

## Changing Culture, Nursing Homes

Reviewed by Rosalie Schofield

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### Old Age in a New Age: The Promise of Transformative Nursing Homes

by Beth Baker

Nashville: Vanderbilt University Press, 2007

Thirty years ago, on the way to a Grey Panther meeting, I sat silently in the back seat of a car. I was listening intently, and wincing internally, in response to the conversation of the three other passengers for whom I had great affection. This particular evening, these three well-respected activists on aging and other social issues were not behind podiums exhorting their audiences to storm the barricades of ageism and challenge the culture that places older people on a trash heap like rusted old cars. Rather, the discussion this night was personal and troubling. The topic was nursing homes. The focus was not, as usual, quality of care in nursing homes and related reimbursement and regulatory policy issues that needed changing. The concern was instead the quality of life in nursing homes and, specifically, what the quality of life would be for each of them as they looked toward the relatively near future and saw no likely alternatives for themselves outside of a nursing home. How could they continue to contribute to others and to the world in a nursing home? How would they be able to stay engaged in their beloved communities? How would they be able to keep current in such an isolated and regimented environment that seemed certain to sever their social connections and annihilate their uniqueness?

What my companions feared was not the physical or mental restrictions that accompany the inevitable wearing down of all bodies and minds with time. The dread expressed this night was the looming loss of “the social.” It was the loss of valuing and being valued that would lead to the loss of self, worth, and meaning. It was the institutional culture of the nursing home that was perceived to bring the death of the self long before the death of the body.

Even these nationally known aging advocates, with seemingly infinite resilience and social resources, worried they could not escape this fate in their time. Is it possible, however, that the seeds of consciousness about ageism and the value of social ties among generations that these and many others passionately and publicly sowed in the 1970s and ‘80s fell on fertile ground? Could their work have helped inspire not just new options in long-term care but a new attitude in long-term care that would help transform both the experience and the understanding of old age and profoundly benefit new generations of young and old?

Fast forward 30 years and we see a revolution underway that is determined to do just this by beginning with the transformation of the culture of nursing homes. Journalist Beth Baker has wonderfully captured the entire process in a carefully written study of the entire “culture change” movement. Her book, *Old Age in a New Age: The Promise of Transformative Nursing Homes*, makes an important contribution to the literature as well as, in itself, helping to facilitate culture change by detailing for readers what’s at stake in this struggle.

Baker begins her work with a story about her vibrant grandmother Sara, who enters a nursing home and soon “loses her spark” and seems to “fade away” into a “generic old person.” Whereas this story seems sadly predictable to many of us, the outcome began to seem not so inevitable to Baker in 2002 when she encountered Bill Thomas. Thomas, a medical doctor, had founded, with his wife Jude, the Eden Alternative, a life-affirming nursing home that integrated children, animals, and direct experience of the life cycle through gardening. Baker went on to discover, visit, and interview other leaders in this movement such as Charlene Boyd in Seattle, Eric Haider in rural Missouri, and Steve Shields in Kansas. Each leader Baker interviewed offered a unique approach to culture change but shared the same underlying ethical conviction that culture change, and the prioritizing of social relationships that it represents, is an idea whose time is long overdue in the United States.

One would think, on viewing the book’s table of contents, that Baker is going to present examples of different nursing homes and their leaders throughout the United States that are engaged in the various approaches to culture change. In fact, she does do this and this is intriguing in itself. However, she also offers much more. She uses the “stories from the front lines of change” framework as a vehicle for discussing the major themes that comprise the complex context of nursing homes. These are the themes that must be reckoned with to accomplish culture change. These include: an historical understanding of how and why nursing homes evolved; the current and projected demographics of nursing home residents; the central role of nursing home aides in the provision of care; the importance of architectural design; the importance of leadership, teamwork, and planning for succession; the integration of child care and intergenerational approaches; a strengths approach for people with severe dementia; issues for family caregivers; the influence of the hospice movement on the culture change movement; the ethical imperative of culture change; and the roles of nurses, administrators, and other staff as well as those of business, reimbursement systems, and regulation in facilitating or restricting culture

change. With this detailed and comprehensive approach to the various issues, Baker is able to document the culture change movement through case examples and through discussion of the myriad small and large organizational changes that are necessary to advance the movement.

