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A Comparison of Physical Nursing Home Environment for Older Adults and Their Families

Phatt Thaitrong

Minnesota State University, Mankato

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A Comparison of Physical Nursing Home Environment for Older Adults and Their Families

by

Phatt Thaitrong

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In

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A Comparison of Physical Nursing Home Environment for Older Adults and Their Families

Phatt Thaitrong

This APP has been examined and approved by the following members of the APP committee

Dr. Donald Ebel, Advisor

Dr. Judith K. Luebke, Committee

Dr. Keith Luebke, Committee

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Chapter 1

Kane and Kane (2001) stated:

One should not expect greater consensus about preferences for long-term care (LTC) than for any other area of consumer choice. Nonetheless, searching for a central tendency in older people's LTC preferences is a worthwhile prelude to serious consideration of how to reshape policies and practices in LTC for the elderly. (p. 114)

Introduction

Globally, aging populations and increases in chronic diseases mean that more people will need long-term care in the next decade (Brereton et al., 2011). Providing appropriate care to meet the needs of older adults and their families is a key consideration. Consequently, health care for elderly people, specifically long-term care facilities, is changing from an institutional model to person-centered care (Burak, Reinhardt, & Weiner, 2012). As health care and long-term facilities, such as nursing homes, move toward resident-centered care their physical environments change to favor residents' and their families' preferences and needs. Creating a "homey" environment is a goal for many residential settings (Cooney & McClintock, 2006). This move to create a home-like environment in nursing homes has become extensive this past decade. Having an appropriate atmosphere where residents feel like they belong can help elderly people to age healthfully. This change is also useful for health care providers and administrators in order to help them create appropriate care as they try to meet residents' and their families' needs (Burak, Reinhardt, & Weiner, 2012).

Statement of Problem

Traditional nursing homes that look like institutions still characterize in a large number of long-term care facilities, where around 5% of the older Medicare recipients reside (Shankroff, Feuerberg, & Mortimer, 2000). Most Americans view a nursing home as a place to die instead of a place to live satisfying lives (Kane, Kane, & Ladd, 1998). Poor nutritional status, frailty, problems with cognitive functioning, depression, and the loss of dignity, independence, and control are still prevalent in older adult residents in long-term care (Schultz & Williamson, 1993). Researchers found this deficiency is associated with the refusal to give the warmth and stimulation of a true home where souls and human development are nurtured (Drew & Brooke, 1999).

Shifting away from the traditional, institutional, and medical model to a new, resident-centered approach is now important and has become worldwide for long-term care, including nursing homes, to promote healthy aging for older adults. Consequently, needs and preferences of older adults for their living environment are important factors that long-term care providers and administrators need to address. Moreover, there are researchers, such as Teresa M. Cooney and Jill McClintock (2006) who anticipated that the physical environment that meets residents' and their families' needs and preferences is useful to consider. Additionally, the views of residents' families are becoming more and more important and being considered in long-term care planning and marketing. Cooney and McClintock (2006) stated, "An implicit assumption seems to be that if facilities fail to meet the preferences and expectations of consumer, the consumers will be highly dissatisfied with the product (i.e., the facility and the care)" (p. 76). Because environment affects older adults', and everyone's, quality of life, how to provide the most appropriate and best support for the physical environment related to older adults' needs is crucial. Kane and Kane (2001) found that what older adults' desire from long-term care are. The researchers found that older people want

kindness, caring, compatibility, and responsiveness from a nursing home. Creating the home-like environment, which many older adults favor, is becoming a main consideration. Barba, Tesh, and Courts said, “The significance of a true homelike, enlivened nursing home environment filled with pets, plants, and visiting children is that it provides residents with multiple opportunities for companionship, independent functioning, dignity, and control” (as cited in Drew, 2005, p. 73).

Data Collection

This systematic literature analysis will address older adult residents’ and their families’ needs for nursing home physical environments and identify key elements of the physical nursing home environment for older adults and their families as reported by residents and relatives. This structured literature analysis will also investigate key models for establishing the physical nursing home environment. This analysis integrates knowledge from evidence based data collection by the research studies reviewed that investigated physical nursing home environment of older adults and their families’ needs and models for establishing the physical nursing home environment. This analysis addresses the needs of clients and their families to nursing home providers to create an action plan for positive physical nursing home environment.

Research Questions:

1. What are key elements of the physical nursing home environments that older adults and their families want?
2. What are key models or criteria for establishing the physical nursing home environment?

Limitations

Limitations applied to this study include:

1. Little up to date published literature and evidence about physical nursing home environment that older adults and their families needs was available.
2. Little published literature and evidence exist about the models of physical nursing home environment that nursing home providers provided to older adult residents (that is, the Eden Alternative model, the Green house Project).

Delimitations

Following are the delimitations applied to this study:

1. Physical nursing home environment model of The Eden Alternative, The Greenhouse Project, and culture change that provide for older adults residents in the US (between 1995-2017).
2. The search evidence of the physical nursing home environment that older adults and their families need (in the US) is published between 1995 and 2017.
3. Older adults are defined here as 65 years old and over.

Assumptions

Assumptions with regards to this study include:

1. Home-like physical nursing home environment might be a kind of the physical nursing home environment that older adults and their families favor.

2. Culture Change, Eden Alternative model, and The Green House Project might be good models of the physical nursing home environment for older adults and their families

Chapter 2: Literature Review

Introduction

A structured literature review has been conducted to analyze pertinent research in the area of physical nursing home environments. This review contains two sections; older adults' and their families' physical nursing home environment preferences and key models for establishing the physical nursing home environment. Key approaches of Culture Change, The Eden Alternative, and The Green House Project were selected as appropriate models for the physical nursing home environment for older adults and their families. The literature about the physical nursing home environment that nursing home providers selected for older adults; these models; and the physical nursing home environment that older adults' and their families' needs are addressed in this review of the literature.

Shifting away from the traditional, institutional, and medical model to a new, resident-centered model has become a worldwide approach for long-term care, including nursing homes, for older adults. Needs and preferences of older adults in their living environment are important factors that long term care providers and administrators need to address. Because the physical environment affects older adults' and everyone's quality of life, how to provide appropriate and best support in the physical environment related to their needs is crucial. Creating a physical nursing home environment that is "home-like", which many older adults favor, is becoming a main consideration for long-term care providers. As Barba, Tesh, and Courts (2002) state, "The significance of a true homelike, enlivened nursing home environment filled with pets, plants, and visiting children is that it provides residents with multiple opportunities for companionship, independent functioning, dignity, and control" (Drew, 2005, p. 73).

