INTERVIEWS WITH GERIATRIC NURSES: PERCEPTIONS OF CULTURE CHANGE AS

MESSAGE STRATEGY

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ABSTRACT

There is a shortage of nurses to provide care in geriatric settings. About one-third of long-term care organizations have adopted a resident-first philosophy, also known as "culture change," to address quality of care and staff working conditions. Through a phenomenological interview approach with two unique samples, this study uses an inductive means to explore nurses' perceptions of a particular culture change philosophy known as the Eden Alternative. To better understand and explore the needs expressed by the nurses, the research uses Taylor's Six-Segment Message Strategy Wheel as the analysis framework, since it identifies both the emotional/social and rational/logic elements that are used in making decisions. The Strategy Wheel framework allows exploration of participant perceptions to determine if culture change would be a useful message strategy to attract needed long-term care nurses.

Keywords: message strategy, culture change, nursing, marketing, long term care, geriatrics

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DEDICATION

To all the colleagues, friends and family who have helped make this journey possible, my thanks.

To my advisor, my grateful appreciation for the assistance and sound advice; to my husband, my

heartfelt gratitude and love for being the greatest encourager; and to my Savior, my humble

gratitude for leading and guiding through the adventure.

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LTC……………………………………………….………long-term care

RN………………………………………………………...registered nurse

LPN………………………………………………………licensed practical nurse

CNA………………………………………………………certified nurse assistant

CHAPTER 1. INTRODUCTION

There is a national nursing shortage, and it is particularly acute in long-term care (AACN, 2010) with employers anxiously seeking ways to attract and retain good nurses. Over the last few decades, a movement has been developing within long-term care, called culture change, which helps make daily life more homelike within nursing homes. When successfully implemented, a culture change philosophy such as the Eden Alternative, affects not only the residents but also the care providers such as nurses, since it changes every aspect of daily life for the residents and for the individuals who provide their care.

Culture change is a broad term within long-term care that encompasses many issues. Pioneer Network (2015), one of the early instigators, defines culture change as "the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living." Since the concept was first identified in long-term care, the term "culture change" has had many uses, but most commonly today, according to Frampton et al. (2010), culture change refers to the innovations that are "anchored in values and beliefs that return the locus of control to elders and those who work closest with them" (p. xiii). Although allowing long-term care residents to retain control of their own daily activities may seem like an obvious choice, a traditional model of long-term care focuses on institutional operational efficiency, productivity and profit. There is a "focus on quality of care over quality of life, decisions being made *for* residents rather than *with* them" (Frampton, p. 19).

The desire of organizations to implement culture change, respecting resident wishes and creating a less institutional environment ("home-like") in which to live, is often at odds with

traditional geriatric care and regulatory entities. Extensive regulations from federal and state sources mandate when, how and to whom something is done, and often contrast with an individual resident's desire to maintain autonomy, dignity, and self-respect (Bowers, Nolet, Roberts & Esmond, 2007). The goal of the regulations has been to try to ensure that quality and safety standards are maintained within the various long-term care organizations (CMS, 2009). However, the effort required to implement literally thousands of rules has often shifted the long-term care organization's focus from caring for residents to an emphasis on following the rules (Stone et al, 2002). Caught in the middle are the caregivers, the nursing staff who have to handle the often-conflicting demands with professional calm and compassionate care. Consequently, culture change proponents are attempting to refocus the attention on the resident and restore the residents' choices in how to live their lives, while enhancing the autonomy of care partners to provide the kind of care desired by the resident.

Challenging the Traditional Model

There are several culture change organizations with similar resident-first philosophies working throughout the long-term care industry to create systematic changes, and include the Pioneer Network, Wellspring, and the Eden Alternative (Bowers et al, 2007). Although the organizations have differences, they also have a common understanding that the traditional organizational culture is a source of current quality problems in long term care, and needs to be a focus of change. They also share attributes including the "necessity for improvement in both care quality and work life quality" (Bowers, p. 9). Other shared characteristics include an appreciation for the vital role of front-line staff and the need to "empower" them in their daily interactions with residents and other staff.

Similar to the other major culture change organizations, the Eden Alternative employs a comprehensive educational structure to assist individuals and long-term care facilities in understanding and adopting the culture change principles. Their mission, "To improve the well-being of Elders and their care partners by transforming the communities in which they live and work" (Eden Alternative, 2017), emphasizes the importance of the relationships between the resident and the staff members as the organization's focus is changed to person-centric, rather than operational-centric.

There is a body of research that both confirms and challenges some of the culture change efforts within organizations and the effect on front-line certified nurse aides (CNAs). Within the research studies there has been less emphasis on the nurse caregivers, who must balance the needs of the residents in conjunction with all of the requirements from regulatory agencies, facility management, resident families, plus other residents and staff. Culture change advocates, such as the Eden Alternative, stress the need for including and supporting staff through expanded education and supportive leadership. The added freedom within the nurses' roles to respond to resident needs, and the importance of having decisions made as closely to the resident as possible, are central to the culture change philosophy. The Eden Alternative Principle 8 states: "An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority in the hands of the Elders or into the hands of those closest to them" (Eden Alternative, 2015). Transforming an organizational structure to give voice to residents and front-line staff is a significant challenge for leadership as well as the staff. In addition to changing the communication channels, leadership must also support the residents' right to make choices, which in turn has a direct impact on the operational structure.

Given some of the challenges of implementing culture change, it is perhaps not surprising that only about one-third of long-term care facilities throughout the country have adopted a formal culture change philosophy. In addition, the flexibility of the philosophies allows facilities to claim culture change affiliation, even though they may vary significantly on a continuum of implementation (Bowers et al 2007). But whether the organization is just beginning their journey or has been working with a culture change philosophy for years, the emphasis on staff education and involvement is an ongoing necessity for successful implementation, according to all culture change proponents (Pioneer Network, 2014; Bowers et al, 2007, Eden Alternative 2017).

The Research Methodology

Since the concept of culture change is multi-faceted, a methodology was chosen to consider a specific aspect: a qualitative look at the experience, perceptions and needs of geriatric nurses in dealing with a culture change philosophy. Through an interview study with two unique samples, this research examines the needs that geriatric nurses identify as important in choosing their careers, how they perceive their role in geriatric care, how they perceive the impact of culture change in long-term care organizations, and if culture change concepts play a role in their choice of employment.

To gain a better understanding of how individuals' needs affect their decisions, including the process of selecting their place of employment, the study employs Taylor's Six-Segment Message Strategy Wheel (1999) as a framework to analyze interview responses and define need factors that may influence a person's decision. His model provides a framework that assesses the needs in communication cues that a person uses to make a "buying" decision, whether it is for a new set of tires or a new job. By using the Strategy Wheel as a means of categorizing the interview responses and themes into the broad categories of Transmission (logic/rational) and

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Ritual (social/emotional) need triggers, there is an opportunity to discuss nurses' perceptions regarding the importance of culture change in their work lives.

The Eden Alternative care philosophy has an extensive network of registry affiliates, so it was selected as the culture change philosophy to study. This interview study will look at the perceptions of geriatric nurses within facilities that have adopted an Eden Alternative care philosophy, and compare and contrast their experiences. One facility had implemented the culture change philosophy about 16 years prior to the study; the second facility had adopted the Eden Alternative model approximately two years prior to the study.

In the first study, a long-term care organization was contacted that has been involved in culture change for over 16 years, using the Eden Alternative philosophy of care. Seven nurses volunteered and were interviewed about why they chose a geriatric nursing career and what it means to them, how they viewed culture change, and what needs are important to them in choosing a place of employment. An open-coding method was used to review and analyze the interviews for themes, using Taylor's Six-Segment Message Strategy Wheel (1999). The themes were, in turn, compared and combined when nurses cited similar concerns or shared related thoughts on their perceptions of long term care, culture change and career choices.

The second study was conducted with a long-term care organization that had adopted the Eden Alternative culture change philosophy about two years prior to the research. Most of the eleven volunteer participants in this study had experience with both a traditional and culture change model, which allows comparisons with information gained from the first study. The questions for the second study employed the same questions used in the first study. Participant responses were again coded, using an open-coding method, and then analyzed using Taylor's

Six-Segment Message Strategy Wheel (1999) to determine any common themes or triangulating data with the first study.

This qualitative two-part interview study with two unique samples seeks information about how a culture change philosophy is perceived by nurses. Common themes that resonate with nurses' needs and decision processes regarding culture change may be useful in constructing messages that would appeal to nurses and help long-term care facilities attract needed staff.

CHAPTER 2. LITERATURE REVIEW

Nurses have an unusual role in our society. Their daily work involves decisions that impact other people's lives: from affecting the quality of their lives to the quality of their deaths. The rigorous training that nurses receive helps them adjust and accept that incredible role with calm compassion and intensive focus. The medical information related to the "childhood" and early "adulthood" stages of life are compared with the individual's life stages and are somewhat familiar and easier to understand, since all of the nurses have been babies, children and young adults, Thomas suggests (2007). Dealing with older adults poses a different kind of encounter, however, since they have not experienced what the founder of the Eden Alternative care philosophy, Dr. Bill Thomas, describes as the "third age" or "elderhood"—that time beyond adulthood (Thomas, 2007). The emotional, physical, spiritual, and psychological territory of the older adult may be viewed by younger nurses in the care of older family and friends, but there is a distance in the experience and understanding of the elderhood stage that is not true for other ages and stages of life.

From being respected members of families and communities, the increased longevity of elders in the latter half of the 20th century created a different and more negative view of aging, ably captured by Robert Butler (1975) in his Pulitzer Prize-winning book, *Why Survive? Being Old in America*, which addressed the decline and "failure" of older adults to keep up with the demands of a youth society as it was depicted in the 1960s and 1970s. He, along with other such august bodies as the National Institute for Aging (NIA, 2017), describe aging as another disease or problem that deserves attention and research to fix. More compassionate researchers depicted elders as the victims of an inevitable decline that focused on losses (Binstock, 2006).

In the 1990s, coinciding with some of the health care culture change efforts, a more favorable and hopeful view of this third stage of life was beginning to take shape, according to Binstock (2006). But the "positive aging" messages often focuses on the older adult doing their part to maintain their adulthood status: keeping active, connected to social networks, getting regular exercise, employed in something useful, etc. The NIA (2017) suggests that older adults "practice healthy aging" to avoid some of the chronic issues of older adults Although more positive than the "old equals decline" messages of the earlier years, it does not allow the older person the space to simply "be" but insists that they maintain their earlier active, healthy self (Thomas, 2007). The result is a shift of guilt to the older adult who doesn't "fulfill" their part of the bargain and stay healthy and active.

The latest addition to these changing perspectives of the older adult has been a refocusing on resident choice, where older adults in facilities are once again granted the opportunity to live their lives in ways that are perceived as enjoyable to them, whether it is engaging in activities or choosing to simply "be." Dubbed "culture change" by its advocates (Pioneer Network, Eden Alternative, Wellspring), it is an attempt to bring dignity and respect back to the decisions of the elders, by honoring their choices—even ones that may not be "medically advised."

As the tsunami of older adults continues to swell in numbers, there is increasing concern and uncertainty as to how to deal with this growing population. Baby boomers have clearly indicated that they want a different style of "old age" than that of their parents or grandparents. The emphasis within the culture change movement of expanding resident choice and autonomy coincides with the independent, do-it-my-way spirit of the baby boomers who are now on the threshold of needing care services. Thomas (2007) suggests a "radical reinterpretation of

longevity" that allows elders the freedom to influence their culture, a stage of life he terms "elderhood" that "ripples with beauty, worth and meaning."

So how do geriatric nurses fit into this shifting paradigm? The traditional nursing home with its medical model, mirrors the prevailing view of older adults: that older age is about decline and that geriatric health care should focus on the medical condition. The culture change philosophy of the Eden Alternative, then, is a response to the desire for greater choices as an individual ages. Thomas asks the question, "What are old people for?" (Thomas, 2007) and advocates that older adults make an important contribution to the successful living of all ages. As Binstock (2006) suggests, the concept of Elderhood presents an optimistic message about what society can do to transform our vision of later life. Culture change philosophies, such as the Eden Alternative, provide a means to transition away from viewing Elderhood as something to be feared, and instead support the idea that Elders continue to teach those around them, regardless of physical abilities and activities. The culture change emphasis within geriatric care is not only supporting the medical condition, but refocusing on the well-being of the individual.

Changing the Culture of Geriatric Care

Organizational culture has been a subject of debate and study within management circles since the 1980s when research began to link certain types of organizational culture with organizational performance (Peters & Waterman, 1982; Allen & Kraft, 1982). In the early 1990s, questions about how organizational culture might alter the long-term care field began to surface (Pioneer Network, 2015). Concerns about the "care quality and work life quality" of traditional nursing homes sparked the development of several culture change organizations over the past 30 years, including the Pioneer Network, Leading Age, Wellspring and the Eden Alternative (Bowers, Nolet, Roberts & Esmond, 2007, p. 9). For example, the Wellspring model was

founded in 1994 to help a consortium of Wisconsin nursing homes be more competitive and to decrease staff turnover. As Stone et al (2002) found, Wellspring's model was designed to create a better place for residents to live, but also to develop a better working environment by giving employees "a voice" in how their work was done (p. vii). The Eden Alternative philosophy was developed by Dr. Bill Thomas, to create an "Elder-centered work where decisions would once again belong to the Elders and where life would be centered around relationships, not medical treatment" (Eden Alternative, 2015, p. 29).

The initial enthusiasm from advocates around the country ignited adoption by many nursing homes, but overall, the culture change innovations lacked the research that was necessary to gain recognition and acceptance from the larger nursing home community (Rahman & Schnelle, 2008). However, in 2005, culture change advocates and representatives of the national regulatory agencies, the Centers for Medicare and Medicaid Service (CMS), joined together in what has been described as a "landmark meeting" (p. 143) to work together on culture change. From those early efforts, there are now culture change elements included in the annual nursing home surveys, including emphasis on offering resident choices in several aspects of daily life (CMS, 2009). One key element that is still not addressed, however, is the impact that implementing culture change may have on nursing staff. The focus of the CMS efforts continues to revolve around resident care, without addressing the needs of the staff that provide the care. For example, the CMS requirements state that residents should have consistent assignments of nursing staff, but there isn't a corresponding element that supports the leadership or the nursing staff who are implementing that requirement.

The early efforts around organizational culture used the concept of "change" as a variable that could be manipulated to meet organizational objectives. Over the years, several culture

change initiatives have been implemented, focusing on various aspects of nursing home quality

of care and quality of work. Bowers et al (2007) found that some initiatives focused solely

on the physical environment or improved worker training, developing more positive workplace

climates or creating more resident-responsive techniques. Because of the disparity between

efforts, Bowers et al learned that unless there was a "systematic, organizational-level

commitment to change practice" (p. 7) the care quality problems usually continued.

Table 1

A Comparison of Traditional and Person-Centered Nursing Home Care Philosophies

Traditional Nursing Home	Person-Centered Nursing Home
Decision control over daily practices is held tightly by management staff	Residents are given choices and are able to make decisions
Residents and direct-care workers are largely excluded from decision-making about care and daily routines	Requires staff to alter work routines to accommodate resident preferences
Care is organized around a medical model in which care practices are driven by diagnoses, organized by tasks, and carried out by specifically trained personnel.	Requires staff to have relevant knowledge and decision-making authority
	Seeks to eliminate the assembly line approach to care and embraces a philosophy of residents as individuals
	Seeks to improve quality of care and quality f life for residents and leads to a more satisfied life

 (Bowers et al, 2007, p. 12, 13)

As long-term care (LTC) culture change philosophies have matured, culture change has

come to mean a focus on what Scott et al (2003) calls the "whole character and experience of

organizational life" (p. 112). Rather than describing culture change as something an organization

"has," current culture change is often described as something the organization "is." Grabowski et al (2014) noted that "broad systemic environmental and process changes are representative of comprehensive culture change" (p. S66). Instead of adding a component to the work life of staff, culture change proponents stress the need to see the lives of residents and the nurses' work lives in different ways, with freedom to attempt and experiment. Bowers et al (2007) notes in Table I, the differences in focus between the two care models. Long-term care culture change is built around innovation, Rahman and Schnelle (2008) assert, which includes concepts that may be untested, noting that "many culture-change innovations are promising and worth trying, especially when compared with the status quo which has proved disappointing—or worse—to many" (p. 145).

Tellis-Nayak (2007) suggests that this organizational culture shift creates a different kind of organization: one with an ethos of caring, where everyone looks out for the other. One of the hallmarks for culture change is an emphasis on forging relationships between all levels of the organization and among team members. Schein (2009) indicates that by empowering employees, the organization is "asking both employees and supervisors to shift their whole cognitive frames of reference for what it means to be an employee or a supervisor" (p. 119). Contrary to the regulatory emphasis on policy and protocols found in traditional long-term care, culture change advocates emphasize building relationships and involving staff in the decisions. Scott et al (2003) indicates the necessity of engaging staff in the process to avert negative reactions to a "top-down" implementation: "…unless a critical mass of employees 'buy into' a culture change programme, such initiatives are likely to fail" (p. 114). The importance of involving and empowering staff in the decisions surrounding culture change are emphasized in the Eden Alternative. "In any aged care facility, it is the staff working on the ground who know best the

needs and wants of the residents in their care. By recognizing this knowledge, and empowering staff to act accordingly, the level of resident care improves" (Eden Alternative, 2017).

In recent research relating to long-term care culture change, there is evidence that organizations that have embraced a culture change philosophy (Frampton, et al 2010; Eden Alternative 2014; Pioneer Network, 2014; White, et al, 2012) have greater resident satisfaction, less use of psychotropic medications, and less staff turnover as well as other benefits. In a study with dementia residents, the effectiveness of person-centered care helped reduce agitation in the residents, a common "side effect" of dementia symptoms (Stein-Parbury et al., 2012). Burack, Reinhardt and Weiner (2012) reported residents were supportive of the implementation of culture change in their facilities, though the importance was found to diminish over time. An effort by a Florida nursing home found that residents appreciated a more resident-focused culture (Mikula & Vanaman, 2008), which is similar to the participants' response for a study on CMS culture change artifacts, where residents prioritized independence, autonomy and community as key values (White et al., 2012). Although differing in implementation methods, the emphasis on improving quality of care for residents and empowering staff in daily worklife are central to all long-term care culture change efforts (Elliott et al, 2014).

Industry Challenges with Staff

One of the current challenges in the long-term care industry is a growing nursing shortage. From the front-line certified nursing assistants (CNA) to the registered nurses (RN), there are shortages around the country (AACN, 2010; MacKusick & Minick, 2010), exacerbated by high staff turnover, which averages about 14% for nurses (AACN, 2010; Hodgin, Chandra & Weaver, 2010) to as high as 100% for front-line CNA staff (Chapman, 1999) over the course of a year. Reasons for staff turnover include the difficulty of the job (Deutschman, 2000; Aubry,

Etheridge & Couturier, 2013), burnout (Bond, 2000), and even abuse of staff by residents (Tellis-Nayak, 2007). Adding to the turnover, according to a 2013 survey conducted by the National Council of State Boards of Nursing (Budden, Zhong, Moulton & Cimiotti, 2013), is a significant increase in retirements, since 53% of the RN workforce is age 50 or older.

Not only do LTC nurses leave their geriatric careers in large numbers but filling those open slots is also difficult. In July 2008, there were more than 19,000 RN positions open (AACN, 2010) and that number was expected to grow, partially because of retirements, but also because of a lack of respect for long-term care nursing careers (Glister & Dalessandro, 2008). Research suggests that a geriatric nursing career is perceived as less than optimal (AACN, 2010, Merritt, Harkness & Ragsdale, 2012), and nursing students often indicate they prefer clinical or hospital environments that provide "real" nursing opportunities. Although nurses may initially choose long-term care because it is easier to obtain a position, Merritt, Harkness and Ragsdale (2012) suggest that many also leave as soon as they can get a "real" job in another healthcare venue.

Culture change advocates suggest that implementing a culture change philosophy may address these important issues relating to long-term care staff. Most of the culture change philosophies support providing greater autonomy in the daily work environment, and may also impact the perceptions of LTC with the "prestige" of working in a different kind of long-term care community (Bowers et al, 2007). The Eden Alternative care philosophy focuses on empowering staff to help residents deal with the "plagues" of boredom, helplessness and loneliness (Eden Alternative, 2015). Within the Wellspring model, their research found that the commitment of staff nurses was essential in the implementation and sustaining of the care philosophy (Stone et al, 2002). In empowering nursing staff to focus on resident needs and wants

instead of a pre-set task list, Rahman and Schnelle (2008) suggest the nurses have more freedom to adjust and reassign tasks. In a study comparing traditional nursing homes with "small-scale" homes that employed a culture change philosophy, Adams, Verbeek and Zwakhalen (2017) found that job autonomy and social support were "significantly higher" in small-scale nursing homes (p. 54).

The goal of this research is to determine how resident-centered culture change is being perceived by nursing staff. Much of current research focuses on the certified nursing assistants (CNA) rather than on the licensed practical nurse (LPN) or registered nurse (RN) roles. The studies by Deutschman (2000) and Bowers et al (2007) found that the perspective of CNAs differs from that of nurses or management. Kostiwa and Meeks (2009) indicate the empowerment of staff, such as is found in culture change, was perceived as positively correlated to job satisfaction, though Anderson and Spiers' (2014) findings were less positive. Students who had a more positive clinical experience in geriatrics were more likely to consider the field (Merritt, Harkness & Ragsdale, 2012; Aubry, Etheridge, & Couturier, 2013), while nurses who had left clinical practices cited unfriendly workplace, distress related to patient care and exhaustion (MacKusick & Minick, 2010). For most organizations, the results of culture change, including what Frampton, et al., (2010) cites, involves improved staff satisfaction, decreased turnover, and anecdotally, enhanced opportunities for staff recruitment.

