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Pursuing a Desired Future: Continuity and Change in a Long-Term-Care Community

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Abstract

New ways of planning, assessing, and measuring cultural change are needed in long-term care. Much effort is focused on person-centered care; less attention is paid to achieving localized change. Long-term-care communities need innovative approaches for identifying local cultural features to preserve and others to reconfigure. This case study involves applied anthropologists working with four stakeholder groups—residents, staff, family members, and volunteers—to document views of their "culture story" and conceptualize a cultural ideal for their community. Based on strengths and weaknesses from their culture story, specific recommendations were made to maintain their strong relationship focus, expand community outreach, and improve staff relations. Incorporating "insider" views of the past, present, and imagined future and building on current "best practices" of the culture-change movement are two distinctive but complementary approaches for motivating and managing cultural change.

Keywords

culture-change movement, organizational-culture change, long-term-care community, culture story, anthropology

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Introduction

The need for substantial reform in long-term care (LTC) is urgent due to population aging (Fulton, Rhodes-Kropf, Corcoran, Chau, & Castillo, 2011; Institute of Medicine, 2008). Reformers, which can include policymakers, clinicians, researchers, families, and residents, increasingly recognize that understanding cultural issues can help create better quality of life and living environments (Doty, Koren, & Sturla, 2008; Jurkowski, 2013; Koren, 2010; Miller et al., 2010). They also increasingly realize that LTC communities need new processes for assessing their culture and planning for change. Such information is useful as these communities consider what cultural elements or attributes to preserve or modify. Although the phrase "long-term care" can refer to services provided in either institutional or community-based settings, in this article, we will focus exclusively on the institutional context. An anthropological approach can offer insights into a care community's culture—past, present, and desired future, as well as a process for attaining that desired future. Defining culture as "everything that people have, think, and do" (Ferraro & Briody, 2013) as part of their daily lives involves both conscious and hidden assumptions and expectations. Nested within this broader conceptualization of culture is the culture of LTC care; it focuses on how to understand and modify the culture of LTC settings and related culture-change efforts.

The purpose of this article is to explore whether and how a planned cultural change process, using a "culture story" approach, merits further consideration and application for localized change in LTC settings. A "culture story" process, as defined in earlier work in U.S. manufacturing environments, involves analyzing the perceptions and behaviors associated with an organization's cultural evolution. It also entails the development and implementation of a set of strategies to help move toward the community's future ideal (Briody, Trotter, & Meerwarth, 2014). In our in-depth case study here, we discuss how we partnered with the leadership of an LTC community interested in implementing this new process. In this exploratory research, we focus attention on whether this approach can be translated successfully to the LTC sector and generate productive thought, discussion, and action for localized LTC culture change.

Historical Overview

The modern LTC sector derives from earlier institutions for vulnerable people who were unable to care for themselves, lacked family caregivers, were impoverished, or all of the above (McLean, 2007; Winzelberg, 2003). Due to

origins as "poorhouses," these institutions were considered quite undesirable. Over the 20th century, these settings developed a medical model of care, initially viewed as an improvement. More recently, lessening LTC institutional character and creating a more residential environment became prioritized (Briller, Paul-Ward, & Whaley, in press; Jurkowski, 2013).

Since the 1990s, reform efforts have focused on taking a *person-centered care* approach that promotes residents personalizing and tailoring their care whenever possible. In 1997, a group of LTC leaders interested in cultural change and person-centered care founded the Pioneer Network (www.pioneernetwork.net/). This network supports the development of "best practice" standards and assessment tools for enabling LTC communities to map their progress in implementing a person-centered-care paradigm. Advances from this grassroots movement include greater resident decision making, new team-based work practices, and more home-like living environments (Doty et al., 2008; Jurkowski, 2013; Koren, 2010). Movement leaders provided a series of benchmarks to guide LTC communities in what they considered an optimal cultural change strategy—namely, full implementation of person-centered care. However, more work needs to be done in assessing and measuring culture change, as well as the kinds of information that should be gathered (Shier, Khodyakov, Cohen, Zimmerman, & Saliba, 2014).

Role of Anthropology

Even with demonstrated outcomes, anthropologists see some shortcomings in this approach to cultural change. For four decades, anthropologists analyzed the culture of LTC settings via nursing home ethnography (Gubrium, 1975; Henderson & Vesperi, 1995; Kayser-Jones, 1990; Laird, 1979; McLean, 2007; Savishinsky, 1991; Shield, 1988; Stafford, 2003). These ethnographies document daily life and organizational practices in LTC settings and interactions among health care providers, residents, families, and others. Although many of these ethnographies offer recommendations for improving nursing home life, these recommendations vary in terms of their specificity, definitiveness, and/or visibility within the text. Culture-change recommendations from such field research may not be routinely consulted, or consulted as a first choice, because of their different styles and approaches and the time commitment necessary to absorb the ethnographic details.

Although some reformers may criticize the perceived lack of "user-friendliness" of LTC ethnographies, anthropology has much to offer in conceptualizing how to study culture and guide cultural change. As anthropologists, we see culture as a dynamic process in which both individuals and groups are engaged as they sift through and consider the LTC cultural elements that have

been formative. Anthropologists involved in cultural change efforts identify dimensions of culture that are valued, desirable, and effective, as well as those that ought to be mitigated, modified, or eliminated. They view culture holistically within its particular context and recognize that cultures differ in terms of such features as assumptions, beliefs, and resources. Anthropologists also consider the dimension of time as a way to understand how the cultural community developed, its perceptions of the current state, and its expectations and hopes for the future.

The concept of cultural preservation (Alivizatou, 2012; Ferguson, Dongoske, Jenkins, Yeatts, & Polingyouma, 1993; Su, 2013), which we characterize as the retention of cultural elements from the past or present, plays a key role in cultural evolution—whether of a particular LTC community or an industry-wide phenomenon. When cultural elements are "preserved" through such means as stories, customs, and other kinds of lore, they can offer some degree of continuity and stability for organizations undergoing change. They also can provide a historical backdrop for integrating "new" elements into the evolving culture. Moreover, some cultural elements from either the past or the current state are valued in their own right. Figuring out what those positive cultural features are and leveraging them as an active part of the future cultural system align with and serve to enhance ongoing LTC cultural change. Although the culture-change movement's top-down "best practices" emphasis is valuable in addressing critical issues industry-wide and in raising overall care standards, its work can be enhanced further by taking into account the cultural dynamics in individual settings. Such cultural knowledge and practice can be an essential foundation for an LTC community's future.