Older adults' and their families' physical nursing home environment preferences

Physical environments that meet residents' and their families' needs and preferences are useful to consider (Cooney & McClintock, 2006). Further, appropriate physical nursing home environment can promote healthy aging and good quality of life for older residents. Judith Torrington (2007) researched quality of life in residential care facilities. The researcher found that the physical environment can affect a person's quality of life. Torrington (2007) stated, "in home where safety of residents had high priority, the scope for pleasurable activities tended to be low; activity appeared to have a beneficial impact on well-being; people in larger homes tended to have a poorer quality of life; staff satisfaction and retention increased with the amount of training and tended to be high in more personalized setting; and most home under-used the facilities available" (p. 514). In addition, there is a clear association between the visual perception of the building and the subsequent emotions that it invokes. This study also found many older residents feel the old fashioned nursing home building style, such as with floral print wallpaper and Victorian-style furniture, has quality and makes them feel like they are home ("Environment," n.d.). Moreover, Edvardsson (2008) conduct a qualitative research to describe what constitutes therapeutic environments for older adults. This researcher found that the physical environment is related to older adults' physical and emotional wellbeing. Promoting a homelike environment can improve quality of life and health status for older adults. Edvardsson (2008) also said "Creating a homelike environment can positively affect interaction and behavior and lessen confusion and anxiety in individuals with dementia" (p. 35).

In further support of this finding, Kane and Kane (2001) studied what elderly people want from long-term care. The researchers found that older people want kindness, caring, compatibility, and responsiveness from a nursing home. They value control and choice about many aspects of their daily lives, such as living in the facility, using telephone and other

communication. Additionally, older residents prefer having private accommodations, independence, and normal life to receive care. They prefer smaller private spaces rather than larger shared spaces.

Similar to residents' preferences, Cooney & McClintock (2006) found that residents' families favor physical nursing home environments that more are home-like. They were also concerned about care routines that violated residents' privacy, compromised their dignity, and limited social interaction and participation. Moreover, the physical appearance of facility, such as wall colors, carpet, drapes, and furnishing, is important for residents and their families. Lewinson, Robinson-Dooley, and Grant (2012) studied home environments of aging adults by engaging 10 residents to explore their perceptions of the facility as home in their research. They found that, for facility aesthetics, residents favored cleanliness and décor to make the facility feel like home. They also like to do and to be involved in meaningful activities in the facility.

Furthermore, Ryan and Mckenna (2015) conducted research in UK and suggested that families see person-centered care as related to good quality care. This suggests that respondents believed that a good relationship between resident and the nursing home staff has an impact on the quality of care in the nursing home. Family members also believed that more nursing home staff to take care of residents was needed. Additionally, the researchers also found that family members want to be involved with their relative's daily activities, care, and the facility. The researchers also found that family members are concerned about other aspects, such as their relative's appearance (well dressed, clean, with good hygiene) and nutrition (dietary likes and dislikes). This finding about nutrition and dietary preferences is reflected in Drew's (2005) research findings. Drew (2005) referred to one of the recommendations from residents' family members regarding the food in order to make a better implement in The Eden Alternative nursing home. She said, "perhaps the cook can get

some recipes from the residents or at least some ideas for specific dishes; perhaps old-fashioned favorites. This will make them feel at home... all the good smells and memories” (p.83).

Culture Change

Culture change or person-centered care is referred to as the core value of elder autonomy (Burak, Reinhardt, & Weiner, 2012). Weiner and Ronch said, person-centered environment focuses of the preferences and needs of the older residents in facilities (as cited in Burak, Reinhardt, & Weiner, 2012).

According to Burack, Reinhardt, and Weiner (2012):

On the culture change communities, resident rooms were personalized with new decorations, bedding, pictures, and items from home. Within common areas, a calm, peaceful environment was created. In the dining room and common areas walls were newly painted, new pictures and paintings were displayed, and centerpieces were placed on the tables. (p. 397)

In addition, in the culture change model, older adults residents have freedom over their daily schedules such as, the time they got up, when and where they would eat, the time they would bath, and the time of their appointments. Residents or their family members gave their preferences to staff to let them know all their needs (Burack, Reinhardt, & Weiner, 2012).

Additionally, Eva Laudgren (2000) stated “the potted plants, utility goods, curtains, rugs, art, doilies and old-fashioned furniture etc, that are frequently chosen to express the aesthetics of being homelike are actually an expression of assumption, associations with conventional concepts of a “good” home” (p. 110).

Examples of the understanding and expression of being institutional and being homelike from Laudgren (2000) are presented below

Being institutional/being homelike	Associations to opposites
Sterile/cozy	Modern/old fashioned, large-scale/small-scale, large plants/small plants, fluorescent tubes/decorative lamps, pale colors/warm colors, high ceiling/low ceiling, corridors/direct connection between joint spaces and studios, professional decoration of joint spaces/decoration by personnel
Danger/safety	Estrangement/familiarity, modern/old-fashioned, interruption/continuity, loneliness/community
Artificial/natural	Artificial plants/ natural flowers, industrially-prepared food/home cooked plain food, concrete facade/wooden façade, asphalted terrace/garden, multistory block building/villa
Authority, discipline/self-determination, freedom of choice, integrity	Shared room/studios or private rooms, patient/tenant, institutional uniforms/private clothes, focus on sickness/focus on the healthy, passivity/activity

The Eden Alternative

The Eden Alternative (EA) model was designed to minimize three negative views of nursing homes, which are helplessness, hopelessness, and boredom, and to change the negative stereotype of long-term care (Sampsell, 2003). Three important factors, which are children, companion animals, and plants, are provided in The Eden Alternative in order to promote healthy aging for older residents. Sampsell (2003) said, “The EA focuses on transforming the sterile LTC environment into a rich human habitat filled with companionship that fosters and nurtures interactive caring” (p. 43). Similarly, Singh (2016) stated, “Eden Alternative, a trade mark of its founding organization, entails viewing the surroundings in facilities as habitats for human being rather than as facilities for the frail and elderly, as well as applying the lessons of nature in creating vibrant and vigorous setting” (p. 178). Eden Alternative model reflects the perspective that the connection of pets, the chance to care for another living animal, and spontaneity have beneficial effects on residents (Singh, 2016).