With both a current and projected nursing shortage in geriatric fields, it is critical to have a discussion on how culture change organizations are perceived by nurses in long-term care. Since one-third of the 16,000 nursing homes in the country (Doty, Koren, & Sturla, 2008) have adopted some elements of a culture change philosophy, it may be useful to determine whether

the advantages of culture change extend beyond expanded resident choices, and begin asking if there is a perceived benefit to the staff who provide the care.

As with any organizational change, the backbone of culture change is supportive leadership, which includes the involvement of the largest department in any care facility: the nurses. In their assessment of Wellspring, Stone et al (2002) found "one of the greatest obstacles to Wellspring implementation is its nonalignment of the decision-making processes related to Wellspring activities with pathways of authority and decision-making in the facility" (p. 11). Miller, Miller & Jung (2010) found that leaders must provide the support for the "systems and resources needed for innovation, while also promoting and modeling the values consistent with it" (p. 74S). When looking at the impact of nursing leadership in the discussion, Harvath et al (2008) reported that the quality of nursing home care was improved when the role of nurses was strengthened. The Eden Alternative stresses the importance of leadership support for implementing or sustaining culture change and notes in Principle 10, "Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute" (Eden Alternative, 2015, p. 164). Miller et al. (2010) also found that corporate leadership support was critical to the implementation of culture change, and noted that "senior leadership resistance" was the number one barrier cited regarding the success of culture change adoption (p. 74S). Support from the nursing leadership is essential to the nursing staff who will be tasked with implementing the renewed autonomy of residents, but leadership throughout the organization is needed to support the operational implementation and maintenance of a culture change philosophy.

Organizational Attractiveness with Culture Change

To attract attention from consumers and potential staff members, many organizations have expanded their marketing efforts to go beyond their products or services to marketing their organizational culture. One only needs to look at companies such as Apple, Starbucks or TOMS Shoes to discover that the organizational culture may be as valued as the products they sell (Tellis, Prabhu, & Chandy, 2009; Yarbrough, Morgan, & Vorhies, 2011). Potential employees often seek out organizations with a culture that is compatible with their personal objectives. Individuals who find a similar identity with an organization may be more attracted to that organization as a potential employer (Tom, 1971). Ashforth and Mael (1989) suggest that organizations with a "positive and distinctive organizational identity attract recognition, support and loyalty" (p. 28) from organizational members and also job seekers.

Highhouse, Thornbury and Little (2007) suggest that a symbolic attraction to an organization may be influenced by social consciousness, where a person gains social approval through organizational affiliation. Their symbolic attraction research is based on the work of Tajfel and Turner's (1986) social identity theory. Proposed within the social identity is the need to categorize individuals, creating an "in-group" with whom an individual wishes to associate, and an "out-group" who is cast in a more negative role. Devendorf and Highhouse (2008) note that people want to be "seen with others who are like them" (p. 608), including the organizations with which they affiliate. Turner (1982) noted that individuals not only evaluate themselves and others in terms of their common category membership, they also assign prestige as an attribute to their membership.

To enhance the attractiveness of an organization, Van Hoye (2008) found there were both instrumental or rational functions and symbolic meanings that organizations used to develop an

organization's perceived image. Highhouse, Thornbury and Little's (2007) research indicates that a brand image has "instrumental" features that are objective and also "symbolic" features. The combination of instrumental/rational and symbolic pairing mirrors Taylor's (1999) Six-Segment Message Strategy Wheel where there is a transmission or rational/logic side and a ritual or social/symbolic side that identifies needs that impact decision-making.

Message Strategies

How an institution, such as a nursing home, portrays itself to consumers can vary significantly, from messages about certain types of care to messages that convey an emotional appeal (Baiocchi-Wagner, 2012). How a nursing home portrays itself to potential staff members also varies, with Gunby (2005) noting that the "strategies and tactics firms use to market themselves to potential nursing candidates can represent a significant competitive advantage" (p. 32). Van Hoye (2008) finds that an employer's perceived image relates to the organization's attractiveness as an employer. In advertising, Frazer (1983) noted, the creative strategy should be a guiding principle for the character of the messages. Taylor (1999) asserted that both what was said and how it was said needed to be combined into a "message strategy." He defined a message strategy as "a guiding approach to a company's or institution's promotional communication efforts for its products, its services or itself" (p.7). The defined image contains what people believe is "distinctive, central and enduring" about an employer.

Given that approximately one-third of nursing homes have adopted some type of formal culture change philosophy (CMS, 2009), there may be an opportunity to use this characteristic as a potential strategy in recruiting nurses for geriatric facilities. In the case of long-term care, those who have adopted a culture change philosophy of care assert that it does have distinctive and enduring characteristics that affect the staff (Elliot et al, 2014). For example, the Eden

Alternative explains Principle 8 by suggesting a twist on the traditional golden rule that states "As management does unto staff, so shall staff do unto elders" (Eden Alternative, 2015, p. 121). The Eden philosophy asserts that changing the culture of an organization is central to changing the experience of staff, which in turn has a profound impact on the residents' quality of care on a daily basis. Adams, Verbeek and Zwakhalen (2008) found that nurses' job satisfaction was reported as more positive when working in a person-centered environment.

There has not been a clear understanding of the needs included in the message strategies to attract nurses to long-term care, so this research will use interviews to look at nurses' perceptions of culture change and the impact it has on their choice of employment. Using interviews as the research method, there is an opportunity to explore how nurses perceive their choice of careers and to investigate how and why they made their choices.

The framework used to analyze the geriatric nursing interviews will be Taylor's (1999) Six-Segment Message Strategy Wheel. Taylor's Strategy Wheel concept was developed on the foundation of other theoretical work on transmission and ritual communication models (Carey, 1975) and consumer response theories (Vaughn, 1980). Taylor developed a six-segment model that refined both the transmission (ration, acute need and routine) and ritual (ego, social and sensory) needs that are used to cue decisions.

Initially, Taylor's Strategy Wheel (1999) was used in research to identify needs that prompted buying decisions for products and services, and then to help develop message strategies from those identified needs. Further research used the Strategy Wheel to identify needs that would impact the choice of a physician for cosmetic surgery (Ahn, Wu & Taylor, 2013) and also to identify needs during an economic crisis, that were then used to change advertising strategies to meet those needs (Lee, Taylor & Chung, 2011). Another study applied the model to

develop message strategies that encouraged women to be more proactive with monitoring their breast health, and found that both ego and social messages were important (Haley, Avery & McMillan, 2011). The choice was made to use Taylor's Strategy Wheel as the framework for this research analysis since it allows for multiple needs to be identified, including both rational and symbolic perspectives. As Taylor notes, there is a need to identify different strategies for different people, since any communication may be perceived as appealing to different needs (2015). Although not a comprehensive list of potential needs, the Strategy Wheel does consider both emotional (Ritual) and rational (Transmission) needs that may be useful in identifying the cues that nurses use in making a career choice.
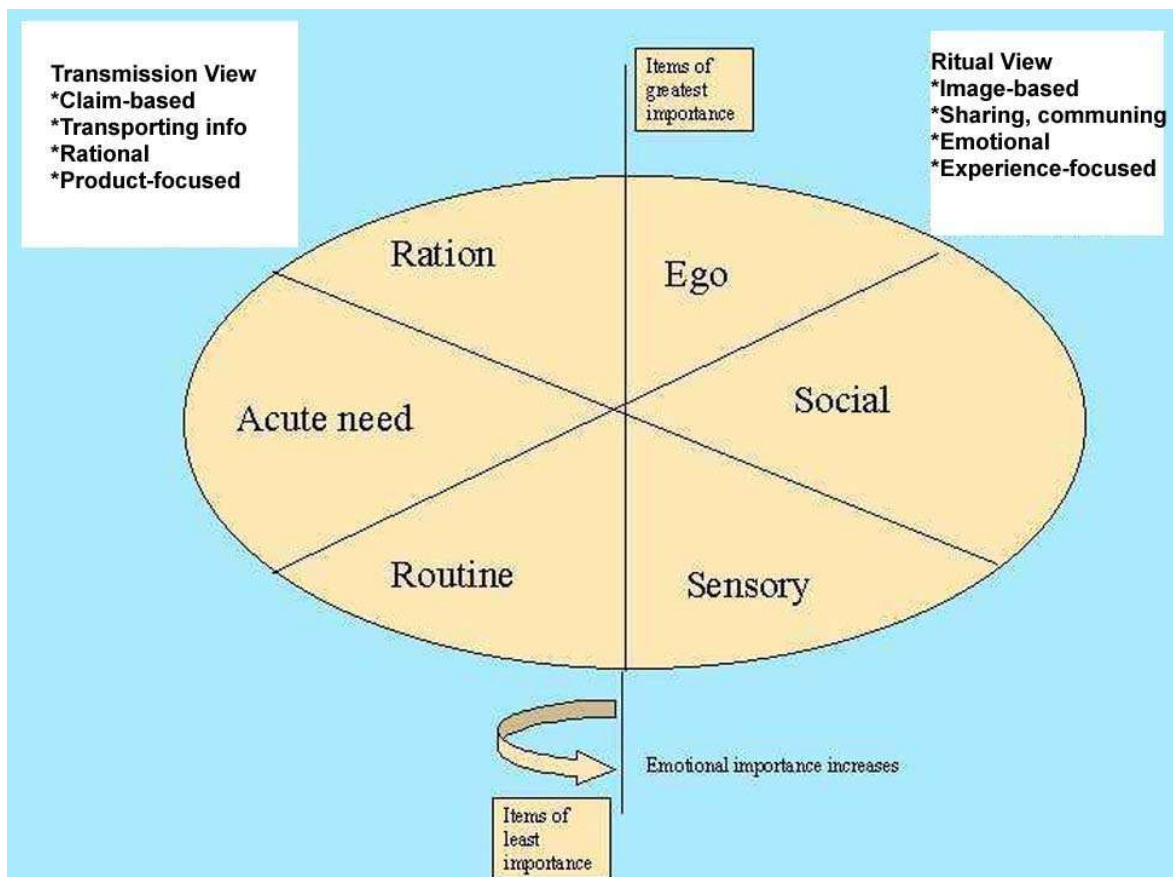
Figure 1. Outline of the Six-Segment Strategy Wheel (Taylor, 1999)

Taylor (1999) developed the Ritual or emotional communication side, breaking it into

three distinct subsections: Ego, social and sensory. Each area will be further defined below. The

Transmission or logical half of the wheel includes three additional segments: Ration, acute need

and routine. Although the segments vary in intensity and importance to the individual, all may

impact the needs, and therefore the decisions, of an individual.

Ritual Side of the Wheel: Ego, Social and Sensory

On the Ritual side of Taylor's Six Segment Strategy wheel are the emotional/dramatic

elements of communication, a constructed "ordered, meaningful cultural world" (Taylor, 1999,

p. 8). As he defines this half of the wheel, the element of greatest importance to the individual

includes the ego-related needs that are tied to the user's image of self. Any advertising message

would focus on the symbolic in the user image, "making a statement about who he/she is" (p.

12). For nurses, this segment of the wheel would correspond to any perception of their nursing

career as useful, prestigious or fulfilling. For decades, researchers have noted that the choice of

vocation is a means of implementing the individual's self-concept (Tom, 1971). Lievens and

Highhouse (2003) suggest that an individual's attraction to an employing organization is based

on the symbolic meanings they associate with an organization that relates to their self-identity

and enhance their self-image.

Within the field of long-term care, culture change reinforces the importance of the care

giver and recognizes the nurses' important role in providing quality care (Eden Alternative,

2014). A study by Chenoweth, Jeon, Merlyn & Brodaty (2010) noted that new graduates would

stay in a system that supports and practices excellence, and invests in their future. Culture

change advocates reinforce the symbolic elements of culture change through specialized

education for all staff: For example, the Eden Alternative model requires three days of training to

become certified as an "Eden Associate" (Eden Alternative, 2015). The training focuses on creating an environment for residents and care partners that underscores the differences within this philosophy of care, and their importance as an individual in changing the world of long-term care. One of the phrases used in the training is "tikkun olam" which is a Hebrew term for "repair the world" (Eden Alternative, 2015). Students in the class are encouraged to help "repair the world in some way and leave this world a better place… Now is your time to help repair that world" (p. 18). The appeal to the sense of identity and ego needs of an individual are used throughout the training to encourage and empower individual efforts in improving daily life for the residents and to support other staff members.

A second segment on the Ritual or symbolic side of the wheel defines the social appeals, where decisions are made and emotional needs filled by choices that may be visible to others. Needs that would be satisfied by this element would focus on gaining social accolades or engaging in socially correct behavior. It's also relevant, Taylor (1999) suggests, to include how the user's preferences affect socially important others. Turner (1982) notes that individuals monitor social cues and use that information to regulate behavior. Latham, Erez and Locke (1988) explain that there is a positive effect on commitment when employees are involved in decision-making; a tenet of culture change with its emphasis on staff empowerment (Bowers et al, 2007). Adams, Verbeek and Zwakhalen (2017), found that "social support was found to be the most significant predictor of job motivation and job satisfaction" in nursing homes.

In a survey of over 430 nurse executives, one of the key factors cited in nurse retention was the social depiction of nursing careers (Chenoweth, et al, 2010). Other studies found an innovative culture or positive working culture was beneficial to retaining nurses (Chapman, 1999), reinforcing Taylor's identification of this social segment. Other research supports the

concept that individuals have a concern for gaining social approval through their organizational affiliation (Highhouse, Thornbury & Little, 2007). People make choices not only based on their rational or "instrumental" attributes, but also because of how their needs are being met through what the position means to them personally and to other important people (Lievens & Highhouse, 2003).

The third segment on the Ritual half of the Strategy Wheel is the sensory segment, that addresses the needs for "moments of pleasure" or enjoyment that comes from the five senses of taste, sight, hearing, touch, or smell (Taylor, 1999). The needs identified here are often less important in daily life, Taylor notes, but add momentary enjoyment or sensory pleasure. Outside of the stigmatized "smell" of many institutions, are there sensory needs of nurses that may impact their perceptions and decisions?

Transmission Side of the Wheel: Rational, Acute Need and Routine

On the other half of the wheel are three other segments that focus on the Transmission elements: ration, acute need and routine decisions. Taylor (1999) describes these segments as focusing on user needs and decisions that have a basis in rationality, logic and information.

The first segment on the top left, Taylor (1999) notes, is the logical element with the greatest importance to an individual, and encompasses the needs found in rational, deliberate, conscious decision-making. In this segment, users desire significant amounts of information about something they perceive as a need and the needs are explored through logic and information that position the decision favorably. Lievens and Highhouse (2003) indicate employees are attracted to an organization because of the "functional consequences" that would allow people to maximize personal rewards while minimizing punishments. These "instrumental" attributes are often objective, concrete and factual attributes of a job that will

affect an individual's choices. Taylor's rational segment underscores the importance of the utilitarian aspects of employees' needs, from pay scale to benefits to working conditions.

Acute need and routine needs form the last two segments of the Transmission side of the Strategy Wheel. Taylor's research identifies the acute needs as those that are more urgent; for example, getting a new tire on the car because one's tire was flat (Taylor, 1999). In long-term care, such needs could reflect the need for a job, but may also reflect the individual's need to find a position with different hours to accommodate a nurse's child care concerns, need for full-time hours, or better benefits.

Routine needs are involved in those decisions that require less thought, and are done more from habit, Taylor suggests. "Communication provides a 'cue' to how consumer needs can be satisfied" (Taylor, 1999, p. 13) and then is followed up by communication reminders that encourage repeat usage. With culture change philosophies emphasizing resident choices and staff empowerment, Stone et al (2002) found that there was a shift from a "hierarchical to a more lateral management structure in which decision-making authority is distributed throughout all levels of the organization" (p. 4). Shifts of that magnitude within an organization will also have an impact on daily routine decisions. Adams, Verbeek and Zwakhalen (2017) found that most nurses "explicitly chose one type of nursing home and do not want to switch to another type of nursing home" (p. 60), and that perceived organizational fit or routine was seen as an important predictor of nurses' behavior in choosing a workplace. The resident-centered model of care is not just about "modifying familiar behavior, it is also about radically redefining participants' interpretations and experiences of health care" (Scott et al., 2003). The routine nature of traditional LTC nursing duties, Scott suggests, is significantly different from the daily nursing

duties of staff in a culture change organization because of the expanded resident choice and autonomy of staff in meeting the residents' needs.

To better understand how nurses are impacted by a culture change philosophy, such as the Eden Alternative, and explore how they may perceive culture change in their organization, an interview study was conducted with two unique samples of geriatric nurses who have experience with long-term care organizations that have adopted the Eden Alternative care philosophy. With the increased competition for qualified nursing staff in long-term care, it seemed appropriate to begin asking questions to the individuals most closely involved: geriatric nurses.

RQ 1. How was resident-centered culture change perceived by geriatric nurses?

RQ 2. How did they perceive traditional long-term care organizations as compared with culture change organizations?

RQ 3. Would culture change be a useful message strategy to attract nurses to long-term care careers?

CHAPTER 3. METHODOLOGY

Since its inception in the early 1990s, geriatric culture change has received some scrutiny in research efforts, but much of the emphasis has been on the operational aspects (Grabowski, et al., 2014; Farmer, Slater & Wright, 1998; Kostiwa & Meeks 2009), changes in resident's choices or care (Burack, Reinhardt & Weiner, 2012; Lawrence & Bannerjee, 2010) or the impact on front-line staff such as certified nursing assistants (Anderson & Spiers, 2014), rather than focusing on the needs and worklife of nurses. Since the nurses' roles within the nursing home encompass all aspects of daily life, from caring for residents to helping CNAs to dealing with families, implementing policies, and working with other staff and management, it is a complex role. A better understanding of the perceptions of a culture change philosophy on nurses' daily experience may provide useful information for long-term care organizations that are looking for ways to recruit and retain nursing staff. Given the national shortage of nurses, it would seem appropriate to identify the needs and meanings that nurses currently working in the field would perceive as important.

Although CMS has launched quality improvement campaigns that include goals of creating a culture of person-directed care, only a third of LTC facilities have adopted a formal culture change philosophy (Nursing Home Quality Campaign, 2015; Miller, Miller & Jung, 2010). Since the implementation of culture change can take many forms within long-term care organizations (Elliot, et al., 2014), it is apparent that a closer look at how culture change may be perceived and if nurses perceive a difference in the work life in a culture change organization.

This section of the study will outline the qualitative design of the study, describe the two phases of interviews, the data collection methods, and finally the process used in the analysis of data.

Research Design

A research design was used to provide an understanding of the nurses' perceptions, expressed needs and experiences with culture change. Because the focus of the research related to the perceptions of nurses and there is limited research about this phenomenon, an interpretive, qualitative study was deemed most appropriate. Taylor's Six-Segment Message Strategy Wheel (1999) was selected as the framework for the exploration and analysis of the interviews since it identifies many of the needs that drive decisions. Using the Strategy Wheel as the framework will create what Glaser and Strauss (1967) term "logical deductions" from the data.

Interview study methodology lends itself to the "why" and "how" questions that are being asked. As Brinkmann and Kvale (2015) explain, a "qualitative stance involves focusing on the cultural, everyday, and situated aspects of human thinking, learning, knowing, acting, and ways of understanding ourselves as persons…" (p. 15). Rather than focusing on quantitative factors such as numbers of nurses or details of nursing home operations, this study will look at nurses' perceptions who are working within culture change organizations. Marshall and Rossman (2006) note that qualitative interviews allow participants the freedom to structure their own response and convey the value of the participants' points of view.

Even within one long-term care facility, the implementation of culture change and the adoption of the principles by staff members may vary from person to person (Bowers et al, 2007). Consequently, the interview is a preferred method of obtaining detailed information about the variables involved, interviewing multiple participants who have made the choice to work in a culture change environment. The knowledge gained in an interview has a relational aspect between the interviewee and the interviewer, Brinkmann and Kvale (2015) suggest that is "contextual, linguistic, narrative, and pragmatic" (p. 21). Using this inductive approach with an

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intent to explore meaning offers an insightful method to gain information about the research questions.

The research will use qualitative interviews with two unique purposive samples. The interviews rely on the narratives provided by the research participants. Data will be drawn from semi-structured interviews, where questions will be open-ended, allowing participants to create and define their own perceptions. The questions will probe for meanings that are important to the nurses, and delineate if and why the concept of culture change is valued by them in their choice of careers. As Brinkmann and Kvale (2015) suggest, open-ended questions allow participants to derive meaning from their surroundings, and express how their meaning and significance influences their behavior. The narrative use allows the participants to make sense of their experiences, using their own voices to share their perceptions regarding their daily work life and experiences. As Chase (2008) explained, narrative allows retrospective meaning, and helps individuals connect the consequences of actions and events over time. Such connections will provide better understanding of the needs expressed in the participants' decision-making. One of the distinctive uses of interviews, according to Yin (2003), is the capability to explain causal links in real life.

With open-ended questions, the researcher will have access to the stories, narratives, and cultural content that has shaped the participant's perspective and experiences in her/his nursing career that relate to the organization's work culture. As Brinkmann and Kvale (2015) note, interviewing for narratives allows questions about concrete episodes, but can be followed up with spontaneous stories and elaborations on the thoughts. The narratives will create a space where the participants can share their perspectives, their version of self and their reality in stories that provide an explanation of their choices and perceptions. Since Lievens and Highhouse

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(2003) note that potential applicants for a job "will also be attracted to a company on the basis of the symbolic meanings that they associate with a particular organization" (p. 81), the narratives may reveal connections to the culture change message. Previous studies (Highhouse, Thornbury & Little, 2007) have shown that people identify with organizations as a means of expressing themselves. The participant responses will offer insights as to whether culture change concepts are perceived as a part of that self-expression.

Participants

Nurses in both sets of interviews were selected from Midwestern long-term care facilities that have adopted a formal culture change philosophy, the Eden Alternative. Nurses working in those settings would be able to describe the differences found between a traditional care environment and a culture change organization, since information about the culture change philosophy is included in their onboarding and throughout their work experience. Nurses with only traditional care organization experience would not have the lived experience comparison readily available to them. Institutional Review Board approval was obtained prior to the interviews being conducted.

