Organizational Culture and Social Integration in Nursing Homes

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by

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Under the Direction of Jennifer Craft Morgan, PhD

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ABSTRACT

Social isolation is a prevalent issue among nursing home residents, which can lead to various chronic diseases, such as depression, dementia, and chronic pain. Social integration refers to the active engagement in social ties, institutional connections, and participation in community-based social, cultural, and religious activities. Organizational culture is a critical factor in providing person-centered care and fostering communication, teamwork, and quality improvement processes. The study examines organizational culture specifically in terms of person-centered care practices and social integration, social isolation, and loneliness among residents. The study adopted a descriptive study design to understand the context of organizational culture and social integration among nursing home residents. The was guided by the following research questions: how do staff perceive that they influence the social integration of residents, what person-centered practices are currently in place to support reducing social isolation and loneliness and how does the transition to private rooms in the nursing homes setting impact residents perception on social isolation and integration. The study aims to identify areas of organizational culture and person-centered practices that could be improved and, in that context, better understand the social health of residents. The study includes targeted recommendations for promising practices that will support the entire community of workers, families, and residents.

INDEX WORDS: Organizational Culture, Social Isolation, Engagement, Social Integration

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DEDICATION

This work is dedicated to the Lord Almighty for his Mercies throughout my life and my studies. I also dedicate this work to my parents, Ex Wo1 Oppong Emmanuel and Mary Lartey, for their immeasurable love, support, and encouragement throughout my life and education. I also dedicate this work to Prof. Josephine Sam-Tagoe and Dr. Priscilla Commey-Mintah. May the Good Lord continually bless and keep them.

This work is dedicated to the Gerontology Institute at Georgia State University, and the residents and staff of the nursing home where this study was conducted.

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LIST OF ABBREVIATIONS

AGS: American Geriatrics Society

BPS: Biopsychosocial

CMS: Center for Medicare and Medicaid Services

PCC: Person-Centered Care

SEM: Socio-Ecological Model

1 INTRODUCTION

Social isolation disproportionally impacts older adults with about 50% likely to experience social isolation (Murthy, 2017; Ibrahim et al, 2013). Social isolation has been linked to several chronic illnesses such as depression and dementia (Neves et al, 2019). Social isolation is significantly higher among residents in the nursing home (Dhanda, & Pryce, 2023). Chronic pain, depression, dementia, and other chronic diseases are outcomes of social isolation among nursing home residents (Neves et al, 2019). Further, reliance on staff and a lack of relationships among residents may also increase social isolation among residents (British Columbia Ministry of Health, 2004). This prevalence of socially isolated residents has raised concerns among stakeholders including families, researchers, and long-term care administrators.

Social integration is a significant factor in determining overall resident well-being (Diwan & Jonnalagadda 2002; Leedahl, Sellon, & Chapin, 2018). Social integration refers to the active engagement in social ties, institutional connections, and participation in community-based social, cultural, and religious activities (Seeman, 1996). Residents in nursing homes are faced with multiple factors such as mobility that play a significant role in how they are socially integrated (Anderson, & Dabelko-Schoeny, 2010; Victor, Scambler, & Bond, 2009). Organizational culture is fundamental to improving quality care among residents (Sikorska-Simmons, 2006). An organization with well-structured values, beliefs, and a quality work environment is well-positioned to bring out the best in its staff and hence produce quality care. Cassie & Cassie (2012) in their study, identified that organizational culture influences the well-being of residents. Personalized care practices has proved to be influential in improving the quality of living and care for residents living in nursing (Bhattacharyya, Morgan, & Burgess,

2022; Morgan et al, 2023). The study provides evidence that organizational culture may be relevant in understanding social isolation and integration among nursing home residents.

There have been several organization-based campaigns for expanding the practices of person -centered care and promoting home-like environment in long-term care including the Pioneer Network, Eden Alternative and the Greenhouse Projects. Recent research has shown that the well-being of nursing home residents is affected by the structure and style of the building and living space (Silow-Carroll et al, 2021). Single occupancy rooms have been shown to positively impact resident care and foster flexibility in practice. The choice for single occupancy room were greatly preferred by family as it foster privacy them and their loved ones (Chaudhury et al., 2006). The COVID-19 pandemic also revealed the influence the living environment has on the well-being of nursing home users (Fulmer et al, 2020). Studies during the COVID-19 showed that nursing homes with residents in multiple occupancy rooms were at higher risk of death due to the virus than residents living in nursing homes that offered private rooms (Brown et al, 2021).

2 LITERATURE REVIEW

2.1 Social Isolation

Retiring from work, loss of relationships, and challenges with health and limitations have contributed to reduced social disengagement (Russell & Schofield, 1999). Well-being for people rests on the richness of one's social connectedness; that is, for both mental and physical well-being. Social isolation is one of the most neglected conditions that affects older adults daily (WHO, 2022). Social isolation can be measured by taking notice of a person's associations with others and the quality of their association with their community (Joyce, et al., 2022). Shvedko, et al. (2018) defined social isolation as a circumstance where a person has limited social connectedness, limited involvement with others, a lack of social interactions, and a deficiency in establishing and maintaining meaningful connections. The National Health Service (2014) similarly explains social isolation as the absence of interaction with others or assistance from people.

A range of elements such as family relocation, the passing of close family and friends, retirement, inability to walk, financial and health challenges are all factors that may lead to older people becoming socially isolated. (Cornwell & Waite, 2009; Courtin & Knapp, 2017; Heffner et al., 2011; Steptoe et al., 2013). According to the National Health and Aging Trends study, some portion of older adults face a greater likelihood of becoming socially isolated. Variations in risk were associated with sociodemographic factors, including race, income, age (80 years or older), gender (female), immigrant status, being a member of a minority group, and individuals dealing with chronic illnesses and disabilities (Cloutier-Fisher et al., 2011; Cudjoe et al., 2020; The National Seniors Council, 2014). According to research, there is an intricate and mutual relationship between social isolation and institutionalization (Brock & O'Sullivan, 1985).

2.2 Social Integration

Social integration can be described as the level to which people participate in different social connections, such as taking part in social activities, fostering relationships, and feeling connected to their community and social roles (Holt-Lunstad & Uchino 2015; Brissette et al. 2000). It has also been described by researchers as the extent of a person's interaction with their social community and their active participation in various activities (Brissette, et al. 2000; Hooyman & Kiyak, 2008). When residents are not socially integrated, they experience social isolation (Su & Ferraro, 1997) which leads to several chronic illnesses and challenges such as depression and dementia (Neves et al, 2019). The idea of social integration is best comprehended through the exploration of the persons social: network, capital, support and engagement as highlighted by (Leedahl et al,. 2018). These concepts are important and helpful in assessing and understanding social integration in the nursing home (Leedahl, Sellon, & Chapin, 2018).

2.2.1 Social Network

The concept of social network was first introduced by (Berkman et al., 2000). According to Berkman and Glass (2000), social networks can be conceptually defined as the network of an individual's social convoy and the characteristics of those relations. When conducting research, the person network is determined by their relations with other people and how communal they are (Cohen, 1988; Berkman, 1995). Kemp and colleagues listed three types of care convoys that are consequential to the function and adequacy of care networks over time (Kemp et al., 2018). They are classified as cohesive convoys, fragmented convoys, and discordant convoys and the kind of care provided by the convoys can be grouped as formal or informal (Kemp et al., 2018). Studies conducted in nursing homes have found that social networks have a significant influence on residents' quality of life (Abbott & Pachucki, 2016), and improve their well-being (Casey et

al., 2016). More evidently, both quantitative and qualitative studies have significantly revealed that having a network that consists of both family members and ties with co-residents and non-family members outside assisted living influences residents' well-being (Kemp, et al., 2012). This emphasizes the importance social networks have on the well-being of residents.

2.2.2 Social Capital

Social capital is an aspect of social organization that is identified by the individual's group, accepted rules and, which promotes communication and unity for communal benefit (Putnam,1995). A recent study has shown that the conceptualization of social capital involves the interplay of structural and cognitive components, including social connections, norms of reciprocity, and trust (Ferlander, 2007). It emphasizes that social networks are incomplete when they are not reciprocated.

