Becoming a Joy of Life Nursing Home: Experiences of the implementation work

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ABSTRACT
The study aimed to gain knowledge about concept-based change work by health professionals in new roles as resource persons implementing the Joy of Life Nursing Home concept. There is a need for cultural change in nursing homes to contribute to meaningful lives for the residents. The concept “Joy of Life Nursing Home” has been created to ensure quality standards in nursing homes. This study is about the experiences of members of a project team as change agents working to implement the Joy of Life concept in one nursing home that is endeavoring to become certified. A qualitative design was used. The sample included a certification project group from one nursing home; it consisted of five health professionals designated as resource persons, two department managers, and a process supervisor. Data were collected through focus group interviews twice during the certification process. Transcribed data were analyzed using thematic content analysis and interpretative phenomenological analysis of the focus group data. The analysis resulted in four themes: benefits and challenges of systematization work; being a resource person for colleagues; role prerequisites of the resource group; and Joy of Life as a concept and way of working. The study was on formative evaluation research, analyzing an implementation resource group’s experiences of the strengths and weaknesses of the program implementation process. In meeting positive attitudes about the concept, the resource persons succeeded. However, in the face of negative attitudes, they had limited skills to meet resistance. Limited supervision in the resistance the resource persons encountered limited the implementation process as a learning process. Role clarification and cooperation in JLNH made the work easier, and Joy of Life as a concept became an important motivation in the implementation work.

Keywords
Change agent, elderly care, learning organization, qualitative research
INTRODUCTION

In nursing homes in Norway, government guidelines ensure quality work to meet residents’ physical, psychological and social needs (1). Activity substantiating the patient’s cultural roots and well-being are fundamental elements of holistic care services (2). To ensure such quality care in nursing homes in Norway, a foundation was created in 2011 (3). The Joy of Life for the Elderly Foundation (JLEF) certifies Joy of Life Nursing Homes (JLNHs). In municipalities that want to establish JLNHs, the local governing management appoints a Joy of Life Group (JLG) that serves as a resource to oversee the implementation of JLNH’s criteria (3). This study examines experiences from the implementation process in one nursing home.

For many older people, life in a nursing home entails safety but also loneliness and boredom (4). Meaning in life may be linked to being engaged in something and being shown respect (5,6). Several studies have found a lack of satisfaction regarding social needs of the elderly in nursing homes (4,7) as well as limited opportunity for physical activity (8). Koren (9) points out the need for a cultural change in nursing homes to contribute to meaningful lives for nursing home residents. Several concepts have been developed to improve the lives of seniors in nursing homes (10,11), including initiatives linked to music (12) and concepts involving various forms of stimuli from nature (13,14). The Eden Alternative is a model for cultural change designed to improve life for the elderly (15).

A review article on work culture and quality of care found that supportive leadership was important for quality in nursing homes (16). Person-centered healthcare research at the organizational level focuses on strategic leadership as well as being a person-centered leader responsible for realizing person-centered values and objectives in the organizational units (17, p. 101). Several studies point out the importance of leadership for any change within an organization (15,18,19). Organizations that desire change need effective management, a well-functioning working environment, and systematic development (15).

Change of content must be enshrined in the reality of everyday practice, in nurturing cultural role structures and maxims and ensuring that knowledge is shared in the workplace (20). As a prerequisite for successful organizational development, Senge (21) highlights a holistic view of the organization as a “learning organization.” Senge’s theory is important in this study as support in the implementation process at the nursing home and for changing work as a learning process for employees.

The concept of Joy of Life Nursing Homes is to create joy in everyday life through facilitating hobbies and leisure pursuits, working with schools, kindergartens and other organizations, ensuring that residents get out in the fresh air, and providing opportunities to experience music and culture in everyday life. The activities will create a pleasant atmosphere around meals, good communication with relatives, and make the seasons a natural part of life in nursing homes. The activities will be based on the older persons’ life-story narratives (3).

