in sight.

It is important that everyone be well educated but it is equally important that everyone be committed to the decision of culture change. Culture change cannot occur unless everyone pursues the same end goal.

**Sequence of Innovations:** One of the major steps in culture change is setting up a plan. This plan is to be based on the facility’s readiness for change, their end goal, and on the staff members and residents’ attitudes toward a desire for change. It became clear in several interviews that moving ahead too fast may actually jeopardize the process. The culture change process is said to take from one to two years till it is fully implemented. One facility attempted their first try at culture change and moved too fast. According to the administrator:

We had to spend a lot of time restructuring everything. Our staff members were confused about what their actual jobs were so everything was in chaos. We had to go back and re-educate all staff members on culture change. Pretty much we went back to the old model of care and then started from scratch again. I would recommend to everyone that is initiating culture change to take the time at the beginning to set a realistic time line and not to get discouraged if it takes longer than you had planned. We have realized that the time spent upfront is less time spent later on correcting.

While each of the three models included in this project differ in the historical depth of their development—with the Eden Alternative being the most firmly established and the Green House being the newest—the specific steps they undertook to achieve culture change are very similar. In step one the facility has to ask itself if culture change is right for them and if it is feasible. Step two consists of educating staff, residents, family members, and the community. Step three is the beginning of implementation but does not yet call for drastic measures. Step
four corresponds to the middle stages of implementation where remodeling of physical aspects would take place. In step five, final stages of implementation are taken and all the goals that were set for the facility should be met. Some facilities were able to complete these steps in the two year timeline and others decided that they were going to take more time in the beginning stages. One administrator, whose facility has taken longer than the two year time line, stated:

You may not be able to tell from looking at our facility that we have initiated culture change yet we have actually been undergoing culture change for the last two years and are still in the educating process. We feel that it is best for our facility if everyone is fully educated and we move slowly. So far we have not felt any resistance from staff members or residents and we strongly feel it is because we are taking our time getting things in order now.

Even once staff has been educated, the decision to commit has been made, and the sequence of events has been set and accomplished, the journey of culture change is a never ending process.

The Benefits of the Never Ending Process: Respondents agreed that even at the end of implementation, the journey of culture change is never completed. Even once all the steps have been accomplished there is always something that can be done better or offered differently.

Well, as they say you never reach a time when you can say you are done because it is always a growing process. And for every two steps you take forward you also take one back. It is well worth the work but you can not get overly excited and just jump into anything. Everything needs to be thought out completely.

To summarize administrators and directors of culture change identified four major requirements for successful implementation of culture change: educating board members/staff/residents; commitment to decision; proper sequencing of innovations according to a plan; and never considering the job done.

Outcomes:

Other areas of importance discussed were: improved staff retention, higher quality of life, and large community involvement/collaborations.

Improved Staff Retention: One area of importance on the culture change journey for the facilities interviewed was a significant decrease in staff turnover. One director stated:
Everyone has embraced the idea (culture change) to the point that we have gone from a 45% staff turnover rate to only a 12% staff turnover rate.

Once staff members were on board and had embraced the process of culture change, each facility experienced a significant reduction staff turnover, one of the major benefits of initiating their respected models of culture change. For the first time employees’ thoughts and concerns were being taken into consideration, their voices mattered, and because of this, administrators and directors of culture change believe that employees take pride in their jobs.

We try to actively involve all staff members in decisions directly involving them. If there is an issue in one department everyone in that department is involved in finding an answer. People want to know they matter and in a culture changing facility every voice is heard…we actively include all departments in special activities. Each department is in charge of creating ideas for programs that include residents and the community. For example each department once a month holds a special activity, maintenance holds a program that is interactive while covering issues such as what to do in case of a fire or tornado, dietary holds programs on healthy eating and cooking lessons, and the administrative staff holds programs dealing with personal finance and time management.

As a result of including each department as a part of the culture change process, in programs and in finding answers to issues or questions that arose along the way, employers felt that employees took more pride in their job which in turn decreased the amount of staff turnover.

**Higher Quality of Life:** The administrators and directors of culture change believe that a higher quality of life directly relates to lower staff turnover as a result of culture change. One administrator stated:

As a result of less staff turnover our residents are being cared for by the same people from one day to the next. We are able to commit to permanently assigned staff which allows the residents to bond with those that are caring for them. We have found that residents are happier when they have a relationship with the members of the staff that are caring for them.

Residents were stated to be more actively engaged with what is going on because they form relationships with those who care for them day to day. Facilities saw a drastic increase in the degree of residents’ participation in activities, less agitation, and more socialization between
residents and staff. In general the administrators and directors of culture change stated that their residents and staff were happier and this created an environment that was inviting for everyone.