Numerous studies have revealed that there exists a link between social capital and better outcomes. These outcomes include morbidity and mortality, self-rated health, mental health, and health behaviors, such as reduced smoking, increased physical activity, better diet, less disease, and improved survival when ill (Ferlander, 2007; Forsman et al., 2011; Forsman et al., 2012). Residents from nursing homes are able to benefit from accruing social capital in the context of a care organization (Leedahl, 2018). The overall well-being of nursing home residents was found to be highly influenced by social capital (Leedahl, 2015).

2.2.3 Social Support

The building blocks of social support includes emotional, social, physical, and financial resources as well as other forms of assistance provided by others (Berkman & Glass, 2000). Callaghan and Morrisey (1993) provided a conceptual definition of social support as "the mutual exchange of resources between two or more individuals, designed to improve the well-being of

the recipient, as perceived by both the provider and the recipient" (p. 203). According to Berkman et al. (2000), social support can be viewed as the primary mechanism through which our physical and mental health is influenced by our social networks. Social support often looks at the quality of one's relations, which includes emotional, appraisal, and informational support (Berkman & Glass, 2000). Several studies have consistently found a strong link between social support and improved well-being among elderly individuals, especially in areas such as long-term care, health, community engagement, safety, and the ability to live independently for extended periods (Antonucci & Akiyama, 1987; Drageset et al., 2015; World Health Organizations, 2002). Research indicates that providing and receiving social support are crucial for the overall well-being of elderly individuals (Thomas, 2009). A study conducted by Drageset et al. (2015) on nursing home residents with cancer revealed that social support emphasizing self-esteem and value can decrease feelings of loneliness.

2.2.4 Social Engagement

Social engagement is defined as partaking in meaningful social roles for either leisure or productive activity and refers to engaging in activities within one's community (Glass, et al., 2006). It has been designed to include activities that contribute to the economy, like preparing meals, volunteer work, or paid employment, as well as social or leisure activities, such as socializing with others or engaging in enjoyable pastimes like watching a movie or playing cards.

Kemp et al. (2021) delved into four strategies aimed at enhancing the ability of assisted-living facilities to provide person-centered care by actively involving the residents in a meaningful way. These strategies are: (a) knowing the person, (b) connecting with the person and meeting them where they are, (c) being in the moment, and (d) viewing all encounters as opportunities. Understanding the individual is fundamental to the methods that entail inquiring, showing curiosity

about the lives of the individuals, and working together to enable them to take action independently or engage in activities likely to lead favorable reactions. Connecting with the person and meeting them where they are was identified as being present by listening and observing verbal and non-verbal cues were keys to connecting and meeting residents on their own terms. Their study also revealed that engagement partners who met residents "where they were" in terms of orientation to time and place also tended to have greater success than those who did not (Kemp et al, 2021).

Being in the moment means being attentive and adapting to evolving changes with the resident. It also means being flexible with the expectations and interactions, including when a resident's memory, abilities, responses, or interests change; the past was not always a reliable resource or guide. Approaches that accommodated residents' in-the-moment needs and abilities were critical for promoting meaningful engagement (Kemp et al, 2021). Viewing all encounters as opportunities significantly created a positive outcome in residents' level of engagement. It involves taking advantage of the situation to make the encounter meaningful to the resident.

Social engagement has a significant influence on health, namely mortality, disability, and healthcare expenditures (Kiely & Flacker, 2003; Mendes de Leon et al., 2003). Additionally, visits from engagement partners, especially those from family and friends, significantly impacted the quality of life of residents (Kemp et al., 2021). Contrarily, for nursing home residents, where there is low social engagement at admission, limitations in physical and cognitive functioning, and vision or communication difficulties can lead to low engagement over time (Bliss et al., 2017).

2.3 Organizational Culture

The culture of an organization is significant in determining how social integration may be influenced by various factors such as residents' needs, families, and staff. Culture is said to be significant in determining the atmosphere surrounding work and the regulations that inform

practices in an organization (Tsai, 2011). Culture forms the framework for living and gives essence to the environment we live in (Keith, 1982). Several definitions of culture establish a relationship between the environment and the residents of the nursing facility (Barkan, 2003; Redfoot, 2003). Schein (1985) defines culture to include values, beliefs, and principles that shape how individuals in an organization behave. Similarly in nursing home settings, organizational culture includes the organization's values, beliefs, and expectations which determine how staff are supposed to work (Gibson & Barsade, 2003). Organizational culture has three dimensions as proposed by Glisson et al. (2008). They assert that the dimensions of organizational culture include rigidity, proficiency, and resistance. A proficient culture signifies an organization whose staff places the unique needs and well-being of their residents at utmost importance. A rigid culture signifies an organization whose staff have no or little autonomy in making decisions. Staff in this kind of organization depend on supervisors to make decisions (Glisson et al, 2008). The culture is usually rigid, and staff must follow the organizational dues process and policy. In a resistance culture, staff are hesitant to take the lead. This type of culture is noted for compliance (Glisson, 2006). Organizational practices both create the experience for and are created by everyone within a system. According to Cassie and Cassie, (2012), their results revealed that organizational factors like geographic classification, facility size, and staffing influenced depressive symptoms among nursing home residents. This may suggest that organizational culture may influence social isolation among nursing home residents.

2.4 Person-Centered Care

Center for Medicare and Medicaid Services (CMS) defines PCC as a personalized approach of caring that emphasizes the individual's preferences and goals. It involves a team of healthcare professionals working together with the individual to provide support and care. (CMS

Ref: Definitions 483.5). Similarly, the American Geriatrics Society (AGS) defines PCC as providing care that is based on one's choice and decision. These choices and decisions provide a reference for all their provision to receiving care, supporting their realistic health and life goals" (Brummel-Smith et al., 2016). Studies have shown that organizations that practice PCC have experienced improvements in well-being, emotions, and involvement in activities among residents (Fazio et al., 2018; Kim & Park, 2017; Kogan et al., 2016).

2.5 Factors that Contribute to Social Isolation

Howat et al. (2004) in his study categorized the potential risk factors of social isolation into five categories. That is physical, psychological, and economic, changes in family and environment. The individuals' health conditions were factors that were categorized under physical conditions (Nicholson, 2012). Havens et al. (2004) identified that older adults with multiple chronic illnesses were susceptible to experiencing social isolation. In addition to chronic illnesses, (Heine et al., 2002) found that sensory challenges such as hearing, and vision impairments can contribute to older adults experiencing social isolation. Depression and quality of life are factors that have been categorized under psychological factors that serve as risk factors for social isolation (Dorfman, 1995; Lim, & Zebrack, 2006). Elovainio et al. (2003) identified retirement to be associated with social isolation. Nicholson (2012) stated that there is a noticeable relationship between retirement and social support (Portacolone et. al, 2018) which is a significant indicator of social isolation. Wenger, & Burholt (2004) identified the loss of friends as one of the reasons that may lead to social isolation. Living alone, and the location of home are environmental reasons that studies have identified may lead to social isolation (Fowles & Greenberg, 2009; Ross & Jang, 2000). Among residential care systems and nursing homes, poor health, frailty, and the individual's ability to engage with other residents and care convoys are significant contributors to social isolation among

residents (Grenade & Boldy, 2008). More evidently, increasing frailty and general health deterioration significantly impact residents' engagement in organized social activities (Bajekal, 2000).

2.6 Social Isolation and Social Integration

In an organizational culture where the needs of residents are not prioritized, residents may feel undervalued and burdensome thereby increasing the chances of depression. There is evidence from studies that suggest a relationship between depression among older adults and social isolation (Santini et al, 2020). A higher incidence of depressive symptoms was observed in organizations where staff were apathetic to change (Cassie, & Cassie, 2012). Further, Boamah et al. (2022) explain how the nursing home environment and culture may influence the well-being of its residents. They stated that structural factors may comprise the social and physical characteristics of the LTC home environment that is, the shared living space, provision of nursing and personal care, social and recreational program, etc. as well as the residents in the facility such as mostly older people with complex healthcare needs which combines to influence the well-being of the resident. Their findings revealed that with reduced autonomy in outdoor participation and increased dependence on staff, nursing home residents become increasingly isolated and thereby have a negative impact on their quality of life. The results from these studies revealed the various aspects of the long-term care environment that may influence and put at-risk residents in isolation (Boamah as cited by Buckley & McCarthy, 2009; Grenade & Boldy, 2008; Kortes-Miller et al., 2018).

2.7 Theoretical Framework

This section of the proposed study explains the theoretical underpinnings of the construct of the study. This gives the reader a framework to understand and relate to the constructs. In this proposed study the Biopsychosocial Model and socioecological model.