Changing to The Eden Alternative from institutional model helps staff, residents, and family members have strong relationship and time to work together to empower themselves to create a home-like nursing home environment. Filling the environment with birds, cats, dogs, green plants, and children helps residents feel comfortable and enjoy living in the home-like facility (Drew, 2005). The Eden Alternative also improves the lives of nursing home residents (Hamilton & Tesh, 2002).

Drew (2005) used a survey and qualitative data to determine if and how family satisfaction with the nursing home changes over time and during exposure to The Eden Alternative. Survey and qualitative data were collected from family members at 12 months after the implementation of The Eden Alternative and again at 24 months. The researcher found that residents favored the homelike environment, helpful staff, and pets in residence.

Their family members also favored the homelike environment. They favored a friendly staff with caring attitudes, clean (odor-free environment), attractive environment, and activities. Moreover, family members also gave their suggestions for the future implementation of The Eden Alternative at the nursing home to include more staff and better food service.

The Green House Project

The Green House Project is a model that incorporates the culture change model with renovated living environment for older adult care (Burak, Reinhardt, & Weiner, 2012). According to Thomas (2003), “In The Green House model, institutional facilities that were built to care for 30 to 50 residents on a single unit are replaced by small community homes. Just 6 to 8 elders reside within each Green House home and the primary care of elders is provided by small number of caregivers who share responsibilities” (Burak, Reinhardt, & Weiner, 2012, p. 392). Residents will feel at home when they have personal indications of home and individual autonomy and authority over space and time (Cutler & Kane, 2009).

Residents had better quality of life in the Green House, such as privacy and dignity. They also had better emotional well-being than those in the traditional nursing home (Kane, Lim, Cutler, Degenholtz, & Yu, 2007). According to Cutler & Kane (2009), “Residents and family members often used the term “home” to describe the Green Houses; one resident called it “my home away from home.”” (p. 327). Cutler & Kane (2009) also found that because the Green House has a home like feeling, family members visit their loved ones frequently. These researchers (2009) asserted, “This POE suggested that the Green House designs with their emphasis on privacy and convivial shared spaces were well received by all the users—residents, visitors, and staff—and encouraged much of the family like behavior the model hoped to achieve” (p. 332).

Chapter 3: Finding and Discussion

Introduction

Globally, aging populations and increases in chronic diseases mean that more people will need long-term care in the next decade (Brereton et al., 2011). Having an appropriate atmosphere where residents feel like they belong can help elderly people age healthfully. Shifting away from the traditional, institutional, and medical model to a new, resident-centered care approach is now important and has become a worldwide model for long-term care, including nursing homes, to promote healthy aging for older adults. Consequently, needs and preferences of older adults for their living environment are important factors that long-term care providers and administrators need to address. Furthermore, the views of residents' families are becoming more and more important and being considered in long-term care planning and marketing. Because environment affects older adults', and everyone's, quality of life, how to provide the most appropriate and best physical environment related to older adults' needs is crucial.

Research Questions:

1. What are key elements of the physical nursing home environments that older adults and their families want?
2. What are key models or criteria for establishing the physical nursing home environment?

Data Collection:

In the process of finding articles for literature review, I began to search for articles by using the Ageline data base. I also used other academic search engines, such as Ageline, MEDLINE, and Academic Search Premier as they are the most complete guides available. This helped me to find the best articles within the topics of the physical nursing home environments that older adults and their families want and key models for establishing the physical nursing home environment. I used two primary criteria to refine my search and limit this analysis to sources that were related to my research questions. These criteria include the following:

- 1) Literature had to include areas of focus and was related to research questions. The focus areas include: the physical nursing home environment, the physical nursing home environments that older adults and their families want, and models or criteria for establishing the physical nursing home environment.
- 2) Only research published since 1995 and later was utilized for this study. If I found literature that preceded this date, I excluded it because I was most interested in recent studies and findings in related literature for this analysis.

When I found an article that met my criteria I reviewed other authors and literature that were cited in the reference sections. This helped me find more articles with similar information that I might be missing from the use of my initial search criteria.

Findings

Table 1 presents the results of each article. It is arranged by the four headings noted in the literature review: 1) older adults' and their families' physical nursing home environment preferences, 2) Culture Change, 3) The Eden Alternative, and 4) The Green House Project.

	<u>Authors</u>	<u>Year</u>	<u>Subjects</u>	<u>Methodology</u>	<u>Findings</u>
	Older adults' and their families' physical nursing home environment preferences				
S1	Kane & Kane	2001	N/A	Qualitative	Older people want kindness, caring, compatibility, and responsiveness from a nursing home. They value control and choice on aspects of their daily lives. Older residents prefer having private accommodations, independence, and normal life to receive care. They prefer smaller private space than larger shared space.
S2	Cooney & McClintock	2006	15 residents' family members	Quantitative	The physical environment that meets residents and their families needs and preferences are useful to consider. The views of residents' families are becoming more and more important and being considered in long-term care planning and marketing.
S3	Lewinson, Robinson-Dooley, & Grant	2012	10 residents	Qualitative	Residents favored home environments. They also like to do and to be involved in meaningful activities in the facility.

S4	Ryan & Mckenna (UK)	2015	29 residents' family members	Qualitative	Family members want to be involved with their relative's daily activities, care, and the organization. Families saw person-centered care is related to good quality care. Family members saw that more nursing home staff to take care of residents would be better than a few of them.
Culture Change					
S5	Hill, Kolanowski, Milone-Nuzzo, & Yevchak	2011	11 articles	Quantitative	Culture Change model implementation had psychosocial benefits to long-term care residents.
S6	Munroe, Kaza, & Howard	2011	397 participants	Quantitative	Culture Change helped support and improve relationships between workers who work in nursing facilities. Staff workers who received Culture Change training improved their perceptions about Culture Change model.
S7	Burack, Reinhardt, & Weiner	2012	216 older residents	Quantitative	Culture Change or person-centered care is referred to as the core value of elder autonomy. Culture change brings home like environment to a facility. Older adults have freedom over their daily schedules. Older residents or their family members gave their preferences to staff to let them know all their needs.
S8	Miller, Lepore, Lima, Shield, & Tyler	2014	824 facilities	Quantitative	Culture Change practice was related to the improvement of quality of life and the decrease in the proportion with restraints, tube feeding, and pressure ulcers of residents in nursing home.