Cultural Transformation

As applied anthropologists specializing in organizational-culture change and the anthropology of aging, we are interested in finding new ways to combine our expertise to assist LTC communities as they consider their own future. Anthropologists have helped with cultural change efforts recently in such areas as health care (Darrouzet, Wild, & Wilkinson, 2009), technology (Wasson & Squires, 2012), energy (Hepsø, 2013), manufacturing (Briody et al., 2014), education (Wiedman, 2013), computational social science (McNamara, Trucano, & Gieseler, 2011), and economic development (Northam, 2014) to name a few. Medical anthropologists and other closely aligned qualitative researchers also have participated in multidisciplinary teams researching broader LTC culture-change processes and the successful implementation of practices endorsed by the culture-change movement (e.g., Briller & Calkins, 2000; Miller et al., 2014; Shield, Looze, Tyler, Lepore, &

Miller, 2014; Snoeren, Janssen, Niessen, & Abma, 2014). Different theoretical approaches have been applied to understand why some LTC communities embrace culture-change principles much more readily than others (e.g., Diffusion of Innovation theory, Rogers, 2003; complexity theory, Corrazzini et al., 2014; Sterns, Miller, & Allen, 2010; and place-based models of LTC care, Briller & Calkins, 2000). To date, much of this conceptual work remains at the level of the whole field and does not make working through localized culture change its primary focus.

We adapted our research and its applications from the "ideal plant culture project" that Briody led; the cultural ideal of collaboration (across functions, rank, and competencies) provided a direction and a focus for a future manufacturing culture (Briody et al., 2014). Ongoing improvements in customer satisfaction, employee engagement, innovation, and competitiveness—which also matter in the LTC industry—require addressing obstacles and supporting enablers to achieve desired change.

Similarly, our approach in partnering with a particular LTC community involved the identification of its cultural ideal, defined as a worldview, conceptualization, or mental model. The cultural ideal, with its roots in the cultural models literature (Garro, 2000; Holland & Quinn, 1987; Kleinman, 1980; Paolisso, 2007), is especially powerful because it represents the "insider" views of residents, staff, and others with stakes in the evolving culture. This approach has the virtue of empowering and challenging the LTC community to understand its own culture story when envisioning cultural change. We use our case study to explore the extent to which the culture story approach can be adapted for use in LTC from a manufacturing context. We argue that high-performing LTC organizations of the future will need to play an active role in planning and moving toward their future ideal culture. Furthermore, as Shield et al. (2014) and others have pointed out, culture change often occurs gradually, but even if it starts out small, it needs to begin somewhere.

Methodology

Entrée

Because we are studying this innovative way of planning, assessing, and measuring local change in LTC, our intent was to choose a place with which we could work closely during the exploratory research phase. There is a long tradition in studying innovation and novel processes, by social scientists and others, to select particular settings. Special cases, outliers, and other less common settings can provide insights and lessons that can be learned before

proceeding onto a wider range of settings and broader questions of generalizability (Bernard, 2011; Stake, 2005).

Briody, a Board of Trustees' member (a volunteer role) facilitated our entrée to LifeTree (a pseudonym). At her first meeting, Board and Leadership Team (i.e., senior staff) members repeatedly expressed how much they and the residents valued LifeTree. Briody asked why, to which they provided responses such as "(It's) home-like, family-oriented." Briody asked whether they would be interested in sponsoring a study to understand their cultural story; the answer was a resounding "yes." Then, Briody asked her colleague Briller to participate in a potential research project.

In our research proposal, we suggested that we might help LifeTree understand its evolving culture story, presented in four "chapters." In life history interviewing, the concept of chapters has been used to elicit structured, organized accounts of the events in people's lives and their related meanings (Luborsky, 1993). Such prompting can influence the type of information gathered and the mode of storytelling (Luborsky, 1993). With this provision in mind, we believed this technique would prove valuable both in exploring key shifts in LifeTree's culture, identity, and organizational issues over time, and in using the findings and recommendations to improve care provision and outreach efforts. We focused our attention on the following chapters of LifeTree's culture story:

1. Where have we been?
2. Who are we today?
3. What is our desired future?
4. How do we reach and sustain that future?

Over the course of this *pro bono* project, Board and Leadership Team members collaborated, offering input in study preparation and sample selection, confirming and validating emerging results, and disseminating findings to the LifeTree community (institutional review board [IRB] protocol # HIC# 123110B3E). In 2012, members of the Board and Leadership Team participated in a strategic workshop on the recommendations, which subsequently led to other initiatives.

Data Collection

We used formal interviews (averaging approximately 1 hr) as the primary data collection method because they allowed us to elicit insider cultural models of LifeTree. Our goal was to understand both commonalities and variations in conceptualizations. Our interview sample consisted of 33 study participants

Table 1. Interview Sample Characteristics.

	Residents	Family members	Staff	Volunteers	Total
Number of interviewees	8	9	9	7	33
Associated with assisted living, basic nursing, or both	Assisted living	Majority with basic nursing	Both	Both	
Average interview length (in minutes)	43	51	53	79	56

Note. The groups are not mutually exclusive because one family member is a current volunteer, four volunteers are former family members, and one volunteer is a former staff member.

and was distributed across four stakeholder groups (residents, family members, staff, and volunteers) and two main care levels (assisted living and nursing; see Table 1). Our sample was purposeful, that is, we interviewed individuals who were interested in and able to speak to us about their experiences at LifeTree—whether they lived, worked, or visited there. Community members found out about the opportunity to participate in the study via several means including flyers, the mention of the study at a series of meetings (e.g., Resident Council, staff, family, Board), and direct recruitment by researchers and others via nominated sampling (i.e., asking those who were interviewed to then recommend others who might be interested as well). Because LifeTree is quite a small community and "word travels fast," we were comfortable that there were multiple opportunities for members of the stakeholder groups to learn about the opportunity to participate. Our questions focused on study participant perspectives of LifeTree's past, descriptions and stories of its current culture, and hopes, expectations, and advice related to its imagined future culture.

Participant observation at events, meetings, and activities helped us to make sense of the interview data. We also familiarized ourselves with various documentary materials, using them primarily for context and as a supplement to this exploratory study. For example, we reviewed the website, admissions brochures, and public relations materials, and had access to Board agendas and meeting minutes.