2.7.1 Biopsychosocial Model

The biopsychosocial model (BPS model) was first developed by Engel (1977). Engel proposed that the intersectionality of biological, psychological, and sociological factors can help to understand health and illness. It was developed to overcome the shortcomings of the biomedical model which only suggested that health and illness are influenced by biological factors (Havelka et al, 2009). Delfos (2004) also asserts that the BPS Model is significant in the lifespan development of individuals as these factors influence the biological, psychological, and sociological influence of those developments. Furthermore, the BPD Model also emerged to understand human beings from biological, psychological, and sociological perspectives (Molina, 1984).

Biological Factors are the factors of the human body that influence or play a role in health and illness. They include factors like the individual genetic makeup, brain structure, neurotransmitters, and others (Dfarhud et al, 2014; Bridley, & Daffin, 2018). For instance, the cardiovascular and immune systems are important in determining the health condition of individuals (Lehman et al, 2017). The psychological factors of the BPS model proposed the interplay of factors such as learning, cognition, emotion, personality, and behavior in health and illness. It also includes the individual's belief system of the individual (Bridley, & Daffin, 2018). The social factors of the BPS model focus on the interplay of socioeconomic, socio-environmental,

and cultural relationships and how they affect and influence health and illness (Bridley, & Daffin, 2018).

2.7.2 Relating Biopsychosocial Model to this Study

The biopsychosocial model provides a basis for explaining the interaction that exists between biological, psychological, and social factors that may influence and predispose a person to developing illness. The biopsychosocial model is appropriate for explaining the influence of organizational culture and social isolation and integration among nursing home residents in this proposed study. The assumption is that the resident may have certain biological factors such as health challenges like chronic illness and may also have certain social challenges such as neglect from their social convey. The interaction of these two factors may significantly predispose and influence the residents to become socially isolated. In addition, residents may become socially isolated due to their realities with the interaction between their health and the challenges that nursing home staff may be facing.

2.8 Socio-Ecological Model

Ecology is a biological science terminology that explains the relationship that exists between organisms and their environments (Hovell et al, 2002). The evolution of the ecological model has been relevant in the health sector and explaining the relationship between people and their sociocultural environment (Hovell et al, 2002). The socio-ecological model (SEM) was designed to understand the interconnections between individual and environmental factors that influence the well-being of humans (Golden, & Earp 2012). SEM is used in multiple studies to conceptualize health (Scarneo, 2019; Level, 2002; Meehan et al, 2023). The model proposes that health is affected by the intersection of multifaceted factors that include the individual, relationships, community, and society (Meehan et al, 2023; Dahlberg, & Krug, 2006). The

first level of the socio-ecological model captures the factors about the individual. It asserts the influence of factors such as the biological, personal characteristics, behavior, and personal history of the individual (level, 2002; Dahlberg, & Krug, 2006). The second level of the model consists of the individual's close relationships. It includes friends, partners, and family members. The second level has an impact on the individual's behavior and experiences (ATSDR, 2015; level, 2002). The third level of the model, the community focuses on the setting where individuals form and build relationships. The community where the person lives and the place of work forms one of the most important places where relationships are built. The community explores the various characteristics of the person's community and how these factors affect their health (ATSDR, 2015; level, 2002). At the final level, society focuses on social determinants that influence and shape the individual's health. These social determinants may include norms, policies, and education (ATSDR, 2015; level, 2002).

2.8.1 Relating the Socio-ecological Model to this Study

The socio-ecological model provides a basis for understanding the relationship that exists between the residents and the organizational environment. It is essential to identify factors in the person's environment and how they may relate to influencing the resident's well-being. The socio-ecological model is appropriate for understanding the influence of organizational culture and social isolation and integration among nursing home residents in this proposed study. The assumption for using this theory for the study is factors of the organization such as staff dissatisfaction, few resources may be contributing factors to influencing residents' well-being.

2.9 Purpose of the Study

The study examines both organizational culture specifically in terms of person-centered care practices and social integration, social isolation, and loneliness among residents. The study

will adopt a descriptive study design to understand the context of organizational culture and social integration among nursing home residents. The study aims to identify areas of organizational culture and person-centered practices that could be improved and, in that context, better understand the social health of residents. The study will include targeted recommendations for promising practices that will support the entire community of workers, families, and residents. The proposed study will be guided by the following research questions:

1. How do staff perceive that they influence the social integration of residents?
2. What person-centered practices are currently in place to support reducing social isolation and loneliness?
3. How does the transition to private rooms in a nursing home setting impact residents' perceptions of social isolation and integration?

Research Objectives

- Understand the organizational culture prevalent in nursing homes and in context, social integration.
- Explore the factors that facilitate or hinder social integration among residents.
- Identify best practices and strategies for promoting a socially integrated environment.

2.9.1 Significance of the study

The purpose of the study is to examine both organizational culture and social isolation among nursing home residents. Findings from the proposed study will be beneficial in understanding the potential relationships between of various aspects of organizational culture and social isolation. It may also improve the organization's person-centered care practices by identifying areas that may need modifications.

3 RESEARCH METHODOLOGY

3.1 Research Design

Case study is a research design in which researchers explore a life experience over a period of time, though a detailed data collection (Creswell, 2013). Case study is usually used because of the ability to gather data from a multiple of resources like documents and interviews. (Yin, 2009). The importance of case study is seen where the researcher formulates questions that seek to ask why and how over cases the researcher has no idea. Using a case study helps researchers to keep the original characteristics of events (Yin, 2009). Yin (2009) further writes that in case study, characteristics under study are done in the setting of participants. Additionally, case study research helps to capture important details happening in organizations and the activities that are having an impact (Cassell & Symon, 1994).

3.2 Summary of Site and Rational Choosing Site

The selected site is a renowned nonprofit nursing home and senior care provider in Georgia, with a rich history spanning multiple decades. Founded in the 20th century, the non-profit organization has grown to become one of the leading providers of expert and compassionate rehabilitation therapy and residential care for seniors in Georgia. The non-profit is noted for its practices in person-centered care by designing personalized care for its residents. The concept and adoption of single occupancy room has been a proposed project for more than a decade. Organizational issue arising from experiences with COVID-19 also created urgency in bringing into fruition the private room model. Assigning residents to a single occupancy room was recently implemented at this site to promote the implementation of personalized care.

In addition to creating a home-like environment with private rooms, another core principle of the non-profit organization is engaging residents in diverse and meaningful activities. Residents from this case study revealed various activities that they enjoyed participating in. They indicated horticulture, music therapy and bingo as examples of activities they engage in and enjoy being part of. This result is consistent with the non-profit organization's core principle of providing engagement activities to its residents.

Another major value of the non-profit organization is maximizing the engagement and involvement of family and friend care partners. Staff, family/friends and residents work together to engage residents in meaningful relationships. Family involvement is high relative to other nursing homes.

3.3 Sampling Procedure

The proposed study will adopt a convenience sampling procedure. Specifically, purposive by criteria. There are two types of sampling procedures. They can be probability sampling and non-probability sampling (Alvi, 2016; Acharya et al, 2013). Probability sampling is a type is sampling where participants have an equal chance of being selected whereas non-probability sampling is a type where the chances of participants being selected cannot be determined (Acharya et al, 2013). Convenience sampling is a commonly used sampling method which is also referred to as opportunity sampling (Alvi, 2016). It is also a method that is generally used in clinical research where participants are found in specific locations (Acharya et al, 2013; Stratton, S. J., 2021) and the organization has a form of relationship with the researchers' organization (Landers & Behrend, 2015). This adopted sampling procedure is commonly used where participants meet the inclusion criteria (Acharya et al, 2013). This sampling method will be used because it is financially feasible for the study, and it is easy to conduct (Acharya et al, 2013; Alvi, 2016;

Stratton, S. J., 2021). Although the adopted sampling method cannot generalize to the general population, it is useful for generalizability of where the gathered is from (Scholtz, S. E., 2021).

3.4 Data Collection Procedure and Data Collection Instrument

Participants for this study were mainly recruited from nursing home residents as the study sought to investigate the social isolation among the residents. An interview questionnaire was designed to gather information from residents. The interview consisted of questions that aimed to collect pieces of information on social isolation and social integration. A staff survey was developed to gather relevant information from staff across all three shifts. Selected residents were selected for semi-structured interviews to gather information on social isolation and loneliness and to gather feedback on the move to private rooms. This study was approved by Georgia State University's Institutional Review Board in Exempt: category 2 (H24626). Questions regarding organizational culture were gathered from all staff in one nursing center, while questions regarding social isolation and integration were gathered from 8 residents. Each interview with residents lasted for 20 to 25 minutes. Data collection lasted for a day.