**Community and Family Involvement:** As a result of the culture change journey the participating facilities have found that the community and family members want to be more involved. For the first time people are not scared or turned off by a nursing home when they see their neighbors, friends, and loved ones thriving and want to join in. Community involvement is an important aspect of the culture change initiative. Family and community council meetings are held to plan specific programs and aid in the relationships with the residents. Schools ranging from elementary schools to colleges, church groups, Girl Scouts, Boy Scouts, and special foundations are all being utilized to actively engage the community with the residents. One of the facilities boasts twenty-nine collaborations with youth groups from the surrounding areas:

> We have so many collaborations with schools and other student programs during the school year that the summer months seemed dull. Someone came up with the idea to do a film camp. This past summer students learned how to make a film and the film topic was WWII veterans and starred our residents. It is such a touching film and the students did such a great job with it…one thing we have learned is that no matter what the age everyone has something to offer.

These programs benefit the older adults by showing them that outsiders enjoy spending time with them and appreciate them. Receiving one-on-one attention from someone other than a care giver allows the residents to share their years of experience and wisdom, to teach skills or share a craft or personal interest, to stimulate their senses by learning, and to pass on knowledge or create a new interest in their “buddy.” All of the facilities saw a connection between the amount of community and family involvement and the residents’ overall happiness and well-being.

In this section I identified the three models of culture change: The Eden Alternative, The Greenhouse Model, and the Pioneer Network and I reported on the challenges and benefits of being a culture changing facility. In the following section I will summarize and interpret my findings and discuss implications for policy and practice, the limitations of the study, and ideas for future research.
Chapter Four

Conclusions/Discussion

Culture change is an ongoing journey to transform traditional medical-model nursing homes into places that genuinely reflect the safety, comfort, and pleasures of home. To transform the culture of traditional long-term care institutions, it is important to understand what that means. Culture is generally defined as an aggregate of long-standing customs and common ways of living by a group of individuals, passed down from one generation to the next. The nursing home way of living that has evolved over time is completely different from ways of community living today. Somehow despite good intentions, systems were created that deny residents even the smallest amount of control over their lives. The current system undermines quality of life to the point where American society tends to consider nursing home services only as a much dreaded last resort (www.culturechangenow.com). The culture change movement is working to transform this institutional medical model approach to care delivery into one that is person-directed and provided in a setting that evokes feelings of home. Currently three of the various manifestations of this culture change discussed in this thesis are the Eden Alternative, the Pioneer Network, and the Greenhouse Model.

Through my research, I discovered two facets of culture change. First, the method by which change must be initiated and second the results or outcome of serious attempts at culture change. Main aspects of the method include education of staff, residents and their family members; a commitment to culture change after the decision has been made; step-by-step action at the appropriate pace and sequence, and the recognition that culture change is a never-ending process. The important outcomes of culture change in a nursing facility include a significant reduction in staff turnover; an increase in the quality of life among the residents; and a dramatic increase in family and community involvement. Employing the proper method is important, for if the approach to culture change is undertaken in a hasty, ill-planned or autocratic manner, outcomes would most certainly be negative unless the focus of culture change has as its goal an empowerment of both residents and staff. Without this goal true culture change cannot be successful and should not be attempted.

The findings of this research point out the barriers that facilities may face when transforming a traditional medical model nursing home into a culture changing nursing home using the Eden Alternative, the Greenhouse Model, or the Pioneer Network. Despite efforts of
culture change coalitions it is not an easy task and not one that can be accomplished hastily. Many hours must be invested in the assessment of readiness to implement change, in the education of everyone involved, and then in the actual implementation process, which is an ongoing, never-ending process if it is to remain successful.

The benefits of culture change include improved staff retention, more community and family involvement, and a higher quality of life for residents. In culture change all people who live and work in the nursing home are valued and supported. Consistent or permanent assignment of staff to specific residents supports relationships that give meaning to the lives and work of both the employee and the resident. Front-line staff are involved in daily care planning and decisions regarding those they care for. In a culture change home every voice is heard and has a say in most decisions regarding all aspects of life. In addition, community members become an integral part of a culture change home. It is a place where outside and inside members can meet, thrive, build relationships, and learn from one another. There is fertile ground for spontaneity that occurs with community involvement and this not only livens up the monotony of a traditional nursing home but provides and allows opportunities for meaningful relationships between residents and community members alike. Culture change requires a complete reorientation and rethinking of systems of care. This includes consistent assignment of staff, decentralization of decisions through a rearrangement of vertical command structure into horizontal structures of collaborations, and new possibilities of communication between residents and staff. As a result of all of these changes residents generally experience less anxiety, have fewer accidents, report better nutritional status, use less medication, and report an overall increase of their quality of life (http://www.centeredcare.org).