In the first set of interviews, both registered nurses (RN) and licensed practical nurses (LPN), who work full-time in a long-term care organization were interviewed. The Midwestern healthcare organization in which they worked had adopted a culture change philosophy, the Eden Alternative, over 16 years previously at the time of the interviews. Not all the nurses interviewed had gone through the three-day Eden Associate training, though they were all familiar with the resident-first concepts. Seven nurses, five with Registered Nursing (RN) licensure (both two and four year programs), and two with their Licensed Practical Nursing (LPN) degrees (12 to 18-month programs) were interviewed, ranging in length from 22 minutes to an hour and 45

minutes. Roles of the participants ranged from management to staff nurses. All but one of the nurses had experience in other long-term care facilities, none of which had followed a formal culture change philosophy. All the volunteer participants in this study were female.

Participants in the second study were eleven nurses from a Midwestern long-term care organization that had recently (within the past two years) been recertified with the Eden Alternative philosophy of care. The selection of this organization was based on information from the researcher's professional contacts. Volunteers for the study were solicited from all levels of nursing, from management to line staff, to provide a broad spectrum of responses and insights into the rationale and needs that impact their decision-making. Eleven full-time nurses participated in the study from both management and staff roles, seven with an RN licensure (both 2 and 4-year), and four with their LPN license. Only one participant was male, the remaining 10 were female. Because of the recent change from a traditional model to a culture change philosophy, the researcher sought nurse volunteers who had experience with both types of work situations. The access to nurses with dual work experiences may offer added insight and perspective into the role that culture change plays in their choice of workplace. When there is a perceived "fit" between self and the job, and the person obtains a sense of meaning and fulfillment, there are positive emotions expressed toward the workplace (Miller, Considine & Garner, 2007). The open-ended questions explored how the culture change philosophy in the organization resonates with the nurses perceived "fit" between self and job, and if perceptions about the culture change philosophy impacts that fit.

Two different groups of geriatric nurses were selected for the study to determine if there would be a difference in their perceptions regarding culture change. With federal regulations now mandating some resident-first concepts, would the perceptions regarding the usefulness of a

culture change philosophy be similar or different between the two facilities? The choice of two

nursing groups was also designed to explore if the nurses perceived themselves in different ways,

or if they expressed different needs because of the differences in the individual organizations.

Table 2

Interview Participants' Demographic Data

Participant Pseudonym	LPN	RN	Years of Nursing Experience	Eden Associate certificate yes/no	Nursing role
Study I					
Chris		yes	30	yes	Admin
Nan		yes	17	yes	Staff
Emily		yes	9	no	Manager
Holly		yes	26	yes	Manager
Helen	yes		8	yes	Staff
Clara	yes		3	yes	Staff
Lacey		yes	4	yes	Staff
Subtotal	2	5	97 (13.8 ave)	1-no; 6-yes	1 admin; 2 manager; 4 staff
Study II					
Connie		yes	14	yes	Staff
Joann	yes		9	no	Staff
Jean		yes	24	yes	Admin
Wade		yes	4	yes	Manager
Whitney	yes		15	yes	Manager
Taryn	yes		5	yes	Staff
Lauren		yes	35	no	Manager
Madison		yes	11	yes	Staff
Sarah		yes	32	yes	Staff
Paige		yes	40	yes	Manager
Marin	yes		1	no	Staff
Subtotal	4	7	190 (17.3 ave)	3-no; 8-yes	1 admin; 4 manager; 6 staff

Research Procedure

Participants for the study were informed of the topic and procedures, as well as assured of their confidentiality and voluntary nature of their participation in the study. None of the participants received compensation for their participation from the researcher. The interviews were conducted in a private area of each long-term care facility while individuals were on breaks, or at the convenience of the nurses on a day off. The first set of interviews was conducted in February, 2016. The second set of interviews was conducted in February, 2017, with interviews ranging in length from 20 to 47 minutes.

All volunteer participants signed a consent form, but were also assured they could opt out of participating at any time. Baseline demographic information was obtained from each nurse, and each interview was audio recorded, with all recordings secured in a locked file in the researcher's office. Transcription of the audio recordings was completed by the researcher, with any identifying information changed to protect both the confidentiality of the individual and the participating long-term care organization.

Survey Questions

The list of open-ended survey questions used in the interviews are indicated in Appendix B, and were used with follow-up questions for clarification as appropriate. The three areas of focus for the questions were on the language used to describe the participants' work life, (since the Eden Alternative addresses the importance of altering the language to reflect the change in priorities), considering the impact of culture change in their work experience and comparing that experience with traditional work experiences, and if given the choice to work in a traditional or culture change organization, what qualities for work environment and resident treatment would be preferred.

Data Analysis

Once the interviews were completed, a transcription of each interview was completed by the researcher. Transcripts were created as soon as possible after the interview had taken place to ensure accuracy of this "living conversation" (Brinkmann & Kvale, 2015). Once the data was transcribed, the process of coding began. The audio recordings produced 3,382 lines of text, so the first phase involved reading all the transcripts to get a sense of the whole narrative. As Myers (2016) notes, the primary purpose of this method is to "solicit the participants' subjective views on the issues" (p. 325). The next step was to note key themes and narratives that emerged from the interviews, developing the meaning of the interviews as subjects' own understanding was revealed. A review of the field notes taken during the interviews was also done at this point to add perspective to the transcripts.

The second phase then began the process of more focused coding, categorizing the broad natural units that had been identified in the transcripts. Here the analysis follows Patton's (2002) strategy of "illuminating" key issues, coding the transcripts for key topics or ideas. The emphasis in this process was to develop the categories that capture the "fullness of the experiences and actions" that has been described by the participant (Brinkmann & Kvale, 2015, p. 227). In analyzing the transcripts, the researcher attempted to remain respectful of the participants' narrative, and addressed the concepts as a whole at this stage, rather than just fragmented word or phrase elements. Each paragraph or section of the interviews was coded for topic or theme, using the questions identified at the beginning of the study to focus the findings. How did the participants view their work in traditional settings and culture change settings? What did they perceive as positive or challenging? What language changes were experienced? What characteristics would be appealing to them in another work setting? Cross-interview comparisons

were also made, allowing for responses to similar questions to be reviewed and compared. (Patton, 2002), creating a matrix of responses to each of the questions.

The final step in the analysis was to determine if there was a relationship between the participants' reflections and perceptions and the framework of Taylor's Six-Segment Message Strategy Wheel (1999). Themes and needs identified by the participants were paired with any like concepts, and included all supporting documentation from the interviews. Using the previous categories and themes, transcripts were reread to ensure that all supporting information was included, and that all themes were recognized. As Patton (2002) explains, this analysis of the verbal categories used by participants tells us "what is important by giving it a name" (p 393). Glaser and Strauss (1967) suggest that this approach is useful to "generate conceptual categories or their properties from evidence" (p.23). The categories then are used to "illustrate the concept" that will be used in practical applications (Glaser & Strauss, 1967, p. 23).

In this research, the concepts used for illustration were from Taylor's Strategy Wheel (1999) framework, to see how the nurses' perceptions are related to the needs identified and categorized by Taylor. The conceptual categories from the earlier analysis were linked to the Strategy Wheel segments that reflected their content. As an example, when a nurse talked about her "life mission," it was a correlation to how Taylor (1999) defines the "ego" needs expressed in the Strategy Wheel, and that section was coded for that segment in the analysis.

In reviewing the results and categorizing the nurses' perceptions and responses to the research questions within the segments of Taylor's Strategy Wheel (1999), the process enables insights into choices and behavior, one of Glaser and Strauss' suggested roles for this type of research (1967). From the needs and perceptions expressed in the categories, words and messages will be identified that could be used in a variety of message strategies.

One of the benefits of using qualitative data, Patton (2002) asserts is in the benefit of gaining a better understanding of the people involved. Analysis should, he suggests, do more than label. "Concepts are never a substitute for direct experience with the descriptive data" (p. 392). To facilitate a better understanding of the world of these geriatric nurses, this research incorporates significant excerpts from the participants, using their own words to describe and define their unique perspectives.

CHAPTER 4. RESEARCH AND RESULTS

Nurses working in long-term care with a culture change philosophy are being asked to make the transition to a different care model, just as older adults are demanding a different perspective about this "elderhood" stage of life. This interview study explores how culture change is viewed by nurses, asking for their perceptions about the Eden Alternative philosophy, how they would compare a traditional long-term care work environment with a culture change work environment, and how they perceive their role in a culture change organization. Using Taylor's Six Segment Message Strategy Wheel (1999) as the framework for analysis, the participants' perceptions of culture change provide perspective about their changing workplace and offer insights into the three research questions.

The choice of two culture change facilities was intentional by the researcher in order to gain broader perspective about nurses' perceptions. In the first organization, where culture change had been implemented for years, the nurses expressed frequent frustration with the regulatory constraints; in the second facility, the constraints were perceived as less inhibiting as they sought to work around the issues. The difference in perception may be the changes in CMS rules that have been modified over the years, adding more resident-centered choices. In both facilities, however, rather than accepting the rigid rules as the "master" of resident life, "resident choice" was cited frequently as the rationale for making adjustments to schedules, medication imperatives, or other directives that didn't meet the needs or choices of the residents.

There were other differences between the two organizations as well. In the first study, nurses were more familiar with the "ups and downs" of a culture change journey, recognizing that maintaining the emphasis on resident choice was a daily priority, and often needed to be refreshed as a concept with new staff members. All of these nurses had experienced several

annual surveys and had needed to stand in defense of resident choices at some point, so were more adamant about how important the Eden Alternative was in daily life. Comments indicated there was a sense that the regulations hindered resident choice more often than helped. As one nurse said, her next goal was to take on CMS because she wanted to make more changes to the regulations that allowed greater focus on the residents instead of the medical tasks. The second facility participants seemed to view the Eden Alternative philosophy as a way of getting a step ahead of where the CMS regulations were heading. Less militant in their advocacy, they were pleased to pursue an avenue that they deemed beneficial to residents while providing autonomy for staff. They were still discovering how the culture change could be implemented, and were eager to continue exploring the possibilities of what the staff could do.

The participants in the second study showed more consistency in the language of "home" indicating that more of the staff had been involved in the recent implementation and the ongoing training. As might be expected with this new organizational emphasis, they expressed more enthusiasm and optimism about the changes. This group was also working in a much newer facility, which provides a more conducive physical environment in which to care for residents, including private rooms, more lounge areas, and updated décor. The participants in the first facility had been creating the resident-first culture without the benefits of the physical modifications. The facility was still physically very institutional; for example, long hallways with almost half of the rooms occupied by two residents.

Part of the reason for interviewing nurses from two facilities was to explore whether there was a difference in their perceptions of the value of culture change. In the first facility, the nursing leadership had encouraged the adoption of the philosophy, and helped lead the transition. In the second facility, one of the nursing leadership participants noted that when she was first

introduced to the concept, she was highly skeptical. She said she had initially argued with the facility management, because in her view, there wasn't the time or the staff ability to implement this type of change. Once she began using the culture change philosophy, however, she saw that the shift in staff autonomy and the satisfaction of the residents could actually work, and she became a strong proponent of the change. She indicated that now she would not want to work in a traditional environment, unless she could bring culture change to the new organization as well.

Many times when there is a significant organizational change, there is a sense of regret or loss regarding the past routines and methods. In these interviews, however, none of the nurses expressed a desire to return to a more traditional focus. The reasons participants cited for preferring culture change differed in some details, but there was an overall approval of the emphasis on creating "home" for the residents, and a preference for the resident-first philosophy. From both facilities, there were participants who said they had enjoyed their previous work experiences in a traditional facility, and liked the task focus because they knew what was on the daily list. They did comment that they now knew it probably wasn't very fulfilling for the residents who had been subject to the task focus. The caveat to these participants' unanimous approval is that the researcher did not interview any former employees who may have chosen to leave for a more traditional facility. Given the shortage in nurses, if there were nurses in either facility who did not appreciate the resident-first focus, they could choose another facility at which to work, since most of the other facilities in their communities used more traditional medical models. One anecdote from a former administrator at the first facility indicated that a few nurses had refused to adopt the Eden Alternative principles in their daily work, and were consequently "encouraged" to find other opportunities.

Participants from both organizations expressed pride in their work in adopting the culture change philosophy and all of the participants expressed that they felt it was a better way to provide care for residents. Many of the nurses in both facilities expressed the hope that more long-term care facilities would adopt the Eden Alternative, though they acknowledged that it did take effort to implement. In both facilities, the nurses considered themselves as the advocates or champions that helped create residents' freedom to choose, and they regarded that trust as a sacred one.

Because of the two-study design, the data will be presented with each study's results segregated. Research Questions 1 and 2 results will be presented first, along with the analysis of the expressed needs relating to RQ 1 and 2, using Taylor's Strategy Wheel (1999). Research Question 3 results will then be presented along with the message strategies for each study.

Interview Study I: An Overview

Each study focuses on the experience, needs and perceptions of geriatric nurses in a culture change organization. The research questions focused on three areas: how they perceived culture change in their organization, how they perceived their experience in culture change in relation to more traditional environments, and their perspective on using culture change as a message strategy. Beyond identifying if the nurses found culture change an appealing concept or more resident friendly than traditional models, the study seeks to determine what needs are met within the culture change experience that have a positive resonance with the nurses. By identifying the needs that form the foundation of their career preferences, decision makers will have an opportunity to then create message strategies that may have a stronger appeal to nurses. This first section addresses the perspective of the nurses regarding culture change and the comparison with traditional facilities. From the responses to the two initial research questions,

the perceptions of the nurses are then analyzed within specific need categories, using Taylor's Six Segment Message Strategy Wheel (1999). The participants' expressed perceptions and needs are analyzed through the lens of ego, social, sensory, rational, acute need and routine categories.

As Taylor (1999) advises in the Strategy Wheel, some segments of the wheel are more important to certain people, more useful at certain times, or in different situations. The perceptions of the nurses in this first group would indicate strong ego and social needs. These ego and social needs closely parallel social identity theory as well. As Ashforth and Mael (1989) suggest, individuals tend to "choose activities congruent with salient aspects of their identities and they support institutions embodying those identities" (p. 25). The social identity may help, they suggest, an individual develop loyalty to an organization or culture. The social classification enables the individual, according to Ashforth and Mael to locate or define him or herself in the social environment and includes both a personal identity (similar to Taylor's ego) and a social identity (similar to Taylor's social segment). People see their work as an extension of their identity, and see it as a way to communicate something about themselves to others (Highhouse, Thornbury & Little, 2007). All participants in this study have strong affiliation for geriatric nursing and perceive their role in that field as positive. The implementation of the Eden Alternative philosophy allows them an avenue to further define their social identity as members of an in-group: those who have adopted a culture change philosophy. This self-categorization, asserts Haslam, Powell and Turner (2000), allows individuals to behave like those who share the same social identity, oriented towards the interests of the group as a whole.

Finishing out the Ritual side of the Message Strategy Wheel were the comments about sensory needs. The sensory needs were definitely appreciated because of the resident benefits and perceived as vital to resident wellbeing, however, sensory was less critical to the "nursing

tasks" that the participants viewed as essential, but perceived as important since they provided pleasant moments throughout the day.

On the Transmission side of the Strategy Wheel, all three segments were identified by the participants. As nurses, they provided rational reasons for their choices and decisions, and often their support for the Eden Alternative philosophy was stated in rational terms. They suggested that culture change often provided a better, more logical method of caring for residents. Acute need was probably the least important need expressed, but that may reflect that these participants' day-to-day needs are being met since they are employed and they have the needed resources to fulfill their roles. Routine needs were addressed from the perspective of helping residents in their routines, rather than having established task-list routines to follow.

Interview Study I: Research Questions 1 and 2 Results

RQ 1: How was resident-centered culture change perceived by geriatric nurses?

After careful review of the participants' responses, the perception of resident-centered culture change was positive. Their perception was that the Eden Alternative provided an opportunity to give residents more choices and helped create an environment that focused on resident needs and the resident as a person, and less on tasks associated with their medical care. Several of the nurses perceived themselves as champions and advocates for the residents, fighting to keep the regulations from stifling the residents' lives into quantifiable tasks, and instead offering residents the freedom to choose and to live as they wished. They also indicated feeling greater autonomy in their daily lives, which enable them to better meet the residents' needs, which would parallel Stone et al (2002) notes on the Wellspring model. They found that the implementation of the culture change philosophy helped give the staff a voice in how they accomplished their daily tasks.

As Ashforth and Mael (1989) discussed, individuals choose activities that are "congruent" with salient aspects of their identities, and also support organizations that embody those identities. These participants strongly identified with being caring individuals who chose a geriatric career because it resonated with their sense of self. Whether talking about their careers as a "life mission" or as a "champion" who defended the rights of residents to make their own choices about their lives, these participants found the autonomy in culture change to be important. They were very clear in their preference for the freedom found within the culture change philosophy, and considered their role as a "teaching facility" to be an opportunity to share the benefits found in the Eden Alternative for both residents and staff members.

Although their daily tasks are often daunting in their complexity, the nurses expressed appreciation for the Eden Alternative philosophy in that it created an environment that allowed them to see the residents as individuals, not tasks. There was an expectation, expressed by more than one participant, that the environment was one in which they personalized the care to the individuals, whether it was playing cards, buying a resident's favorite treat or simply knowing the resident so well they could provide better medical care.

> "…it incorporates so many aspects of what you would want as a person. You're putting yourself in their shoes, and so if this is my grandparent, how would I do things to make them feel good?" (Clara).

Leadership was also a significant contributor to the positive perception of the nurses. Social identity theory would suggest that the individual's identification involves "internalization and adherence to group values and norms" (Ashforth & Mael, 1989, p. 26). The nurses perceived that leadership was very supportive of the Eden Alternative, and that it made a significant difference to how they did their jobs. The "risk" of trying innovations or making suggestions on how to improve a process was perceived as welcome within this culture change environment.

Stone et al. (2002) noted that culture change is most successful when the leadership—including nursing—are supportive of the changes. Being willing to allow staff flexibility in accomplishing tasks, stopping to have a conversation, or choosing a different method was perceived as part of following the Eden Alternative values and norms, and was embraced by these participants.

RQ 2: How did they perceive traditional long-term care organizations as compared with culture change organizations?

Most of the participants had worked in both traditional and the culture change organizations, so were able to identify factors in both that were positive as well as negative. The structure utilized in the traditional models was perceived as useful by the nurses, but with the recognition that it was probably not very appealing to the residents who lived there. One of the nurses referenced her distress at residents being taken out of bed at 4 a.m. because that was what was expected of the night shift—they had to make sure that a certain number of individuals were up and dressed for the day before they left in the morning. References to task-focused activities were the most frequent negative comments that participants used to describe why they now preferred the culture change care philosophy. Two participants said they didn't know at the time that the residents had the right to make choices about their daily lives, but now appreciated the difference that culture change offered.

One nurse indicated that her work in traditional facilities was very similar to that in the culture change organization because in both environments, her focus had been on the residents, but it required working the system differently to get the residents what they wanted. Her example was to use different language choices that were appropriate to each culture, such as "family choice" in the care plans for traditional facilities, and "resident choice" in the culture change organization. The rest of the nurses interviewed were very appreciative of the autonomy found in

culture change organizations. They perceived the Eden Alternative as a useful tool to implement positive changes in the lives of residents and a means to empower staff to provide better care. The close-to-the-resident decision model is embraced by Principle 8 of the Eden Alternative philosophy (2015, p. 122), which states that an "elder-centered community honors its elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the elders or into the hands of those closest to them." For these nurses, allowing residents the ability to choose, to live life on their own terms was appropriate and made decisions easier. One nurse commented that she made many of her decisions on what was best for the resident, not necessarily what was most convenient for the staff. Her focus was on allowing the residents' decisions to rule, which she felt, would not have been permitted in a more traditional facility.

They also indicated that the culture change organization was more willing to consider new ideas, more innovative in its leadership and supportive of greater freedom in responding to resident needs than traditional facilities. All of the nurses stated that they did not want to work in any geriatric organization that was not resident-focused, because they had experienced previous situations that they had found distressing. The pride and respect that these participants expressed in being a part of a culture change organization would mirror what Van Hoye (2008) found in the relationship between an organization's perceived image and nurses' satisfaction. These participants talked about the difference they felt they made every day, and that there were distinct differences between their facility and other traditional facilities. As Willetts and Clarke (2014) explain, the identification these participants found in the culture change organization encouraged them to "engage in spontaneous acts of cooperation, helping and innovation" (p.

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167), resulting in an environment described by one nurse as one with "more life and more energy" (Holly).

Interview Study I: Research Questions 1 and 2 Strategy Wheel Analysis

Stepping into conversations with individuals whose work lives have been focused on caring for individuals in the Elderhood stages of life provides an opportunity to hear first-hand accounts of how nurses view their career choices and the people with whom they work. Through the interviews, they were able to articulate various needs that cued various decisions. For example, some of the nurses had begun the journey toward geriatric nursing as children who had cared for family members; others found their nursing niche after sampling other career choices.

Taylor's (1999) Strategy Wheel creates a framework for assessing the messages conveyed in the interviews, segmenting the needs and perceptions expressed by the nurses. The Ritual side, with the needs of ego, social and sensory will be discussed first, followed by the Transmission side, where the ration, acute need and routine needs are discussed. Participant comments that identify with the various types of needs are expressed, allowing their voices to detail and explain the concepts as they perceive it.