A literature review shows that knowledge about the challenges resource persons face and the processes experienced when implementing JLNH in practice is limited. This study focuses on both the group experience and the experience for individual group members upon completion of certification as a JLNH. The aim of the study was to gain knowledge about concept-based change work of health professionals in new roles as resource persons implementing the Joy of Life Nursing Home concept.
The purpose is to develop knowledge on how to support such processes of change at the organizational level of leadership, change processes that will influence the work of staff carrying out person-centered care.

**METHOD**

The study had a qualitative design with descriptive and interpretive analyses of focus group data. The analysis focused both on the actors’ perspective in program evaluation (22) of the JLNH implementation process and on how individuals in the resource group made sense of their experiences being change agents in their own organization. Thematic content analysis displayed patterns of latent abstract meaning in the data material (23). With a psychological perspective on focus group data (24,25), the analysis was also inspired by interpretative phenomenological analysis (IPA). Combining the two methodological approaches provided analyses focusing on the theme of the group’s experiences with the implementation process and individual experiences as a resource person.

**Sampling and participants**

The sampling was purposive (25,26), with participants selected from a nursing home in Norway that started the certification process for a JLNH when the research was planned. Efforts to become certified as a JLNH were anchored in the municipality’s senior management and corporate governance and were organized as a project (27).

For inclusion in the focus group research, one had to be a participant in the JLG. Focus group participants were homogeneous in terms of having a common experience with the JLNH certification process.

The study sample consisted of the Joy of Life consultant (JLC), a process supervisor for the JLNH certification, two department managers (DMs), the manager of the three dementia departments, and the manager of the nursing care department. Five healthcare professionals designated for the function as resource persons (RPs) in the certification project participated: one RP from each of the three dementia departments and two RPs from the two nursing care departments.

**Data collection**

The first focus group interview was completed four months after the start of the Joy of Life implementation work. The second focus group interview took place ten months after the start-up.

Focus groups highlighted the dynamics of the group interaction (26) and explored the informants’ experiences, thoughts, and perceptions regarding the theme, that is, the certification process and the meaning of their individual roles in the implementation process (28). Two external researchers participated. The interviewer (moderator) introduced the interview questions and guided the discussion to follow up key information the informants brought forward. The other researcher took observational notes, summarized, and urged participants to elucidate their points. In the focus group interviews, participants heard
each other’s responses and were free to make additional comments beyond their own original responses and discussions to take advantage of group dynamics and engagement, providing rich information (21,29). The same interview guide was used in both interviews and included the following:

- What are your experiences with Joy of Life work?
- What challenges do you encounter as a resource person?
- How does the JLG meeting contribute as a means to raise awareness and assess progress?

Each interview lasted ninety minutes to two hours and was conducted at the nursing home. The interviews were audio recorded and then transcribed.

Data analysis
The transcribed text was read several times to get an experience of the material in its entirety. Thematic content analysis was used (23,30) to interpret meaning from the text. The material was read verbatim, and codes were derived from the text that captured the meaning of relevance to the JLNH issue. To focus on the quality and texture of individual experience, IPA strives to keep the individual in sight, aiming to explore how participants make sense of their social world (24). IPA supplies thematic content analysis by looking in the text for the latent psychological meaning of each participant’s contribution.

The analysis focused on individuals in the focus group, the personal contributions of group members, and how these emerged in the process of conversation. The focus was on what each participant in the group communicated. Characteristics of the process at the individual level mediated through the two interviews. Expressions of theme were further examined as individuals agreed with or deviated from other participants’ utterances. A group level emerged with balance and interplay between the individual and group units of analysis (24). The final result shows how individual opinions may differ from those of others in the group and how content related to themes can change during the process.

Ethical considerations
Permission for implementation of the research project was obtained from the Norwegian Social Science Data services (NSD), project number 36697. The participants were provided with written information about the study and gave written consent before the interview started.

FINDINGS
Analysis of the data resulted in the following themes: benefits and challenges of systematization work, being a resource person for colleagues, role prerequisites of the resource group, and Joy of Life as a concept and way of working.
Benefits and challenges of systematization work

Foundation tools comprised guidance booklets designed to initiate and systematize the work with joy processes for patients. In Focus Group 1, participants (RPs) said that the tools were not used systematically but were useful to look at from time to time.

