

Objective

Become familiar with culture change language and objectives. Describe methods to make activity calendars more homelike



ALL FUNCTIONING LEVELS

Culture change and activities: Learning the lingo and making yourself invaluable

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Cultures, by their very nature, can either embrace or resist change. Culture change can arise from an improved environment, due to inventions and other influences like regulations, or as a result of contact with other cultures. In its attempt to break away from traditional long-term care models culture change movement has created its own lingo.

- **Shahbaz:** new word for universal worker with CNA and culinary training
- **Elders:** people that live in the home. They should be called by their preferred name.
- **Environments conducive to eating and socializing:** smaller homelike like settings
- **"Normalized meaningful activities":** things a family might do together that are meaningful to elders.
- **Green house:** intentional community for people that need supportive services
- **Empowerment:** partnering with elders to seamlessly provide for medical needs and quality of life
- **Person first language:** the elder with "memory impairment" instead of "the dementia patient." This has been the norm for many years but now the culture change people have picked up on it.

Cultural diffusion in long-term care is a challenge because traditional staff doesn't know the lingo or what might happen

to their jobs as facilities "transition" to smaller group homes. In this diffusion, a physical form is transferred to another culture without the meaning being transferred or making sense. For example, when activity calendars were first required in nursing homes, they were considered an advance to move activity planning and activity offerings to all of those residents that lived in the facility. In culture change the activities that are desired are "normalized" and homelike, not necessarily offered in the same way or in large groups. Thus the meaning of *activity calendar* has not transferred well because we have grown to use them as a "one size fits all" approach to planning stimulation. The regulations and the movement toward smaller homelike settings are not conducive to large group or themed activities from the past.

There is a theory called *diffusions of innovations* that explains why cultures adopt new practices, ideas, and products. Over the past few years a variety of forces have emerged to transform medically based nursing homes into smaller more homelike places with individualized meaningful things to engage in. It has a lot to do with Baby Boomers watching the care of their parents and wanting something better in the future. While the traditional activity calendar is still required by law, it is challenging in this new environment. The Eden Alternative, The Greenhouse Movement, and the National Alliance of Small Houses (NASH) have brought in the neighborhood concept, animals, onsite childcare, green spaces, and family style meals. These are not really new ideas. European communities have been using a "service home" model for older adults for many decades, but we are using the same US nursing home regulations, and it looks like a square peg in a round hole when it comes to meaningful activities.

So where does the *Activity Calendar* fit in to all of this?

Although we probably all hang a calendar in our homes, we don't fill the daily hourly blocks with themed activities created to keep ourselves busy. We do things based on our preferred routines, our interests/preferences, our families, our needs, and our limitations. And a bleak example of acculturation to the activity calendar can be seen in the story of the dozens of nursing home residents, who are forced to attend the monthly birthday party for people they may not know or care about, and end up sleeping or trying to leave throughout the crowded and

often noisy "activity." Another acculturation recently described by a Shahbaz was the "joyous time she spent coloring with her elder." Obviously the culture change movement needs help in planning and delivering meaningful activities. Discuss this with your administration and the planning team. One of the most vital ways to form meaningful relationships with older adults is through a shared activity that provides dignity and quality.

Culture change and stress

Culture change, for the individual, a nursing home, or an entire society, is one of the most stressful of all human experiences. This underscores how pivotal culture really is to our personal identities and our psychological foundation. Think about the older person moving from their home into a long-term care setting. How stressful and distressing the losses must be for the elder. For those who are very sick, recovering from a hospital stay, or who may have lost a care provider or pet in the process, the stresses are even greater. Adjusting to having strangers around, needing help with personal care, and perhaps leaving a dignified life elsewhere is difficult to imagine. As many long-term care settings transition into small homes or units with neighborhoods the staff often feels the same stresses as those residents. Staff titles are melding, job descriptions blurring, and entire disciplines seem to be disappearing into strange sounding descriptors!

Benefits of staying active

Staying physically and mentally active reduces your chances of getting a host of illnesses, keeps bones strong and healthy, helps you maintain your vitality and independence in later years, and improves your mood and mental functioning. In short, it can help you live a longer, healthier life. This is what life in and out of a nursing home needs to focus on; the wishes of the older adult for an active life worth living. Simply "coloring or sitting around the kitchen" does not provide these benefits. The activities that we design must help elders move around, make choices, and retain important skills for living.

Our jobs with older adults, no matter what the title or the description, must focus on one thing—the older people that live in that home. It is up to each discipline to discover their new roles and the best ways to use their talents to improve quality of care and quality of life for the older members of the home. The



Key ingredients

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activities professions, along with music and recreation therapy professions have amazing skills to bring to culture change. Without these disciplines there will be little engagement in diversional or therapeutic activities in the home. Below are some concepts and questions to consider with your team as you work through the culture change process.