Ritual: Nursing as Ego

Although they acknowledged the difficulty of the work chosen, each participant also expressed pride in choosing a career that used all their skills, made a difference every day in someone's life, and gave them a sense of personal satisfaction. Each commented that they felt they had found their niche, some after trying other majors or careers, before settling into geriatric care. Choosing a career and organization that was fulfilling and important to who they saw themselves as being was frequently expressed. "The biggest satisfaction for me is feeling like I make a difference, knowing that I can make somebody's day" (Chris). Another participant noted

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that she had been "Looking for a really long time for that job where I'd be able to make a difference" (Lacey). These self-categorizations reflect the needs and motivations that Haslam, Powell and Turner (2000) identify as the "aspirations for self" (p. 326), which are part of the participants' social identity. It reflects their need to embody the norms and engage in activities which promote or maintain their interests.

The ego needs expressed included being a champion or advocate, having freedom to enhance resident care, supportive leadership and being involved in decisions. Within Taylor's model, these ego-related needs are tied to the user's image of self and make a statement about who she perceives herself to be.

Several participants identified themselves through a lens of being a champion for the residents or for geriatric nursing. In choosing a geriatric career, participants recognized the "stigma" of choosing geriatrics as a preferred field, but also perceived something in the career that appealed to them. In describing themselves as "champions" they have, as Pacanowsky and O'Donnell-Trujillo (1982) suggest, changed the "commonplace into passion," creating a different type of social identity as they dramatize organizational life.Rather than turning away from geriatrics to something more "sexy," they chose instead to be an advocate for older adults and to pursue ways to change the perceptions and the care provided to the elders:

> They (elders) need passionate, competent healthcare providers. They need an advocate. Other departments like Emergency, ICU, or Med Surg, or whatever, they're sexy. You've got a lot of people who are researching, and advocating for those departments. Gerontology really doesn't have that. I think they need it. So that's why I've stayed in it, it needs, they need me (Emily).

One nurse noted that she wanted to not only make life better in her organization but to change the national system of care: "My next goal in my next life (participant laughs) is to take on CMS. Not that I have lofty goals or anything, but the system is broken. The system needs to

change" (Chris). For this participant, there was a personal vocation to support her team in implementing the culture change since she perceived it as useful for providing the best possible care for the residents.

> I take it really seriously that the people who live here deserve good care, and that's my job to make sure they get that. So I set the bar high, not only for me, but also for my staff…I hope that I model, I hope I don't just preach. I hope that I actually model what I want them (nurses) to do. That they love it like I love it. That they love these people like family and that they're doing it because they are their family (Chris).

When there is a perceived "fit" between self and the job and the person obtains a sense of meaning and fulfillment, there are often positive emotions expressed toward the workplace (Miller, Considine & Garner, 2007). One admitted that early in her career, "I didn't even like old people at that point. I thought they were wrinkly and crabby and kind of disgusting. But I absolutely, positively fell in love" (Chris). That attitude of meaning and fulfillment was reflected by all of the nurses in some way, providing an insight into the identity fit between themselves and their nursing roles. The support for the culture change philosophy was definite and very supportive, even when compared with traditional environments:

> It's really the attitude. It has to be all about the resident. Everything has to be about the resident. It's not to make your life easier, not to make your list shorter of stuff to do during that day…(staff) would have to treat them like family—that's the biggest thing; to treat them like they're loved (Lacey).

> The geriatric field deserves passionate and competent nurses as well as everyone else, so it's been about two years that I've decided to make that my life mission. I feel like through my everyday interactions, I not only have to advocate for the residents, but also for the profession. Because it is challenging, it does take competent people, passionate people—you can make a huge difference in a lot of people's lives if you have your priorities straight (Emily).

The reflections of participants indicated that culture change provided an opportunity to treat the elders in ways that they perceived as positive. Freedom to provide care in ways that are important to the resident is a significant component within culture change, and many of the

participants cited examples of their appreciation of the autonomy to provide care that was meaningful to the resident and fulfilling for the care partner. "I'm doing the best I can to make life bearable. I know it's not close to what they used to have, but I'm trying to allow them to keep their independence as long as possible, their autonomy, helping them be educated and part of their care as long as they possible can. It's important to me" (Emily). Lievens & Highhouse (2003) found that individuals were attracted to organizations that allowed them to "express parts of their self concept and personality" (p. 96). The autonomy to be innovative and responsive to resident needs was perceived as an important part of their nursing role, from bringing a treat for a resident to ensuring resident choice.

> One of the gals went out and got Cheetos for one of her residents on break because she knows he absolutely loves Cheetos. I don't think anybody at (other facility) would take the time out of their schedule or money out of their pocket to do that stuff (Clara).

> I think making the resident the focal point of all your decisions, and letting them live life on their terms and not on my terms and certainly not on what the federal government or state says are their terms. That shouldn't matter. It should be what they want. Let them do what they want—it's their life. We can be along for the ride, we can be along to help them, but it's their life (Chris).

Nurses are trained to provide good medical care, and also to consider the wholistic aspects of the individual, "focused on the psychosocial and spiritual as well as the physical needs," according to Scott, Matthews and Kirwan (2013, p. 25). The emphasis within culture change on seeing the whole person and finding ways to personally interact with the residents was perceived as a welcome addition to traditional nursing roles, and one with which the participants expressed personal affiliation. The perception from these participants was that culture change organizations attracted a different type of nurse, and these nurses were proud to be associated with an organization that embodied those principles, confirming the support for culture change (RQ 1).

I think in a culture change organization, doing those little extra things almost becomes second nature sometimes…it's just sort of an expectation that our main focus is going to be the elders that we serve, and if we're doing that, that attracts certain type of people. You attract people with big hearts (Nan)

The impact of leadership on the implementation and maintenance of a culture change philosophy was cited by several participants. As Thomas insists in the Eden Alternative (2014), there is no substitute for wise leadership in a healthy organization. These participants perceived that their efforts in changing the culture were supported and encouraged by the leadership, which allowed them the freedom to be more innovative in their nursing roles, and to find ways of providing better care. An innovative organization offers both residents and staff more options, and are "promising" in helping change the status quo of long-term care (Rahman & Schnelle, 2008).

I have been extremely blessed to work with administrators who do not try to micromanage me, and who let me come to them with ideas and say, 'that's an awesome idea, let's do it.' Because they're here for the residents too…To be able to have ideas and not have them squashed. That support, that encouragement in having other team members think it's a good idea and then jumping in with both feet, and coming out on land. It's wonderful (Chris).

I feel nothing but supported and encouraged. You have to have the majority on board to attempt the (culture) change—it has to be a mindset. You can have a beautiful building, and it doesn't matter. It is the people (Holly).

The importance of leadership was stressed by the participants because they perceived it as a foundational element in culture change, and an important part of their group affiliation. As Ashforth and Mael (1989) noted, the comparison increases the prestige of the in-group and reinforces the individual's self-esteem. The nurses acknowledged that implementing the culture change required an openness to new ideas, and a willingness to take risks as new ideas were attempted. But the opportunity to learn and change, and the encouragement to do so, prevented

them from feeling "stunted." The comparison with previous facilities supported their perceptions

that a culture change organization was preferred to a traditional facility (RQ 2).

> There are a lot of facilities that have pets and plants and children, but unless you embrace the philosophy that goes along with that, you're not even close to making it work…We have always been an innovative facility and I have always pushed for being the first…We've done a lot of things where we've been the first and it's been for the residents…If you don't have a team that is all trying to go the same direction, you're not going anywhere (Chris).

> (With culture change) there's always room for growth and you're going for change. In culture change your staff can grow, they can change with you, they can grow personally and professionally as well. When you're stuck in a facility where you're not, and this is the way we've always done it and this is the way we're always going to do it and this is it, forever and ever amen, until CMS makes a change, you kind of feel stunted. You feel confined (Nan).

Two of the nurses compared their leadership experience with previous facilities, and

indicated that there were challenges. Not having the freedom to address issues was a concern,

and ultimately helped drive them to a facility that did support and encourage innovation,

supporting the culture change rather than traditional organizations (RQ 2). Pacanowsky and

O'Donnelle-Trujillo (1983) suggest that the "corporate stories" (p. 139) are the narratives which

are used to "substantiate" or pass on some of the customs of organizational life.

> You have to have supportive management staff who's really trying to make this work. (At a previous facility) I didn't have the support of my director of nursing either… We would get to meetings and she wouldn't bring things up and I got to the point where I got mad and stood up and said, 'what about this and this?' and the administrator literally said, 'sit down and close your mouth.' How do you get anything done then? (Holly).

> When I came here, I found that freedom. Because we were an Eden facility and we were looking for new ways to do things, we were looking for new ways to make the residents' lives better. So when you have that opportunity to have that input, to make those suggestions, to try new things, that's huge (Chris).

Research suggests there is a positive effect on commitment and satisfaction (Scott,

Mannion & Davies, 2003; Tellis-Nayak, 2007) when employees are involved in decision-making

and have choices involving their daily work life. That involvement is also a tenet of culture

change with its emphasis on staff empowerment (Eden Alternative, 2015). Several commented

on the freedom to provide care that made the residents happier. As one nurse explained, "The

happier the resident, the happier the family" (Helen).

> Automatically in my mind, these people (residents) are going to be happier. That affects me as a nurse, too. I'm going to be happier if my residents are happier. I know I'm going to have interaction with my residents and the other staff, where it feels more supportive. You're not only supporting residents, but you're supporting your staff, too (Clara).

> Honestly, I would say that as a staff member, I'm happier. I mean our days are very, very busy, it's a 12-hour day and it is busy, I would say, 11.5 of those hours. But I'm lucky to be working with the employees that I'm working with. It's just a happier environment—it feels like family. Like family with staff and with residents…I think that's the biggest thing with working in a resident-centered organization (Lacey).

> The autonomy found in a resident-centered organization, including the ability to make

decisions, is a significant contributor to staff satisfaction, according to Pron (2011). When

comparing the two types of care philosophies (RQ 2), one of the nurses commented that the

freedom and flexibility of the culture change was important to her and contributed to her

satisfaction with her nursing role.

> I just feel like it brings in more life and more energy. You know, I don't feel like there's the threat of being stuck in a rut. If you have people with new ideas and suggestions, I think people are willing to listen to them, and there's an energy that comes with the culture change and with willingness to try things (Holly).

> These participants have used the Eden philosophy as a framework to get better

acquainted with their residents and to make sure resident needs are a priority. Gaining a

resident's trust and confidence is important to the staff, and according to Scott, Matthews and

Kirwan (2014), residents are also assessing staff for cues that will enable the resident to build

that trusting relationship. Two nurses commented on the choices made to build relationships with

the residents:

> The thing I like best is just the resident being first and foremost in every single thought. You need to respect their space, you need to respect their decisions. They reserve

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autonomy. If you're having a hard time between two decisions, really all you have to think is, what would they want? (Lacey).

The people that work here—they know their people. They don't need a care plan, they know how to take care of them. You ask the CNAs, they know better than I do. (They) teach each other. As long as it's safe, as long as they get from A to Z and the end result is good care, I don't care how it happens. What matters is, are they (residents) getting good care, are they happy? (Chris).

Ritual: Nursing as Social

As social beings, gaining social accolades or engaging in socially correct behavior is as important to nurses as it is to others in the workplace. It's also relevant, Taylor (1999) suggests, to include how a person's preferences affect socially important others. With the participants, the social relationships were a critical part of their workday. The social needs defined by the participants included the positive relationships with residents, families, and coworkers, and the use of social narrative to provide better care.

Several identified the satisfaction they received from the personal relationships, creating an "in-group" with whom they had regular interactions. The creation of those "in-groups" is a key factor in social identity theory (Turner, Brown & Tajfel, 1979), and an important element in the perceptions of the participants. The social needs have an impact on the relationships that develop between the staff and the residents and their families. Lacey commented that after one resident had settled in, she commented that "'man, the service here is great!' And the way she said it, it sounded like we were some five-star hotel. You don't always hear the good stuff, but that's what it should feel like, kind of like you're going on vacation and getting taken care of."

Another participant commented that families will sometimes come and check with her on a resident's preferences. "They don't know their family member as well as we do sometimes," Clara said. "I'll say, well, she actually doesn't like prunes, and they're like 'oh?!'" Participants cited the importance of casual conversations, since it built relationships for critical conversations

and enhanced social connections, which were perceived as rewarding for both the staff member

and the residents.

> They gave me more than I've ever given them. I'd have those residents that would be moaning the fact that they're still alive—'why doesn't God take me? I'm not good for anything, why am I still here?' What I started telling them was maybe you're still here so you could teach me, so I could get to know you. They'd say, 'why I can't teach you anything.' I'd say, no, you teach me about persistence and about patience and about tolerance and making the best in a bad situation. How you can lose everything and still be happy. There are so many lessons that I learned from them. I value the relationships (Chris).

> I like that everybody knows everybody: knows their name, knows that they like to go to supper first, they don't need help, or they like orange juice with their meal….I don't know their room number! I know their name (Clara).

Some participants noted that positive relationships are an everyday experience in the

Eden environment, where it was not in previous nursing experiences. The participant responses

coincide with other social identity research that suggests members try to "enhance the image" of

the in-group through a process of social comparison with the relevant out-groups (Hennessy &

West, 1999). The contrast between the two work environments verifies the participants' desire

for a fulfilling social aspect of work life:

> If I had to put my grandparents somewhere in a nursing home, this is where I would want them to be…somewhere that makes them feel comfortable, more of a homey kind of feel. Here I can go up to a resident and say, 'How's your wife, how's your grandkids?" You know so much about them. I felt like there wasn't that kind of intimacy (at other facility). I didn't feel there was that drive to do that there at all, and it was very much, not depressed, but they were so under-stimulated. Any kind of real interaction or communication, stimulation of their minds was just not there (Clara).

> They (residents) were well taken care of, it's not that. I just felt it was a very sterile environment. It was cold and uninviting. So we went through our routine, and did what we had to do, but we weren't even allowed to as staff—nurses and CNAs—we were not allowed to socialize at all at work, say, 'Hey how are you? How's your day?' Or ask them about their lives and interact that way. I mean you need those things to develop good working relationships, to get a trust with your coworkers. If I'm the nurse and they're the CNAs, they have to trust me. It was very clear that if there was any of that going on, that there would be discipline, so it just wasn't a good environment (Holly).

The participants' relationships with the resident not only brought support to the resident, but were also cited by the nurses as important information they needed to provide better care. The social relationships described by the participants in response to RQ 1 were positive and foundational to create an environment that was comfortable for sharing important information, both positive and negative:

> Since I see these people consistently all the time, they're used to me and they're more willing to talk to me and they feel more comfortable to joke and laugh with me—it's not all negative things. But dealing with people, it's very personal and very much about bowel movements, urinary issues, and it's embarrassing to have to tell somebody that (Clara).

> I know them. I know them inside and out. I could tell when someone was getting a bladder infection three days before they actually had a bladder infection, because you pick up on those little things that were unusual for them and you knew them so well that you knew that it was unusual (Chris).

Nurses are trained to interact with resident with both professional courtesy and compassionate care. But Scott, Matthews and Kirwan (2013) found that residents also hope for nursing care that includes "compassion and a sense of being recognized and cared for as an individual" (p. 26). The social relationships with the residents, perceived by these nurses, indicated that they not only were able to deal with the medical conditions, but were also aware of the residents' other needs.

> When you see a resident sad and crying, and you want to go give them a hug and ask, 'are you okay?', I can take 10 minutes, and I can go comfort that resident. I can maybe make their day, make them smile, and if not, at least let them know somebody cares (Nan).

> It's the residents that make or break your day. If the resident is having a really hard day, maybe passing or just have a really hard day mentally, it's a lot harder. You wish you could do more, but you can't fix everything (Lacey).

> I did have a resident say recently, 'The doctors tell you this and this and this is going to happen and you're going to die from this, but they don't tell you all the little things that actually make your life awful, like your skin may become excruciatingly sensitive to

sun.'…You should have time to talk with someone about things that could happen to you. It is important. Maybe you can't fix it, but you can acknowledge it (Helen).

Ritual: Nursing as Sensory

Sensory addresses the needs for "moments of pleasure" or enjoyment that comes from the five senses of taste, sight, hearing, touch, or smell, according to Taylor (1999). Sensory needs expressed by the participants included dealing with the "stigma" of nursing homes, but also the more positive sensory elements associated with providing simple touch, and interactions with children and pets.

One of the common sensory "stigmas" associated with working in a nursing home is the smell. As the nurses contrasted the work environments, they noted that the public's perceptions of any long-term care facility is less than positive, and their perception of the culture change organization (RQ 1) was significantly different and more positive. "People still think of long-term care as dark and dirty places," Chris said. "There's so much negative, so many negative images out there, that I work really hard to get people in here to see that that is not true. It's not how it is." Another participant laughed and explained some conversations she had with both her boyfriend and roommates:

> So when I'm trying to explain it to him, you know how in a regular nursing home they have the stigma of how it smells, and how the people act and things like that, I don't feel like that at all. My roommates brought me food one day when I stayed late, and they said 'it doesn't smell like a nursing home in here' (Clara).

One participant commented on the need for human touch. At night, during evening rounds, this participant would stop in the resident's room. "I'd hold her hand and say, 'goodnight, S---, I hope you sleep good.' She just clung to me like I was a lifeline. I don't know how much touch she got, but that was her touch with another human being" (Chris).

One consistent factor mentioned by several participants was the pleasures associated with having access to the children and pets within the facility. Although the sensory aspects are not addressed within social identity research, sensory needs were frequently cited by participants, supporting Taylor's Sensory segment on the Strategy Wheel. How sensory needs could contribute to organizational social identity is perhaps something for future discussion. The interactions with children and pets added another level of sensory stimuli, both for the residents and the staff, and were often mentioned by participants as an important element of work life. Participants noted that the addition of children and pets to the environment was not common in traditional facilities, but that the addition of both was preferred, another contrast related to RQ 2.

> I get to see that every day with the kids going up and down the hall and these ladies just beaming. I mean it makes a difference in their lives…and even the animals—to pick up a dog or cat. Without some of those things, I don't know what their lives would be like, because their lives, they're tough right now, so if you took all those things away, it would be even tougher (Holly).

> I bring my little dog to work with me, and I have residents that absolutely love him. I have these little gals in wheelchairs that will chase him up and down the halls and he may not think that's the greatest thing, but they think it's hilarious. And they are sure getting their exercise. They just love it. Every single time I walk into a room and he walks in with me, it's automatically, 'oh little baby dog!' It's a complete attitude change. People may not know my name, but they know his name (Clara).

> The environment is so much better—when the children walk by S---, it's like 'Hi, Grandma S---! Hi, Grandma S---!' They know who she is, and she knows who they are and that's why she sits in her doorway every day so that she can see everyone passing by, and especially the kids (Lacey).

The Eden Alternative (2015) refers to the children and animals within a long-term care facility as some of the "rewards" that can be added to the "human habitat" (p. 151). The philosophy stresses that animals and children do not belong in an "institution" but should only be added when the whole care partner team—including nurses—is prepared to care for them. After having experienced animals within the facility for several years, these two nurses noted

additional benefits of having the animals: the natural empathy between animals and humans that can bring comfort to residents or family members.

> Having somebody that is so anxious, nothing seems to work, and then you bring a dog in and set it in their lap, and all their cares melt away. Just having that holistic avenue as an option, not having to use medication, as a nurse, it's nice to have. Not trying to cover up the problem, or just deal with the symptoms, but helping get to the root of the anxiety (Emily).

> I've seen the animals be drawn to people that are in the dying process, and they go up on the bed, or sit on the lap of a loved one that's in there just simply waiting for that loved one to die, and I don't even think they realize they're doing it, but they're stroking, petting the cat or petting the dog. It's just a comfort to have something there, something on your lap (Chris).

Transmission: Nursing as Rational

The needs expressed on the other half of Taylor's Strategy Wheel encompass more logical elements. The primary need with the greatest importance on this half of the wheel, according to Taylor (1999), is the rational segment with its emphasis on deliberate, conscious decision-making. In this segment, users desire significant amounts of information about something they perceive as a need. The needs are explored through logical patterns as the person seeks information that positions the decision either favorably or as something to avoid. Two nurses commented on a few of the differences they perceived, using their past experiences as benchmarks for comparing the nursing care (RQ 2).

> Looking back, some of the things we did back then felt very wrong. Having a structured day, basically where you get up, you eat breakfast, you go lay down, here's your snack, here's your medicine, have a nice day. I didn't feel like the residents had a choice in what they wanted to do. Just looking back, I wish I had known then they had more rights (Emily).

> I really wasn't very impressed at a couple other nursing homes, But I thought it would give me great experience and so I came here. I looked at it as 'it's going to give me really good overall experience with trachs, with G tubes, and that kind of thing.' But I love it (Lacey).

Lievens and Highhouse (2003) suggest that organizations become more attractive when individuals see them as innovative or competent, since it allows them to express parts of their self-concept, and they use a logical, rational framework to express those concepts. Emily said, "I've worked both before we had resident-centered and now, and I didn't think it would make that big of a difference, but it makes a huge difference." Another participant discussed an important need in her worklife, reaching out to others through education to help other nurses become more informed about long-term care:

> I think of us as being a teaching facility. Education is huge to me, again education is power. You don't know what you don't know if you're not exposed to it. So my goal has been to get as many people in this door as I can to show them that everything that they read or see or hear on TV is not necessarily true (Chris).

Another nurse commented on the autonomy she felt in making decisions. She recognized that she had the support within the organization to handle her department as she felt best, and her comment reflected her logic in making choices about resident care. Adams, Verbeek and Zwakhalen (2016) suggest that the more support, the stronger the positive influence of job autonomy on satisfaction. The job autonomy was reiterated by nurses as an important factor they appreciated when discussing RQ 1 and their perception culture change.

> When I'm trying to make a difficult decision in regard to disciplining or as far as prioritizing, I can say to myself, 'what is best for my resident?' and whatever that answer is, I know, deep in my nursing heart, that that is the best answer (Emily).