In dementia departments, the staff had been working proactively for many years to provide activities for residents and would build on positive experiences to provide a solid foundation for further certification work.

Initially, colleagues in the nursing care department told the RPs that the new concept led to double work. Incorporating the Joy of Life work into the daily work routine led to expansive working conditions for employees in the nursing care department: “Do it by getting structured tasks done; this will create more time for other things” (RP). After four months, they experienced a benefit from the work being carried out during the certification period. One positive aspect was the program book.

Documentation was a challenge. In the nursing care departments, it was unclear how certification points should be written into the documentation system. The criterion “being outdoors,” we struggled with. What we have done now is to write up the residents who will have an offer about outdoor trips every day, and we write it in [the] program book ... The documentation is not good enough. (RP from nursing care unit).

In the nursing care department, daily documentation was conducted with a crossing-out system. The intention of Joy of Life, however, was descriptive documentation adjusted to the individual. The JLC explained using an example: “She had history reading this afternoon, and she had a good experience of it. That’s what we want to put forward in the documentation.”

In Focus Group 2, Joy of Life criteria was incorporated into the documentation scheme, even though there was a reluctance to use the criteria in the nursing care department when caregivers did not document activities for the elderly. The team discussed different views regarding standardization. The discussion was partly about standardizing benefits and disadvantages. On the one hand, some participants believed standardization inhibited spontaneous activities when the situation allowed for them. On the other hand, standardization ensured all patients equal offerings.

Being a resource person for colleagues

Employee involvement was the RPs’ responsibility as change agents in their own departments. The work culture in the dementia departments was characterized by internal cooperation. Here, the staff collaborated on the certification work early in the process. Colleagues in the nursing care department, however, appeared to be less interested in the project; they considered it a waste of time. In the dementia departments, RPs made sure that everyone gave an opinion and felt involved in the department’s development work.

Every Sunday, night health staff in dementia departments made a weekly schedule of all the activities that were on the weekly calendar. When the nurses arrived on Monday, they knew at all times what they should be doing. According to the RP: Then when we got it in place, I think in fact it is fine. We have advantages just knowing who should be responsible for each patient. Thus, we know what we should do. (RP). This reinforced a common vision and experience of teaming up in everyday practice.
In the nursing care departments, the atmosphere was different. Although RPs felt they were active drivers of change, it was difficult to get colleagues working toward common goals. Only one practical task showed some progress: We (RPs) have written some routines around mealtimes, for example, dinner. We felt it was chaos for those who sat there, for there were many people in the living room when the residents were eating. Now we do it so that there are only two of us taking dinner serving. It works great, and we write in the program book who is responsible for dinner.

In Focus Group 1, negativity in nursing care departments was discussed. The RPs expressed frustration that they were barely accepted because colleagues did not support measures such as outings. The manager believed that not everyone paid attention to the instruction. Others thought it was about attitudes, awareness and entrenched cultures where medical interventions were prioritized over welfare measures. Some employees rarely joined patients on outings, while others succeeded with the same patients. The RPs in the nursing care department initiated measures in hopes of getting staff more involved. “We have a great bathroom on the ward. We got permission to renovate it.” The RPs began painting and acted. “I painted there, but no one came to help, and no one took alarm bells in the department while I painted.” The RPs completed the project. Afterwards, not all wanted to use it.

The daily tasks had to be done simultaneously with the interventions, and it was difficult to change employees’ mindsets. After ten months of the certification process, there was still resistance among employees in the nursing care department, for example, regarding outings with patients. The dementia department, however, was a positive setting where, in contrast to the nursing care department, staff dressed appropriately for the patients’ activity needs: “I see that we come with sneakers and workout clothes. You (from nursing care departments) come in high-heeled shoes.” (RP in dementia care).