Analysis and Validation

Content analysis was used to identify cultural themes and patterns associated with each of the four stakeholder groups separately, and then together as a

whole. We use the term "theme" to mean those cultural elements that are "key to the character, structure, and direction" of this LTC community (Opler, 1945, p. 198). Briody took the lead on reading through the interview transcripts and performing the content analysis; she had the most prior experience in using the culture story approach to analyze data elicited in this manner. Then, Briller reviewed all transcripts and the initial analysis to add thoughts based on her project interviews and participant observation, and her expertise as an LTC researcher and former LTC staff member. Next, we compared similarities and differences in our interpretation of the data. We discussed any discrepancies until we were able to reach agreement. This multi-step analytic process helped ensure quality control and inter-rater reliability.

Subsequently, we validated our analysis through five presentations to members of the four stakeholder groups and others associated with the broader LifeTree community. These presentations were an opportunity to gather feedback on the results and recommendations. We were attentive both to circumstances in which competing interpretations were offered and to situations when participants emphatically agreed with each other. In these instances, we asked for additional clarification. The new data extended our understanding and enabled us to represent key themes and examples appropriately. In general, we found that those in attendance offered examples that corroborated the findings and provided additional detail. Moreover, attendees repeatedly stated that they largely agreed with the results, and found the culture story process insightful. Thus, our analysis and validation processes were rigorous, systematic, and iterative. The data collection, analysis, and validation sessions occurred over 11 months in 2011-2012.

Background

Over the last five decades, LifeTree has evolved from an independent living facility with an assisted living wing, to an assisted living and basic nursing (not skilled nursing) care community (see Table 2). LifeTree began as and remains a small independent nonprofit affiliated with the Episcopal Church. It has relied on resident fees supplemented by occasional small donations to support its operations. For us, this LTC community was intriguing because it faced many external pressures including increased competition from LTC chains, an aging building, and changing neighborhood and resident demographics. All of these concerns are common for LTC communities nowadays. Although operating privately without accepting public funding is more atypical for LTC communities, we did not view its relative uniqueness as problematic in trying out the culture story approach. To the contrary, we believed it would be beneficial to study cultural change in a setting that operated independently and

Table 2. LifeTree Organizational Characteristics (2011).

Organizational sector	Faith-based nonprofit
Age of facility	Just under 50 years
Licensure	Home for the aged and basic nursing service; licensed for about 110 residents, of which 25% associated with Basic Nursing
Types of care	Assisted living and basic nursing; respite; end-of-life; memory care offered throughout rather than as part of a special memory care unit
Billing	Private pay (i.e., does not accept Medicare or Medicaid)
Selected staff characteristics	70 staff members, of which 15% are on leadership team; 17% staff turnover; 6-year average longevity; 27% employed between 10 and 30 years

had implementation flexibility. Our partnership with LifeTree leaders, and ultimately with our study participants, enabled us to examine the introduction of the culture story process in detail.

The size and composition of the resident population have changed over LifeTree's history. There are fewer residents than occupancy permits. Residents arrive older and frailer, and experience greater cognitive impairment than they did in decades past; the resident population turns over approximately every year (see Table 3). Interviewees also explained that the facility was "worn" and needed "updating," which has been a barrier to new resident recruitment. Moreover, no staff members work exclusively on community outreach, marketing, or fundraising, activities that could improve LifeTree admissions, name recognition, and image in the area. Yet, based on our initial conversations with many associated with the LifeTree community, it appeared to have some significant cultural assets including key relational strengths among and across staff, board, residents, and families.

Chapter 1: Where Have We Been? Discovering Aspects of the Cultural Past

Age and Mobility

Interviewees described the organizational-culture transformation of LifeTree from a largely independent senior community to one in which most residents require assistance with everyday tasks. A staff member reported,

Table 3. LifeTree Resident Characteristics (2011).

Resident attributes	Description
Size	63 residents
Age	Average 91 years
Physical abilities	Most use walkers or wheelchairs
Cognitive abilities	Most experience some dementia
Religious affiliation	Just over 50% Roman Catholic; various Protestant denominations; a few with no religious affiliation or Jewish

> When I started (1991), there were no canes or walkers allowed in the dining room. Now almost everyone has one. And then for a long time there were no wheelchairs in the dining room. If you had a wheelchair, you ate in a smaller dining room. Now it doesn't matter.

Study participants highlighted how mobile and active the residents were during earlier decades. Up through the mid-2000s, some residents drove their own vehicles. By contrast, residents today are mostly cared for by LifeTree staff and in-house service providers (e.g., physical therapists, beautician). Cultural practices changed in conjunction with resident abilities.

Old and New Networks

In the past, more people moved to LifeTree knowing friends and acquaintances there. One family member stated,

> My Mom decided to move in here about seven years ago. We (my brother and I) said, "Mom, we can help you stay in your condo. We'll get you home health." But . . . she decided to come because her friend was already here.

A staff member recalled, "One resident moved in at 65 because her Mom was here. She was a piano player and wrote music . . . She would always play in the chapel." Families stated that residents also developed new relationships upon moving in. One remembered, "So that's how mother got to know other people here—through church services, activities, Bingo, the tablemates, Rhyme Time. They had a special activity, a New Resident's tea, to meet new residents." In the past, maintaining prior community connections mattered more in decisions to move to LifeTree. Today, residents often arrive not knowing others and/or for memory care. The changing composition of the residents has affected activities and social networks.

Organizational and Programmatic Changes

Gradual resident aging led to establishing assisted living in the mid-1990s. A staff member commented,

> They found nine people . . . to be in the Assisted Living and that's how we started . . . It took a long time for the Independent part to go away. It wasn't overnight. But over time, these independent people were becoming more dependent.

Ultimately, "the state told LifeTree that they needed to have a Director for the Assisted Living," reported the staff member who became that director.

Another important change began in the late 2000s. It involved the implementation of the new dementia care system, featuring a set of communication techniques related to memory care. The Leadership Team was enthusiastic about this care system and wanted all community members to embrace it. Five employees formed a new department as these dementia care activities took on a more prominent role. In our interviews, this care system was sometimes referred to as "our signature program," and "our culture." Yet, as we discuss later, only some care system components were readily adopted; other elements were less well incorporated into the culture.