After working in both types of facilities, one participant noted that her greatest frustration was "the way the whole system works—the whole long-term care system with the regulations" (Chris). The participant's perception of the conflicting messages between traditional regulations and culture change philosophy makes it more difficult to create the homelike atmosphere that is truly resident-centered. The loyalty expressed to the Eden Alternative ideals would correlate with

Ashforth and Mael's (1989) assessment of how a positive organizational identity is reinforced, sometimes by opposition outside of the community:

> They said, you need to have a home-like environment and then on the other hand, they say, but you can't serve hot coffee. To try to get those two things to mesh is extremely difficult and extremely frustrating. I'm not going to tell someone who's 96 and has been drinking coffee for 90 years that she can't have hot coffee. Her idea of hot coffee is, if it's not scalding, it's not hot. It just makes me mad. I understand that there are facilities that don't do things that they probably should, but I'm not so sure that's intentional as much as it is lack of knowledge. I think we spend so much time trying to meet all these silly, stupid regulations, that actually taking care of the people drops by the wayside...You're working to please certain criteria to have a good survey. You can work and staff to meet survey, or you can work and staff for your residents. I believe those are two distinct things….the crossing of the t's and dotting of the i's, and I think people became less people and more tasks. You lost the fact that you were taking care of a person (Chris).

Transmission: Nursing as Acute Need

Taylor's research (1999) identifies the acute needs as those that are more urgent. Many of the participants identified an urgent need for more training of nurses in the geriatric field, a factor noted by AACN (2010). One participant commented on the ignorance about geriatrics, and said that newer nurses assume that residents are "frail, incompetent, and demented" (Emily). She explained that many graduating nurses come into a nursing home, and think there's not going to be anything to do. "I always tell everyone, every student I have, that you will not be bored; your mind will be exercised, more than you ever thought."

A second need that was addressed from some of the participants indicated that they wanted to fix the medical issues of the residents. Although they were healthcare providers, they were unable to provide that type of healthcare, and it was frustrating.

> You can't fix the health problems they have, especially in this situation, there are things that are end of life. This is what it is, and you can't fix it, so all you can do is make their quality of life as good as you can. But not being able to give them what they need or want is the biggest frustration (Helen).

Transmission: Nursing as Routine

Routine needs are involved in those decisions that require less thought, and are done more from habit, Taylor (1999) suggests. The routines discussed by participants when referencing culture change organizations were focused on the frequent, or routine, preferences of the resident. In contrast, several participants noted that the routines of more traditional facilities focused on the operational routines or the tasks that nurses needed to accomplish (RQ 2).

In expressing her experience in a traditional nursing home, a participant noted that the routine was "what was best for the nursing staff, whatever worked for them so they could get their stuff done. I hated it" (Emily). However, another nurse who had worked in both traditional and culture change organizations noted that her methods of helping residents was defined differently in various organization, but that her focus was to ensure the resident choices were honored and respected, wherever she worked. "You see what your residents want or need, and do whatever you can to make that happen because that is your goal…I'm also kind of stubborn, so I don't generally have a problem getting what I think they need" (Helen).

> With certain people, they're so task oriented, and I don't know how you teach that they are not tasks, they are people. This isn't a race. Slow down, spend some time, they are people. But some are still so task oriented (Holly).

Participants noted that their past experiences placed a priority on getting tasks done, which incorporated following a routine that was operationally efficient. One nurse commented that at the time, the routines were acceptable in her workday.

> Having the same schedule day in and day out, that didn't feel weird to me. I personally thrive on structure, so that is something I enjoyed at the time, 'cause I didn't know any better. You had a list, you checked it off and you went home (Emily).

Two other nurses expressed their frustration with the task emphasis in previous work experiences, and provided examples of why they found it less than appealing. Both commented

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that the resident focus of the culture change organization seemed to be more logical as a means

of providing quality care (RQ 2).

> The reason I quit there (previous facility) was I was very frustrated because they didn't practice what they preached. When I started and went through orientation, they said we really encourage staff to spend time with our residents, get to know them, to build relationships, to visit with them. So as a CNA, we would go about our duties, and if we did have a few minutes and we would be sitting in a resident's room, the nurses would be upset with us…'you have things you need to get done, you have things to stock, things to do.' Huh? I just really was frustrated (Nan).

> One place, they had the night shift start to get people up at 4 in the morning. For what I don't know. They'd get them up and put them in their wheelchairs, and they'd do this (showing person slumped over) and fall back to sleep. I asked, 'why do you do this?' It was ridiculous. Because they had to get so many up before they left at 7 in the morning. When they came in on day shift, they just started getting people up, too. It wasn't whether they were awake or not (Holly).

The routine was expressed differently in the culture change organization, as a reflection

of how well the residents were known, so the residents could express preferences about staff or

activities that would be familiar enough to form a routine. A few of the participants noted the

consistency of staffing allowed for greater familiarity with the resident's choices, which they

perceived as a valued attribute of culture change (RQ 1). Clara said, "They (residents) say,

'that's my person, that's who I know I go to and they'll get it done for me' or 'they can help me'

or 'take care of whatever it is I need.' I think that's a big deal." Even with small details, the

resident's preferences were well-known so they could be appropriately handled. As one example,

a participant noted that a resident didn't like to play cards with a group, so a volunteer would

regularly play a favorite game with that individual. It was a routine that was rewarding to the

resident and appreciated by staff.

Interview Study I: Research Question 3 Results

RQ 3: Would culture change be a useful message strategy to attract nurses to long-term

care?

Most of the participants indicated that they would be more attracted to an organization that had adopted a culture change philosophy because it would signal to them that there was an organizational culture that valued innovation, resident choice and more participatory leadership. Although a few mentioned that it would be interesting to bring a culture change philosophy to an organization that had a traditional model, they also recognized that it is a long and difficult journey to accomplish that transition. However, two of the participants noted that the term "culture change" was not well-known in traditional geriatric nursing. As an example, when one nurse was considering a position in a culture change organization, a nurse from a traditional facility told her it was a "cult" and that she would not be happy working in a facility with the Eden Alternative philosophy of care. For those nurses who are familiar with the resident-first emphasis, it may be a useful message strategy to employ, but some of the other social identity elements, such as ego and social, might create stronger messages to recruit nurses who are not familiar with specific culture change philosophies such as the Eden Alternative.

The language used by the participants in the interviews reveals a distinct shift from traditional care terminology, and emphasizes the various segments of Taylor's Strategy Wheel (1999). These repeated words and phrases from the interviews, outlined in Table 3, provide insight into how the nurses perceive various aspects of their identity and how they express their connection to geriatric nursing and to the residents for whom they provide care within a culture change philosophy.

For RQ 3, (Would culture change be a useful message strategy to attract nurses to long-term care?), there was some variation in responses from nurses. As mentioned earlier, a few nurses indicated that the term "culture change" would not have conveyed the full meaning of the concept to them prior to their joining a culture change organization. However, some of the other

terms used by nurses, as indicated in Table 3, may find a broader appeal to nurses who have a

similar social identity, as well as an interest in geriatric nursing.

Table 3

Words and Phrases Used by Study I Participants within Strategy Wheel Segments

Segment	Key Words and Phrases
Ego	Champion, making a difference, freedom, innovation, growth, happy, bring meaning to life, leadership,
Social	Relationship, personal, wisdom of elders, part of the family, love, comfort, family environment, enabling choices
Sensory	Children and pets, human touch
Rational	Education, teaching facility, what's best for the resident, dignity, respect, autonomy, accountability, not medical
Acute Need	Awareness, patience
Routine	Resident choice, spontaneity, flexibility

As Lievens and Highhouse (2003) found, an individual's attraction to an organization is

often based on the symbolic meanings they associate with an organization. In this study, the

changes in language is a common symbol that provides clues to the social identity. Participants

gave frequent examples of how they had modified their language to acknowledge the dignity of

the residents and the way in which they were provided care. It was also a unifying method for

staff, helping each other to remember the language changes. Ashforth and Mael (1989) suggest

individuals tend to "choose activities congruent with salient aspects of their identities and they

support institutions embodying those identities" (p. 25). The social identity may help an

individual develop loyalty to an organization or culture, and may also affect the choice of which

job to pursue. In several of the interviews, the participants noted that they had a strong loyalty to

the organization, in part because the culture change philosophy had made such an impact on their

work life. The social classification enables the individual, according to Ashforth and Mael

(1989), to locate or define him or herself in the social environment and includes both a personal

identity (similar to Taylor's ego) and a social identity (similar to Taylor's social segment). Several of the participants identified themselves as having a "nurse's heart" or "having a love for older people." Participants saw their work as an extension of their identity, and indicated that it made an important statement to others, echoing what Highhouse, Thornbury and Little (2007) discussed, that a person's work was a way to communicate something about themselves to others. In spite of the stereotypical stigmas, many participants expressed pride in their roles, because they perceived their work, their team, or their organization, as not fitting into the stereotype, but being far better.

In a recent study of individuals' social identity affecting their attraction to an organization (DeArmond & Crisp-Crawford, 2011), there is a distinction that has been made between the organizations or brands' symbolic (similar to Taylor's ego/social segments) and the instrumental (similar to Taylor's logic/rational segment) attributes. Lievens and Highhouse (2003) note that consumers associate both "instrumental functions and symbolic meanings" (p. 77) with a particular brand or organization. The participant responses would indicate significant alignment with needs on both sides of Taylor's Strategy Wheel (1999), especially ego, social and rational. Their comments would indicate those needs resonate with their personal identity and their fit within the organization, and would be useful in the creation of message strategies to attract nurses.

Interview Study II: An Overview

This second interview study also focuses on the experience, needs and perceptions of geriatric nurses in a culture change organization. The research questions focus on three areas: how the nurses perceived culture change in their organization, how they perceived their experience in culture change in relation to more traditional environments, and their perspective

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on using culture change as a message strategy. Rather than just identifying that the nurses found culture change an appealing concept or more resident friendly than traditional models, the study seeks to determine what needs are met within the culture change experience that have a positive resonance with the nurses. By identifying the needs that the participants identify as the foundation of their geriatric careers, decision makers will have an opportunity to then create message strategies that may have a stronger appeal to other nurses. The first section addresses RQ 1 and 2: the perspective of the nurses regarding culture change and the comparison with traditional facilities. From the participant responses, the perceptions of the nurses are then analyzed within specific need categories, using Taylor's Six Segment Message Strategy Wheel (1999). The participants' expressed perceptions and needs are analyzed through the lens of ego, social, sensory, rational, acute need and routine categories.

All of the concepts identified in Taylor's Six-Segment Strategy Wheel (1999) were supported in the data set provided by the nurses, but with varying degrees of interest. On the Ritual side the ego was reflected in several aspects, from personal pride in their role as advocates, to the autonomy to provide care in a different way, to the different style of leadership. The autonomy to meet resident needs was mentioned by participants as one of the reasons they felt they could make a difference in residents' lives, a significant contributor to their satisfaction with their work in a culture change organization, and a basis for their support of the philosophy. Satisfaction with the autonomy in work has also been identified in other research (Pron, 2013) as a source of job satisfaction. Social needs were considered highly important to the participants, with the relationships with other staff and residents providing not only a mutual satisfaction, but as an antidote to the stigma of working in long-term care.

The emphasis by participants on both ego and social segments again mirrors the social identity theory, allowing an individual to define the self within the social environment and includes both a personal identity (similar to Taylor's ego) and a social identity (similar to Taylor's social segment) (Taylor, 1999; Ashforth & Mael, 1989). The positive responses by the various participants concerning their worklife reflects what Turner, Brown and Tajfel (1979) found in their research: that a positive self-image encourages individuals to evaluate their in-group in a positive manner to enhance that self-image. With the implementation of the Eden Alternative philosophy, the "context" of the organization has changed, and Haslam, Powell and Turner (2000), suggest that the employees and the organization as a whole "redefine their place in the world, what they are about, and where they are going" (p. 325). The extensive changes in the language used by the nurses provide a strong indicator that they have redefined their role in the geriatric world.

The sensory needs were expressed when talking about "typical" smells associated with nursing homes, as well as the more positive aspects, such as the "homey" atmosphere and the enjoyment of interacting with children and pets. Participants also expressed sensory needs when describing the personal attention provided to the residents including the needs of simple touch.

On the Transmission side, rational and routine were needs that were frequently expressed. The least important segment expressed by these nurses was the acute need, but that may reflect the fact that they were all in stable roles within their organizations, with the autonomy to care for residents in ways that met the residents' needs.

Perhaps the biggest unmet need from the participants was the conflict between the desire to provide quality healthcare and the recognition that they couldn't remedy the health condition of the residents they served. Several of the participants acknowledged that they typically couldn't

resolve the medical conditions that brought the individual to long-term care, but it also provided

an incentive for them to make the lives of the residents as positive as possible. As Thomas has

indicated (2007), elders should be perceived as more than their medical condition, and these

nurses have chosen to focus on the overall wellbeing of the individuals, seeing the residents as

more than their medical diagnoses.

Interview Study II: Research Questions 1 and 2 Results

Again, the first two research questions are each briefly summarized before providing a

detailed needs analysis using Taylor's Strategy Wheel (1999). The third research question results

then follow, using the needs expressed from RQ 1 and RQ2 to consider some of the words and

phrases used by the nurses in the interviews.

RQ 1: How was resident-centered culture change perceived by geriatric nurses?

The perception of the resident-centered culture change was perceived by all of the nurses

in the second study as beneficial for creating a healthier environment for the residents. From

their comments, they understood the rationale for adopting the Eden Alternative philosophy in

their facility was to create a more welcoming home for the residents, a concept they supported

wholeheartedly. They perceived their role was to be an advocate and to provide needed support

for the residents, to help them in their home. For those nurses who had worked in other facilities

with a more traditional philosophy, the adoption of the Eden Alternative philosophy was

perceived as positive for the residents' care in a variety of ways. They noted that the flexibility of

the Eden Alternative emphasis on resident choice created opportunities for the residents to

choose activities that were important to them, whether sleeping in or playing pool. Their

comments also reflected that the emphasis on resident choice impacted how they as nurses

handled decisions regarding the residents' daily care, as they consciously tried to involve the

residents in those choices, rather than assuming what the resident would prefer. Several commented that they were now less rigid in their schedule for accomplishing daily tasks, and that they perceived the culture change as an opportunity to make the lives of the residents as positive as possible.

The participants also perceived the culture change as being more inclusive of staff ideas and input. Such positive perceptions would suggest strong organizational affiliation, a concept that research reinforces (Highhouse, Thornbury & Little, 2007). Participants noted the change in how staff was treated also created a difference in how the staff responded to incidents in the facility. For example, when a few residents became ill, there was a concern by staff of "what can I do to help" rather than just reporting the facts of the illness. One participant reported that staff autonomy also reduced a common frustration for many geriatric facilities: the number of "sick" calls was significantly reduced as staff was encouraged to stay home when not feeling well. The paradox in results was attributed to a perceived greater acceptance of staff autonomy, as well as enhanced concern for staff wellbeing.

One of the more noticeable changes as a result of the Eden Alternative adoption was the embracing of much of the culture change language terms. All of the staff members commented on the language change, with many emphasizing specific examples. The language changes were specifically directed at enhancing resident dignity: 'person needing assistance to dine' vs 'feeder,' or 'clothing protector' vs. 'bib,' or 'the diabetic' vs. 'resident's name.' Participants commented that although the change required effort, they now perceived how beneficial it was to the residents' dignity, and to the creation of a more home-like environment. Pacanowsky and O'Donnel-Trujilla (1983) reflect that culture is a "social construction continually reconstructed" (p. 128), and the changes in language underscore how these participants are constructing their

culture, with a renewed awareness of how their language impacted the residents and the staff's perceptions of them as individuals. A more detailed analysis of the language is provided in the Strategy Wheel segment that follows.

All of the participants indicated support for resident-centered care. The adoption of the Eden philosophy of care was perceived as a way to combat the stigma of traditional long-term care. The nurses expressed appreciation for their role in creating a "home" where residents could do what they wanted, when they wanted to do it. The pride in their enhanced roles was evidenced by the stories they shared, from moments of being helpful to defending the residents' choices to reminding other staff members of the new language terms. The social identity expressed by these individuals encourages individual loyalty to the organization's culture (Ashforth & Mael, 1989).

RQ 2: How did they perceive traditional long-term care organizations as compared with culture change organizations?

Most of the nurses had worked in other facilities, none of which had adopted a culture change philosophy. For the nurses who had other experiences, their comments reflected a new awareness of what "resident choice" could mean. One nurse noted that 'she didn't know what she didn't know' before, and that she had provided the best care she knew how to give at the time. But now that she has experience in a culture change organization, her perceptions of giving residents' choices, allowing staff greater autonomy to meet resident needs and building trust throughout the organization was perceived as significantly different—and much better—than the traditional model. The shift in identity is supported by social identity research, which suggests that a positive organizational identity is found when there is a perceived fit between the individual and the organization (Ashforth & Mael, 1989). Some of the other nurses acknowledged that their role in traditional care facilities was more focused on the tasks that

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needed to be done, rather than on respecting the residents' choices. The "standard practices" mentioned by a few of the more experienced nurses involved sometimes doing things "to" the resident, rather than things "for" the resident. Although the shift to resident choice often entailed adjusting the nurses' schedules, the participants expressed support since they perceived it was a benefit to the residents. Comparing traditional and culture-change organizations, all of the nurses indicated they found the resident-first perspective to be a preferred model of care, since their primary goal was to enhance the wellbeing of the residents. Taylor's Strategy Wheel identifies some of the expressed needs that define the nurses' preferences.

Most of the participants commented on the more relaxed environment of creating a "home," which many perceived as important to their roles, and brought significant meaning to their daily work, as they perceived they were "part of something bigger." The previous work experiences cited a more intensive task focus. One nurse noted that the people living in a previous facility were not even addressed as "residents" but as "patients" or "room numbers." Her perception of the culture change was that it was far more resident-friendly, and more enjoyable for the residents because it was personal. Even the challenge of changing their language habits to enhance resident dignity was pursued with determination because they understood the value to residents and their families, echoing Thomas' precepts in the Eden Alternative training (2015).

A difference in staff relationships was mentioned by several participants as a meaningful shift with the culture change. Not only were nurses given the autonomy to express their opinions and provide care in a way the residents found useful, but other staff were also invited to share in the experience, especially CNAs. As one nurse commented, the perception in many traditional facilities is that "CNAs are small potatoes," without a voice in the care of the residents. With the

culture change, these nurses indicated they counted on the CNAs as partners in the care, because they knew the residents so intimately. That increased autonomy was perceived as beneficial for the entire nursing staff, but also for the residents and families. Ashforth and Mael (1989) note that a strong group identity unifies group members, and that in turn, "strong organizational identity unifies organizational members" (p. 32). The difference in staff relationships was perceived as beneficial for the entire organization, in contrast with previous traditional experiences.

For this group of participants, one of the important aspects of culture change that they had not experienced in more traditional facilities was the aspect of being trusted. Not only were the nurses trusted to provide good care, but their staffs were also trusted in the same way. The trust was extended to using the corporate Amazon account to make purchases for residents, without prior approval. It also affected the perceived trust that families gave to staff because they knew and trusted staff members to provide good care for a loved one. The autonomy to respond to resident needs in ways the resident found meaningful was perceived as an extension of the trust, highly valued by the participants, and significantly different than their traditional nursing experiences. A culture of "openness and respect that facilitates communication" is one of the elements that contribute to retaining licensed nursing staff (Chenoweth, Jeon, Merlyn & Brodaty, 2010). Further analysis of expressed needs is detailed in the following Taylor's Strategy Wheel (1999) analysis.

Interview Study II: Research Questions 1 and 2 Strategy Wheel Analysis

Pride in their nursing roles was a consistent perspective from all eleven participants. Many expressed they felt they were making a difference, helping to create a home for older adults where the residents were treated as though they were "the center of their universe"

(Sarah). There was a phrase, repeated by several nurses when asked to describe their work, that they were there to help residents or elders "in their home." The language choice was specific and emphasized throughout the interviews, and reflects how deeply the culture change has been implemented in this community. Many participants expressed their support for the Eden Alternative concept, and often referenced the more relaxed environment as more "homey," both in the physical layout, the interactions with residents, and the less rigid schedules of staff members.

Some of the nurses, who had been in geriatric nursing for more than a decade, commented on the difference in their nursing roles now. They acknowledged that some of their previous nursing experiences may not have been in the best interests of the residents, but were indicative of the nursing standards at the time.

> Looking back, there were a lot of things that we did "to" people without their permission, that are just not allowed any more. It's not okay to tie people to the railing in the hallway. It's not okay to force them to take their medication. Those were things that at the time, we really did think we were doing some good. I'm pretty sure I didn't think of them at the time as being anything wrong. It was standard practice. (Paige).

The experienced nurses acknowledged that the current changes, both through the Eden Alternative and the larger culture change emphasis by CMS, have created a better life for residents. "I can't look back at the non-culture change facilities and say what I didn't like because you don't know what you don't know…I didn't know it could be different" (Jean). With the emphasis on putting residents first in culture change, all of the participants expressed appreciation for the focus and clarity it brought to their roles.

Ritual: Nursing as Ego

Taylor's model (1999) references the ego-related needs that are tied to a user's image of self and to how the individual perceives himself or herself. Throughout the interviews, pride in

being considered a good nurse was a consistent theme, and many indicated positive feelings of autonomy which they perceived was a result of implementing the culture change philosophy in the facility. Because the facility had been "recertified" on the Eden Alternative registry just two years prior to the interviews, there was strong identification with the culture change message of creating "home" for the residents. Even the language was adjusted to reflect the enhanced emphasis on resident dignity and choice. Several talked about working in the residents' "home," as opposed to working in a "facility," with their role being an advocate for creating a comfortable environment. There was a sense that rather than being a "champion" in fighting regulations, they perceived their role as an "advocate" or "defender." Sarah described how she perceived her role as "we need to be their advocate and be here for them." This self-identity as an advocate relates to the social identity theory, as people seek organizations that have symbolic meaning to them, or that allow them to express "parts of their self-concept and personality" (Lievens & Highhouse, 2003, p. 96).

