A big part of any culture is its language. Nursing home culture is no exception. So, in terms of culture change, there has been an effort to change the undignified language used in nursing homes. A resident is not a “dementia patient” but “an elder living with dementia.” We don’t refer to residents by their ailments or room numbers but by their names. In the dining room, there may be people who need assistance with eating wearing clothing protectors but not “feeders with bibs.” And, the preferred term for those who live in nursing homes is “elder.”

We’ve changed language to fit the new way we look at things, but we also need new words for the new concepts we are using in the new culture. I’ve found, however, that people use some of these words interchangeably, or have preference to one word over another.

After writing countless words on the subject of culture change, I’ve found myself with a preference for different words in different situations and my own rough definitions for them. I offer them here in hopes of hearing your thoughts on these words and the language of culture change.

**person-centered** – This is the broadest term of these first four that I use most often to describe culture change. It of course honors elders, but it also focuses on the staff, relying on their humanity working to run the organization. Also, this recognizes the relationships between elders and staff, elders with each other and staff with each other as the glue that holds everything together. Institutional practices are not the center of life in the nursing home, people are.

**resident-centered** – I use this more specific term when talking about “the way things are done.” For example, a system of med distribution that is worked around how the resident orders his or her day, instead of the med pass dictating the resident’s schedule, is resident-centered. Choice in dining, bathing, rising and sleeping are also resident-centered.

**person-directed** – I don’t generally use this one because all organizations are directed by people and this term doesn’t give an understanding of who those people might be. I see it as more confusing than enlightening.

**resident-directed** – This is really the ideal – that the residents are really running things. But, at this point, it seems only the most advanced culture change homes are using this method and then only in certain areas of operation. I find “resident-centered” more accurate.

**Person First™** - Action Pact’s signature culture change training process that creates an in-house team of front-line staff, families, and leadership to learn, practice, and teach how to put the person first through training and...
community building. It does focus on those living with dementia because often those are the folks we ignore and depersonalize the most.

facility – Many people don’t like this word because it is too “institutional.” In general I agree, but I use this term when referring to the physical building(s) and property or when talking about separate facilities under the umbrella of a larger organization.

organization – A term for the nursing home and its systems, it is made up of people and what they give and do.

culture change – a term for the overall movement and any of the work being done by nursing homes to move toward person-centered care and organizations. Some people do not like the “culture” part of this phrase, but I think it is important because the culture goes beyond the nursing home doors to the way elders are regarded in general in our society and our attitudes about nursing homes in our communities.

nursing home vs. home – We are trying to change the institution into home for elders. However, I find it confusing to refer to a nursing home simply as “home” especially when used in context with the place elders lived before they came to the nursing home. It is also problematic to talk about the place where people work as “your home” when meaning “your nursing home.” If I am an employee and somebody says “your home,” I think he or she is talking about the place where my family and I live. However, I do like to use “home” as a word for a concept and ideal as in “creating home for elders.”

institutional model vs. medical model – At Action Pact we have moved to using the “institutional model” over the “medical model” a) because it encompasses more than just the clinical aspect of an organization…the departmental silos, schedules, one-size-fits-all and b) “doing away with or moving away from the medical model” is a phrase that some interpret as meaning being lax in clinical care, which is certainly not the case.

What do you think? Are there other words you struggle with?