S9	Shield, Tyler, Lepore, Looze, & Miller	2014	64 nursing home administrators	Qualitative	Home-like environment in nursing home had positive impact toward residents and staff, both in physical and mental health.
The Eden Alternative					
S10	Ice	2002	27 nursing home residents	Quantitative	-Older residents of a nursing home facility spent most of their time sitting lonely and doing nothing - Meaningful and social interaction activities are important to promote social interaction in nursing home facilities. - Older residents who live in Eden Alternative seem to use less medication and have more social interaction, self-esteem, and sense of control (psychotropics).
S11	Thomas & Johansson	2003	Review literatures	Qualitative	Older residents who live in Eden Alternative home used fewer medications and had better quality of life than those who live in traditional nursing home.
S12	Bergman-Evans	2004	34 participants	Quantitative	The Eden Alternative model improved quality of life of older residents who lived in nursing homes by minimizing feelings of boredom, helplessness, and distress.
S13	Drew	2005	144 family members	Qualitative	Older residents favored the homelike environment, helpful staff, and pets. For their family members, they also favored the homelike environment. They favored a friendly staff with caring attitudes, clean, attractive environment, activities, and distance. Family members suggest more staff, a desire for better food service, and improvements in laundry services.

The Green House Project					
S14	Rabig, Thomas, Kane, Cutler, & McAlilly	2006	40 residents	Quantitative	Residents, family, staff, and community had positive experiences toward Green House. Elders and families had high levels of satisfaction with the privacy. Elders did more activities both indoor and outdoor. Staff absenteeism and turnover in the Green House was lower.
S15	Kane, Lum, Cutler, Degenholtz, & Yu	2007	160 residents	Quantitative	Residents had better quality of life in the Green House, such as privacy and dignity. They also had better emotional well-being than those in the traditional nursing home.
S16	Lum, Kane, Cutler, & Yu	2008	117 residents	Quantitative	Green House created positive interactions and engagement between residents and their family members.
S17	Cutler & Kane	2009	23 senior settings	Quantitative	Residents will feel at home when they have personal indications of home and individual autonomy and authority over space and time. Moreover, because the Green House has a feeling like home, the family members go and visit their loved one frequently.

Research question 1: What are key elements of the physical nursing home environments that older adults and their families want?

Older adults' and their families' physical nursing home environment preferences

S1: Kane and Kane (2001) conducted a study to research what elderly people want from long-term care facilities. The researchers wrote this report based on their discussion on their review of the pertinent literature, their experience, and their observation in the area of long-term care for the elderly. The researchers found that older people valued privacy in long-term care facilities. They also preferred smaller private spaces rather than larger shared spaces. Moreover, older people valued control and choice in their daily lives, such as living in the facility, using telephone, and using other methods of communication. Further, they preferred caring, compatibility, responsiveness, private accommodations, and independence from a nursing home. As Kane and Kane (2001) stated, "Most consumers seeking LTC want an opportunity to live as normal and unconstrained a life as possible" (p. 9). Furthermore, the researchers suggested most consumers seeking long-term care want both to live normal lives and to have the environment that will keep them living healthy as long as they can. In this point, health care providers who are concerned about quality of care and quality of life are important for in long-term care facilities.

S2: Cooney and McClintock (2006) discussed key distinctions and advantages and disadvantages of the medical model and the general social models like person-centered care in nursing home care. The researchers conducted their study to learn family members' perspectives on environmental changes in a long-term care facility. The researchers interviewed a family member for each of 15 residents, who lived in the same nursing home both before and after renovation of the facility. The researchers found that family members favor the "home" dimension of nursing home, which is provided by person-centered care model rather than the nursing (medical) model. According to Cooney and McClintock (2006),

“These family members made it clear that they favor physical features and care routines that create a more home-like environment and experience for their resident family member”

(p.86). Researchers also suggested that long-term care leaders need to understand that physical environment is very important to family members and residents. Physical features of a long-term care setting can affect quality of life. So, people who work in a nursing home need to be concerned with the physical environment that meets residents’ and their families’ preferences. Moreover, long-term care facilities need to pay more attention to the views of residents and residents’ families.

S3: Lewinson, Robinson-Dooley, and Grant (2012), see the importance of studying home environment of the residents’ perspectives. They explored 10 residents’ perceptions of the facility as home. The researchers used photovoice technique, which is the use of images to explore person-place relationships, to find the preferences of home environments from 10 residents who lived in an assisted living facility. Examples questions of asked include: What characteristics of the assisted living environment contributed to it feeling like a home? What characteristics interfered with the facility feeling like home? How can the assisted living facility be improved to feel more like home? Researchers found that participants see home at the assisted living facility in three domain characteristics, which are physical, psychological, and social characteristics.

According to Lewinson, Robinson-Dooley, and Grant (2012):

Physical characteristics included having an appreciation for cleanliness, decorations, and furniture accommodation. Psychological characteristics include having an ability to bring personal histories into the space through beloved items and cherished furniture. Social characteristics included having an ability to meet new people and to engage in positive interactions with staff members at the facility. (p. 750)

Researchers also found that home-like design helps older adults settle into a comfortable residential environment in assisted living facilities.

S4: Ryan and McKenna (2015) conducted a qualitative study of the experiences of families during the nursing home placement of an older relative. Researchers conducted interviews with 29 relatives of nursing home residents in a region of the UK. The participants' relatives included: son 6 residents, daughter 14 residents, wife 3 residents, daughter-in-law 2 residents, niece 2 residents, and nephew 2 residents.