The advocacy role perceived by the participants helps create a safe, welcoming space for the residents to live as they chose, with dignity and respect. "To me, culture change matters because the difference between the two is the residents are happier," said Connie. "They get more joy, they feel like they matter, and they can be part of the care team." The participants indicated that regulations or schedules were adjusted to meet the residents' needs, there was freedom to make the relationships with residents a primary consideration instead of task, and many decisions—from time to get up to what to eat, what activities to do, what medications to take—were the result of staff-to-resident collaboration rather than coercion. In responding to RQ 1, strong support and expectations from leadership were also noted, with the emphasis on using

the Eden Alternative (2015) standards as the method for creating awareness of the residents' needs and enhancing the lives of the residents.

In describing how they chose a geriatric career, several identified they had gained an interest or comfort level of being with older adults from earlier life experiences, while others started working as CNAs in a nursing home since it was the best paying option for them at the time. Lauren said she had always enjoyed older adults, "being around them, their wisdom and stories are heartwarming." Connie identified herself as a person with "a nurse's heart" while Joann talked about the compassion that "all good nurses should have." Marin said "it does take a special person to work in this field of healthcare," while Wade observed that in many cases it was not the individual's direct choice to work in long-term care, but that it was a "career that finds the individual."

Several acknowledged the stigma of choosing to work in geriatrics, and that they had initially shared that negative perception. In explaining her journey, one participant noted she assumed that she would be nursing in a hospital: "Geriatrics was never something that appealed to me when I was in high school. I never pictured myself working in a nursing home at this point in my life. When I thought of nursing, I thought of the hospital." But after working as a CNA in a long-term care facility, Marin said, "I fell in love. I love everything about long-term care." Another nurse noted that his choice of long-term care was not universally popular:

> Even in my nursing courses and talking with my classmates of where everyone was planning on going, nobody said they were going to long-term care. No one said that was their plan. Everyone had aspirations for hospital, OB or critical care or graduate school (Wade).

Others discussed the stigma they observed prior to choosing long-term care, but also explained how they now perceive their experience in long-term care as a career. The opportunity

to interact with older adults has become important to them, and conveys what Taylor (1999)

describes as the "strong emotional attachment" that is a part of the ego segment.

> A lot of my friends that I went to college with ask, 'how can you work long-term care, it's so depressing!' I do not find it depressing, not one bit. I go home feeling such gratitude. I feel so blessed to be able to learn and receive from them, and I'm able to give (Sarah).

> When I was 19, I had friends that worked at the nursing home, and I always made fun of them 'cause they were 'butt-wipes.' But I needed health insurance and a better paying job, so that's why I went into long-term care. But I'm still here because this is where I like to be. I'm not ready to leave my residents (Madison).

The participants acknowledged their personal journey had started with more negative

stereotypes of long-term care, but their work now allowed them to express aspects of their

identity that were important to them. Just as the Eden Alternative training encourages

participants to "repair the world" (2015), these two participants have chosen to stay in geriatrics

because they perceive great meaning in their work and daily interactions. Their responses to RQ

1 was that culture change had added meaning to their work life.

> I was one of the only people in high school who was working with elders, and they'd say 'why are you doing that?' The stigma, 'why are you wiping butt all day?' It's like going to work and having 60 grandparents that you weren't born with, and they care about you and you care about them and you develop these really meaningful relationships. You're stocking at a gas station—what meaning does that bring to your life or to the item's life? I get to go make a difference every day, so I guess that's why I'd never leave (Connie).

> People that don't work in long-term care don't understand. It's really hard to explain how rewarding it is. There is a stigma around nursing homes, a really negative stigma. A lot of people look at it in a negative way. It's a place that you don't want to end up when you get old, a place you really want to try to avoid. When I was younger, I looked at it that way, too…I no longer look at long-term care that way. I would be absolutely honored to have my family members living in this nursing home particularly, because the staff here, truly everybody, cares about what they do. They're not just here to clock in and clock out (Marin).

As advocates, several nurses echoed the explanation of culture change given by one nurse

as "just like being at home, being able to do what you want, when you want to do it" (Whitney).

A more "homey" atmosphere was also frequently expressed as a description of the environment,

with the understanding that the staff were working "in the residents' home, instead of a facility."

Several participants noted the different language elements that were incorporated into the lexicon of the facility after culture change. The adoption of the new language norms is indicative of what Haslam, Powell and Turner (2000) suggest as strong identification with an organization, since participants interpret their place in the organization in a manner that is "consistent with that organisation's values, ideology, and culture" (p. 326).

> There's a lot of dignity. It's a high priority for us, making sure our language is remembering that as a focus…Talking about their resident room in ways that are dignified. It's their space, we call it what they want to call it. If they call it an apartment, that's what we'll call it. Talking about adaptive equipment, it's a cover up or a clothing protector, not a bib. Even in a staff only area, it's still important to not use words that can be looked at as demeaning or undignified. We don't have diabetics here. We have residents who have diabetes, residents living with diabetes (Wade).

> Coming from a traditional setting, I hated the word 'short' because it became our reputation. 'Are we short today?' Then you'd go talk to a family member, and 'we didn't get that done because we were short today.' So that was the first word I got rid of. We might be 'missing a pair of hands,' we might 'not be optimally staffed', but we are not ever, ever, ever, ever 'short'! And things do not get failed to get done because we are 'short' (Jean).

In helping to create the culture change environment, Sarah noted that her view of work was "a place where the elders are the center of their universe. We are just around them, caring for them, encouraging them." Another said that "the most important thing for Eden is giving people the right to choose and decide what they want to do" (Marin). Taryn explained that "we pretty much cater to their needs, which is how it should be. They pay a lot to live here and this is their home, so it should be up to them." The "positively valued differentiation" (Turner, 1975) expressed by the participants provides a link to their social identity, and how they perceive their role in the organization as one that is valued and important within the organization, which may explain why their perception of culture change (RQ 1) was positive

I like getting to know my residents. I like getting to know their quirks, their likes and dislikes, their families. It makes it easier to help them and take care of them…But when you know certain things about them, you'll see a little twinkle in their eye when you start talking about stuff. They're all about relationship. I like taking care of them—for me it's very rewarding (Whitney).

It's so rewarding when they remember your name, 'cause a lot of them can't. But after a while, getting to know somebody and they know your name, that's great to me because I'm worth remembering. When they remember our names on the memory care unit, that's really great for me, that we're doing a good enough job where they can remember who we are (Marin).

"We're all really proud of what we're doing here, and there's lot to be proud of," Wade said, tying in the appeal to the ego needs of the Strategy Wheel. The ego needs were expressed by their role in the workplace, a place where they felt they could make a difference. Not only was it important to their satisfaction with work, but they thought their work also contributed to the wellbeing of the residents. Participants expressed not only a positive personal identity, but also a "positive collective identity" (Doty, Koren & Sturla, 2008) as a part of the team that has adopted a culture change philosophy.

I feel like you're part of something bigger. You get to come to work and know that you can make a difference and it's not because someone sitting at a desk somewhere says you have to—you come here because you can make that difference, improve the quality of life the residents have…I think when employees have that connection to the bigger picture, they understand and they've been a part of developing that bigger picture, there's so much more ownership and accountability and wanting to do what's right. They know it's right, not because they were told they have to (Connie).

One participant noted that "there's a lot of pride" (Jean) involved in the identity of the organization, with the focus on culture change and having the right to speak up for the residents. Even something as simple as adding bacon to the menu for a neighborhood can be a point of empowerment and discussion for how culture change is implemented on a daily basis. One of the participants explained her advocacy role for her neighborhood:

There was a time when (our neighborhood) never got bacon. All the other neighborhoods got bacon but they would never make bacon for us. That was the thing I got up and

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barked about. You know what? They (residents) might not remember it in an hour that they had bacon, but at the time, they're eating it and enjoying it. Now we have bacon. When everybody else has bacon, we do, too. It was just bacon, but if we're going to do culture change, it has to include everybody (Madison).

Another participant noted that the relationships with residents can make a difference in their care. The nurse related an experience where the relationship was so important to the individual that it enhanced their care, even when the resident was at another facility:

There's a resident I have right now, she has some mild dementia, but she knows my name and face, and calls me by the right name. Feels that I, (there's a gender thing there for sure), feels that I own the building, that this is my place. I'm in charge. She was hospitalized almost a year ago now, and her daughter was with her in the hospital. They had to tell the resident when the staff there was trying to do cares and trying to do IVs and things, that "W---- wanted them to do that. That W--- called them and asked them to do those things, to put the IV in, to give her those meds. W-- is back at the facility but he knows that you're here." Things like that. When they told me that, that was really special. That was the way of completing those tasks outside of the facility, was still utilizing the thought process that she had inside the facility--that the person in charge in her mind— knows exactly what is going on, and is still watching and cares about what she's doing, even when she's not here. So that was really special (Wade).

The leadership roles also change in a culture change organization, according to several of the nurses. As one manager said about her changed role, "It reminds me not to micromanage. People will do much better if you just let them do what they think is right, if you get the choices back as close as you can to the residents" (Jean). In response to RQ 2, another noted that she preferred working in a culture change organization because of the different style of leadership: "how open they are with new ideas, new times" (Taryn). Devendorf and Highhouse (2008) note the need individuals have to be with others who have similar perspectives. In this study, the leadership was one factor that helped create that similar perspective.

There's a leadership component, that really good leaders are willing to hear input and why something would work or be better. It's actually made my job as a manager a lot easier because I don't have to come up with the answers and tell you what's going to work; you can tell me what's going to be good for you and then we can work together to come up with a decision (Connie).

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This company has been good to me…they value their people and they want them to grow as people. Being in this setting, the homelike atmosphere that we're trying to do with culture change applies to the staff…People aren't as replaceable. We're valued as part of the family. I truly believe that (Wade).

Two participants noted that the emphasis on placing decisions as close to the residents as possible, a tenet of the Eden Alternative (2015) in Principle Eight, "…placing the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them" was something that they continue to learn and emphasize with other staff. One said, "We do a lot more brainstorming, a lot more group decisions on what's best for the facility or residents" (Connie). In Deutschman's research (2004), she suggested that only the facilities with "highly innovative and assertive leadership" are able to successfully implement the resident-centered care models (p. 63). Maintaining a culture change philosophy requires leadership to allow staff participation, to seek their input and solutions to more effectively meet residents' needs. As an example, one nurse explained one recent decision-making process, and how using Eden principles modified the process:

> On a memory care neighborhood, they haven't had water pitchers traditionally in their rooms because people would spill or urinate in them or whatever. We were deciding if we should go to having water pitchers back in their room, and so it started with… meetings with the care coordinators, the dietician and then we had a little bit of charge nurse involvement, and I think we had three meetings. I finally said, 'oh my gosh' what am I doing? Who am I to decide if they should have water pitchers in their rooms? How about if we go ask the residents if they want water pitchers in their room and if they can't decide, the CNAs are the ones that should tell us if they want water pitchers in the room, and if that would be of benefit (Jean).

Several of the nurses commented on the expanded role for CNAs within the organization, giving them more of a voice in the care for residents, and in decisions that affected their work. Madison commented that the Eden principles changed nursing roles, and helped improve "autonomy, not only for myself, but for the CNAs as well." Connie said that in times past, the mentality was, "charge says, so CNA does" rather than having the autonomy to help the resident

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in the way that was preferred by the resident. In comparing traditional and culture change

organizations (RQ 2), she said that the current environment allowed "more collaboration

between the CNA and the nurse" which she didn't see before. "CNAs were small potatoes where

I was before. They didn't matter, but they're the front-line caregiver, so here the nurses are more

receptive to their input." The value given, not only to the residents but to other staff members,

reflects the Eden Alternative principles, which encourage the development of a community in

which the maximum decision-making authority is given to the elders or those closest to them

(Eden Alternative, 2015). As Madison noted, "It's the CNAs that have more say in how things

go, not just the nurses. It boosts morale, them being heard. Same with me and my boss."

> The CNA is always there (care conference). The CNAs are always the first to speak, and they get a chance to visit with the family and talk about any questions or concerns with the care, needs for the room, clothing…You can tell they're really invested and want to share those concerns and needs. Because I don't know if so-and-so needs socks, but the CNA knows. I wasn't in the room when the resident talked about feeling sad because it was the anniversary of her husband's passing, but the CNA was there, and had that conversation with the resident. The CNA can share that valuable information with the daughter, and we can work on making sure she's feeling better. That front-line staff is critical (Wade).

Included in the support for staff is a sense of trust, another factor that influences ego

(Ashforth & Mael, 1989). The support is expressed through the ability to make decisions

independently with the team on a neighborhood, or to help remind one another about resident-

first concepts. "There could be a person who keeps everybody in check, but we all help keep

each other in check. There isn't one person that is the 'Eden police.' We all have each other to

lean on" (Wade). One manager noted that the nurses even have access to the company Amazon

account and they have the freedom to order items they see are needed for the residents. Jean

commented that if she saw staff on duty at Target, "I would know it's because they were there to

get a resident something. I would trust them. There's a lot of trust." Another nurse explained her

decision to help a resident by replacing a pair of shoes, and the impact on her perception of self:

I have this resident, and she has been very sad because her lost her shoes three weeks ago. This is a lady that has Alzheimer's and she was so stuck on these shoes. I went to Old Navy on my lunch break, and got her these tan moccasins… She is so happy, like it's Christmas morning. She just cannot get over her shoes. She's so in love with them, going around and showing everybody her new shoes. Her face is literally like a five-year-old on Christmas day. So that just made my day. It's moments like those, even when you're busy and feel overwhelmed sometimes, it makes it all worth it. Now I don't think I could have a bad day. I don't think anything is going to ruin my day for me. I can just look back on her, her little giggle and her laugh and her showing everyone. It's just cute. Just made my day. For me to go get her a $5 pair of shoes, to make somebody's day that big. Over something that we might think is insignificant, but to them is just so much more. That confirms why you become a nurse (Joann).

Ritual: Nursing as Social

Taylor (1999) defines the social needs as those that are about the emotional needs that are fulfilled or visible to others. Social occasions and social image are involved in this segment of the Strategy Wheel. The expression of these needs related to the relationships with the residents and their families, and included the activities that were part of daily life, the perception that the residents received better care because of the close relationships, the increased accountability by staff, and the importance of the residents' relationships with the staff members' extended family. This emphasis on organizational values, Turner (1975) would suggest, is one form of psychological activity that leads to a positive social identity.

Several nurses talked about the value of the social or relationship connection, both between staff members and with residents, and the value they perceived in those social connections. Joann commented, "I know every single one. I know their husbands, I know their children, I know their grandchildren's names. It feels like a home-based community." Another participant noted that the relationships also helped to create a pleasant work environment. "I enjoy hearing their stories, I enjoy how caring and friendly they are. They just become part of your family. My coworkers, too. We have good friendships, so it's a very enjoyable work environment" (Taryn).

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It just feels different. On our Pinnacle surveys, on our surveys we do of families, they'll say everybody's happy. Everybody's smiling, people are friendly, they're in a good mood. Which means that people want to work here, they want to be here, they're not picking up their feet to get out of their car (Jean).

I love the residents. A lot. They're like second family to me. I work on all four units so I know everybody. You learn a lot from them, they have a lot of wisdom and experience and they're some of the smartest people. I love my residents. That's probably the best thing about working here. They make it very rewarding for me (Marin).

One of the participants noted the social interaction was important even for those residents who were toward the end of their lives. Tellis-Nayak (2007) suggests that organizations can't promote the quality of life for a long-term care resident if they disregard the quality of the death. For these participants, they acknowledged the reality of the decline, but considered it important to create an environment where "one lives and dies in peace" (Tellis-Nayak, 2007, p. 23).

I've always enjoyed the interactions with the elderly people. I enjoy hearing their stories and their histories. It presents a more unique kind of health situation, with them being more toward the ends of their lives. We're trying to make them comfortable, rather than cure them (Paige).

Just last week, we had a resident that was declining. His family was here, and I was in there helping with whatever I could do. It was nice, he looked at me and he said, 'I know you're part angel.' Just to know that you make a difference in their day, they know that you care. That meant a lot to me. He did end up passing away, but it's nice to know that you were a bright spot in his life (Lauren).

The participants noted that the social aspects of their role are important to how they build relationships with the residents. Scott, Matthews and Kirwan (2014) suggest that these social interactions are part of what builds trust with the resident as the residents "seek cues from staff regarding the level of interest the staff member has in the patient as a person with his/her particular issues" (p. 25). The social relationships allow the nurses to interact with the residents in ways that both the staff members and residents find meaningful and was frequently cited by participants in response to RQ 1. By listening and responding to resident needs, the relationships are enhanced, and the emotional needs of both resident and care partner are addressed.

I spend a lot of time…making sure families feel that comfort with their loved one being here. There's a lot of trust involved in that, so I'm putting in the investment of getting to know them, and making sure they know me. If I see someone coming, I'm going to take the opportunity to get to know that son or daughter, so then they know me by name and face. When I call them with something later, they're going to remember me. It makes your job easier if you're embracing that engagement of family as part of the care team. There's a lot to gain from them (Wade).

In referencing the many activities that have been added to the schedule with the Eden philosophy, one participant noted that it was an opportunity to bring in "a lot of what they lost: homes, kids, families. So it's good to bring in some of those things, because it does bring them joy" (Madison). The autonomy to provide the added social aspects was valued by several participants, since it supported their self-identity and the "positive comparison" (Turner, 1975) with out-groups that potentially would not make a priority of resident activities. When comparing the two philosophies (RQ 2), there was consistent support for the enhanced environment found with culture change. In contrast to the perceptions that Scott, Matthews and Kirwan found that the "nurses were perceived by patients to be persistently busy" (p. 26), these nurses indicated that they specifically set aside time outside of the traditional medical care tasks to interact with the residents.

We do quite a bit with our residents that's not even work related, like I'll go and sit with a resident and we'll go through pictures and we'll go through books and talk about family. You can't do that at the hospital" (Joann)

We have a resident who lived here with his wife for many years and his wife died on their wedding anniversary, which was just this weekend. I don't know how many, 70 years or something, that they had been married. So, one of the nurses recognized the fact that this anniversary was coming up, and it was the first anniversary of her death. She organized, got some helium balloons, a framed picture of his wife, and they said some words and they went outside and released the balloons. Did this little ceremonial thing with him with the direct care givers from the neighborhood. Do you know how I found out? I read it on Facebook. That's cool. They didn't need me. They didn't need permission or approval. They didn't do it for my kudos, they didn't do it because they wanted recognition. They did it 'cause they loved that resident (Jean).

The flexibility to be creative in the activities was another aspect valued by the staff. The Eden Alternative (2015) discusses the "plagues" of loneliness, helplessness and boredom, and offers "antidotes" to those plagues. One of the remedies for boredom is being spontaneous or doing different things rather than the same routine every day. Wade noted that one-to-one time with the residents was important, "Having that expectation that you're going to have time to do things outside of the routine, like sitting down and playing a quick game of cards with somebody that asks you on your way by." Madison noted that "I bring my dog when I want, it's spontaneous. We like to be spontaneous…it lightens the mood, people are more productive, residents are happy, staff are happy."

> There has been more one-on-one activities, which we never had before and I think that is very beneficial for some residents. When they can get more one-on-one time. Sometimes, if I have time, I'll help curl someone's hair or do nails or makeup for the day—you can tell the residents really appreciate it (Taryn).

Another participant related a story that emphasized the importance of understanding the needs of the individual, and seeking creative ways to meet their needs. Because of an individual's cognitive impairment, he needed to be in a more protected environment such as the locked memory care unit, but the person loved to play pool. Sarah continued the story,

> For Christmas, my husband got me a pool cue, so I could have my own in the office. So the resident comes in, looks behind the door and says 'come on, kid, let's go.' So then we usually play pool every day…His simple pleasure? His daughters, grandkids, pool and winning…Did I think I'd ever be playing pool at work?...It's a different way of caring for them.

In responding to RQ 2, past experiences of participants also helped shape their perceptions of long-term care and were cited as some of the reasons why they now support their new identity of providing a resident-first emphasis. One participant remembered a childhood trip to visit a resident in a nursing home, and said, "I was scared because all the people were reaching out, and it was scary. Of course, they did it because they were lonely. They didn't see many kids

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because nobody brought kids," Paige said. In her current work, she frequently brings her grandchildren with her. "Don't forbid the kids to come," she said. "If you start them out early enough, they get used to being around elders, and they're not scared any more."

Because of the close social relationships with the residents, and between staff members, several nurses noted the interactions resulted in better care for the resident. Paige relayed a story concerning a woman who was having trouble swallowing. The usual routine would have been extensive testing and a different diet. The resident, however, didn't want to have the test or to alter her diet, so the nurse became the advocate for listening to the cognizant resident, and honoring her wishes. "She knows what she's saying. She doesn't want to do it. Why would we make her do that? It's an informed decision, and she has every right to make that decision."

Another nurse perceived that the relationships generated a feeling of increased accountability with staff members. From a previous facility experience, Connie said that staff members would have simply reported, 'two people puking down the east hall.' But in the current resident-first environment, there was more of a personal identity about being responsible, with staff responding with "my resident isn't feeling well, what can I do to make them feel better?" She noted it was very different in how the staff "truly care, and want to protect their residents." That aspect of social identity was not only a factor for the staff, but impacts the relationship with the residents. When people feel unwell, they often also feel more vulnerable, (Scott, Matthews & Kirwan, 2014), so having added compassion and support is perceived as a critical component of the nursing experience, and one that is valued by the residents.

The access to animals and children creates a different atmosphere, according to several participants. One participant said that bringing her dog allowed her a better way to interact with a resident who would "give her a hard time" about taking an insulin shot. The resident was so

charmed by the dog, that it became easy. Madison also commented that for some of the residents that may be having trouble, "I'll bring him in with me, and they'll be distracted or talking to the dog, so it works!" Another nurse explained that "we have a dog, which wouldn't be in a regular facility. The residents, you can tell, are really drawn to animals…It's nice to see the happiness on the resident's face, just to make it more like home (Taryn).