3.4.1 Data Collection from Staff

We arrived the nursing home very early, around 6am. A table to set up the foyer of the new building where residents had moved into private rooms the previous week. This gave researchers easy access to staff who came in for the day shift or evening shift and those leaving the night or day shift. It was our goal to get as many staff as possible to participate (up to 50 staff members). As staff entered the building or left the floors, the researchers introduced the study and invited them to participate. An overview of the study and informed consent was read and those that agreed were handed the survey to complete. We gave the staff ample time to respond and return the close of the day. We handed out 50 surveys, and 49 were returned to our station. An amount of $10 was

given to all staff that had responded and returned the survey. The staff data collection is lasted between 6 am to 4:30 pm. The completed surveys were kept in a closed box to protect staff confidentiality during the data collection.

3.4.2 Data Collection from Residents

Resident interviews started around 9am. The researchers wanted residents to have the opportunity to have their breakfast and any medications that they had to take. The student investigator joined the principal investigator for the first interviews. This was to help grasp an understanding of how it should be done. An introduction and overview of the study was offered and a written informed consent form was given to the resident to sign. We approached nine residents and were able to interview eight. One resident reported difficulty hearing the interviewer and decided not to participate during the consent process. All residents lived in the dementia care building and were all presumed to have a dementia diagnosis. We interviewed residents on the first floor who staff noted had the mildest levels of cognitive impairment in the building and could carry on a conversation with strangers.

3.5 Data Analysis

Data from the staff survey was entered into a Qualtrics form that was formatted to reflect the paper survey. The data was then exported into SPSS for analysis. The SPSS was used to perform demographic and descriptive analysis of the data. Descriptive statistics were used to summarize staff demographic characteristics. Two open ended questions (e.g. “what are some of the things you can do to reduce resident loneliness?” and “what are some of the barriers to reducing loneliness?”) were analyzed. Staff responses were organized into themes to better understand staff approaches to addressing social integration for residents. Recordings from the interview were transcribed verbatim. Interviews were listened to correct any inconsistencies in interview

transcripts. The transcripts were reviewed and coded for themes related to both organizational culture and social integration in nursing homes. An initial code was developed from the interview guide. Line-by-line coding was done to ensure clarity and to help organize various codes into themes Quotes from the transcripts were highlighted to support all themes identified in the data.

4 RESULTS AND FINDINGS

The results in this section cover the demographics and descriptives of residents and staff of the nursing homes. It also covers the thematic analysis of the study.

4.1 Resident Demographics

Eight residents were selected as participants for this case study. Staff suggested that we interview the first residents to move in on the first floor. These residents, while diagnosed with dementia, were deemed able to carry on a conversation with the exception of one individual who was unable to communicate verbally. Six of the residents interviewed were females (75%) and two were males (25%). All residents (100%) were or identified as whites or Caucasians and were born in the United States. Residents ages range from 64 years to 92 years. Three residents (37.5%) considered themselves as “never married or single”, three residents (37.5%) also considered themselves as “widowed” and two residents (25%) considered as “other/divorced”. Two residents (25%) indicated to had high school diplomas, two residents (25%) indicated to had graduate school/ professional school degrees, one resident (12.5%) indicated to had some college degree, and three residents (37.5%) indicated to have a college degree. Four residents (50%) indicated to be Methodist, two Baptist (25%), one Presbyterian (12.5%), and one (12.5%) identified as Jewish. These residents had a variety of occupations including entrepreneur, patient financial services, guest relations, teacher, chemist, librarian, bank employee, secretary and glass company worker. Two residents (25%) had been in the nursing home for less than a year (6 months), and three residents (37.5%) had spent two years in the nursing home. Again, one resident (12.5%) reported that they lived for four years in the nursing home, and one more resident (12.5%) had lived at the nursing home for five years.

Table 1. Residents Demographic 1

Resident Characteristics	**Details**	**Frequency**
Gender	Female	6
	Male	2
Mean Age	79.375 years	8
Race	White/Caucasian	8
Country of Birth	United States	8
Marital Status	Widowed	3
	Married	2
	Divorced	2
	Single	1
Educational level	High School diploma	2
	Some College	1
	College Graduate	3
	Graduate school/Professional	2
Length of Stay	6 month – 5 years	8
Religious Affiliation	Methodist	3
	Baptist	2
	Presbyterian	
	Jewish	1

		1
Total Number of Residents	8	8

4.2 Staff Demographic

The staff survey was completed by fifty employees, with forty-nine of them returning the survey. The ages of the staff members ranged from 18 to 69 years old with the common age being 45 making up 10.2% of the group. Out of the population 32 females accounted for 65.3% while 11 males made up 22.4%. Two individuals chose not to disclose their gender. Among the staff 4.1% identified as Latino descent while a majority of 79.6% reported Black/ American descent and 6.1% reported White or Caucasian descent. Additionally, two staff members identified as another race. 59.2% of the staff stated they were born in the US or were US citizens, at birth while fourteen employees mentioned they were not born in the US or citizens at birth with six out of them being born in Haiti and others, from African or Caribbean countries.

The results from the study highlighted that majority of the participants (51.1%) were married or, in relationships with singles making up 36.2% individuals at 8.5% and widows/widowers at 4.3%. This implies that even though most staff are in a form of relationship, some staff (49%) are not in any form of relationships. The research gives us a glimpse into the relationship status of the participants. Its applicability to a population is limited due, to its small scale.

Table 2. Staff Educational Background 1

Credential/Degree	Frequency	Percent	Valid Percent
High School Diploma or GED	13	26.5	26.5
Associate Degree	4	8.2	8.2
Bachelor's Degree	5	10.2	10.2
College (Unspecified)	5	10.2	10.2
Masters Degree	2	4.1	4.1
Nursing Credentials (RN, LPN)	3	6.1	6.1
Other Vocational or Technical Certificates	6	12.2	12.2
Total	49	100.0	100.0

The data above shows the educational background of participating staff members. Surveyed staff of 26.5% are either high school graduates or hold a GED. College-related qualifications such as associate's, bachelor's, and unspecified college degrees together make up 28.6%, indicating education achievements. Nursing certifications (RN, LPN) represent 6.1%, highlighting expertise. Vocational or technical certificates, including titles like " school" and "Medical Assistant " constitute 12.2%. The variety in responses reflects the backgrounds within the group, which could provide insights into other socio-economic factors.

4.3 Reducing Loneliness

Loneliness among nursing home residents significantly impacts quality of life and health outcomes. This survey of staff perspectives offers valuable insights into strategies for addressing this problem. The responses reveal a multifaceted approach, encompassing social interaction, organized activities, and family involvement.

Social interaction was a primary theme among staff responses. Staff shared that "having conversations and spending time with residents" and "having one-on-one time with residents" highlights the importance of meaningful relationships with residents. Staff responses suggest that simple actions like "smiling at them" mean a lot to the residents. For example, one of the staff shared that it was important to "*have activities and have frequent conversation"* Another staff member wrote that she liked to "s*pend time talking with them one on one."* It was clear from staff responses that every interaction with the resident was seen as an opportunity to build relationships.

Another major theme the staff responses revealed was a need for organized activities. One staff person noted, I "*encourage group activities and spend time doing something they like to do.*" Another noted the importance of an invitation. She said I *"...invite them to activities and join in on the activity."* Staff members shared that engaging residents during activity hours and empowering them to have leadership roles in activities reduced resident loneliness. This approach not only provides social opportunities but also promotes a sense of purpose and autonomy among residents. The suggestion to "allow residents to lead their groups during activities" is particularly noteworthy, as it recognizes the importance of empowering residents and utilizing their skills and experiences.

Additionally, family involvement was identified as another major theme. Staff shared that family visits are important and emphasized the need to "*increasing visit, spend one on one time*

with them and family visit" to promote family involvement. One of the staff suggested that the organization could *"have a family fun day or friends and family"*. The idea of organizing a "family and friends' day" could provide a structured opportunity for social engagement. Additionally, the suggestion to recruit more volunteers indicates an understanding of the potential for community involvement in addressing loneliness. Findings from the staff survey identified these factors to contribute to reducing loneliness.