Researchers found and explained that there were five categories that demonstrate the families' preferences of nursing home. These categories are 1) communication with staff, 2) involvement in the relative's care, 3) the importance of 'the little things', 4) quality of care and 5) areas for improvement. Family members want to be close and be involved with their relative's daily activities, care, and the long-term care facility. They also noted that the 'little things', such as personal appearances and nutrition of their relative are important to them. They want to see their relative looking well, be in appropriate clothing, and well cared for. For good quality of care, family members recommended more nursing home staff to take care of residents. They thought relationships with the nursing home staff can affect and have an impact on the quality of care. Families believed person-centered care is related to good quality care. Researchers also identified some limitations in their study. These include some bias of the recruitment process caused by the absence of residents, staff, and the involvement of care home managers, which made it difficult to collect data. The length of time of the study, which was only 18 months, may have affected participants' attitudes. In the last part of the research report, researchers provided some suggestions and implications for practice. They concluded the understanding of the resident and a good relationship with the family are very important and can result in good quality of care. As Ryan and McKenna (2015) stated, "Good quality of care is best delivered by nurses who have gained a deep understanding of

the resident and a good working relationship with the family” (p.45). Furthermore, families also need to be involved in the process of nursing home placement, activities in nursing home, care processes, and have time for their older loved one and for making relationship with nursing home staff and environment.

Research Question 2: What are key models or criteria for establishing the physical nursing home environment?

Culture Change

S5: Hill, Kolanowski, Milone-Nuzzo, and Yevchak (2011) did an integrated literature review to find the outcome of culture change model implementation on residents' health in long-term care settings. Researchers reviewed and evaluated eleven articles. They found that residents' health outcome in the area of psychosocial improved after implementing the culture change model in long-term care. Researchers also suggested that nurse is a key person to support the culture change model implementation successfully in long-term care setting. Nurse helps promote healthy aging for older residents who live in long-term care facility as well.

S6: Munroe, Kaza, and Howard (2011) studied the effectiveness of culture change training toward nursing facility staff's perceptions. These researchers assessed the perceptions toward culture change model from 397 nursing facility staff after they received the culture change trainings (formal and informal training). Researchers used a quasi-experimental pretest-post-test design to evaluate the perceptions of staff toward culture change model in both formal culture change training and informal culture change training.

The finding of the study showed positive staff perceptions toward culture change model. Staff who participated in formal culture change training improved their perceptions about culture change model. Staff who participated in informal culture change training improved their decision making skills. Researchers also found that the culture change model helped support and improve relationships between workers in nursing facilities.

S7: Burack, Reinhardt, and Weiner (2012) conducted a 5-year longitudinal study of transformation of a nursing home's system from a traditional hospital-type model of care to a culture change model. For the culture change model nursing home, which is person-centered

care, there were 13 long-term care communities that participated in the study. Researchers divided their study to three period of time, baseline time (T1), 2 years follow-up (T2), and five years follow-up (T3). There were 69 elders at T1, 79 at T2, and 68 at T3 who participated in the study. From 13 long-term care communities, 6 remained the same traditional hospital-type model, but 7 had changed their traditional hospital-type model to culture change model in two years after they started the study. Researchers used interviews to compare the implementation and sustainability of the traditional hospital-type model and the culture change model with the central principle of person-centered care. Thirteen questions from 29 items of the Duncan Choice Index, such as “what leisure activities you do?”, “with whom you perform leisure activities?”, were used and asked elders to assess their choice for everyday activities in the nursing home. After being asked those questions, elders rated how often they have choice over their daily living on a scale of 1 (never) to 5 (always). The culture change interventions in the nursing home included environmental and interpersonal change. For example, resident rooms were furnished with new decorations, bedding, pictures, and personal items from home. Furthermore, family involvement and meaningful activities, and the organizational structure changed to more individual-centered also occurred.

Researchers found that person-centered care seem to have positive impacts on participants. Culture change or person-centered care is related to the core value of elder autonomy. Culture change brings home like environment to a facility and all people who are in that facility. Applying culture change model also promotes individual freedom and freedom of choices. For example, older residents have freedom over their daily schedules. Further, older residents or their family members feel free to give their preferences to staff to let them know all their needs.

Some limitations, such as inclusion criteria, imperfect randomization, and small number of participants of this study, were identified by researchers. These can cause bias and

affect the results of this research. For future studies, researchers recommend including a greater and ongoing examination of process variables regarding the transformation of a traditional hospital-type model to a culture change model in nursing home setting.

S8: Miller, Lepore, Lima, Shield, and Tyler (2014) conducted a quantitative study with a purpose—to understand the association of the introduction of nursing home culture change practices with improved quality staff. Eight hundred twenty-four U.S. nursing home facilities were the sample of this study. Directors of nursing (DONs) and nursing home administrators (NHAs) were participants in the study by random. Researchers used a culture change practice score (derived from a 2009/10 national NH survey) survey to analyze and find the outcomes of culture change practice. Surveys were completed between August 1990 and April 2011. There were 2,215 NHAs and 2,164 DONs in the study.

Researchers found that culture change was associated with good health improved and quality-of-life. According to Miller, Lepore, Lima, Shield, and Tyler (2014), “For NHs with the most reports culture change practice implementation (top quartile of 2009/10 survey scores), the introduction of culture change was associated with improvements in selected care processes and resident outcomes, including slightly fewer hospitalizations” (p. 1679). Additionally, the introduction of culture change (for high practice adopters) is related to the decrease in the percentage of residents with restraints, feeding tubes, and pressure ulcers. This study showed that there is positive association between the introduction of NH culture change and quality improvement.

S9: Shield, Tyler, Lepore, Looze, and Miller (2014) did a study to learn how culture change principles are beneficial in long-term care facilities. In the study, 64 participants, who were nursing home administrators, participated in the interviews for this study. Researchers found that creating more home-like environments was important for long-term care industry and maximized the older individual’s quality of life.

Shield, Tyler, Lepore, Looze, and Miller (2014) argued:

By adopting principles of culture change, nursing home environments can support older adults to achieve a greater sense of mastery, choice, and satisfaction. Physical enhancement to nursing homes help support residents' capabilities and can provide meaningful reminders and connections to the comfort of domestic life. (p. 395)

Moreover, culture change, which promoted home-like environment, helped connect residents to meaningful life.

The Eden Alternative

S10: Ice (2002) researched how nursing home residents spend their day. The researcher observed and recorded twenty-seven residents of a nursing home facility for total of 13 hours observations for residents' location, position, mood, and activity. The researcher found that 65% of participants spent their time doing little or nothing and 12% of participants spent their time doing social activities. Participants usually spent their time sitting in their room alone. Ice (2002) said, "Although this facility has a high standard of care and a creative activities department, residents still spent a great portion of their days inactive, immobile, and alone" (p. 345). From the observation and record, Ice suggested that improvement in activity programming and more engaging long-term care may help promote social and meaningful life for residents. In the discussion section of the research report, the researcher suggested many programs that may promote social interaction in a nursing home.

