Culture change is a “buzzword” that is used to describe many attempts to improve quality of life of nursing home residents. It may be defined as “transformation to person-directed care that restores control to elders and those who work closest with them.” In person-directed care “residents truly direct their own care and make their own choices about how they spend their time. Staff members are highly involved in decisions that are relevant to their jobs and the people they care for. The residents, their families, and the workers are a part of a thriving, interdependent community.” This vision does not take into consideration the fact that the majority of nursing home residents suffer from significant cognitive deficit that may make them unable to direct their own care. These residents may not benefit from some of the improvements and may be actually excluded from culture change activities. It is telling that a search of MEDLINE combining “culture change” and “dementia” keywords did not identify any significant research published in this area.

Galik et al should be complimented for developing a program (Res-Care-CI) that operationalized principles of culture change as applied to activities of daily living (ADLs) in residents with moderate to severe dementia. Their program attempted to restore as much independence as possible to these residents in order to promote their quality of life. The goals of restorative care were determined individually for each participant and the results indicated some improvement in mood and behavioral symptoms after the intervention period.

However, their study has several problems. It was done in one facility and used historical controls. Therefore, effects of the intervention were confounded by changes caused by progression of dementia. It is also not clear how their intervention differs from significant cognitive deficit that may make them unable to direct their own care. These residents may not benefit from some of the improvements and may be actually excluded from culture change activities. It is telling that a search of MEDLINE combining “culture change” and “dementia” keywords did not identify any significant research published in this area.

It is interesting that the Beck et al study, which included a control group, did not find any significant changes in disruptive behavior but reported also some improvement of positive affect.

This lack of effect on disruptive behavior, and a very modest effect on agitation in the Galik et al study could be due to inappropriate measuring tools that do not differentiate among 2 main behavioral symptoms of dementia: agitation and resistiveness to care. Improvement in independence and communication during ADLs would be expected to decrease resistiveness to care but not agitation. Using a specific scale for measuring resistiveness to care might provide better evidence for effectiveness of these interventions. Another indicator of effectiveness would be decreased use of psychotropic medications.

Usefulness of any program depends not only on its effectiveness but also on the ability to be widely adopted and used. A qualitative study describing experiences of nursing assistants involved in the restorative care study, which was published recently, provides information about barriers to implementation that are probably not unique to this culture change initiative. They included resident factors (learned dependency, attention seeking through caregiving, severity of dementia), staff factors (lack or realization of residents’ abilities, lack of support from nursing supervisors) and family pressure to provide more care. An awkward acronym (Res-Care-CI) may also not help in widespread use of this intervention.

Successful implementation of culture change initiatives requires support of the facility administration, critical mass of “change champions,” shared values and goals, and resident/family participation. Hopefully, the Galik et al study will stimulate further research that will create enough “change champions” and motivate administrators to institute restorative care as another segment of the culture change. Such a change would help to transform “caregivers” to “care partners” who appreciate contributions that persons with dementia can still make and support their autonomy.

REFERENCES