The RPs in the nursing care departments said that they experienced less resistance to JLNH than six months earlier. Operation managers in the departments had told staff expressly that the municipality management approved the project, and the requirements were enshrined in national regulations. This was a direct instruction and was accepted.

Role prerequisites of the resource group

In the first focus group interview, it emerged that the role of RP was vague and created uncertainty among the RPs. They were motivated and wanted to be both visionary and realistic, but what they should do was unclear: “I think we should be given tasks and roles in the first meeting. I’ve called for this many times. Even today, I do not know my role.” (RP)

An example of role confusion was planning for the individual patient. To carry out the certification, each patient was supposed to have a primary contact person. It was unclear what the difference was in the functional area between the RPs and the primary contacts. “We agreed to have individual plans but had to remind primary contacts that it was they who were following up their patients, not the RPs.” (RP)

The JLC developed role descriptions, and in Focus Group 2, the RPs felt they had found their places and roles in relation to other staff. Still, RPs in nursing care departments felt their role and tasks demanding:
I am no boss. I am a regular employee, and I cannot impose on people. So, I struggle when planning things that I will not be carrying out. Adding work to others instead of doing it yourself, it feels wrong for me ... I shall not add burdens to anyone else either. (RP in a nursing care department).

The RPs had no experience being agents of change in relation to their colleagues, and this was experienced as an especially difficult situation. In nursing care departments, the RPs also felt that implementation work was, to some extent, “voluntary work” to be carried out in their spare time.

Department managers’ involvement in the process was also discussed. Initially, the two DMs in the JLNH group regarded other personnel managers as not well-enough prepared for their implementation responsibilities. They missed the professional managers’ participation in organizing, knowledge dissemination, and “gathering the troops” (all employees). Focus Group 2 highlighted the need for this role, especially in departments where some were still reluctant to participate. DMs emphasized the need to support RPs in departments within employee groups with negative attitudes; “It’s hard for the RPs” (one DM). RPs from the nursing care department stated that they had positive and necessary input, learning, and support from RPs in the dementia department. The project group meetings could, however, sometimes be perceived as stressful by those who felt they fell short in relation to departments that were more successful.

In Focus Group 2, the RPs spoke about their cooperation across departments. The JLG members had evolved into a team: “I think that it has been like an idea bank—a forum for ideas and to gain experience from each other” (DM). The JLG team was a medium for shared learning and mutual support aiming to help staff stay motivated on days with fluctuations in engagement. Moreover, to achieve certification, the departments had to be mutually dependent.

Joy of Life as a concept and way of working
At first, it seemed unclear to employees what the term “Joy of Life” meant. In the dementia departments, the term was manifested through individual and group activities for patients. Despite less-than-enthusiastic attitudes in the nursing care departments, overall, the RPs had positive experiences with the patients:

«That (the bathroom) is joy of life! It leads in any case directly into the joy of life. They (patients) say that. We have added some soft lighting and music and stuff. It’s a simple thing that we can use.» (RP)

In relation to seriously ill patients, opposition was expressed: “Then colleagues met it [the JOL concept] with derision. It was mocked. This wears me down”. (RP)

Some colleagues were more concerned about medications and medication reviews. There were conflicting thought models, especially in nursing care departments, but they seemed to change from the first to the second focus group interview, although the discussion still revolved around seriously ill patients. One RP commented: “It’s urgent for them to enjoy life” (RP). Seriously ill patients needed, for example, cultural experiences in accordance with one of the nine criteria for JLNH.
Joy of Life was elaborated in the context of practical situations such as inserting a Venflon catheter or tube feeding. Joy of Life meant being present for the patient here and now. For members of the JLG team, Joy of Life was seen in the context of comprehensive care and human dignity.

After this ten-month process, the RPs expressed the opinion that the work was essentially positive and appropriate for them to be engaged in:

Imagine all those who have been sitting in the nursing home that have not been offered fresh air. They enter the nursing home and sit in a circle in front of the TV. At mealtime, they are taken to a table and have a bib put on. I think of the residents. If you see that you can make them happy and pleased, it means much more to me...that I can give them something good. (RP)

The RPs all agreed to work through the challenges they experienced. After ten months, several colleagues were actively involved in Joy of Life work, although not all employees involved themselves in the holistic person-centered care.