One of those suggestions is the integration of the "Eden Alternative" approach. The researcher reviewed Thomas's (1994) study, which took place at Chase Memorial Nursing Home in New York, where the "Eden Alternative" was applied. The Eden Alternative approach sees life in a nursing home as a human ecosystem. The Eden Alternative approach provides an opportunity for residents who live in a nursing home facility to engage with pets, plants, and children. This allows residents to have more interaction in their daily living. As

Thomas stated, “Residents of Chase Memorial have greater social interaction than a nearby control nursing home, they seem to have greater self-esteem and sense of control, and they use fewer medications, especially psychotropics” (As cited in Ice, 2002, p. 356). Ice (2002) also noted that more systematic studies on Eden Alternative approach are needed to explain how this approach is related to residents’ daily activity.

S11: Thomas and Johansson (2003) investigated quality of life for older residents who live in Eden Alternative homes. Researchers reviewed research literatures and found that older residents who lived in Eden Alternative homes had better quality of life than those who lived in traditional nursing home. Also, older residents who live in Eden Alternative home used fewer medications than those who live in the traditional facilities. According to Thomas and Johansson (2003), “Furthermore, the average cost of medications per resident per day was 38% lower in the Eden home than in the traditional control facility” (p. 285). In addition, researchers reviewed a 2 year study of the Texas Long Term Care Institute on outcomes in nursing homes adopting the Eden Alternative philosophy and operating principles. They found that there were decreases in behavior incidents (60%), Stage I and Stage II pressure scores (57%), and bedfast (25%) of residents who live in Eden Alternative homes (Thomas & Johansson, 2003).

S12: Bergman-Evans (2004) conducted quasi-experimental study on the implementation of the Eden Alternative model to assess its impact on older residents, who live in a long-term care facility. The researcher focused on levels of loneliness, boredom, and helplessness. In this study, there were 21 older residents (13 men and 8 women) at mean age of 76.1 years old in the experimental group. For the control group, there are 13 older residents (11 women and 2 men) at mean age of 85.7 years old. The researcher used the Geriatric Depression Scale and the UCLA Loneliness Scale (Version 3) as tools for the

interviews to collect data at baseline and 1 year post-implementation of the Eden Alternative model.

After the researcher analyzed data collected, she found that there were significantly lower levels of boredom and helplessness in older residents after implementation of the Eden Alternative model. Similarly, there were lower levels of distress in older residents after implementation of the Eden Alternative model. For loneliness, there was no difference in either group. Bergman-Evans (2004) expressed, “The Eden Alternative offers an intervention with the potential to improve quality of life by reducing feelings of boredom and helplessness for residents in nursing homes” (p. 34).

S13: Drew (2005) researched how nursing homes transform from institutional settings into the Eden Alternative environments, which are more like home. The researcher used a survey, Family Satisfaction Questionnaire for Nursing home: (FSQNH) and qualitative data from a sample of family members to explain family satisfaction with an Eden Alternative nursing home. Survey and qualitative data were collected at 12 months after implementation of The Eden Alternative (Time 1) and followed again at 24 months (Time 2). Surveys also asked respondents to provide their opinions about communication, resident autonomy, freedom, staff’s responsiveness, environment, safety, food, and recommendations for nursing home facilities. A total of 154 surveys were mailed to family members and residents’ agents or guardians. At Time 1, 41% of the surveys were returned and 52% of the surveys were returned at Time 2.

The researcher found that there were no statistically significant changes in the term of satisfaction between Time 1 and Time 2. But, communication, autonomy and freedom, and staff’s responsiveness all increased over time.

Drew (2005) said:

It is also important to note that reasons family members gave for recommending this nursing home to others were the friendliness of the staff, the cleanliness of the facility, the variety of activities it offered, and the open style of communication between families and staff members. (p. 79)

The researcher also found that family members and residents favored helpful employees and a homelike environment employed by The Eden Alternative. In addition, Drew suggested that the important things for anyone who lives in nursing home facility is living as they do at home, feeling valued, and continuing to be members of their community.

The Green House Project

S14: Rabig, Thomas, Kane, Cutler, and McAlilly (2006) investigated the implications of transition to the Green House concept from the first Green House in Tupelo, Mississippi. Researchers collected data from 40 residents who relocated from a traditional nursing home to the Green House facilities. The study took two years with four waves of data collection at six month intervals to study the outcome of the Green House model. Two comparison sites (a nursing facility and another facility) were used to compare with Green House model.

The researchers found that in general, older residents, families, staff, and community had positive attitudes toward Green House facilities. Specifically, residents and families had more privacy and families visited their elders more often. Rabig, Thomas, Kane, Cutler, and McAlilly (2006) expressed, “Early experience suggests that Green Houses are feasible and that outcomes are likely to be possible, and it also suggests that there are some potential issues to overcome in such a dramatic reengineering of nursing homes” (p. 533). Researchers found that Green House concept is becoming more and more popular over the country.

S15: Kane, Lum, Cutler, Degenholtz, and Yu (2007) researched the effects of The Green House model (GH) on residents’ reported health outcome and quality of care. These

researchers conducted a two-year longitudinal, quasi-experimental study and compared The Green House residents with residents at two comparison sites. Researchers collected data from four Green House settings and a traditional nursing home at baseline and 6-months follow-up for three times. Ten residents in each Green House setting participated in the research, so there are 40 participants at any time to compare with 40 randomly selected residents from two comparison sites. Researchers used interviews to measure quality of life, emotional well-being, satisfaction, self-reported health, and functional status.

In this study, the findings strongly support the positive effects of the Green House upon residents' quality of life. Residents in the Green House had better privacy and dignity compared to the two comparison groups. They also had better emotional well-being than those in the traditional nursing home. Furthermore, residents who went in the traditional nursing home stayed significantly longer in the facility than those who went to Green Houses. Kane, Lum, Cutler, Degenholtz, and Yu (2007) asserted, "The GH is a promising model to improve quality of life for nursing home residents, with implications for staff development and medical director roles" (p. 832). Residents in GH were more likely to participate in social activities and had more improvement in relationships and quality-of-life than those who lived in the traditional nursing homes (comparison groups). The study had some limitations, such as small sample size and imperfect randomization process, which may have affected the results of the study.