Having regular interactions with children is encouraged with the Eden Alternative philosophy. Although this facility doesn't have an on-site children's center, staff are encouraged to bring in family members. In responding to RQ 1, these opportunities were perceived by several as positive social aspects, both for the staff and their family members, and also for the residents. One participant related a story about her daughter and the ongoing social interaction with a resident:

> She got very attached to one of my residents, his name is J—, and she calls him Grandpa, and he tells everybody that's his granddaughter. They bake together, every other Sunday, 'cause I work every other weekend. They have this bond between these two, and he asks about her every day. When he got really sick, she made him a get-well card and she got him a Christmas present…Their faces just light up when they see each other. They bake and she goes to lunch with him. He tells the other residents, 'this is my granddaughter!' They definitely love each other. Everybody knows it. Everybody on all the units, know, 'yup, M— is here today, baking with J—. What are you making today?' I love it (Joann).

Ritual: Nursing as Sensory

The sensory needs, according to Taylor (1999) are based on those moments of pleasure that are triggered by the five senses of smell, taste, touch, hear and see. Several nurses commented on the stigma of negative sensory input from perceptions of smell and unpleasant visual components that can be associated with traditional nursing homes. But several also commented on how different they perceived their facility to be, based upon more pleasant sensory input. The home-like environment created a different atmosphere that allowed participants to differentiate between traditional facilities and their culture change organization

(RQ 2), in part because of the sensory cues that they perceived were very different from other

long-term care facilities.

> There's something about this place, that when you walk in here, it's home. It smells like home, it looks like home, it feels like home, and that's really great. Because that's another one of those stigmas that's wrapped around nursing homes--that's it's uncomfortable to be in one. I really don't feel that way about our facility at all. It's very homey (Marin).

> As far as happy, the pets, the garden, all of that is just amazing—they seem to perk up. Sometimes the elders are crawling around on the ground and you wish they wouldn't. We have a gentleman that loves to weed and sometimes he does too good of a job. He loves to clean and cut up the vegetables and make soup. There's cucumbers and tomatoes, and he watches his garden grow (Sarah).

> The sensory needs were also a part of resident care, according to one participant. Being

aware of these aspects of the resident's life was regarded as important to the overall comfort and

dignity of the individual. The response by this participant would correlate with what Scott,

Matthews and Kirwan (2014) found concerning nursing care. The nurse may not always have an

emotional connection to the person, but when the nurse is "invested in" the person, the care

changes to become more personal, and is perceived by residents as having "significant value" (p.

27).

> One of my big things is even if it's their bath day, they need their robe on and their hair combed. Don't bring them out to the table with messy hair and no glasses on and no teeth, just because it's their bath day! I wouldn't leave my house without my hair combed and a bra on, so that's important (Madison).

Transmission: Nursing as Rational

Several participants perceived their nursing role through the lens of logical and rational

choices. The rational segment of Taylor's Strategy Wheel (1999) is described by Taylor as the

most important and strongest need on the Transmission side. The participants expressed careful

thought and logical processes in consideration of how they wanted to use their skills. The

instrumental components of social identity theory find a close alignment with Taylor's Rational

segment. According to Highhouse, Thornbury & Little (2007), the instrumental attributes have a

significant impact on organizational attractiveness as people want to express their "good values"

by being affiliated with respectable organizations. For many of these participants, the culture

change philosophy provided a well-informed decision framework to provide what they perceived

as better care or support of the residents, even involving new techniques such as a learning circle.

The "thoughtful collaboration" of learning circles has been found to help build community

between residents and staff in long-term care settings (White-Chu et al, 2009).

> I would never have had a learning circle with staff or elders. Because of our clientele on the memory care, you'd think, 'how much can they participate in the learning circle about simple pleasures—what brings them simple pleasures?'…But I found it very interesting as to what they saw as a simple pleasure…People aren't used to being asked (Sarah).

For others, their comments showed the conscious awareness that residents should not

have to live significantly different within the facility walls than they had prior to moving to long-

term care, reflecting the culture change philosophy of creating an environment that is "elder-

centered" (Eden Alternative, 2015). The nurses noted that the residents' medical conditions often

made life difficult, but they perceived their nursing role was to not only assist with the medical

side, but to make the residents' quality of life as positive as possible.

> Life is hard. It's really hard. It's messy and there's lot of stuff in there that's not fun at all. So why shouldn't we make their last days, for most people it is their last days, why shouldn't we make it enjoyable, comfortable? No, it's not always going to be fun either. Why can't we do that, why can't we make it as good for them as possible? Why can't we make it as dignified as we can? 'Cause it can be done (Paige).

> That's what I appreciate about here. We do give an honest effort to things and there's buy-in from all different angles, all the different departments are invested in the same idea, and we can all work together for the same goal. We can troubleshoot ideas and everyone's opinion is valued (Wade).

The practical side of nursing was also discussed, dealing with how the culture change

impacts some of the daily tasks such as medication administration or handling infection control.

Two nurses commented on their perceptions of how the emphasis has shifted away from the

medical model to one that addresses the individual's needs. The Eden Alternative Principle 7

encourages staff to consider that "medical treatment should be the servant of genuine human

caring, never its master" (Eden Alternative, 2015, p. 98), noting that excellent medical care is a

gift, but should never replace the need for caring. Stories concerning the difference that the

culture change made supported the participants' positive perceptions (RQ 1).

> That's one of the biggest things we talk about with Eden: it's not medical. Medication and treatment shouldn't be the main focus for people that are living here. We should be more accommodating to their needs. If they want to go on a ride outside during a nice day instead of all these medications and treatments. Maybe there's something we're looking past that could be fixed with a simple hug. Or sadness instead of treating them with depression medications maybe they just need a little bit more attention and something to do. Medications should never be the go-to for treatment (Marin).

> When I came into this role, infection control was only in the facility because it was a regulation. You have to have a program, so people just come to work and get it done. Over the last five years, we've taken the entire nursing team, and developed protocols and standards so that the residents are safe and staff aren't coming to work sick…Because of that teamwork approach, our resident infections have gone down, our actual sick calls have gone down (Connie).

On the rational side, many of the participants expressed their perception that the culture

change philosophy of allowing residents to choose was a more caring way to function. Lauren

said that in previous work experiences, the residents "didn't have the choices. We (nurses) just

did it. You would tell them what you were doing. Here you're more asking them, 'what would

you like to wear?' 'what would you like to eat?' It's more individualized." As Taylor (1999)

notes, the rational or logical needs expressed are objective attributes that appeal to an individual,

and these participants identified several aspects of care that were important to them as they

compared their traditional and culture change experiences.

> We didn't use to ask the resident what they felt about this or that. We used to ask staff or ask the family. But we interview the residents and that's a huge part of it. Right there they get their wants and needs and pain addressed…They are being heard; we're not assuming things. The residents are being heard, and that's a really good part of culture change (Paige).

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I think the most important thing for Eden is giving people the right to choose…that's important because that's how they've lived their whole lives. It shouldn't be any different when you transition from being independent to living in a nursing home. We should still be able to give them those kinds of opportunities. I think that's one of the biggest things that stands out for me with Eden and what we really try to enforce here, is giving residents the right to choose (Marin).

Preference for geriatric nursing career was expressed as an opportunity for personal development as well. Sarah said, "I hope I continue to learn, to take and to give. You are always learning and always learning different ways you can respond to somebody, how you can help them." One nurse commented that her preference for geriatrics centered on the relationships and better understanding of daily activities than she had experienced in a hospital setting, with the frequent change in residents. Another noted that the culture change should empower staff to ask questions about resident satisfaction during interviews, something he viewed as a bold tactic in an interview setting.

I think it's important to know if residents are satisfied. Applicants for jobs need to feel empowered to ask those kind of questions. Do you do surveys of satisfaction for your customers? That might be a pretty bold move for some people to ask in an interview, but I think it would be admirable to hear somebody ask that question. It's important to know (Wade).

Transmission: Nursing as Acute Need

The needs expressed by the participants are less of the time-bounded needs that Taylor (1999) defines, and more of the ongoing need to create greater awareness of the possibilities within geriatrics. None of the needs expressed would be in the sense of "acute" as Taylor expresses it, but there were needs identified about getting more people involved in long-term care. As Jean said, "I like getting these young CNAs and turning them into nurses, and watching them grow into care coordinators and nurse leaders." But along with the recognition of the need for more nurses, there was a recognition that it takes people who have a heart for the work that is

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done. "It really does take a special person to work in this field of healthcare," Marin said. "But I've been able to get my friends, get them to work here. Two of my best friends work here and they love it just as much as I do." Another nurse explained how she perceived the needs of working in geriatrics:

> Need to be extremely patient in long-term care. They're older, they're fragile, some of them might not understand, so it's a slower process. So, people with a high amount of patience is great. And people that have good attitudes. Nobody wants you to come into work and be upset or just have a poor attitude or grumpy, 'cause that really wears off on the residents, and can determine how their day is going to go (Marin).

Transmission: Nursing as Routine

The final segment of the Strategy Wheel is the Routine segment. Here the needs reflect the established patterns that are developed, according to Taylor (1999). He defines the routine needs as those that are almost habit, as communication provides a cue that results in routine responses or behavior. The routine as reflected in traditional organizations often refers to the tasks that need to be accomplished daily—a set list of tasks to be accomplished by staff. Within the culture change organization, however, the routine referred to by the participants was often the familiar choices made by the residents. Rather than an operational or organizationally driven routine, the routine identified by participants involved consistent assignment of staff to the same residents, an emphasis on frequent resident choices which have become familiar, or routine, for the care staff. In an interesting juxtaposition, the staff acknowledge that their "routine" is to be flexible to meet the residents' changing needs.

Two participants compared a previous work setting with current experience, and noted that the structured routine of the previous environment was an accepted part of life.

> Coming from the other nursing home prior to here, I didn't know anything about culture change. It was very structured, very easy to have the routine and know exactly what everyone should be doing and when. It felt easy, very comfortable to have the repetitive

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schedule, and I felt like the residents did enjoy that, but at the same time, there was no spontaneity at all. It was pretty 'inside the box' thinking (Wade).

As a nurse, there was more structure, so you knew what was coming next. You needed everybody up by 8, that's just the way it was. You were able to get more of a routine down, but they (residents) didn't have choices. I like it that they're able to pick here (Whitney).

The adjustment to a culture change environment was mentioned by several nurses as more disruptive of their typical schedules, but they also perceived the benefit to the residents. Whitney said that the resident-first choices does "make it more difficult, but we are here for the residents—that's who we're taking care of. I'd rather have them happier." Joann said she enjoyed the consistent staff assignments and having "the same residents, day after day, so you build that rapport with them." The concepts have been accepted, but one nurse noted that the newer nurses were able to adapt much more quickly to the resident-first environment.

They're (younger staff) so used to it, this is just the way it is. They don't even think of it as culture change, because it is not for them. This is just the way it is, the way it's supposed to be! They're young enough, and this is all they've known. That's a good thing that they don't have those other 'icky' things that we used to it. It's the good stuff. This is the way it's supposed to be (Paige).

How the concept of routine is viewed in this culture change organization is considered positively by many of the nurses because it's seen as creating a system that allows the residents to be secure in their choices. Participants often noted that when there were consistent assignments of care partners, they felt a stronger bond with the residents, a positive aspect of culture change (RQ 1). As Taryn noted, "I love working with the same people every day. I like how it wasn't such a hospital-type feel." The nurses felt they had the autonomy to allow the residents to make choices that they preferred, and the authority to develop better ways of handling the "routine" disruptions to the day.

I think spontaneity has to be the best bullet point of the whole thing. We don't have to run such a tight ship. This is not hospital nursing, this is us working in their home. So if

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they want to eat breakfast at 9:30 instead of 7, we're going to do it. If they want to wear their pajamas for the entire day, they're going to do it, and we're not going to give them a hard time about it or make anyone feel like that's a bad decision or wrong (Wade).

I think the things I know we do are so great, but what's even greater is the things that I don't know that we do. It's the autonomy, the relationships, the consistent staffing, the feeling for people, really focusing on relationships, that people know what to expect each day (Jean).

You just have to be flexible. It's no longer a world where doctors just get to tell you have to do this, and the residents are just supposed to comply. Residents are so very involved in their own care. Family members are very involved in care, and again that just expands our team even further to make those resident outcomes better (Lauren).

Routines are a part of nursing life, but one of the unexpected benefits of increased autonomy was the difference in handling routine calls from nurses who were sick. The change in culture created a different attitude on the part of the organization, which helped create a different routine for handling nurses calling in sick:

If you've ever tried calling in to a job, you get the fifth degree: 'Are you really sick, prove it, get me a temp.' Whereas now, 'I'm so sorry you're sick, please feel better. When can we expect you back and feeling healthy?' It's changed the number of sick calls and the way people perceive illness. So that turns into better resident outcomes because people aren't here sick, spreading it to all the residents (Connie).

Some routines discussed involved the personal, little practices that were developed to better meet the needs of the residents. As Scott, Matthews and Kirwan (2013, p. 26) noted, the "simple, physical caring acts such as taking a patient's hand" are valued for their connection and human understanding. Taryn explained a routine that she has with one resident, that has both a benefit for the resident and a satisfaction for her as a nurse:

One of my residents can always tell when I'm about to leave for my shift. She'll ask me to come stop in and tuck her in at night. She just enjoys having that one-on-one time. I'm usually done by 8:30 at night, so I usually go in there about 8:15, and talk and I'll tuck her in before I go. That's one of her requests, all the time. Makes me feel good.

All of the segments from Taylor's Strategy Wheel (1999) were acknowledged to varying degrees by the participants. As the persons most involved in the culture change efforts in both

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facilities, the insights gained from these nurses may be useful in creating messages that will resonate with, and help attract other nurses to long-term care.

Interview Study II: Research Question 3 Results

RQ 3: Would culture change be a useful message strategy to attract nurses to long-term care?

The resident-first care philosophy was important to all the participants. For most of the participants, they found the adoption of the Eden Alternative a significant change in how care was provided, in the autonomy they had in their roles as nurses, and in the benefits to residents. One management nurse suggested that emphasizing culture change in recruiting messages might not be helpful unless the nurses knew what the terms meant. She commented that if a person didn't know about culture change values, it wouldn't have any real meaning. Three participants indicated that if given the opportunity to choose another position in a new community, their primary focus would be on the kind of personal care provided to the residents, not just if the facility had adopted a culture change philosophy. They did perceive the culture change philosophy as a means of providing more personal care for residents and as a means of enhancing staff relationships at the current facility, however, one participant indicated that her experience in a small, rural hospital was very similar to her experience in the culture change facility, because people were well-known and staff had a personal interest in providing quality care.

The change in language was a significant difference for this organization. All of the nurses commented about the changes, and indicated that they perceived the altered language as more appropriate to the type of care being provided to the residents. The undergirding element was to restore dignity to the resident in the references to their care (Eden Alternative, 2015), and

it was a principle supported by leadership and throughout the staff. As Turner (1975) found when

evaluating self in society there are actions that may lead to a positive social identity, including

the "values associated with a particular comparison" (p. 22). In this facility, the emphasis on

changing the language created a new dimension for comparison with traditional facilities, and

was perceived by the participants as something important and valued in this new culture. The

inclusion of several comments illustrates the focus on language, and the impact the shift in

language usage made on staff as well as residents.

> We really try to not call them 'patients' because they're not patients, they're residents because they live here. It's their home… There used to be a lot of, I shouldn't say bad words, but negative words that were used in the nursing home before Eden. Like people that needed help eating were called 'feeders' which doesn't really sound that great. You don't ever hear that word thrown around any more…Not calling them by their room number. Not calling diapers, 'diapers'. Things like that where it's a knock at their dignity…It's really important to not say things that could make them feel like talking down to the residents. They're not two years old, so talk to them like you would to anybody else (Marin).

> I always called the resident by their preferred name. I never did diagnosis, but I have heard others do that, and that's a good change. They're no longer 'the diabetic' over there, it's Mrs. Johnson or it's Bertha, rather than a diagnosis (Paige).

> When I hear 'feed' or 'I'm going to walk Marge' it sounds like I'm taking care of the dogs. I would rather hear, 'I'm going for a walk with so-and-so,' or 'I'm going to help Joe with his lunch.' I think we've gotten better, just watching how we talk. We're talking about people not things or animals (Madison).

> Words changed dramatically, and was probably the hardest part for me when I came, to take words that I had used and completely change them. In the previous facility, it was 'patient.' We didn't even use 'resident.' They were just a number, a patient. We're taking things and changing them positively, so there isn't that negative connotation for what happens on a day-to-day basis…I came from a facility that still did 'tray pass' and again it was just 'here's a number, they're mechanical soft, give them this.' Now, it's 'Doris wants breakfast today, and she's diabetic. Would you please offer her the peaches instead of the peach cobbler?' It's very cool changes and differences (Connie).

> Some of the language that we change, it's just so obvious. I can't believe that we've used them: like 'feed.' We don't say 'feeding' in the dining room. We are assisting them to dine… Feeding sounds like you're lining people up at the trough and here's your spoon, here's your spoon. Where if I'm assisting you to dine, it sounds much more person-

centered. Sounds much more like it doesn't define who you are. Someone needs assistance, not that you're a 'feeder' (Jean).

Using some of the key words from Table 4 in messages could help create, as Taylor (1999) indicated, "a guiding approach to a company's or institution's promotional communication efforts" (p. 7). If these terms resonate with the nurses who are currently employed in culture change organizations, there is potential for their use to recruit nurses who would find this ego-social identity to be appealing. The variety of responses would also allow for multiple messages to be created. As Taylor (2015) notes, the "concept of message strategy suggests that there may be a need for different strategies for different groups" (p. 1167).

Table 4

Words and Phrases used by Study II Participants within Strategy Wheel Segments

Segment	Key Words and Phrases
Ego	Advocate, making a difference, innovation, growth, happy, bring meaning to life, proud to be here, leadership, trust
Social	Homey, relationship, personal, wisdom of elders, part of the family, love, comfort, family environment, choices,
Sensory	Human touch, smells like home
Rational	Education, what's best for the resident, dignity, trust, respect, autonomy, accountability, not medical
Acute Need	Awareness, patience
Routine	Resident focus, resident choice, spontaneity, flexibility

Although the term "culture change" may not be as useful in message strategy as hoped, the needs identified through Taylor's Strategy Wheel (1999) may help construct the social identity messages that would appeal to geriatric nurses. The symbolic meanings attached to such words or phrases as "advocate," "smells like home," "making a difference" may resonate with individuals in other nursing sectors to help create an ingroup of culture change enthusiasts.

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CHAPTER 5. DISCUSSION, STRATEGY, AND LIMITATIONS

A changing perspective regarding how to treat older adults has also begun to change how the medical community, especially long-term care facilities, perceives and addresses the needs of older adults. One significant change has been in the long-term care facilities' adoption of formal culture change philosophies, such as the Eden Alternative, that focus attention on the residents' life, wellbeing and choices, rather than just the medical analysis and treatment. The organizational transition requires thoughtful leadership, entire staff commitment and a willingness to address resident needs in different ways than was practiced in traditional facilities for decades.

At the forefront of the philosophical debate are the nurses who are employed in geriatric careers, and who have a vested interest in learning new techniques and care models for the people they serve. This interview study has attempted to gain insight from the perspective of nurses who have experience in the geriatric culture change environment.

Schein (2004, p.17) notes that the culture of a group can be defined as a "pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration." In both facilities in this study, there was a strong identification with the Eden Alternative principles. The nurses perceived that the philosophy created different ways to solve some of the ongoing issues with residents and staff: how to create a safe, yet stimulating, environment for an older person to "live at home" rather than being treated like a task; how to provide staff with needed resources and autonomy to respond quickly and appropriately to resident needs; how to encourage a sense of achievement and purpose in the lives of those nurses who have devoted years to providing care for residents. This different view

of aging and caring for those who are older reflects Thomas' (2007) concept of Elderhood, which he defines as a stage of life that "ripples with beauty, worth and meaning."

The shared identity of the culture change philosophy also creates a "category membership" (Haslam, Powell & Turner, 2000) with other nurses that provides a basis for expecting and seeking alignment with shared group norms. That shared membership by geriatric nurses, resonates as a part of the individual's social identity, creating an in-group that supports and adheres to the elements being compared and their associated values (Turner, 1975). In this research, the geriatric nurses expressed a strong affinity to their career choice and to the importance of their work in caring for "their" residents. They frequently described their role as one of "champion" or "advocate" for the residents. Employee needs are "associated with a specific group membership which is internalized and serves as a guide and motivator for behavior in a specific working context" (Haslam, Powell & Turner, 2000, p. 330). Throughout the interviews, participants indicated they were proud to be associated with an organization that they perceived as innovative, and that allowed them the freedom to create a homey environment for the residents, something they perceived as "making a difference." As Chris said, "I've often said I'd do what I do without pay if the world didn't need money, because I love taking care of this population. I'm hoping that other people, whether through me or somebody else, can find that same passion and carry it on."

All of the nurses, in both sets of interviews, indicated support for the resident-first philosophy of care, and indicated they would prefer a culture change organization for future work opportunities. Scott, Mannion and Davies (2003) proposed culture change as something the organization "is" as opposed to something the organization "has" and the participant responses indicated that they perceived their experiences in culture change as more than an embellishment

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to their routines, but a total shift in focus and daily activities. They also indicated a decided preference for these culture change concepts.