Other activities operated alongside the new dementia care system whether formally organized by staff or informally coordinated by families and volunteers. Staff arranged for various classes (e.g., art therapy, exercise), musical entertainment, special events (e.g., family fun day, candlelight dinner), and outings, among others. Informal activities arose too, often initiated by family members. A daughter described her mother's life: " . . . we would have these (college) football parties in my mother's room. A bunch of residents and their families came . . . we would have a tailgating party." Another daughter recollected,

> I was coming every evening . . . With Mom, the evening was difficult . . . We would have coffee and knit. And then I thought, "This is silly. Why not get whoever wants to come together?" Janice (a resident) was one of those people. So we have coffee. We knit. We do girlfriend talk. It is girlfriend time. It is unstructured.

Changes in activities, as well as resident abilities and participation, occurred particularly over the last decade. A volunteer pointed out,

> . . . there are more different activities—like arts and crafts—more of it now. Entertainment groups come in and they do a nice job. But if you don't nudge the people to go, they won't. You have to do a little convincing.

Activity programming changed somewhat as memory care became a focus. However, we noted some puzzlement about "therapeutic" activities associated with the new dementia care system. Although these activities were designed to match residents with similar functional and social abilities and interests, we found that these activities were not necessarily connected with residents' backgrounds and lives. For example, familiar objects such as buttons were brought in for residents to sort but not necessarily tied to the activity of sewing. Although LifeTree adopted the new memory care program, only those aspects of the program that were consistent with LifeTree culture became a mainstay of community life.

Staff Continuity and Attitudes

Comments about resident care over time were mainly positive. One staff member stated, "We mostly have (had) the same team leaders so continuity is good." A family member concurred,

> There's not much turnover in the staff—which is good. Because even though my mother is so disabled now, all of the staff knows her . . . It feels like this is her home, not a hotel. Everyone acknowledges her. They all know everyone. Amazing!

Staff members offered different explanations for their own or co-workers' views of their jobs. One pointed out,

> Age is a number. As long as a person is able to do and talk, they should not be given up (on). You can learn something from every single person, every resident, if you just sit down. If you listen, you learn. It's growth. I've become attached to certain residents. They teach you what they've done, how to react, what not to say, how to say it.

Another remarked,

> You see family members having to face new challenges that they haven't faced before. When they see Alzheimer's disease or another kind of dementia attack their family member, they don't know what to do. Here at LifeTree you can work with families—teaching them that you can visit without having to have a verbal conversation. You don't need to try to re-orient or re-direct them.

Key themes including consistency in care provision and support for residents and families repeatedly emerged, demonstrating the critical role played by relationships. Strong networks within the Episcopal Church that connected

many Independent Living residents and led to new resident recruitment gave way over the decades. By contrast, today's residents typically form new social networks once they are at LifeTree; this pattern also holds for staff, volunteers, and family members.

Chapter 2: Who Are We Today? Understanding the Cultural Present

As LifeTree moved away from Independent Living, staff-resident and staff-family relationships began to feature prominently in the interviews. Multiple stakeholders indicated that residents required more "hands-on help" with daily living tasks and coping with memory loss, and that families needed more emotional support.

Re-Creating "Home" and "Family"

When discussing the cultural present, study participants offered analogies (i.e., comparisons based on similarities or likenesses) highlighting the strength of close-knit relationships and caregiving. Of the 21 analogies offered by interviewees, 13 explicitly referenced the concepts of "home" and "family." A resident stated, "It's like home sweet home and it reflects that." A family member made a similar point:

> They try to give you a feeling like family. You never feel like you are not welcome and that's important. You can come in at any time. You can bring a pet. You can call at any time. You always can get someone.

In fact, when anyone pulls into the driveway of LifeTree, there is a sign that reads, "Welcome Home." Interviewees expressed comfort that LifeTree maintained a homey feeling, even as the resident population continued to change.

Study participants also used dichotomies (i.e., differences based on two mutually exclusive sets), including ones highlighting LifeTree's caring staff. For example, a former staff member and current volunteer pointed out,

> Several times a person had gone from being a very active resident and all of sudden they were very ill. Many times I didn't even have to ask a person to stay on for a second shift. People volunteered if someone was close to death, even without pay. It wasn't a patient or a resident anymore. That person had become a family member. It was a priority here that they didn't want them to die alone . . . it just shows how staff came to relate to the people.

Although study participants were aware of the growth of many new and architecturally pleasing LTC communities in the area, and the necessity of facility improvements at LifeTree, they downplayed their importance. Instead, they stressed the care that the residents receive at LifeTree, implying that such care was not readily available elsewhere. One family member commented, "The emphasis here is on people, not things," while a second stated, "It's not the most beautiful building but the staff seems uniquely caring. When they talk to her, my Mom always responds with a smile." A staff member put it this way: "LifeTree is small, and when you say that, it means something good. It is not cutthroat. It is not corporate." Another staff member commented, "It is not just an institution. It's a family. Sure you come here to work, but you get close to the residents. They become your friends."

Although the analogies could be elicited in other settings with a home-like philosophy and model of care, we found the dichotomies to be salient because they indicated positive aspects of the relationship-based culture that should be preserved at all costs. Due to relationships, staff made certain choices (e.g., sit with the dying after your shift has ended). Families who can afford to pay for a fancier environment looked beyond the worn building, opting for a certain type of care.

Depth and Warmth of Personal Connections

Adjectives offered another glimpse into the organizational culture. One interview question asked how study participants would describe LifeTree's current culture to a friend or family member. The responses to this question were highly positive (unlike responses to a later question about the future culture). We compiled the list of the 141 adjectives they used and inserted them into Wordle™, a tool that displays words in terms of their frequency or prominence (www.wordle.net/). This tool generated a "word cloud" for each stakeholder group (see Figure 1).

Some key insights emerged from the word *clouds*. First, the adjectives are consistent with the analogies and dichotomies. Second, when we examine the four word clouds as a set, a consensus view of the current culture appears. Many adjectives appear in the word clouds of more than one group. Moreover, when the mix of adjectives is taken into account—"friendly," "spiritual," "meaningful," comfortable," and "deep"—the depth and warmth of personal connections are evident. Third, the word *clouds* suggest that each group is benefitting in some important ways. Residents focus on a "homey" and "pleasant" lifestyle. Families emphasize the "professional" care of their loved ones. Staff highlight the importance of relationships with residents, family members, and each other. Volunteers emphasize attributes such as "safe," "fun," and "spiritual" reinforcing their desire to spend time at LifeTree.