S16: Lum, Kane, Cutler, and Yu (2008) conducted a longitudinal quasi-experimental study with two comparison groups in order to learn the effects of Green House model (GH) upon residents' family members. Researchers used in-person interviews with residents, family members, and line staff members to collect data. They also used the standardized resident assessment to collect data and compare a Green House nursing home with two traditional nursing homes (two comparison groups). Researchers collected the data at baseline

and at follow-up periods 6, 12, and 18 months and used the Stata Version 9 program for all data analyses.

Researchers found that compared to traditional nursing home, family members of residents who went to the Green House were more engaged and had significantly better outcomes in the areas of family satisfaction. Green House nursing home also had more privacy, autonomy, and good physical environments.

According to Lum, Kane, Cutler, and Yu (2008):

The improved scores in the satisfaction domains suggest that families appreciated increased autonomy for their residents, approved of the enhanced privacy and physical environments, perceived that general amenities including meals and housekeeping were better (compared to Cedars only), and that new CNA roles at the GH led to a perception that health care services were also more available and responsive compared to both settings. (p. 49)

Researchers also identified some limitations in the study. For example, the small sample size of facilities and participants may affect the outcomes that were presented.

S17: Cutler and Kane (2009) studied how well the physical environment of four Green House facilities served the residents, staff, and visitors. They also were interested in developing recommendations for other similar nursing home settings. They conducted a longitudinal (2.5 years) post-occupancy evaluation of four houses and used mixed-methods. They used behavioral mapping, checklist ratings of individual bedrooms and bathrooms, place-centered time scans, environmental tracers, and questionnaires and interviews in the study. The study was conducted in Green Houses located in Tupelo, Mississippi to compare to two comparison sites. Researchers collected data at baseline and three 6-month follow-up intervals.

From this study, researchers found that Green House designs, which promote privacy and shared spaces were beneficial to residents, visitors, and staff. Residents feel at home and have individual autonomy and authority over space and time. Additionally, the family members visit their loved one frequently. Cutler and Kane (2009) stated, “Residents and family members often used the term “home” to describe the Green House; one resident called it ‘my home away from home.’ The hallmarks of home include personal symbols of home and resident autonomy and control over space and time” (p. 327). The researcher also saw that the physical design of the Green House was associated with residents’ and staff’s desired behavior (Cutler & Kane, 2009).

Discussion

The studies reviewed had information about the older adults’ and their families’ physical nursing home environment preferences. Also, the studies reviewed presented information about positive and negative outcomes of using Culture Change, The Eden Alternative, and The Green House project. However, each article had some similarities and connections in regard to the physical nursing home environment that older adults and their families want. It was hypothesized that home-like physical nursing home environment might be the kind of the physical nursing home environment that older adults and their families favor. After reviewing the literature, the data and information supported that home-like physical nursing home environment is a key characteristic that older adults and their families want. Moreover, in order to support the preference of having the home-like environment in a nursing home, Culture Change model, The Eden Alternative, and The Green House Project are key models for establishing the home-like physical nursing home environment.

Results of the studies about the physical environment showed that environment that is more like home could be beneficial and promote healthy aging in older adults. Research articles selected also reported residents’ families’ positive attitudes toward home-like nursing

home environment. Similarly, several research findings that Culture Change model or person-centered care, which focuses of the preferences of the older residents in facilities, helped promote older residents' wellbeing while they lived in nursing home. Furthermore, this culture change concept is important for everyone who is involved in nursing home facilities because, applying culture change to nursing home facilities helps all residents, caregivers, family members, and workers have happiness and make a nursing home be a better place to work and stay. As Nancy Fox said (2007), "Our measure of success in culture change is the well-being of our Elders, our staff, our families, our organization, and ultimately, our community" (p.42). Having an appropriate atmosphere and goodness of fit can help the residents have healthy aging.

Also, the literature reviewed showed some findings that building the "home-like" environment by using The Eden Alternative model helped create happiness and meaningful life in nursing home facilities. Having children, companion animals, and plants in nursing home facilities could minimize three negative views of nursing homes – which are helplessness, hopelessness, and boredom.

In addition, research studies reviewed support the Green House project, which renovates the living environment and incorporates the culture change model for older adults, could increase quality of care, quality of life, and older residents' wellbeing. Home like environment in the Green House project plays a crucial factor to promote a happiness of living.

Summary

This study was undertaken in order to determine key elements of the physical nursing home environments that older adults and their families want and find key models or criteria for establishing the physical nursing home environment. This chapter described findings from published studies in order to address the research questions: 1) What are key elements of the

physical nursing home environments that older adults and their families want? 2) What are key models or criteria for establishing the physical nursing home environment? Reviewed studies showed that home-like physical nursing home environment is a key preference that older adults and their families want. Culture Change model, The Eden Alternative, and The Green House Project are key models for establishing the home-like physical nursing home environment in order to serve older adults' and their families' preferences and promote good quality of life.

Model	Elements of Environment that Produced Good Quality of Life for Older Adults
Culture Change	<ul style="list-style-type: none"> - Person-centered care -“Home-like” environment - Good relationship between workers in nursing home facilities - Quality improvement of staff - Freedom
The Eden Alternative	<ul style="list-style-type: none"> - Plants - Pets -Children - Meaningful activities - Helpful and friendly staff -“Home-like” environment
The Green House Project	<ul style="list-style-type: none"> - Privacy - Meaningful activities - Dignity - Independence - Individual autonomy - Authority over space and time - Personal indications of home

Chapter Four: Conclusions and Recommendations

The purpose of this study was to understand the key elements of the physical nursing home environments that older adults and their families want and key models or criteria for establishing the physical nursing home environment.

This chapter presents conclusions of the study and recommendations for future research.

Conclusions

Aging populations are increasing globally. Providing appropriate care and long term care, especially in a nursing home, to meet the needs of older people and their families to help them have healthy aging is very important. In this point, shifting away from the traditional, institutional, and medical model to a new, resident-centered care is now becoming more considered for long-term care to change to, including nursing homes

From the research reviewed in this study it was clear and consistent throughout the reading that my hypothesis was accepted; home-like physical nursing home environment is a kind of the physical nursing home environment that older adults and their families favor. The Culture Change model, The Eden Alternative, and The Green House Project are key models for establishing the physical nursing home environment to promote home-like environment.