In recent years there has been increasing recognition that nursing homes need to move away from being hospital- like to being home- like. To effect culture change, we need to better understand what nursing home residents want and need above and beyond good medical care. Although there is a growing number of culture change advocates there is still a tendency for it to be dismissed as a “flavor of the month” kind of luxury or frivolous. In order for culture change to be accepted and applied on a larger scale it must show sustainability. Only then will it be capable of gaining ground (Keane, 2004).

Little research has been done regarding how exactly and why specifically nursing facilities embark on the journey of culture change. The majority of research on culture change
deals with the outcomes or effects of a specific form of culture change (Eden Alternative, Greenhouse Model, and Pioneer Network) after implementation. More research needs to be conducted with facilities that are not yet embarking or have no intention of embarking on the journey of culture change. Such research could pinpoint the obstacles, real and imagined to implementing culture change. Such research would also allow for comparison of different models. Additionally, research could be done within nursing homes to find out whether and what other ways of culture change may be underway and how these insights could be added to what we already know about existing forms of culture change. It could identify “recipes” for success and lead to the development of explicit guidelines for other facilities wishing to join in the journey of culture change.

Limitations

This research was conducted with eight culture changing facilities identified as either being an Eden Alternative facility, a Greenhouse Model, or a part of the Pioneer Network. This study could have been extended to include facilities that are embarking on culture change initiatives outside one of these forms. Unfortunately, it is difficult to identify a culture change facility that is not a member of an organization and therefore my sample was chosen based on visibility and accessibility of facilities that are members of organizations that foster and guide culture change.

Nor does my study include facilities that did not follow through with culture change, and facilities that are not undergoing any culture change. Obviously, important insights could be gained from these about major obstacles to tackling culture change. Are the obstacles mainly financial? What do direct care workers think about culture change? Time and other resources did not allow this study to include such diverse facilities’, all would be great topics to supplement and enhance the findings of this study.

There is still much to be studied about how and why nursing facilities embark on the journey of culture change. My study included eight facilities to show a snapshot of what culture changing facilities encounter as they begin and implement the culture change transformation. It is clear that there are both challenges and benefits and that there is still much to be learned.
References


Zinn, L., (1999). A good look back over our shoulders. The first nursing homes often provided no nursing and could hardly be classified as “homes.” Long-term care has come a long way! Nursing Homes Long-Term Care Management, 48(12), 20-54.
Appendix A:

Consent to Participate

I understand that I am participating in a project about why and how nursing facilities embark on the journey of culture change. Carrie Clark, graduate student, Miami University, has explained the study to me. I understand that my participation is completely voluntary, and that I may stop the interview or my participation altogether at any time. If I would like any further clarifications about this study, I can call Carrie Clark at (513) 664-8104 or Dr. Lisa Groger at (513) 529-1598. I understand that I may call the Office for the Advancement of Scholarship and Teaching at Miami University at (513) 529-3734 if I have questions about the rights of participants in research.

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Signature               Date
Appendix B:

Dear (Nursing Home Administrator),

My name is Carrie Clark and I am working in my thesis for the Master’s of Gerontological Studies at Miami University.

Across the nation, a growing number of nursing facilities are embracing the philosophy and values of culture change, through approaches such as the Eden Alternative, the Pioneer Network, and the Greenhouse Model. Your facility was indicated to be using one of these approaches. I am interested in exploring why and how nursing facilities embark on this journey. I am asking that you participate in this exploration.

If you agree to participate, I will interview you in your nursing facility and will ask you how you started on the journey of culture change, some of the issues/challenges that arose, some of the benefits, and why you chose one aspect over another. The interview will last between one and one-and-a-half hours. Your participation is entirely voluntary, and you are free to stop participation in this project at any time.

All your responses will be kept strictly confidential. If I quote your words, I will do so without ever mentioning your name.

I will contact you in the near future. If you have any questions about this study, please call me at (513) 664-8104, or Dr. Lisa Groger at (513) 529-1589.

Sincerely,

Carrie Clark
Appendix C:

Interview Guide

1. Tell me the story of how you started on the journey of culture change.
2. Why did your facility choose one route of culture change over another?
3. Describe some of the issues/challenges that arose as you were on this journey.
4. Describe some of the benefits.
5. What advice would you give an administrator/facility who was contemplating culture change?