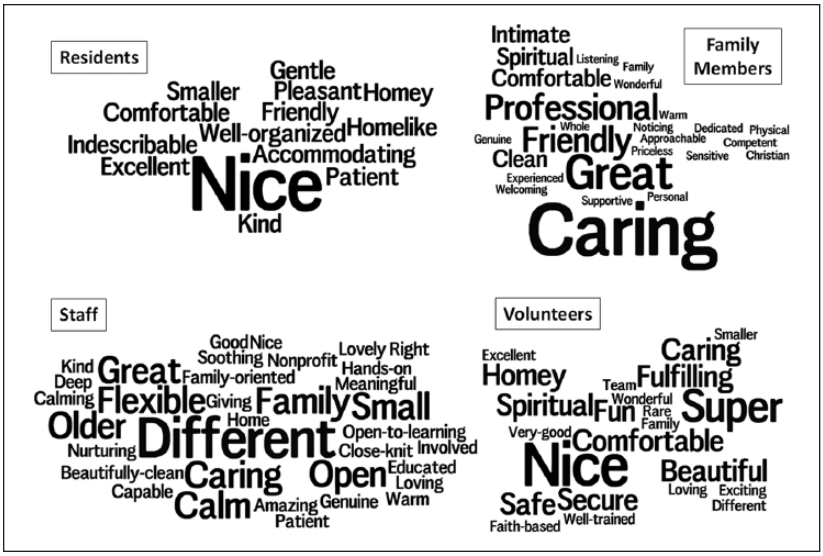

Figure 1. Word Clouds of Adjectives Representing the Current Culture by Stakeholder Group.

Interactions Cross-Cutting the Culture

We asked the following question to capture an in-depth depiction of the current culture: *Could you tell me a story that reflects the culture today?* In return, we gathered 194 stories (i.e., accounts, anecdotes, or narratives) and statements (i.e., responses, or comments) containing descriptions and evaluations of LifeTree's culture. They ranged in length from a short sentence to a sizable paragraph. Staff offered 34% of them, family members 28%, volunteers 27%, and residents 11%. We compiled these data by pairs based on those referenced in the stories or statements (see Figure 2). Staff–resident pairs were 3 times more likely to be mentioned than any other pair. However, it is also important to note that 53% of all stories and statements consisted of other combinations of the four stakeholder groups.

Strong, caring relationships. Many statements and stories emphasized compassion or commitment toward residents. A resident put it this way, "I have never seen anyone irritated with the woman down the hall. People (staff) are always telling her, '(Cynthia), your room is down there.' They are very kind to all of the people." One family member commented, "Natalie visited my Mom in the hospital. She would go on her days off . . . I can see some real dedication

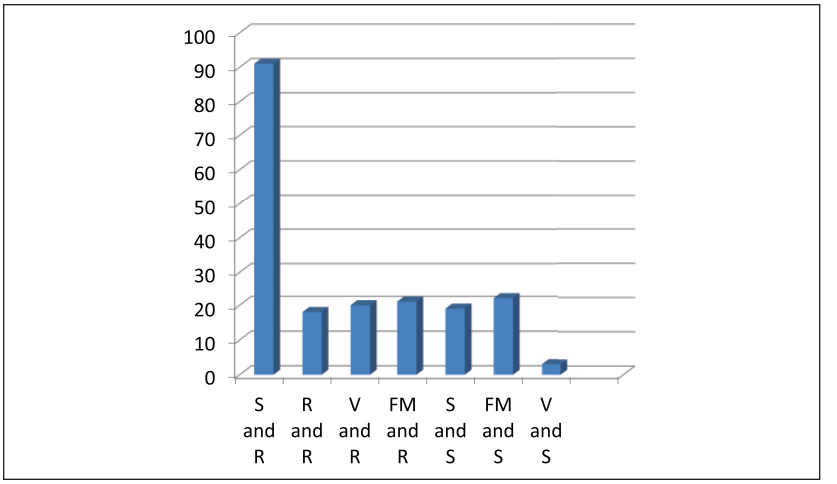

Figure 2. Number of Statements and Stories by Stakeholder Pairs.
Note. S = staff; R = resident; V = volunteer; FM = family member.

of the staff. It was eye opening." Strong feelings also developed between volunteers and residents as in this young volunteer's story:

> At first I didn't know what to do. I knocked on this woman's door named Grace and got to know her. She's really cool. I still see her a lot. After that I got to know more other people too. I would go and say, "Hi, I'm Amy. Do you want to talk?"

The bonds created not only enhance caregiving but also create a dynamic in which the parties involved value each other.

Emotional support for family members. Many anecdotes focused on family member–staff pairs; they featured emotional support that families derive from their association with LifeTree.

> It is more than just the physical care that is important to the family . . . There was a caring for the whole family, not just the resident. LifeTree has been wonderful for me. (My father) has lost his filters and has said things to me (that are mean and unlike him). The staff understands.

Staff members corroborated the need for strong relationships with and care extended to the families. One stated,

> We approach them a lot—to open it up for them to talk to us. We have an open atmosphere if families want that. And if some of them don't want it, then you let them be. That's how we do things here.

Limited interaction among residents. Anecdotes also referred to the limited interaction among residents representing a cultural change from the past. Two study participants indicated that residents did not interact much with other residents nowadays. A volunteer said,

> I sat down with some residents—a man and a couple of ladies. I tried to initiate a group conversation but instead of talking to each other, they all tried to talk one-on-one with me. I felt complimented but it was kind of a problem. Why don't they feel that they can talk to each other? I don't get it. I don't understand why these neighbors don't talk to each other.

A staff member confirmed,

> They (residents) don't interact too much with each other. Most interaction happens at meals. Most of the residents return to their rooms after meals. A handful will do puzzles in the library. I wish they would do more interaction, but they don't.

Similarly during the research, we saw limited resident–resident interactions in places such as common rooms and hallways. Interactions at meals and activities were somewhat better. Many staff were unaware of this pattern until we made it explicit during our validation presentations. A resident stated, "Very few talk in the dining room . . . One at my table is blind . . . It's sad. The other doesn't see or hear . . . and eats mostly in her room." Another lamented, "I was wishing I'd be able to communicate with more people. So many of these people just don't have it. It bothers me. I get depressed." Other explanations pertained to a shrinking social circle among elders. One resident stated, "I don't know that many people . . . You don't make friends as easily as when you are younger . . . you are set in your ways." Another commented, "No one associates with each other after meals. I don't. Some go to the sunroom. I don't have that kind of relationship (with other residents)." Clearly, physical and cognitive changes affect communication between residents. However, we also did not observe many instances in which residents were encouraged to socialize with other residents.