Focusing on elder autonomy or person-centered care (Culture Change model), involving children, animals, and plants to minimize helplessness, hopelessness, and boredom (The Eden Alternative), and building the home-like environment (The Green House Project) served older adults' and families' preferences and elevated quality of care in nursing homes and quality of residents' lives. Furthermore, more family engagement and interactions with older residents and more family satisfaction with nursing homes could be better found in the Culture Change model, The Eden Alternative, and The Green House Project compared to traditional nursing homes.

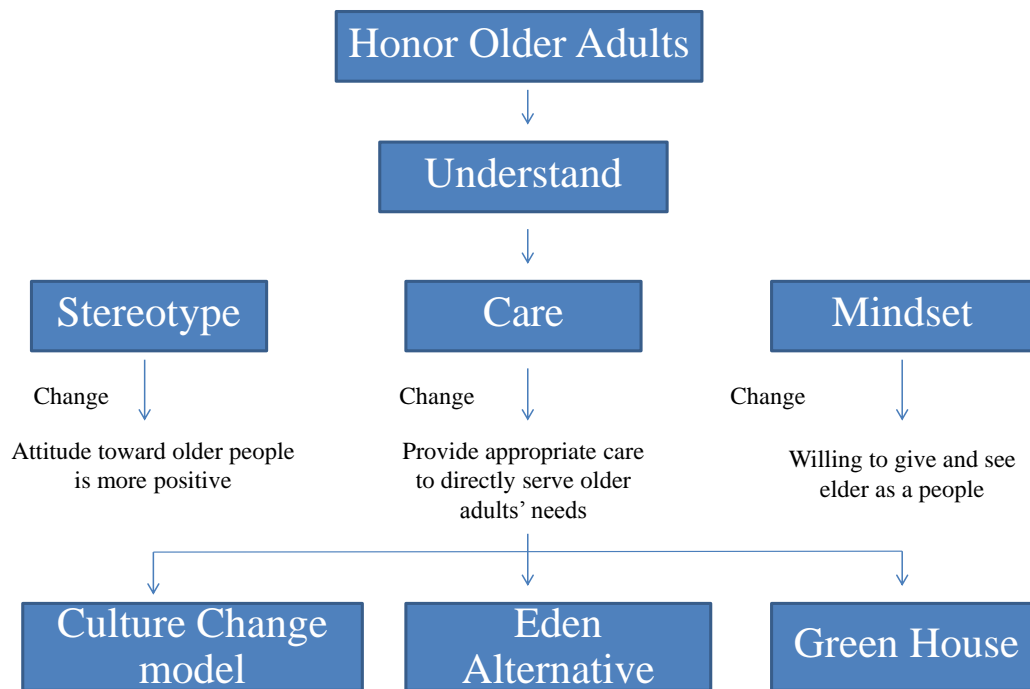
Recommendations for Society

Having an appropriate atmosphere that is a good fit for residents, such as home-like environment, help older adults have good quality of life, promote good relationships between older residents, families, and staff, and promote a happiness of living in a nursing home. Creating home-like environment and changing away from institutional model to person-centered care in a nursing home can be challenging because it needs a process of acceptance, adaptation, and time. It is important for everyone who is involved in nursing home facilities to understand the residents' needs, be open-minded, and be willing to adapt, apply, and change their mindset about care for the elderly. Besides, summarizing studies shed light and helped me know that to make an appropriate care and home-like environment for older adults happen, not only everyone who is involved in nursing home facilities, but also everyone in society should honor the elderly people. Moreover, we should value family member who is a caregiver, and value his or her work as a caregiver. The elderly people should have their voices and freedom to decide where they want to live and what they want from a living facility. They should not be ignored by anyone. Additionally, the family member should have an opportunity to speak and request his or her need. If we all learn to honor older adults, our nursing home facilities will change from the institutional model to person-centered care easily. Managing and organizing nursing home facilities will not be the same pattern as in the past decade. Nursing home facilities will be more willing to apply Culture Change model, The Eden Alternative concept, or Green House Project to create home-like physical nursing home environment. Older adults and their families will have more rights and freedom to express their preferences. This makes them feel like they live in their real home.

Based on research reviewed in this study, I can create the chart to guide people in society in order to give an appropriate care for older adults and to apply Culture Change

model, The Eden Alternative concept, or Green House Project in nursing home facilities as followed.

Recommendations for Society



From the chart above, in order to provide an appropriate care and apply Culture Change model, The Eden Alternative concept, or Green House Project in nursing home facilities, we all should honor and see the value of older adults. We should try to understand, be open-minded, and be willing to change. Understanding older adults can help create and change the mindset of younger generations to view elders in positive ways. Also, understanding older adults makes people pay more attention to them. People will feel eager to help, care, and support older adults in good ways. Moreover, these benefit and can help the implementation of Culture Change model, The Eden Alternative concept, or Green House Project to happen more easily in long-term care facilities.

Recommendations for Nursing Home Administrators

Based on research reviewed in this study, a nursing home administrator could apply the information and knowledge to provide appropriate care for older residents and their families. Creating “home-like” environment in a nursing home facility helps a nursing home administrator promote good quality of life for older residents and helps a nursing home administrator help residents’ families have positive attitudes in regard to a nursing home facility. From this point, a nursing home administrator can choose to apply the concept of Culture Change model, The Eden Alternative concept, or Green House Project to his or her own facility in which one of those would be fitted to his or her place. By starting from the understanding of older residents’ and their families’ preferences, a nursing home administrator will provide and manage healthcare services to directly serve those people’s needs. Furthermore, a nursing home administrator should provide an individual's opportunity and autonomy to do, choose, speak, and make a decision. Last but not least, nowhere is better than home, so if a nursing home administrator can realize and put himself or herself in the resident’s shoes, a nursing home administrator will never deny creating home-like environment for older residents.

Recommendations for Future Research

As there is always new knowledge, researches, and adjustments, almost every article opened for future study and had an open space for up-to-date information and knowledge. Recommendations for future research based on reviewing and findings of this study are provided as follows:

- Including research studies from published international literature.
- Using primary research and using primary data to answer the hypothesis and find results.

- Exploring and including more data from credible publishers, such as books, scientific journals, and credible websites.

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