4.4 Barriers to reducing loneliness

The barriers to reducing loneliness among residents in the nursing homes, as identified by staff, suggested multiple factors that hinder efforts to promote social engagement and well-being. They identified factors such limited staff and time and other factors related to residents such health.

One of the major barriers to reducing loneliness was staffing and time constraints. Staff continued to mention staff shortages and time limitations, highlighting a significant challenge within the nursing home. One of the staff noted that *"Not enough time and not enough staffing"* in the nursing home directly impacts the quality and quantity of interactions between staff and residents. In addition a Staff noted that the *"time and short staffed"* affected their interactions with residents, hence affecting building meaningful relationships with residents. Staff shortage provided a limitation by not having more staff to facilitate in small group activities. Also, the lack of volunteers served as a staffing issue shared by staff. Staffing impacts time with residents but also consistent assignment to residents which impacts PCC and getting to know residents

Resident-related factors was also another barrier staff observed. Health limitations and personal preferences of some residents who prefer to stay indoors pose challenges in implementing social engagement strategies. A staff included that *"…some of them just want to stay in their room"*

and status…health status…pain etc …need to manage it" Staff indicated that getting them out of their room as much as possible will reduce this barrier. They indicated that showing them care and speaking to them will help bring out of their rooms. One staff also identified a barrier and wrote that: *"not isolating the residents in their rooms with the door closed" could help.* These results shows that resident preferences and health status combine to impact whether residents want to be engaged. More attention to how to engage the more challenging residents is warranted.

4.5 Resident's Perspective of the Organizational Culture of AG Rhodes at Cobb

4.5.1 Communication

One prevailing issue of the practices in the organization is the limitation in sharing of information with residents. The limitation of communication shows the lack of openness, which may be attributed to uncertainty among residents. The absence of clear and consistent communication channels results in about a fourth of residents feeling uninformed and disconnected from the organizational processes. Mary, a resident, explains that *"We were really not told anything much... They kept it pretty quiet, didn't they? Totally everything. We just had to figure it out and find it out".*

Despite the limitations in information sharing noted by two residents, there are many instances of positive communication within the organization. Most of the residents showed appreciated to the staff's responsiveness, as Phil stated: *"I think the staff does a pretty good job. They're always around. They'll come when you push your button and I'm not sure how you can—I'm not sure. I think they do a great job. They take us out."* This highlights that the staff's direct interactions with residents are generally well-received and contribute to a sense of support and care.

4.5.2 Staff Approach

Residents were very appreciative of the staff approach style of the organization. They viewed the staff approach as positive and acknowledged the importance of staff interaction. Mary added concerning staff approach that *"They had assigned what they called a champion with you and I had a great one. I didn't have to—when I walked in my door coming from vacation she was in there starting to pack up."* This indicates a personalized approach where staff members go above and beyond to assist residents, which enhances their sense of well-being and security.

Furthermore, residents feel encouraged by staff to participate in various activities. Mary, one resident mentioned how she *…" think they encourage them 'cause they come on the days that we have those particular programs that I just mentioned. They come around to the door and tell everybody it's time for that and help push them along the way."* This proactive engagement from staff ensures that residents remain active and involved in the community. Resident involvement is a crucial aspect of the organizational culture, facilitated by effective activity coordination. One residents Mary, reflected on her recent experiences about the grand opening of the new building where she was selected among other residents to support the event she narrated that *"I met many interesting people... They asked me to be a guide... Just to greet them really—more like a greeter. It was fun."* This demonstrates how residents are encouraged to take on active roles within the community, enhancing their sense of purpose and connection.

Moreover, the efforts of the activity coordinator are highly valued by the residents. A resident, Mary, shared *"She did a good job of providing something all the time. She really keeps things going. They've hired another person so that we have four people in activities now which is good."* The expansion of the activities team signifies the organization's commitment to ensuring that residents have continuous opportunities for engagement and socialization.

4.6 Residents' Perspective on Person-Centered Care in A.G. Rhodes at Cobbs

Person-centered care emphasizes the importance of recognizing and honoring individual preferences and autonomy. This approach is pivotal in creating personalized living spaces and customized schedules that cater to the unique needs of each resident. A recurring theme in the feedback from residents is the preference for private rooms. Neo, a resident indicated that he…"*love it but—Private room versus a—I love private all the way 'cause I love the privacy. I'm a very private person."* The privacy and autonomy provided by such arrangements significantly enhance their living experience. Residents described that they have their own bathroom and shower. Phil also shared how *"It's wonderful I had a private room semi-private on the other side to give you more space to do your thing you got room to move around."*

These responses from residents show the importance of private rooms in providing residents with the space and privacy they need to feel comfortable and secure. They testify to how the organization prioritizes the practice of person-centered care.

4.6.1 A Sense of Autonomy

One major concept that person-centered care emphasizes is promoting a sense of autonomy. Residents appreciate the flexibility in their daily schedules, which allows them to maintain a routine that suits their personal preferences. One resident Mary added on the subject of flexibility that *"Well theoretically breakfast is at 8:00 lunch is at 12:00 and dinner is at 5:00 but it's in the boundaries of that."*

4.6.2 Holistic Care

Holistic care that addresses emotional, social, and physical well-being is integral to person-centered care. Residents highlighted the various programs and activities that contribute to their overall happiness and health.

The data reveals a resident's preference for two specific programs offered at the facility: music and horticulture. Mary added how she *"enjoy the music program and I enjoy the horticulture program probably the best of all of them."* This comment indicates that while both programs are enjoyable, the resident considers the horticulture program to be their favorite among all available activities. The statement suggests that these two programs are particularly engaging for this individual, with the horticulture program receiving a slight edge in preference. This feedback provides valuable insight into the effectiveness of current activity offerings and may inform future program planning and resident satisfaction initiatives.

The data indicates that residents participate in diverse off-campus activities organized by the facility. Mary added *"This past month we went and picked strawberries and tomorrow we're going to a movie off campus."* This statement reveals the facility's provision of both nature-based outings and cultural excursions. The mention of strawberry picking suggests engagement with local agriculture, while the planned movie outing demonstrates access to contemporary entertainment. These activities highlight the facility's efforts to offer varied experiences and maintain connections with the broader community. The resident's unprompted sharing of this information may indicate satisfaction with the range and quality of outings provided, potentially contributing to overall resident well-being and quality of life.

The data reveals a resident's perspective on the importance of social interaction and emotional expression within the facility. This comment emphasizes the resident's view that communication and emotional connections are crucial aspects of their experience. The resident places paramount importance on these social interactions. The resident articulates a belief in the reciprocal nature of emotional expression, indicating that displays of affection or care tend to elicit similar responses from others. Dre a resident shared that *"Oh it's everything. It is. 'Cause you have*

to be able to talk to other people and show 'em how much you love them. Because when you show somebody love they show it back." This statement provides insight into the social dynamics within the facility and highlights the resident's understanding of the role that positive interpersonal relationships play in their daily life. It may also reflect on the facility's social environment and the opportunities provided for residents to form meaningful connections with one another. The resident's emphasis on these aspects could inform further research into the impact of social bonds on resident well-being and satisfaction within care facilities.

4.6.3 Encouragement of Social Interaction

Social activities play a crucial role in building a sense of community and preventing isolation among residents. Bingo and other social activities are popular and help residents to engage with each other, fostering a strong community spirit.

The data indicates that structured recreational activities are regularly offered at the facility. This statement provides insight into the frequency and nature of social activities available to residents. Mary shared that they "*have games like bingo"* and how "*many people are in love playing bingo*". She indicated that "*they have that two or three weeks"*. The specific mention of bingo suggests that traditional group games remain popular among the resident population. Dre added how engaged he is in activities. He shared that he *"lead the group on Monday nights tonight in Bingo. I'm the leader of the Bingo group tonight at 6:30. Yeah. Everybody loves Bingo."* The phrase "Many people are in love with bingo" implies a high level of engagement and enjoyment associated with this particular activity. The frequency of "two or three times a week" indicates that the facility maintains a consistent schedule of recreational opportunities for its residents. This information highlights the facility's efforts to provide regular, structured social activities that cater to resident preferences. The popularity of bingo among residents may reflect its effectiveness in

fostering social interaction, cognitive stimulation, and entertainment. The regular scheduling of such activities suggests an understanding of their importance in maintaining resident engagement and potentially contributing to overall well-being within the facility environment.