Cohesion among staff peers. Many examples of helpfulness and harmony were offered in this close-knit community. One staff member said, "You don't have to ask somebody (to help you). We just do what we have to do."

Another stated, "(We are) accepted, and encouraged. We take care of each other here. Samantha was my mentor and has made this year and a half a very good one." A third individual commented, "Staff here have been very good to me. They helped me to learn."

Some concerns voiced about the staff. Relatively frequent statements pertained to status differences within the staff and between the staff and the volunteers. Within the staff, a distinction between being part of the Leadership Team (approximately one seventh of the employees) and reporting to the Leadership Team was evident. A direct care provider commented,

> If everyone were treated like a Leadership Team (member) it would help a lot. We see a little more (of what goes on). We have ideas and solutions and don't have much input. The families always say, "You are the greatest!" But, we don't get the feeling that we are the greatest. There is always room for improvement but what about "Good job!" or "That was such a good thing that you did!"

One employee described this division within the employee pool as, "It's us versus them." Volunteers expressed concern about this "separation" from staff decision making too. One commented,

> With the (volunteer) forms I filled out, there was a section to check the things that I would like to participate in. I said balloon volleyball, book club, art, and walking club. But no one got back to me on it.

Another volunteer expressed regret that a poem he hoped would be shared with the staff was not.

Key themes associated with the cultural present included valuing home and family, and caring, cohesive, and supportive relationships—particularly involving resident–staff, resident–volunteer, and family member–staff relationships. Also notable, however, were themes of distance and status difference evident in some resident-to-resident relationships and some staff-to-staff relationships.

Chapter 3: What Is Our Desired Future? Exploring the Ideal Future Culture

A Consensus to Preserve Strong, Healthy Relationships

As soon as we shifted focus during our interviews and asked study participants to describe an imagined ideal or potential future culture, we encountered variation, not consensus, in their responses. Indeed, we ended up categorizing

Table 4. Strengths and Weaknesses of the Current Culture and Recommendations for the Future Ideal by Stakeholder Group.

	Strengths	Weaknesses	Potential solutions/ recommendations
Residents	12	17	23
Family members	30	25	41
Staff	26	43	87
Volunteers	9	16	48
Total	77	106	199

their statements and stories into strengths, weaknesses, and recommendations (see Table 4). Given the kinds of responses study participants offered (i.e., strengths, weaknesses, recommendations), we found that the culture story approach accounted for stakeholder variation within and across groups.

The strengths and weaknesses referenced the current culture, whereas the recommendations referred to the future. Relationships and a caring staff featured prominently in the strengths category, consistent with comments about the culture of the past and present. A staff member offered this strength relating to how the caregiving role is viewed: "It's a privilege to be allowed to take care of someone's loved ones in their decline and in a vulnerable condition or state, and to be trusted to do so." Similarly, a family member indicated, "Sarah helps mom pick out her outfits and they are both really into that. My mom would rather have her than me do it! They pay a lot of attention to the details like that here . . . " Other (current) strengths were mentioned, with family members emphasizing staff retention and training, along with resident programs, staff specifying the "passion" they have for their work and the quality of the care and the training they receive, residents affirming how "compassionate" LifeTree is, and volunteers commenting on how "marvelous" it is to "see so many residents' families here to visit."

Weaknesses were voiced in greater numbers, suggesting that our questions about the potential future invited a more balanced cultural portrayal of LifeTree. Both families and staff emphasized the increasingly competitive LTC market. Families worried about the impact of the low resident "census" (i.e., numbers) on staffing and finances, indicated a lack of awareness of marketing efforts, and stressed the importance of "cosmetic improvements" to the building. Staff commented that LifeTree was in "survival mode" and highlighted the need for renovations noting one obstacle in particular: "Finances is the only obstacle. It is a key to growth." Unsurprisingly, they raised work culture issues too including statements such as, "Not everyone feels empowered." Volunteers advocated for residents and underscored that

residents needed more input into activities. They (along with residents) were also troubled that interactions and relationships among residents were limited: "What's missing is resident communication with residents. Friends are so important in life—especially if they are all living in the same place. It seems really important. Knowing people from the same hallway and beyond—that's the main issue."

Hope Revealed in Distinctive, but Culturally Consistent, Stakeholder Paths

All stakeholder groups proposed ideas and insights (see Table 4), suggesting that each group had a vested interest in the future. More recommendations were offered than strengths and weaknesses combined, particularly by the staff. Each of the 199 recommendations reflected the expectations that change was possible and would occur.

Residents focused on themselves and expressed hope for relationships with other residents: "We could intermingle with (others in the dining room) more often. We are stalemated there. It would be nice to see what others are talking about." They also desired involvement in new activities.

Consistent with resident recommendations, volunteers focused on listening to, learning from, and engaging residents. They too emphasized the importance of residents having various relationships: "Focus more on residents making relationships with each other." They also stressed resident engagement with any member of the LTC community. One volunteer stated, "Talk to (a few residents) for 20 minutes after lunch. Find out what they are thinking. It's important to ask enough questions."

Family members emphasized nurturing residents and staff. Their comments included, "They should continue to ask the residents for their input about things; that's really important" and "Talk to as many residents as possible; their perspectives really matter." They also commented, "Keep the staff happy so they continue to give the level of care that they give" and "The staffing is really important; you need people who understand that sensitivity and caring is what people really appreciate."

Finally, recommendations embedded in staff stories targeted aspects of the work culture and community outreach. The desire for staff empowerment in the future was evident: "I would (hope to) see people sharing ideas, and others might adopt them, regardless of where they came from . . .," and "Opportunities for staff members to grow (career-wise/career mobility)." Staff also sought to expand the LifeTree community: "We need to get more people into the building so they feel it, know it," whereas another recommended, "Come volunteer

and help us." They also saw possibilities in raising community awareness (e.g., through local educational presentations).

Key themes expressed related to LifeTree's imagined future included strong relationships across stakeholder groups (e.g., family member to staff). At the same time, a knowledge void and expressions of uncertainty were voiced about LifeTree's long-term future. These perspectives appeared in the statements and stories made by members of the four stakeholder groups.

Lessons and Opportunities for Change

A key cultural lesson from the study pertained to LifeTree's main strength: a community based on strong relationships. Indeed, relationships that are "welcoming" and "home-like" are the hallmark of the culture. Accordingly, we encouraged the staff to label this strength, which was their cultural ideal, the "Welcome Home" care philosophy. Study participants repeatedly expressed the view that the family-oriented, home-like atmosphere should remain a core element of their future culture.

