



Lesson Learned

By Debby Burgett

Words Do Hurt, Lesson Learned #3

“Let no unwholesome word proceed from your mouth, but only such a word as is good for edification according to the need of the moment, so that it will give grace to those who hear” (NASB). Ephesians 4:29

When we strive for deep systems change in our nursing homes we often start with developing a new form, policy, procedure or schedule an in-service. We create “systems” to help support the change we want to make. I would like to submit transformational change does not begin with “systems” but begins with the heart. Our words are a reflection of our thoughts and ultimately our heart.

“Sticks and stones may break my bones, but words will never hurt me.” The truth is stones may bruise or break us temporarily, and words can forever damage our spirit. Our words have power, power to hurt people and power to heal people. Why is it we refer to our elders needing assistance at meal times as “feeders”, but not as a person who needs assistance during meals?” Why do we use the word “facility” to describe where elders live, but not “home” or “neighborhood”? Why do we use the word “patient” to describe an elder as if they are broken and need to be fixed? Why do we use words such as “sweetie” when referring to a woman who has been the “rock” for her family or a man as an “old timer” who served courageously in a World War?

We may not even be aware of the damage we are doing with our words. We may believe our words to be innocent or the acceptable norm, but the consequences are not so innocent, and it is certainly no fun for the person on the receiving end. We destroy others with words when we:

- Gossip about them
- Slander them
- Degrade them
- Insult them
- Overwhelm them with negative criticism

Sustaining positive and meaningful change in any organization must begin and end with the leadership. Leaders must walk the walk and talk the talk. This is so important in reinforcing the mission and values of the organization and a person centered culture. Extra care and attention must be given to examining and changing an organizations language, word by word. I must acknowledge newly appointed [Texas Department of Aging and Disability Services \(TDADS\) Commissioner, Chris Taylor](#) who has made a stand to replace offensive language on TDAD’s website and all other major communications. TDADS is working in a collaborative effort to replace outdated and hurtful language with respectful first person language.



Person centered language is a new language being adopted by nursing homes all over the country. Karen Schoeneman, Deputy Director of CMS talks about person centered language and makes a compelling call for the transition. In her article [“The Language of Culture Change”](#), she lists words that are the “norm” to use in the long-term care industry and provides alternative words that build up people rather than tear down or degrade.

Do your words build up or tear down? Do you need to follow the footsteps of [Chris Taylor](#) and examine your organizations language, word by word?

Love is Greater than Fear – Lesson Learned #4

Fear defeats more people than any other one thing in the world. – Ralph Waldo Emerson

If you have not already, read [Silverado Story](#) by Loren Shook and Stephen Winner. These men with founding partner, Jim Smith created with great risk a new kind of residential care community that would serve only those with memory-impairing diseases with a vision to change the way society provides care to these individuals and how others view them. The Silverado organization has taken to heart that “love is greater than fear”, and this motto has become their guiding star. Today, there are over twenty [Silverado communities](#) in five states, and according to their website, seven are located in Texas. I recently had the privilege of touring a Silverado community in the Dallas area, and the experience blew me away! It is difficult to put into words my thoughts and feelings, but I walked away believing that Silverado operated each day out of love and not fear. I found myself renewed with more passion and energy towards making a case for change.

When speaking with long-term care providers about culture change and small house nursing homes not one person has ever stated to me that our current model of care was good enough for our elders, or that improvement in our industry was not necessary. Each one of us has a great desire to do our best each day, but some of us “stall” out of fear. Where does this fear come from? Is it the time that it takes to transition into the new change? Are we afraid of losing our position, authority, control, or influence over a particular situation? On the other hand, is it that we feel threatened with change and our defenses rise up? Are we so afraid of failure that we no longer try anything new?

Some of the many questions asked by providers about implementing culture change and building new small house structures are what I call the “what if” questions.

- What if I cannot make money implementing culture change?
- What if my staff does not buy into the new culture?
- What if regulatory cites me for trying to implement culture change?
- What if an elder gets hurt in an accessible kitchen?
- What if an elder falls in an accessible courtyard?
- What if the nurse aides cannot function as a self-managed team?
- What if flattening the hierarchy does not work for my organization?



So how does a person overcome the “what if’s” of implementing culture change in their community? From my experience, some providers should begin with small-bite size pieces. Just take things step-by-step. Identify why change needs to occur in your organization, get others on board, and then begin to take steps outside your comfort zone. It is always necessary to have a person(s) on board with the authority to initiate the change, but it is also helpful to have a “change agent” to guide you through the transition. It is extremely beneficial to network with other providers who have made successful steps towards culture change, and be sure to connect yourself with organizations such as your local culture change coalition, [Pioneer Network](#) and state regulatory agencies.

Go ahead, and ask all the “what if” questions, but be sure to ask yourself “what if I succeed”!

Culture Change – What is it? Lesson Learned #5

There seems to be some difference of opinions among long-term care providers as to the definition of culture change as it relates to providing care for residents.

[Texas Culture Change Coalition](#) has attempted to create clarity around this topic by providing a helpful [power point presentation](#) to explain the meaning of culture change. In the broad sense of the term, TXCCC states that culture change is a “national movement aimed at improving long-term care services for elders and individuals with disabilities.” [Pioneer Network](#) provides a more detailed definition of culture change by stating “culture change” is 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.

Rather than defining the term culture change any further, I prefer to describe what culture change is not.

- *Culture change is not about an organization spending tons of money.* Money can certainly help create an environment with fewer barriers to culture change, but it isn’t a requirement for culture change.
- *Culture change is not about a particular floor plan or style building.* A well designed floor plan can certainly support the work of staff in a nursing home and create an environment that is culture change friendly, but an “ideal” floor plan isn’t a requirement for culture change.
- *Culture change is not a marketing niche that gives you a competitive edge.* An increased census is a benefit of providing culture change, not the reason for providing culture change.



- *Culture change is not about conforming behavior.* An attempt to conform staff behavior without first transforming staff beliefs causes much confusion and discontent in an organization.
- *Culture change is not about pushing organizational will on staff.* An organization must not “push” the staff towards culture change, but rather encourage staff to “buy-in.” Those at the top must lead the way and be the role models. When culture change becomes a matter of the heart, then the desired actions will follow.
- *Culture change is not about lack of leadership, accountability and responsibility.* It requires leaders who understand and practice accountability and responsibility.
- *Culture change is not about lack of learning, training and thoughtful planning.* Culture change is an ongoing process; it is never-ending. We must constantly be in a mode of learning, training and planning.
- *Culture change is not a “go at it alone” approach.* Those that are most likely to succeed at implementing culture change in their organizations are the organizations that have a “model” to follow and a mentor to guide their way. Successful organizations seek assistance from other successful organizations.
- *Culture change is not about the nurse aides having control.* Culture change is about the elders having control, and elevating the position of nurse aide to a higher level.
- *Culture change is not about only one person in an organization being the torch carrier.* Culture change requires a team consisting from the top management positions, middle management and front line staff.

For me, culture change is more about a set of beliefs than it is a particular action, floor plan, marketing plan, person or even dollar amount. What set of beliefs do you hold that restores an environment that promotes choice, dignity and a meaningful life for elders?

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