4.7 Social Isolation

4.7.1 Lack of Engagement

Thirty-eight (38%) of residents expressed a longing for more social activities and opportunities for engagement that would foster connections and alleviate feelings of loneliness. Some residents mentioned that their sense of isolation and discontent stemmed from a lack of meaningful interactions with fellow residents. Ann discomfortable shared the difficulty she face in her attempt to relate with other resident. She claimed that *but half of them can't hear. Half of them don't wanna hear. It's not my kinda people. There's no other way to put it. You sit here, and you talk. Then they said, 'I can't hear you.' I'm not happy about that. To me, it's not living anymore in a way, but there's nothin' I could do."* This sentiment was particularly pronounced among those who valued communal experiences as a source of joy and fulfillment. As a result, addressing this issue is crucial for promoting a vibrant and supportive community within the nursing home. Tily, a resident observed that she "*get lonesome a little bit*". She indicated that "*you will be lonely unless you go out and do stuff*". She expressed how activities are not enough to resolve loneliness and shared that "*We do lots of stuff I think, but you do get lonesome".*

4.7.2 Feelings of Helplessness and Restricted Autonomy

Residents in the area articulated frustration regarding access to the refrigerator. Residents shared that they want to be able to access snacks or drinks from the kitchen or get water. Ann, a resident shared her frustration that, *"They won't let you go to the refrigerator. Won't let you in the*

kitchen. I said, 'Well, what's the point? This is not my home.' I have the fibromyalgia, so I'm up all night. I wanna go get a drink, or I wanna get an ice cream, something. A cookie. I have to wait around to see if somebody's around to let me get it." They shared how they would like to be able to get those things themself and should not have to wait for anyone to get them for them either during the day or overnight. One of the residents shared her frustration and how it feels like she doesn't belong:

4.7.3 Residents Roommate Relationship

Several residents reported difficulties with their previously assigned roommates, which created some form of frustration and leaving them to just put up with them although they did not like what they did. These challenges ranged from incompatible personalities to significant language barriers and differing health conditions. Roommates had conflicting schedules and habits, making it difficult for them to coexist peacefully in shared living spaces. Georgia related sharing that, "*If I wanted to stay up, if I wanted to go to bed early, I'd go to bed early without having to worry about a roommate 'cause my former roommate, he likes to have his TV on going probably like 24/7. 2:00 in the morning, he's got his TV on".* This resident shared his frustration with his roommate. He described how challenging it was to sleep because the roommate had his television on all night. Others struggled to communicate effectively due to language differences, which added to their sense of alienation. Ann, a resident, shared her experience stating that, *"No. Unfortunately, the roommates I had were difficult. When I mean difficult, one was raped. One spoke only Spanish. The last one [laughter] had dementia in a way.* Additionally, the presence of divergent health conditions sometimes made it challenging for roommates to understand and accommodate each other's needs. In contrast, another resident, in responding to her feelings about

having a private room, revealed how wonderful her previous roommates were. She shared that "*having a roommate is fun. I've had some wonderful roommates since I've been here".*

4.7.4 Health and Mobility Issues

Residents with health and mobility issues faced additional challenges in dealing with isolation. Ann shared how she "*like the outside but can't get out there...I cant go to the elevator. She shared that it feels like a prison*". Restricted movement within the facility and limited access to outdoor spaces intensified their sense of constraint and confinement. The inability to move freely or enjoy outdoor areas made their isolation feel even more pronounced, impacting their overall well-being and quality of life. The interactions emphasize the complexity of social isolation in nursing homes. It's not just about a lack of social interaction but also about barriers such as difficult roommate relationships and limited mobility. These factors affect the overall well-being of the residents.

4.8 Social Integration

4.8.1 Supportive Relationships

The presence of strong and supportive interpersonal relationships among residents in a nursing home setting is of paramount importance when it comes to promoting social integration and overall well-being among residents. Phil, a resident shared that they show support to other resident by *"we'll go around the halls and sing to the folks in the rooms that can't get out*". These relationships not only serve as a source of comfort and companionship for the residents but also play a crucial role in mitigating feelings of loneliness and enhancing their emotional and mental wellness. Supportive relationships within a nursing home setting go beyond mere acquaintanceships; they involve genuine emotional connections and mutual care and concern among the residents. When residents feel supported and connected to one another, they experience

a sense of belonging and inclusion within the community, which contributes to their overall happiness and satisfaction with their living environment. Tily also shared how she find support from *"family will come visit her everyday"*. These relationships provide a vital foundation for social engagement, shared experiences, and collaborative activities, all of which contribute to the creation of a cohesive and supportive community within the nursing home. In addition to the emotional benefits, supportive relationships among residents also foster a culture of mutual respect, empathy, and understanding within the nursing home community. Residents are able to lean on each other for emotional support, share their life experiences, and create meaningful connections that enhance their quality of life. Ultimately, these relationships contribute to a more vibrant and positive living environment within the nursing home and play a significant role in the emotional and mental well-being of the residents.

4.8.2 Staff Encouragement and Activities

Staff plays a crucial role in encouraging residents to participate in social activities and in fostering an environment that promotes social interaction. Their efforts to organize and facilitate activities significantly contribute to residents' sense of community and belonging. Dre shared that staff involve them *"By encouraging us to do things, tellin' us what's goin' on. Stuff like that. And they do"*. This can include organizing group outings, hosting game nights, arranging social events, and creating spaces for socializing within the community. By actively engaging residents and providing opportunities for interaction, staff help to create a sense of camaraderie and inclusion among the residents. Dre continued to share that he **…** *" lead the group on Monday nights tonight in Bingo. I'm the leader of the Bingo group tonight at 6:30.* Additionally, staff members can also offer one-on-one support for those who may be less inclined to participate in group activities, ensuring that everyone feels valued and included.

4.8.3 Active Participation in Social Activities

Active participation in a wide variety of social activities designed by the nursing home is crucial for promoting the social integration and emotional well-being of its residents. One resident, Nicole, shared that *"there are several things that I do. Music therapy and meals and painting, and I play Bingo*". By engaging in these activities, residents can form meaningful associations, cultivate a sense of belonging, and develop strong communal ties. The resident shared several activities they participated in. Georgia also shared that the big two activities she like the most were "*horticulture therapy and music therapy*". They indicated activities such as picnics, bingo, music therapy, and horticulture as some of their most cherished activities that help them to interact and get engaged.

5 DISCUSSION

This case study explored organizational culture and social integration in nursing homes. The results indicated that residents from this case study nursing home had a positive outlook on the organizational culture and practices of person-centered care. They like their new private room, and having their privacy is important to them. The study also revealed that the dissemination of information is a communication challenge for the organization. Residents had to guess when their move-in date was because organizational leaders kept rescheduling the date.

5.1 Discussing Resident Demographics

The study's results indicated that 75% of residents who participated were females, while 25% were males. The residents' age range of 64 to 92 indicates their diverse, unique needs and experiences. This may also influence the kind of services and personnel available to the nursing home as residents share diverse needs. Residents had diverse educational and occupational backgrounds. Residents were able to engage in conversation and have discussions that required much thinking. The resident’s educational background may also be an influencing factor in resident engagement.

5.2 Discussing Staff Demographics

The large majority of staff (85.7%) consider themselves full-time employees, suggesting job stability, which can positively impact their performance and the quality of care provided. The distribution of work shifts shows a predominance of day shifts, with notable portions working evenings, nights, and weekends. This distribution highlights the round-the-clock nature of care required in nursing homes and the flexibility of the staff to accommodate various schedules.

The study reveals a wide age range among staff members, spanning from 18 to 69 years old, with the modal age being 45. This multi-generational workforce is consistent with trends

observed in the healthcare sector. Buerhaus et al. (2017) noted that the nursing workforce, in particular, is experiencing a significant demographic shift, with a growing proportion of nurses over 50 years old. The presence of older workers in the nursing home setting can be beneficial, as Hennekam (2015) found that older employees often demonstrate higher levels of commitment and job satisfaction in caregiving roles. However, the wide age range also presents challenges. For instance, Lavoie-Tremblay et al. (2010) highlighted potential intergenerational conflicts in nursing environments, suggesting the need for targeted management strategies to foster collaboration across age groups.