The responses to the ideal culture questions and the overall analysis led us to make five major recommendations.

1. *Improve resident input and engagement:* Enhancements to resident living, including conscious efforts at relationship building, and restructuring and/or creating resident activities based on stakeholder feedback, would enrich the quality of life of individuals and LifeTree as a whole. For example, volunteers, family members, or staff could solicit resident ideas in one-on-one or small group interactions.
2. *Foster resident-to-resident relationships:* Resident desires for relationships with other residents can be encouraged and flourish in a memory care setting. Intentionally encouraging conversations—say, with two residents during the afternoon or immediately after dinner—could help break down some of the barriers for potential friendships.
3. *Expand community outreach:* LifeTree would benefit from increased community outreach, including educational events and social activities that result in stronger connections between the care community and the broader neighborhood, and recruiting and marketing aimed at prospective residents, families, staff, and volunteers. Completing and implementing a new strategic plan with specific community outreach, marketing, and fundraising goals would raise awareness of and funding for LifeTree.
4. *Enhance staff-to-staff relationships:* Promoting opportunities to strengthen staff relationships through social events and involvement

in planning for LifeTree's future could lead to greater integration and collaboration.

5. *Reduce status distinctions among staff:* All staff, including members of the Leadership Team, would experience greater unity of purpose if they could routinely offer input about their roles, felt empowered, and were recognized for the work they do. Establishing a rotating membership for direct care employees to participate on the Leadership Team would increase connection and communication among various types of staff. It could also potentially increase the likelihood that a broader range of ideas were considered and implemented.

We encouraged Board and Leadership Team members to disseminate the results and recommendations to the LifeTree community through presentations and the internal newsletter; both occurred shortly thereafter. We also proposed convening small groups of key stakeholders (e.g., staff, residents, family members) to explore any or all of the major recommendations and implement changes in policy or practice.

In getting started, one small group focused on Recommendation 3. After a set of discussions about the key cultural attributes identified in the culture study, the group decided to incorporate these ideas into their community outreach efforts. While engaged in rich conversation, they talked about the best ways of presenting themselves to the broader community: Who are we? What is our culture? What do we value? They created a graphic design emphasizing LifeTree's key cultural features (e.g., its warm relationships, low staff turnover, and "peace of mind" stemming from these relationships). This process helped the group take on a main recommendation from their culture story and begin productive work with it. Group members agreed that their relationship-based culture was the key message to be shared with the local community; it should be mentioned consistently during tours, with the graphic included in admissions packets for prospective residents and their families. Indeed, the graphic design became a reminder of what their culture stood for, how they wanted to represent it, and the process in which they participated to put it together.

Chapter 4: How Do We Reach and Sustain That Future? Using Your Culture Story Effectively

This chapter focuses on the change process itself in which we worked primarily with LifeTree's Leadership Team to help them understand how to guide the translation of the study's findings into planned cultural change. We had numerous opportunities to interact with the Leadership Team in this phase, including

during our presentations, workshop, and subsequent small group problem-solving sessions. It was interesting to observe how the Leadership Team reacted to the whole set of study findings and approached the more positive and negative findings presented. On the positive side, they used the "culture story" data to repeatedly express pride in how relationships were cultivated over time. They liked to evoke the cultural past and the longevity of relationships formed in the past. For example, they would reminisce about earlier times and bring up examples of staff still present from that era. Talking about these pleasing memories was popular, as were current stories highlighting their relationship strengths. Leadership Team members also indicated that they were eager to delve into new community outreach and marketing efforts to publicize this core cultural message that we identified and for which we offered examples.

They were far more reluctant to face and explore current problems and negative aspects of their culture squarely. Indeed, some employees who had raised such issues and sought change were deemed to not be a "fit" with the culture; they subsequently left their jobs. We encouraged LifeTree to reflect on its cultural strengths and be amenable to critical assessments of its weaknesses. Cultural strengths and weaknesses would be important input into cultural transformation whether related to cultural preservation or to efforts to improve the organizational culture. Whether LifeTree ultimately will heed that advice is a question for the future.

Discussion

Culture is an orienting framework that can be studied both across and within LTC settings. Understanding culture-change processes and outcomes is integral to improved care provision as documented by Shier et al. (2014). In this study, we partnered with LifeTree to use a staged process to document its LTC culture story; it was not our intent to generalize to other LTC communities other than to suggest that further research should be done to extend this culture story work. We examined the past and present context in relation to its desired or potential future (cultural ideal), documenting related ideas in a chapter-by-chapter format. A conceptualization by Denison, Hooijberg, Lane, and Lief (2012) aligns well with our cultural transformation approach (see Table 5). These researchers suggest safeguarding and/or improving those cultural elements viewed positively by stakeholders, while rejecting or modifying cultural elements that are problematic. Incorporating insider views of the past, present, and imagined future and building on the current best practices of the LTC culture-change movement are two distinctive but complementary approaches for motivating and managing cultural change in LTC settings. We

Table 5. Changing Culture by Changing Cultural Attributes.

	Old attributes	New attributes
Good attributes	Preserve and strengthen	Invent and perfect
Bad attributes	Unlearn and leave behind	Rethink and try again

Source. Adapted from Denison, Hooijberg, Lane, and Lief (2012, p. 158, Figure 8.1).

predict that when used in concert, these approaches will have a powerful impact.

Planned and successful organizational-culture change entails key features (Briody et al., 2014; Burke, 2014; Kotter, 1996): considering stakeholder viewpoints, recognizing the need to change, identifying the endpoint of the change, specifying the conditions and processes that require change, creating a guiding coalition, disseminating the change plan, implementing the change including leveraging the positive cultural processes to mitigate obstacles such as resistance, measuring the change in relation to the ideal, celebrating success or renewing efforts to attain the ideal, and anchoring change in the culture. Although LifeTree Leadership was receptive to confirmation of its beliefs about its culture, it did not fully accept either study participant views about problems or our analysis of those cultural attributes meriting improvement. From the project outset, LifeTree Leadership Team members expressed recognition of the idea that there was a need for cultural change if this LTC community was to survive and thrive in the current environment. However, when presented with extensive evidence collected via use of the culture story approach, we met with much more resistance about planning steps that would potentially enable certain forms of culture change to take hold.