DISCUSSION

The aim of the certification project was for a particular nursing home in Norway to become a Joy of Life Nursing Home (JLNH). The JLC was most active when the theme involved something the person could perform to help the team. DMs were active in supporting RPs, although the most active participants in the focus group discussions were the RPs. They were also the key people in managing the certification process at the individual workplaces. As healthcare professionals, they faced new challenges in managing the process of change. Changes focused on quality improvement in healthcare, imposed by the municipality’s overall leadership. The team had a significant role in implementing new ideas about JLNHs at all levels in the organization, and not least promoting learning and changing the behavior of nursing staff.

Being a resource person for colleagues

The RPs were convinced of the appropriateness of the Joy of Life work and found job satisfaction and mastery experience being with patients in activities and patient-centered care. The need for managed and systematic change work is highlighted in the research (15,18,19). It transpired that a major challenge of the initiative was the sizable responsibility given to the RPs as agents of change. Management theory emphasizes that success with development work requires learning at all levels of the organization (20,21). Personal mastery in professional practice is the basis for organizational learning because mastery involves both skills and creative thinking (21).

There were differences between departments, seemingly caused by work cultures characterized by either willingness or resistance to change, which was shown through the staff’s attitudes regarding the implementation work. How the RPs demonstrated the ability to involve employees and handle their resistance also seems to influence the process. In departments with a quality improvement culture, the staff collaborated on problem solv-
ing. This work involved group learning in the departments, which is considered a prerequisite for success in organizational development (20, 21). Consequently, management that builds a culture of cooperation and focuses on quality seems to provide the foundation for this kind of development work. Furthermore, this seems to support the fact that RPs in departments with such a cultural foundation can be successful in managing development processes.

In departments where RP experienced resistance to change over time, reduced resistance was a consequence of three conditions. First, support from head manager in the department made it easier to function as an RP. Second, RP’s role models were holding on to the goal and implemented some changes that gradually achieved a reduction in resistance. Third, the role of change agent requires the ability to be both visionary and realistic (21). The RPs put joy in a conceptual context for person-centered nursing (17). This was experienced to give more understanding in the colleagues. Being a resource person for one’s colleagues should be considered before the start of the project. In cooperation with managers, the position can provide valuable learning and cooperation for quality improvement for the RPs and the department.

Supportive management is highlighted in several studies (16, 18). Support and encouragement from leaders can facilitate the change agent’s task. Change agents can develop on an individual level through the experience of mastering resistance and binding decisions regarding change. At the group level, development is achieved through role models and reducing stress reactions through observational learning (31) in a JLG.

Nursing home cultures
Rytterström et al. (32) found that care of the elderly in a municipality was based on including social cultures that addressed patients’ needs. This aligned in part with the findings of this study, although there were differences in the work culture in different departments. According to Senge (21), people in an organization have to consider the desired future and work toward common goals for all who undertake group learning so everyone can work together to meet the goal. Requested change in the nursing home was rooted in top management in the municipality but partly lacked the support of employees working in contact with patients. Senge (21) discusses mental models as little-expressed beliefs in organizations. Change includes bringing about change in the mindset, and in healthcare, that means providing person-centered care rather than focusing on medical measures. Nursing care departments where staff had medical perspectives had a long way to go in changing to the new model and person-centered care, as human environments were perceived to be more important than physical environments (33). The new model led the nurses to rethink their own roles in the nursing home culture.

Municipal health services represent a social system with complex structures of roles and role positions. The role of nurses refers to a set of expectations about the behavior of those who hold this position in the work culture (34). The nurse as an individual needs to see his or her place in the position’s role in a culture (20). As role descriptions were developed, the JLG experienced and learned through group learning. Faced with colleagues who had different opinions, there could still be tension between vision and reality. In the beginning,
clarification of the role was lacking, but during the process, the role of the RP was clarified to contribute to a changed attitude towards their colleagues implementing JLNH. If the goal is organizational development with anticipated changes to structures, technologies, and practices, one must also change how members of the organizational culture understand situations, challenges, and roles (20).