Involve all disciplines

Culture change leads to sense of community when the people involved feel as if they belong and are trusted. This includes the sense that others in the culture change movement "care" and that the culture change leaders will not ignore the gifts those who provide meaningful engagement can bring to the movement. Dr. Judith Voelkl wrote the activities we offer provide the "core" and "balance" in the elders' life. The core activities are the things done with the older adults in a routine family centered way. The balance includes the special planned activities outside of the home and beyond the routine. The core and balance concept requires activities professionals, music, and recreational therapists to share their knowledge and help guide the process in and out of the home. In the culture change community the staff members are not viewed exclusively in terms of performing a single role or function. Each person in the home, both staff and elders, are seen as unique, complex, and evolving individuals that need to engage in both core and balance activities. Can an untrained former CNA do all this and make it acceptable to a state survey team? Not without you! Make your administrators aware of this issue and clarify your roles.

Questions to ask yourself and your team:

- Do members of the staff really know each other's talents and dreams?
- Do people know the talents and dreams of the older adults (elders)?
- Do all staff members and elders feel as if they belong and are welcomed?
- Do older members of the household need encouragement or cuing to maintain an active life? How will this be accomplished and are relationships important?

- How can team members provide just enough mentoring to provide both core and balance activities? Who will plan these activities and maintain evidence of benefits?
- Can you work together to provide a new type of calendar filled with both core and balance opportunities?

When the culture change team recognizes that they hold similar values, a shared vision for active engagement evolves for the older adults in the home. Members are enthusiastic about the goal to give each older person a meaningful life (not simply setting up activities on a calendar but providing home-like, normalized schedule) that allows for new learning, participation in the home, active movement, and time for relaxation.

Leadership commitment

There are groups of leaders in the culture change movement that must understand that most frail older people cannot self-initiate activities and that life is about the meaningful things we do beyond self care (eating, bathing, and dressing). A community goal must be to utilize the skills of those that have always had a special connection with older adults through activity engagement from the initial planning meeting into the implementation phase of culture change.

Ask yourself and your team members:

- How will leaders help identify benchmarks of success for meaningful activity in and out of the home? Do the surveyors agree with these benchmarks? Can you educate the surveyors on these concepts?
- What is the best way to teach current nursing home leaders about the skills and active living concepts that will make you useful in the culture change process? ie, what specialized skills do you bring to the table?
- How will leaders link their personal values, vision, and their own need for meaningful activity to the culture change project? Remember this is about the elders that live in the houses, not the preferences of culture change leaders.



Hint

The **core and balance concept** requires activities professionals, music, and recreational therapists to share their knowledge and help guide the process in and out of the home.

- How will residents with depression, dementia, and rehabilitation needs stay active without leadership of activity professionals, music, and recreational therapists?

A day in a small house		
Rise (between 5:30 AM and 9:30 AM)	Prepare for the day	Wash, dress, breakfast, listen to radio or bird feeders
Mid-morning offerings (between 10 AM and 11:30 AM)	Choice of physical activity and light snack	Walking, small group yoga, gardening, visit with neighbors and have a snack
Pre-lunch offerings (between 11:30 AM and 12:15 PM)	Choice of helping activity	Assist with meal prep, light housekeeping, making or using Simple Pleasures items
Mid-day offerings (between 12:15 PM and 1:30 PM)	Choice of lunch indoors or on patio: once per week invite a luncheon guest or interesting educational speaker.	Buffet style lunch with opportunities to sit with friends indoors or outdoors, help with clean up
After lunch offerings (between 2 PM and 4 PM)	Choice of spa time, soap operas, trip to the community library, or a music lesson	Relax in the spa tub, get nails or hair done; get some books or tapes from the library, learn piano
Late afternoon offerings (between 4 PM and 6 PM)	Choice of help with dinner offerings, watch <i>Oprah</i> or <i>The Food Network</i> to get "tips," work in the garden	Set table, help with recipes, watch educational television and discuss with others during dinner, or spend some time in the garden.
After dinner offerings (between 6 PM and bedtime)	Choice of evening walk, visit with Pet Partners, reading, or family card games then ready for bed	Walking with others, visiting pet comes to join the home for an evening, play cards with others, watch television or relax and prepare for bed

This is a sample of one day on the calendar of a small house. You would need to make it your own and carefully individualize the offerings for the elders in the home. Those requiring assistance to take part would require expert adaptation, cuing, and assistance. Remember, small house residents require skilled care and experts on engagement to live well!

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