An additional strength of Baker's book is the integration of a wide range of recent research findings throughout that ground her discussions with supporting evidence. These include, for example, exploring the relationship between worker and resident satisfaction, the correlation between spirituality and level of hope in a resident, and the strong connection between satisfying personal relationships and better immune function.

What is not included in this study is any reference to the way other countries have tried to address long-term care. Although the topic that is undertaken is ambitious enough in itself, it would have been interesting to read examples of contrasting approaches in other countries. Nearly 40 years ago, Denmark, for example, deliberately located child care centers and playgrounds on the grounds of apartment houses built for people needing long-term supportive care. In addition, the apartments utilized universal design and adjustable height furniture, and integrated people of different ages and differing abilities so that they might help one another. Although not within the scope and purpose of this book, it would be interesting to know what accounts for the variation in approaches among different countries. Care for the dying, for instance, was dramatically different in the United States than in other countries, although this is less true since hospice care was introduced here in 1967.

With regard to what accounts for the approach of the United States to nursing home care, Baker's early chapter on the evolution of nursing homes identifies a range of haphazard events that influenced the culture of traditional nursing homes in the United States. Most notably was the adoption of the medical rather than the social model. Federal legislation, such as the Hill-Burton Act of 1946, and Medicare and Medicaid in 1965 emphasized institutionally based medical services. The major difference is that most people in hospital environments leave within a week. They do not, unlike most of those in nursing home environments, live there for the rest of their lives. This emphasis on curative treatment influenced regulations, the content of nursing home inspections and surveys, and reimbursement criteria. All of this ignored, and came at the expense of, the fundamental needs of nursing home residents for social connection. A nursing home became a polite euphemism for a nursing institution.

The culture change movement hopes to put things right again with the social model trumping, not eliminating, medical care. Although focused on nursing homes, the culture change movement Baker documents seems likely to impact the other options in long-term care that have emerged since the 1970s, particularly home care and assisted living. Although these alternatives offer more autonomy, and there-

fore escape the totalizing institutional approach of traditional nursing homes, they too, as Baker points out, can operate with an objectifying and non-relational attitude that is at the heart of the culture change challenge.

In closing, in my mind I sometimes like to rewrite history and, in my revised history, people who have passed on, especially those I personally knew and loved, get what they missed in life. At the top of the list are relatives, friends, acquaintances, and even people I don't know, for example Baker's grandma Sara, who were not, as nursing home residents, affirmed, embraced, and integrated into the life of the intergenerational community the way they should have been if we had imagined and demanded more from nursing homes, from the culture that created them, and from ourselves. This book by Baker on culture change, however, suggests a much more effective way to revise history than mine: change the present.

This book offers ideas on how to do that. It is must reading for all for we are all implicated in its critique of the current situation in not only traditional nursing homes but in the ageist assumptions we let go unchallenged. Those of us who are aging, and that means everyone, will be affected by the outcome of the movement for culture change. In general, traditional nursing homes in the United States represent an accretion of policy happenstance rather than a series of decisions derived from ethical reflection on what constitutes human well-being. Although the happenstance model is the norm in policymaking, it has had unacceptable implications for frail human beings. Conscious and deliberate ethical concern that transcends the dominant cultural framework of "business as usual" was, and is, warranted. This is not to deny that many working in traditional nursing homes have done their best to provide good care for residents and should be applauded for their caring efforts. It is to say that the cultural equation "old and/or sick = socially marginal and separated out" stacks the deck for even the most well intentioned among us.

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