The varied educational backgrounds of the staff, ranging from high school diplomas to master's degrees, reflect the diverse roles within a nursing home setting. This distribution is generally consistent with the findings of Kelly et al. (2020), who noted a wide range of educational attainment among nursing home staff, with a significant proportion having less than a bachelor's degree. The presence of staff with higher education levels (28.6% with college-related credentials and 4.1% with master's degrees) is encouraging, as Backhaus et al. (2017) found that higher education levels among nursing home staff were associated with better quality of care.

5.3 Discussion of Themes Staff

The results from the staff survey revealed several perspectives concerning reducing loneliness and barriers to reducing loneliness in the nursing home. Staff shared practices critical to staving off loneliness such as encouraging social interactions, having and inviting residents to organized activities, and encouraging family/friend involvement.

Social interaction was one of the most talked about topics by staff. The staff recognized from their interactions with residents that simple things like talking and having conversations with residents and spending time with them can purposefully serve to create meaningful relationships

and engagements with residents. This has become a significant means of reducing loneliness among residents. The reports from the staff indicated that staff interaction with residents is a practice that is strongly upheld by the non-profit organization. This theme resonates with Kemp et al (2021) where the authors note that getting to know the person and viewing every opportunity as an opportunity for engagement are two of the four impactful approaches.

The staff reported significant factors that may help reduce loneliness. These factors were classified under the theme of organized activities. Their report suggested that when residents are engaged, it helps reduce loneliness by keeping them engaged. As residents are engaged in meaningful activities, they have dignity. This gives them several opportunities to engage with other residents and staff, thereby helping to interact and form meaningful relationships (Kemp et al., 2021). Having organized activities is a fundamental practice that serves as a core principle for the non-profit organization. Building a culture with multiple meaningful activities that keep residents engaged is held as a core value.

Family involvement is a theme developed from staff reports that suggest residents' loneliness may be reduced when their family is involved in their lives while at the nursing home. The non-profit organization's commendable work in building a culture within the organization that allows resident families and friends to visit and participate in activities is commendable. When organizations build up activities that allows family members to be involved helps and aids in overcoming loneliness (Puurveen et al., 2018)

There are also persistent barriers to reducing loneliness and social isolation. The staff reported some factors that may hinder the process, such as staff shortages, time limitations, and resident-related factors. The COVID-19 pandemic has presented significant challenges, particularly in the form of decreased staff in the nursing home. This imbalance has led to challenges in maintaining

quality of care, posing a considerable challenge for the organization. Understanding and empathy are crucial in navigating these difficult times. Resident-related factors were also a theme staff identified. They identified health status and resident's preferences to be factors that may contribute to residents becoming isolated from activities and may be unengaged.

5.4 Discussion of Themes Residents

The organization's commitment to providing a wide range of activities was evident in resident responses. Many residents expressed enjoyment of various programs, including music therapy, horticulture, and social games like bingo. This focus on diverse activities aligns with research emphasizing the importance of meaningful engagement in long-term care. Cohen-Mansfield et al. (2010) found that participation in activities was associated with reduced agitation and improved quality of life among nursing home residents. However, it's important to note that not all residents felt equally engaged. Some expressed feelings of isolation or difficulty connecting with peers. This highlights the need for individualized approaches to social engagement, as emphasized by Van Malderen et al. (2013) in their study on active aging in residential care.

Residents with health and mobility issues reported additional challenges, particularly in terms of accessing outdoor spaces and feeling confined. This highlights the importance of accessible design in long-term care facilities, as emphasized by Joseph et al. (2016) in their review of evidence-based design in healthcare settings. Some residents also expressed frustration with restrictions on accessing certain areas, such as the kitchen. This tension between safety concerns and resident autonomy is a common challenge in long-term care, as discussed by Hung et al. (2017) in their study on balancing safety and autonomy in dementia care.

While many residents appreciated private rooms, some reported feelings of loneliness or isolation. This underscores the complex balance between privacy and social connection in long-

term care settings, as discussed by Rijnaard et al. (2016) in their review of factors influencing the sense of home in nursing homes. Roommate relationships emerged as a significant factor in residents' experiences. While some reported positive experiences, others faced challenges with incompatible roommates. This aligns with findings from Mor et al. (2011), who found that roommate compatibility significantly impacted resident satisfaction and well-being in shared rooms.

The residents' perspectives highlight an issue with communication and transparency at AG Rhodes at Cobb. Some residents expressed frustration with the lack of information sharing, particularly regarding major changes like moves. This lack of transparency can lead to confusion, anxiety, and a sense of powerlessness among residents. Research has consistently shown that clear communication is crucial in long-term care settings. For instance, Bradshaw et al. (2012) found that effective communication between staff and residents was a key factor in residents' quality of life and satisfaction with care. However, it's important to note that some residents did report positive interactions with staff, particularly in terms of responsiveness to immediate needs. This aligns with findings from Coughlan and Ward (2007), who emphasized the importance of staff availability and attentiveness in promoting resident well-being.

Despite communication challenges, residents generally expressed appreciation for the leadership and staff at AG Rhodes at Cobb. They described staff as approachable, supportive, and committed to exceeding expectations. This aligns with the principles of person-centered care, which emphasizes respect for individual preferences and the promotion of autonomy (Koren, 2010). The organization's efforts to provide private rooms and bathrooms were particularly appreciated by residents, who valued the privacy and autonomy these spaces afforded. This preference for private rooms is consistent with research by Calkins and Cassella (2007), who found

that private rooms in long-term care facilities were associated with improved quality of life and resident satisfaction. The emphasis on resident choice and autonomy, particularly in daily schedules and activities, aligns with best practices in person-centered care. This flexibility is crucial in promoting a sense of control and respecting individual lifestyles, as emphasized by Brownie and Nancarrow (2013) in their review of person-centered care practices.

5.5 Limitation of Study

Like any research project there are some limitations to consider for investigation. Firstly the study had a sample size of eight resident participants. With such a number it becomes difficult to make generalizations, about the experiences of all nursing home residents since these eight individuals may not fully represent the diverse range of resident viewpoints.Secondly all participants in the study were identified as White/Caucasian indicating a lack of diversity in terms of race and ethnicity. This lack of representation poses a constraint as it overlooks potential differences in experiences, cultural requirements and perspectives among residents from different backgrounds. In todays society this lack of inclusivity restricts the studys relevance and its ability to apply findings to a group of nursing home residents.

Additionally, the research was carried out at one nursing home facility. This narrow scope limits the opportunity for comparing results across settings or organizational contexts. A study encompassing sites would have offered a holistic understanding of nursing home experiences and allowed for identifying common themes or specific issues unique, to each location.

Lastly data collection occurred over a period offering only a snapshot into resident experiences. In this period it's hard to capture how things might change with the seasons, how practices, within the organization may shift or how residents experiences could develop over time. If the study had lasted longer, we could have gained an insight into the changing aspects of life in

nursing homes and the quality of care provided. There are signs that some participants may not have fully understood the survey questions they were answering. This lack of clarity could stem from language barriers or formulated questions. When respondents misunderstand questions it can result in inconsistent answers potentially influencing the outcomes of the study. This limitation raises concerns about the reliability of the data collected. Casts doubt, on the validity of the conclusions drawn from it.

5.6 Strength

A major strength of this study is that the case study focused on a single site. Focusing on a single site allowed for in-depth understanding of the organizational cultural dynamics at the nursing home. This helped researchers to focus all resources and energy to this site and helped form closer engagement with participants which fostered trust. This helped in understanding practices that are unique to the organization and how they promote social integration among residents are unique to them. Using the single site case study also highlights was other organizatons can adopt and implement to in their organizations.

5.7 Implications

The study reveals a strong preference among residents for private rooms. Nursing homes should prioritize the provision of private living spaces to enhance resident satisfaction and dignity. This may require significant infrastructure changes and financial investment, but the potential improvements in resident well-being justify such efforts. The study also highlights the importance of varied activities in promoting resident engagement and well-being. Nursing homes should invest in comprehensive and diverse activity programs that cater to a wide range of interests and abilities. This should include both on-site activities and off-campus outings to provide stimulation and maintain connections with the broader community. The positive response to activities suggests

that they play a crucial role in maintaining quality of life and cognitive engagement for residents. Further, it is clear that this organization seeks to involve residents in meaningful roles including as “greeters” for community events, “leaders” for bingo and as “collaborators” in bringing music to residents who can’t leave their rooms. These meaningful roles likely greatly impact resident social health.