Since then, we have thought a lot about how to maximize the likelihood that recommendations are accepted and implemented. Briody and Erickson (in press) recently completed a cross-industry analysis (i.e., apparel, medical, manufacturing) suggesting that five elements must be present for organizational-culture change to occur and be sustained: (a) collaboration among organizational members, (b) leadership buy-in, (c) structural change in the organization's functioning (e.g., reporting relationships, incentives, networks), (d) work practice change (e.g., what tasks are done, how tasks are done), and (e) evidence of benefit. Although we had the first two elements throughout the research phase, we ultimately lacked strong leadership buy-in from key members of the Leadership Team during implementation; without such support, the remaining three elements would not be possible.

The original project sponsor was the Board of Trustees that was pleased with our efforts and with our recommended actions. We assumed that the

senior Leadership Team members were similarly disposed. However, although they were willing to take on some initiatives, especially related to expanding community outreach (Recommendation 3), they seemed less willing to tackle the other four internally directed recommendations. Rather than directly communicating these views, two barriers to implementation became apparent through a series of interactions over time.

First, one of senior Leadership Team members eventually told Briody of a significant barrier: the executive director viewed the results as too "personally critical" of the Leadership Team. Had we recognized such a strong reaction sooner, we would have worked harder throughout all project phases to reinforce our connection with her. Perhaps we would have involved her more fully in what we were learning while the project was underway and reviewed the draft recommendations together for more input on how *she* wanted to guide planned cultural change. Second, the senior members of the Leadership Team and a number of Board members desired a clear separation between staff and Board responsibilities; our work straddled that divide. Had we understood this "cultural rule" earlier, we might have been able to problem-solve effectively around it. For example, we might have raised this issue at the outset of the project to get clarity on how implementation would be handled—particularly because a Board member was to be the lead researcher.

Our long-term goal is to use our approach to design a tool for broader LTC dissemination. Both authors have significant team experience with designing customized educational tools that can be used for making localized change in diverse settings (Briller & Calkins, 2000; Briody et al., 2014; Calkins, Briller, Proffitt, Marsden, & Perez, 2001; Marsden, Calkins, & Briller, 2003). The new tool may be a self-contained guide that shapes development and documentation of an LTC community's culture story. As seen here, it would encourage stakeholders to describe their past and current culture using stories, expressions, and other means to make explicit the elements that are important to preserve and to highlight those elements that should be modified or expunged. The tool would provide guidance on preserving valued cultural elements, implementing new elements, and addressing the cultural obstacles to change that organizations face (Briody et al., 2014). Our culture story experience at LifeTree underscores the importance of ongoing relationship building with staff leaders throughout the project. Predictably, early elicitation of and continual attention to leadership (and other) concerns improve the chances of successful implementation. We anticipate that this tool will help LTC communities articulate, plan for, and implement their future cultural ideal in a proactive and customized way while still maintaining focus on the increasingly high standards of care promoted by the culture-change movement. Yet, true to form, we found that the level of leadership buy-in is likely to affect the success of planned cultural change.

As highlighted earlier, the philosophy and mission of the LTC culture-change movement are designed to promote substantial and meaningful change at multiple levels within and across LTC settings. A hallmark of this paradigm is shifting control toward residents and consistently providing more *person-centered* care. Although most would agree that such goals are important industry-wide, the culture story approach focuses on LTC community flexibility and innovation in planning for and implementing localized culture change. It is worth noting that many of the findings from this in-depth case study align with overarching culture-change movement principles. One could reasonably expect to see similar patterning in many high-quality LTC communities that value attributes such as strong positive relationships among their stakeholders. Nevertheless, it would be important to figure out the best ways of integrating both approaches within LTC communities so that both outside experts (i.e., culture-change movement) and internal stakeholders play roles in contributing to a vision for the future.

Study Benefits and Limitations

This article's goal was to consider the value of planned organizational-culture change in an LTC community using a culture story approach. Our interviews with four stakeholder groups were designed to elicit their views of the past, present, and future ideal, including their recommendations for internal cultural change. Our focus was on investigating the extent to which a planned cultural change process that was used successfully in a manufacturing context could be adapted for localized culture change in LTC settings. We believe that our experience applying the culture story process shows promise because of what it offers stakeholders. It gives an LTC community a sense of what is working well while also suggesting areas for improvement. Based on this experience, it is reasonable to try the culture story approach in other LTC settings as a mechanism for enhancing localized change.

Our interview approach was semi-structured and open-ended to maximize learning about how the culture story approach might perform in this setting. Our purposeful sample positioned us to speak to people who were both willing and able to discuss LifeTree's culture with us and/or articulate their experiences of living in, working in, or visiting this LTC community. We believe that our research design and methods were appropriate given our goal.

Ethnographic cases can help LTC communities identify a range of possibilities to inform their organizational planning: the cultural attributes they hope to preserve, the specification of their own cultural ideals, and the strategies they might use to attain their future goals. Moreover, stakeholder input can be gathered with the intent of taking specific actions and implementing

internally voiced suggestions for change. In this respect, the culture story approach can enhance and supplement the culture-change movement through customization.

We believe our culture story approach is worth expanding to other parts of the LTC industry—including skilled nursing and publicly funded facilities. However, some obstacles may be encountered in testing it. For example, this in-depth approach requires researchers and LTC communities to spend the time to engage in this collaborative research and implementation process. As we discovered, it is necessary to build rapport, maintain trust, and stay abreast of and address any indications of leadership concerns so that the project results in effective implementation. Indeed, each LTC community will have its own mix of challenges and strengths that will surface in its culture story. Each community will benefit from an approach to the organizational-culture-change process that is (a) open minded, enthusiastic, and energetic; (b) considers the future in light of the past and present; and (c) gives voice to *all* stakeholder groups. If the culture story is captured accurately and holistically, and the recommended changes are implemented successfully, the effort should result in valuable contributions to the LTC community now and in the future.

Finally, Briody was a Board member at the time of the study—a study sponsored by the Board with the agreement of the Leadership Team. Although study participants were aware of these factors, it is possible that either the stakeholder sample or the interview responses could have been affected in some way. However, potential biases may have been mitigated by the following: (a) It was a pro bono study, (b) Briller was an active participant in the data collection and analysis, (c) both Briody and Briller are highly experienced and longstanding researchers, and (d) comments from attendees at the five validation sessions were consistent with and enhanced the study's results. Moreover, although this potential for bias deserves acknowledgment, exploratory research with this new in-depth approach is well-suited to partnering arrangements based on strong relationships, excellent access, and enthusiastic participation directed to the pursuit of cultural change.

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