The increased level of autonomy with the implementation of culture change was perceived positively by the nurses, aligning with Bowers' et al (2007) assessment of traditional and culture change organizations, and a factor that also helped to foster stronger relationships between staff members, and between staff members and residents (Tellis-Nayak, 2007). The support for RQ 1, (How is resident-centered culture change perceived by geriatric nurses?), was very positive from all the nurses. Their perception is that the culture change philosophy offers a better way to provide care with its focus on resident choice, especially for the nurses with extensive geriatric experience. The increased interaction with residents allowed the nurses to be more aware of resident needs, health concerns and helped them build more "family-oriented" relationships, which the participants reported as very positive for both the staff and the residents. The nurses were very clear in their support of the resident-first philosophy because they perceived that the shift in organizational philosophy was creating a better life for both residents and staff. RQ 1 was definitely supported in the interviews.

Schein (2004, p. 17) said that part of culture adoption has to be that the revisions have "worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems." When people identify strongly with a given organization, they will see the world and themselves, according to Haslam, Powell and Turner (2000), in a manner that is "consistent with that organization's values, ideology, and culture" (p. 326). Turner (1975) also notes that social identity involves a "system of orientation" which helps create and define the individual's place in the organization. In both facilities, similar words and phrases were used by members of the staff. The consistent word

usage would indicate that the Eden Alternative philosophy, including both language and related values, are taught to new members and positively validated by others in the organization. As one participant noted, they didn't have an "Eden police" but instead everyone helped each other to watch out for use of negative or medical terms that may have been undignified for the residents. Another said that the residents were aware of the language change as well, and had felt enabled to remind staff members if they forgot and used a word or phrase that was unacceptable. Participants indicated their preference for a culture change organization, showing clear differentiation in their perceptions of RQ 2 (How do they perceive traditional long-term care organizations as compared with culture change organizations?). Although some of the nurses with less experience did not identify the specific culture change philosophy—the Eden Alternative—as the sole impetus for the resident-first focus, there was unanimous support for the care philosophy of putting residents first. Adams, Verbeek and Zwakhalen (2016) found that most nurses would explicitly choose one type of nursing home that reflects their perception of personal and organizational fit. These participants indicated they preferred the culture change model because they perceived a noticeable difference that was important to them and to the residents for whom they provided care.

As noted earlier, if there were nurses who had preferred a traditional model of care, they had either found other work sites or had adopted the culture change tenets. Perhaps a different perspective could be gained from nurses who had chosen to leave the organization for a more traditional facility. Adams, Verbeek and Zwakhalen (2016) found that nurses who had a "lower level of client focus, fewer social skills, and are more comfortable with specialized tasks may find a better fit in a traditional nursing home" (p. 61). The support by the nurses who volunteered to be interviewed for the study was unanimous in support of the resident-first concepts. The

whole-hearted support would indicate that either dissenters had already found another nursing position, or the nurses had, as expressed by one nurse, adopted the new philosophy as their own.

Most participants acknowledged an awareness of stereotypes or stigma associated with working in geriatrics, but often defended their career choices as that of being an advocate or champion for those who often didn't have a voice, or simply wanting to make a difference within their work life. There was definite preference expressed for the model of care found in the culture change organization since they perceived it provided greater autonomy. The freedom to respond to resident needs in ways that the residents find appropriate is central to the Eden Alternative (2015) philosophy of bringing the decision-making as close to the elders as possible. As one example expressed by a nurse, there was now the option of allowing individuals to sleep in or to wear the garments they preferred, without pressuring them to conform to a set standard that a more traditional facility would have demanded. Several nurses also commented that they felt there was a certain prestige associated with working in a "better facility" or one that was more "homey." Nurses in both facilities acknowledged they had provided good resident care in other types of organizations, but after trying the culture change work life, they now understand how limited some of their choices were in those settings. From these participants, the focus on resident choices was a welcome concept, and one which participants supported and preferred, confirming what Elliot et al (2014) discussed as a priority for other culture change organizations.

Leadership in both facilities was also strongly supportive of culture change, which resonates with the assessment of Wellspring (Stone et al, 2002), which noted that the alignment of leadership in support of the philosophy was critical to a successful implementation of culture change. Several participants commented on the freedom they felt to meet residents' needs, while several expressed their trust in, and support of, front-line staff taking a more active role and in

the importance of the front-line staff being heard. Since they identified front-line staff as knowing the residents best, the nurses were more apt to seek their input, and even encourage them to interact with family members. Not only was the difference in their work life noted by the nurses, but they frequently commented that they perceived that the resident care was better as well. Harvath et al (2008) found that when the role of the nurses was strengthened, the quality of care was improved. Although resident satisfaction was not included as a part of the study, the perceptions by the nurses was that the culture change had enhanced the care for the residents in many ways, from reinforcing the residents' right to choose daily life activities to expanding activities and food options.

The framework of Taylor's Strategy Wheel (1999) allowed for several key needs to be identified from the interviews. Nurses indicated a very strong ego and social involvement in their work, supported by rational, thoughtful comments that suggested they had carefully considered their options and choices. The strong ego and social needs that were expressed by both participant groups mirrors much of social identity research including that of Ashforth and Mael (1989) and Willetts and Clarke (2014), who note that organizations with a positive and distinct identity will attract recognition, support and loyalty from employees. One of the participants expressed that not only was she enthused about her work, but had recruited two of her friends to work at the facility as well, reflecting what Devendorf and Highhouse (2008) found in their social identity research: that people want to be with others like them. Van Hoye (2008) and Highhouse, Thornbury and Little (2007) found that organizational attractiveness had both a symbolic appeal as well as a rational underpinning; concepts which were supported by these participants. Identifying many of the needs that are important to geriatric nurses may suggest some key strategies that could be used to craft messages to attract nurses to geriatric careers.

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As Taylor (1999) indicated, using some of the key words from Tables 3 and 4 could help craft "a guiding approach to a company's or institution's promotional communication efforts" (p. 7). If these terms resonate with the nurses who are currently employed in culture change organizations, there is potential for their use to recruit nurses who would find this ego-social identity to be appealing. Turner (1982) suggests that an individual's need for a positively valued identity requires a comparison where there is a "clear value differential" (p. 8). The terms identified by the participants in both studies offer some examples that could be useful for developing that differential, including terms like 'freedom' or 'resident choice.' The variety of responses would also allow for multiple messages to be created. As Taylor (2015) notes, the "concept of message strategy suggests that there may be a need for different strategies for different groups" (p. 1167).

Taylor (1999) suggests that Strategy Wheel segments can be used either with appeals to a single segment or in a "playful integration" of combined categories (p. 16). For organizations that are looking to convey a message to potential nursing staff, the participants' emphasis on both the ego and social elements would be of primary interest. Table 5 illustrates sample messages for both single identity elements and for combined segments. The strong ego involvement of being a champion and advocate that is making a difference could be linked to the family atmosphere of creating a home. Such images create perceptions that signal a different type of culture, appropriate for the significant changes that are part of the adoption of the Eden Alternative or other formal culture change philosophy within an organization.

The words and phrases identified by the nurses, particularly in the ego and social segments, could be used to develop specific messages that would appeal to nurses' social identities as a logical extension of this research. Just as Taylor (2015) suggested some messages

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that would encourage hand hygiene compliance, based on the needs identified in the six segments, there is an opportunity to explore messages that would incorporate the two strongest identity appeals: the ego and social. For example, Table 5 uses some of the ego and social words and phrases used by participants, and incorporates them into potential advertising messages that could be used in recruiting nursing staff. Taylor (2015) also notes that rotating multiple messages using different topics or needs could help tap into the motivations of various care workers.

When used for recruiting purposes, the messages not only need to address the instrumental features, such as the rational segments found with Taylor's Strategy, but perhaps even more critically, the symbolic. Highhouse, Thornbury and Little (2007), suggest that job seekers are concerned with the "meanings that people associate with the employing organization" (p. 135). The ego and social elements identified by the participants express an attitude that communicates something about themselves to others, a function of social identity. For example, for those individuals to whom autonomy on the job is important, using that particular message would be consistent with the person's self-identity, and further the attraction to the organization. With both groups, there was a distinct sense of pride in being involved in a culture change organization, creating what Haslam, Powell and Turner (2000, p. 331)) described as greater loyalty and "career commitment" from the individuals involved.

Creative Message Strategies

Some of the nurses discussed a lack of awareness regarding resident-centered care prior to joining the culture change organization, and that creates an area of opportunity for creative message strategy. Both of the organizations have an interest in expanding their pool of nurses, and have been actively involved in reaching out via various educational options. The first facility has been involved with high school classes as well as nursing classes from the local higher

Table 5

Strategy Wheel Segments Used in Potential Advertising Messages

Strategy Wheel Segment	Words or Phrases	Potential Advertising Messages
Ego	Champion, advocate, freedom, innovation	If you're looking for a nursing career that includes freedom, innovation and the opportunity for being an advocate or champion for older adults ....
Ego	Making a difference, growth, happy	Want to make a difference every day? Want to help older adults continue to grow and succeed? Want to be happy at work?....
Ego	Bring meaning to life, proud to be here, leadership	Proudly use your leadership skills every day as you bring meaning to the lives of older adults.
Social	Homey, part of the family, family environment	Come join a family environment, where you can help create a home-like atmosphere for older adults…
Social	Relationship, satisfaction	It's all about relationships. Come discover the satisfaction of helping make life enjoyable for older adults….
Social	Personal, love, comfort, wisdom of elders	Choose a career where you can learn from the wisdom of elders and be involved in providing personal care, love and comfort…

Combined Strategy Wheel Segments	Words or Phrases	Potential Advertising Messages
Ego/Social	Champion, advocate, homey, family environment	If you are an advocate for older adults, a champion that cares about their wellbeing; If you want to work in a family environment to help create a home for older adults, then come talk to us…
Social/Ego	Relationship, wisdom of elders, making a difference, bring meaning to life	Choose a career where relationship trumps tasks, where you can take the time to appreciate the wisdom of the elders, where you can make a difference every day as you help bring meaning to the lives of older adults…

education institutions, in addition to presenting in individual classes and workshops. The second facility uses similar educational activities to generate interest, but also holds a CNA class to bring in new staff members, many of whom go on to get their nursing licensure. Reaching out to students who have not finalized their career choices with a message that is both positive and that relates to their social identity may be a useful message strategy.

Another avenue to create interest is in traditional advertising avenues. Using some of the identified terms and phrases in recruitment literature may provide potential recruits with important information about the organization and their philosophy of care. Even for those nurses who don't have experience with formal culture change, the use of some of the ego and social terms may invoke positive feelings regarding the facility. Placement of the advertisements might be more effective in media that has a stronger personal appeal, such as magazines or selected sections of the newspaper where the type of media can be more closely aligned with the individual's rational perception of self. Print and photographs are appropriate to speak to the rational left brain.

Creating stories that relate to the ego and social aspects of the nursing role in culture change organizations would be another avenue where the message strategy could utilize some of the key words and messages. Because of the strong affiliation to social identity, the personal stories allow individuals to explore these identities, perhaps seeing themselves in the role of champion, advocate, or as part of a larger family. Stories could be translated into written articles, but might also find a use in video channels or through social media where the intuitive right brain processing could be attracted to the moving images.

The use of Taylor's Strategy Wheel (1999) as the framework for this research provided insights regarding these nurses' perceptions of their roles, their choice of careers and the

satisfaction gained from their choices. Based upon these expressed needs and perceptions, messages could be crafted that would resonate with other nurses who may have the same needs and social identity. Further research would be needed to test these identified terms to see if they would be applicable beyond the realms of these two facilities and their staffs.

Notes on the Strategy Wheel Framework

Taylor's Strategy Wheel (1999) was a useful framework to identify many of the needs perceived and expressed by the nurses. By identifying both the emotional/social aspects as well as the rational/logical, there is recognition that different individuals or groups may find different needs appealing or appropriate, and creates the framework to explore those different needs. Creating messages to appeal to nurses may depend on their personal biases, where they are in their careers, or how they perceive their social identity. The Strategy Wheel allows for many of those needs to be identified and expressed.

Like any research tool, there are limitations to the Strategy Wheel, since not all needs are identified. The structure is somewhat awkward when talking about "Transmission" and "Ritual" as the original Strategy Wheel was constructed. Taylor's revision to the Strategy Wheel (2015) to move to "Informational (Rational)" instead of "Transmission" and to "Transformational (Emotional) instead of "Ritual" is a welcome adjustment, and more accurately reflects the needs incorporated into the framework. The use of the term "ration" instead of "rational" as a segment, is also one that I would suggest as another revision. The "rational" term as a segment has been incorporated in this paper, for greater clarity and understanding.

Limitations of the Study

There are limitations to this qualitative study with two unique purposive groups. These are interviews with nurses from only two facilities so the information is not generalizable to a

larger audience. In addition, the needs expressed by the nurses, although insightful, are not comprehensive in explaining why someone would choose a position within long-term care. Although the support for the culture change was universal among the participants, it is unrealistic to assume that all nurses in culture change organizations are as supportive. Additional contacts with nurses who have chosen other types of care facilities would be a useful expansion of this work. Taylor's Strategy Wheel segments (1999) are also not comprehensive in their needs assessments, and may not reflect the needs of all geriatric nurses.

Additional research would be appropriate to determine if the needs identified in this study are also identified by nurses in other facilities, including traditional facilities, or if the role of champion and advocate, for example, is only found within culture change facilities. Several of the participants had commented that their past routine used in the traditional facilities was not uncomfortable for them at the time because it was how they were trained and they had not been aware that residents could have more choices. Further research is needed to determine if nurses that identify with certain other segments, such as routine, would prefer different models of care. As Adams, Verbeek and Zwakhalen (2016) found, an individual's perception of the organization and their personal fit with that organization, does impact their job choice.

Another significant limitation is the inclusion of only one culture change philosophy, the Eden Alternative, within the study. Further research would be appropriate to determine if other culture change care philosophies would find similar ego and social identity needs or if different needs would be identified. Studying care partners in facilities that have incorporated Pioneer Network, Wellspring or similar concepts would be a useful extension of this work, and allow more voices within the culture change community to be heard.

Another question to pursue in future research could explore if the difference in the journeys of culture change organizations, such as the level of culture change that is achieved within an organization, makes a difference in the identity that is perceived by the nurses. In this study, there were differences expressed by the new adopter, where the emphasis on the elements of the philosophy were newly taught and implemented as compared to the more mature facility. The more mature had weathered both the natural ebb and flow of enthusiasm as well as multiple discussions and policy revisions due to annual health surveys. With these two groups there were many similarities, but also differences that could be interesting to continue exploring.

Through the participants' comments there were several social/ego needs that were identified which could be used to create message strategies. But in developing message strategies, there is a critical difference between "what is said" in any particular strategy and "how it is said" in the message delivery or method. Messages that use the right words or phrases but are constructed in ways that do not resonate with the individuals may not have the impact that is desired.

This study was to gain perceptions of geriatric nurses regarding culture change, and explore what needs they expressed in their roles within culture change organizations. Follow-up testing with various messages and methods would be appropriate to determine if the needs identified by these participants have more broad-based appeal with other geriatric nurses. It would also be useful to determine if some of the needs, such as sensory or routine, might be more important to some geriatric nurses than was indicated in this study.

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APPENDIX A. EDEN ALTERNATIVE TEN PRINCIPLES

1. The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.

2. An Elder-centered community commits to creating a Human Habitat where life revolves around close and continuing contact with people of all ages and abilities, as well as plants and animals. It is these relationships that provide the young and old alike with a pathway to a life worth living.

3. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.

4. An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

5. An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.

6. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.

7. Medical treatment should be the servant of genuine human caring, never its master.

8. An Elder-centered community honors its Elders by de-emphasizing top-down, bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.

9. Creating an Elder-centered community is a never-ending process. Human growth must never be separated from human life.

10. Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

APPENDIX B. INTERVIEW QUESTIONS

The open-ended survey questions are indicated below. Follow-up questions for clarification were used as appropriate during the interviews.

Language:

1. When talking about culture change, what words would you use to describe your daily work life?

2. When talking about culture change, what words would you use to describe residents and their daily lives?

3. Does culture change have an impact on the language you use to describe residents or your work? In what ways?

Impact of culture change:

4. How would you describe culture change in long-term care?

5. Have you any experience with a long-term care organization that has adopted culture change guidelines? Describe what you liked about the organization? Describe what you did not like about that environment?

6. Have you any experience in a long-term care organization that has not used culture change guidelines? Describe what you liked about the organization? Describe what you did not like about that environment?

7. How would culture change make a difference in your daily work?

8. Are there elements of culture change that are important to you?

Work environment preferences:

9. If you could choose any kind of nursing home in which to work, what would be the qualities you would seek for a work environment?

10. If you could choose any kind of nursing home in which to work, what would be the qualities you would seek regarding how residents are treated?

11. What environment would you choose for your next job? Why? What makes a difference?

12. How important would an organization's adoption of culture change be to you when deciding on your next job?

13. If the salary, hours and benefits were the same, would you choose to work in an organization with a culture change philosophy or one that is not following culture change guidelines? Why?

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Title of Research Study: Organizational Culture Change as a Marketing Technique

Dear Research Participant:

My name is Joyce Eisenbraun. I am a graduate student in the Communication Department at North Dakota State University, and I am conducting a research project to determine how a resident-first philosophy (known as culture change) within long-term care organizations is perceived in the daily lives of nursing staff. It is our hope, that with this research, we will learn more about the perceived value and messages of long-term care culture change.

Because you are part of the nursing staff in a long-term care facility, you are invited to take part in this research project. Your participation is entirely your choice, and you may change your mind or quit participating at any time, with no penalty to you.

It is not possible to identify all potential risks in research procedures, but we have taken reasonable safeguards to minimize any known risks. These risks may include potential loss of confidentiality, emotional or psychological distress in answering the questions.

By taking part in this research, you may benefit by helping other nurses better understand the impact that culture change may have within an organization; to better understand your individual reasons for pursuing a career in long-term care. However, you may not get any benefit. Benefits to others and to society are likely to include advancement of general knowledge, and possible benefits to persons in similar circumstances as the prospective subject's position.

It should take about 30-45 minutes to complete the interview. I'll be asking questions about culture change and your perceptions regarding culture change as it relates to your career choices, your daily work life and interactions with residents.

We will keep private all research records that identify you. Your information will be combined with information from other people taking part in the study and will be written using the combined information that has been gathered. You will not be identified in these written materials, neither will the facility. We may publish the results of the study; however, we will keep your name and other identifying information private.

If you have any questions about this project, please contact me at 701-261-1713 or joyce.eisenbraun@ndsu.edu, or contact my NDSU advisor, Dr. Elizabeth Crawford at 701-231-8720 or elizabeth.c.crawford@ndsu.edu.

You have rights as a research participant. If you have questions about your rights or complaints about this research, you may talk to the researcher or contact the NDSU Human Research Protection Program at 701.231.8908, toll-free at 1-855-800-6717, by email at ndsu.irb@ndsu.edu, or by mail at: NDSU HRPP Office, NDSU Dept. 4000, P.O. Box 6050, Fargo, ND 58108-6050.

Thank you for your taking part in this research. If you wish to receive a copy of the results, please provide your name and email address to the researcher.

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Title of Research Study: Organizational Culture Change as a Marketing Technique

This study is being conducted by: Joyce Eisenbraun, master's student in the Communication Department, under the supervision of NDSU Communication Department advisor Dr. Elizabeth Crisp Crawford.

Why am I being asked to take part in this research study? As a nursing staff member in a long-term care facility, you are qualified to answer the questions in this research study. We are interested in the perspective of nurses with regard to culture change. We anticipate meeting with up to 15 individuals.

What is the reason for doing the study? There is a shortage of nurses interested in the geriatric field. We are conducting the study to determine if the adoption of a culture change philosophy of care is perceived as an important element for nurses in their daily work lives. Since only about one-third of all nursing homes have adopted a culture change philosophy, we are studying the perception of nurses regarding their attitudes toward culture change and its importance in daily work life.

What will I be asked to do? *What Information will be collected about me?* As an interview subject, you will be asked questions about your perceptions and preferences regarding culture change. You are encouraged to share examples or stories in answering.

Where is the study going to take place, and how long will it take? Interviews will be conducted at your convenience, and will take about 30 to 45 minutes on average. All interviews will be recorded and transcribed.

What are the risks and discomforts? Common risks in social/behavioral research include loss of confidentiality and emotional or psychological distress and or social implications. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known risks to the participant.

What are the benefits to me? By taking part in this research, you may benefit by helping other nurses to better understand the impact that culture change may have within a long-term care organization. It may also help you better understand your individual reasons for pursuing a career in long-term care. However, you may not get any benefit from being in this study.

What are the benefits to other people? Benefits to others and to society at large are likely to include advancement of general knowledge, and possible benefits to other persons in similar circumstances as the prospective subject's position.

Do I have to take part in the study? Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

What are the alternatives to being in this research study Instead of being in this research study, you can choose not to participate.

Who will see the information that I give? We will keep private all research records that identify you. Your information will be combined with information from other people taking part in the study. When we write about the study, we will write about the combined information that we have gathered, although we may use non-identifying excerpts from the interviews. We may publish the results of the study; however, we will keep your name and other identifying information private. If you withdraw before the research is over, your information will be retained in the research record, but we will not collect additional information about you.

What if I have questions?

Before you decide whether to accept this invitation to take part in the research study, please ask any questions that might come to mind now. Later, if you have any questions about the study, you can contact Joyce Eisenbraun at 701-261-1713 or joyce.eisenbraun@ndsu.edu.

What are my rights as a research participant?

You have rights as a participant in research. If you have questions about your rights, or complaints about this research, you may talk to the researcher or contact the NDSU Human Research Protection Program by:

- Telephone: 701.231.8908 or toll-free 1.855.800.6717
- Email: ndsu.irb@ndsu.edu
- Mail: NDSU HRPP Office, NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050.

The role of the Human Research Protection Program is to see that your rights are protected in this research; more information about your rights can be found at: www.ndsu.edu/irb .

Documentation of Informed Consent:

You are freely making a decision whether to be in this research study. Signing this form means that

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You will be given a copy of this consent form to keep.

_____   _____
Your signature   Date

_____
Your printed name

_____   _____
Signature of researcher explaining study   Date

_____
Printed name of researcher explaining study