Learning organizations

Koren (9) discusses cultural change in nursing homes in light of concerns from residents and politicians who promise a better quality of life and care to contribute to meaningful lives for nursing home residents. There should be an explicit focus on quality of care and quality of life for residents of these facilities (35). Various strategies and leadership skills seem to help implement reform practices in nursing homes (19). To meet changing needs, it is necessary to include systematic thinking that facilitates efficient solutions and new organizational models in a learning organization (21). Being a learning organization requires mental models to counteract firm-grown cultures, and encourage common vision and group learning to interact as a team (21). JLG functioned largely as a learning organization, but the departments were different in implementing the processes as part of the learning organization.

The RPs were engaged in their roles as change agents and believed they should contribute to a more meaningful life for the patients. Their commitment was not based on their competence, and the supervision was not aimed at learning but rather in relation to implementing the LG concept. Meaning can be linked to being shown respect, individual adjustments (5,6) or enjoying life (32). Employees did not understand the Joy of Life concept, which made it difficult to work toward common goals. The RPs found a new meaning of the concept of respect for the patient and patient-centered care that they wanted to be rooted as a cultural mindset. This can be demonstrated through respect for long-term care, which manifests by employees being present for the patients (36,37) and by positive relationships (38).

JLNH as a concept

Several concepts have been developed to improve the lives of seniors in nursing homes (10,11,15). A review study by Gibson et al. (35) found consensus that residential care should be situated within a range of services based on needs. Nevertheless, nursing studies have pointed out a lack of attention paid to patients’ various needs (4,8). This study provides knowledge about an intervention which aims to improve and systematize the provision of activities related to nursing home patients’ overall needs. Brownie and Horstmannshof (15) found that systematized work is important to heighten quality of care. Conversely, systems, procedures, and practices can challenge patient-centered care due to their task-oriented characteristics (32,39). The findings, however, show that systematization of work seems to free up time and lead to more interaction and activity for patients. This type of work requires staff to have a shared vision of care based on conditions in the here and now (21). The quality of the care was probably improved, even though not all employees were initially positive about the concept.
STRENGTHS AND LIMITATIONS
The strength of the study was that participants were open and actively participated in sharing experiences so researchers gained relevant and rich data. The sample was limited to one nursing home but represented five departments. They were homogeneous in the ways of working in an institution with the elderly, but less homogeneous regarding different starting points with various assignments in the departments.

In the first FG, the researchers were unfamiliar to the participants. Initially, a “be-known” phase, where the moderator made sure everyone was involved in the conversation, developed into a discussion between group members. In the second FG, the discussion started quickly. Using discussion instead of conversation led the participants to come up with new moments based on what others said.

At an organizational level, the study of how designated persons worked with the JLNH implementation process was a pilot for formative evaluation research (22), analyzing experiences of strengths or weaknesses of the program implementation process. From a person-centered perspective, gaining personal-level knowledge of how individual employees experienced the RP role may generate knowledge to consider this implementation model for this kind of change (40, p. 101).

CONCLUSION
Systematization of the work with the JLNH concept contributed to its practical implementation. The RPs were responsible for implementation work with commitment to the concept as the sole selection criterion. In meeting positive attitudes about the concept, they succeeded. However, in the face of negative attitudes, they had limited skills to meet resistance. Limited supervision in the resistance the RPs encountered limited the implementation process as a learning process. Role clarification and cooperation in JLNH made the work easier, and Joy of Life as a concept became an important motivation in the implementation work. With the support of a team in a learning organization, nurses and assistant nurses may function as change agents. The leadership person responsible for quality should secure a mandate and the follow-up support of the change agents and then support learning about the new idea at all levels of the organization. Management support and a change team seem to provide motivation in implementing efforts to ensure quality patient-centered care. This process should be the subject of a larger research project.

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REFERENCES