The study revealed gaps in communication, particularly regarding facility changes. Nursing homes need to develop more transparent and inclusive communication strategies. This could include regular town hall meetings, newsletters, or digital communication platforms to keep residents and families informed about all aspects of care and facility operations. Improved communication can enhance trust, reduce anxiety, and foster a sense of community within the facility. In addition, while many residents reported positive social experiences, others expressed feelings of isolation. Facilities should develop targeted interventions to combat social isolation, particularly for residents who may have difficulty connecting with others due to hearing impairments or other barriers. This could include facilitating small group interactions based on shared interests, one-on-one companionship programs, or technology-enabled solutions to enhance communication and social connections.

The findings of the study revealed that the majority of staff were older, with the modal age being 45 and the range extending to 69 years, which has significant implications for the nursing home and the broader long-term care sector. Older staff members often bring a wealth of experience and can provide stability to the workforce. Their long-term experience in caregiving can translate to high-quality, empathetic care for residents. However, the physical demands of nursing home care, which often involves lifting and moving residents, can be challenging for older

staff members. This could potentially lead to increased workplace injuries or reduced efficiency in certain tasks.

6 CONCLUSION

The aim of this study was to have an in-depth exploration of organizational culture in nursing homes. The study provides evidence that suggests that the organization is a firm believer and practitioner of person-centered care, as indicated by the emphasis on private rooms, flexible schedules, and diverse activity offerings. The desire for privacy and autonomy by residents in their living spaces aligns well with current practices in caring for elders. Activities such as music therapy, horticulture and off-campus outing signifies a comprehensive approach to addressing the well-being of resident on all dimensions.

This study revealed several positive experiences from residents. In addition, the study highligths other areas such as communication, and transparency that may need some form attention and improvement. Residents were of the view that, the mode of communication from the organization was poor making them uninformed with information regarding their move in date. The overall wellbeing of residents may significantly be affected by enhancing information sharing and giving the residents the opportunity to be partakers in making decisions concerning their own needs.

This study reveals several dynamic issues in nursing homes. One for the issues was the varied experiences of residents as some groups benefits from having supportive relations as others experience isolation and interactions. These varying issues highlight the difficulty of finding a balance privacy and opportunities for social interactions. These roommate experiences indicates the need for making considerations in making living arrangements and support for promoting positive social interaction.

The culture at the nursing home suggest that it is generally positive, as residents appreciate staff responsiveness, leadership and staff approachability. The organizations also demonstrate their

commitment to residents' engagement and well-being through the expansion of activity teams. This culture, nonetheless, can further be addressed by enhancing the gaps between communication and foster an inclusive environment that factors feedback from residents.

The unique needs expressed by residents concerning social interaction and living arrangements place emphasis on the essence of personalized care approaches. Some residents find it good and excel from having private rooms as others may benefit from having support which promotes social connection. This calls for continual assessment of residents preferences and adaptable strategies.

6.1 Reflection on the Research Journey

Reflecting on my research journey has been quite a mix of excitement and challenges. As a student it was crucial for me to gain experience through both surveys and interviews. Collaborating with my committee, on this study was an enriching experience. The thrill of learning and applying classroom knowledge kept me engaged despite the timeline and numerous steps leading up to data collection.

6.1.1 IRB Process and Experience

Going through the Institutional Review Board (IRB) process at Georgia State University was a part of my thesis journey. While demanding it played a role in upholding standards and ensuring participant rights and well-being were protected throughout the study. This experience taught me lessons about conducting research involving populations, like nursing home residents. Evaluating risks and benefits meticulously highlighted the importance of respecting participants rights, privacy and welfare in research endeavors.

6.1.2 Preparing Comprehensive Documentation

Preparing documentation was a step, in the IRB application process. This involved creating detailed informed consent forms that were clear and easy to understand ensuring that even a 9th grader could comprehend them. The forms contained information about the studys purpose, procedures, risks and benefits to provide participants with all the details. Due to the vulnerability of nursing home residents special attention was given to ensuring their understanding of what participation entailed. This underscored the significance of transparency and participant autonomy in research.

Designing questionnaires for resident and staff interviews was another aspect that required consideration. It was essential to formulate questions that were relevant and straightforward for participants to grasp. I learned how to structure questions that would yield data without influencing or pressuring the respondents. By focusing on both residents and staff members a comprehensive perspective of the nursing home environment was obtained, enriching the studys outcomes.

Crafting a recruitment flyer served as an exercise in communication skills. The flyer had to be engaging yet informative piquing participants interest while conveying details about the study and how they could get involved. This experience emphasized the importance of compelling communication in recruiting participants, for research studies.

The review process was a back and forth of feedback and revisions. Making adjustments based on the IRBs input. Then resubmitting required patience and a commitment, to improvement. This whole experience really highlighted how valuable constructive criticism is and the need to keep pushing through challenges. Collaborating closely with the IRB team at Georgia State University made me realize that reviews are about working to make sure our studies are both ethical and methodologically sound.

Getting approval from the IRB, at Georgia State University really boosted the credibility of my research. It showed that my study met methodological standards giving confidence to both participants and the academic community in the integrity of my work. This whole process emphasized how crucial it is to have oversight to maintain research standards and protect participant interests.

6.2 Data Collection Process and Experience

Moving on to data collection for my thesis was a journey of experiences especially when it came to conducting interviews and surveys in a nursing home setting. This reflection captures all the ups, downs and lessons I learned along the way.

Conducting surveys with the nursing home staff was a eye opening experience. With my thesis advisor and another graduate student we distributed surveys across three shifts in one day of work.

We arranged our table in the foyer. Enlisted help, from staff all day long from 6 am to 5;30 pm. This method showed me the value of being adaptable and approachable in gathering data. Interacting with the staff I discovered the range of perspectives in the nursing home spanning from healthcare professionals to administrative staff. Their insights offered an understanding of the dynamics and challenges they encountered in their respective roles.

Conducting interviews with the residents was a experience for me as it was my first time conducting such interviews and using recording equipment. The process began by building a connection and ensuring that the residents were at ease and understood the purpose of our conversations. Given the vulnerability of this group we took care to uphold their dignity and independence.

Integrating recording devices for the time added a layer of complexity to our work. Initially I had concerns about how residents would feel about being recorded. However providing explanations and obtaining consent helped alleviate any discomfort they may have felt. This experience underscored the significance of communication and ethical considerations in research practices.

Various obstacles arose during data collection efforts. For instance some residents did not have access to their hearing aids necessitating adjustments in my approach, to questioning and pacing. Patience and empathy emerged as tools in navigating these interactions.

I also noticed that some of the staff were involved in the process of acquiring the funds. I was expecting them to address all the points. There were some details. This might have happened due, to rushing or possibly because of literacy issues. It would be beneficial for research to delve deeper into these matters.

Going through this experience was quite a learning curve for me. Conducting interviews for the time with a vulnerable group helped me improve my skills in active listening, empathy and adaptability. It also highlighted the significance of preparation. Being able to handle unexpected situations calmly. From a standpoint using recording devices taught me about the importance of having plans and familiarizing myself with the equipment beforehand. Each interview brought me closer to feeling at ease and skilled with these tools.

One of the aspects of this experience was building connections with the residents. Hearing their stories and experiences added a depth to my study that surveys alone couldn't provide. These interactions emphasized how valuable human connection is, in research and underscored the researchers duty to respect and appreciate participants contributions.

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APPENDICES

Appendix A: Residents/Care Partner Informed Consent

Georgia State University

Informed Consent

Title: Organizational Culture and Social Integration in Nursing Homes

Principal Investigator: Jennifer Craft Morgan, PhD

Student Investigator: Ebenezer Martey

Purpose

The purpose of this study is to explore both organizational culture and social integration among residents in a nursing home. The study aims to gain an in-depth understanding of organizational culture and the barriers and facilitators to social integration. You are invited to take part in this research study because you are a resident of the nursing home or a care partner to a resident in a nursing home. A total of 10 resident caregivers and/or 10 care partners will be invited to be part of the interviews. We will be asking staff to do surveys and leadership to meet with us about the study.

Your role as a resident or a care partner qualifies you to be recruited into the study. Your participation will go a long way to help the research team achieve their research goals.

Procedures

After your decision to be part of this research, you will be interviewed. Through your responses, the researchers will be able to understand staff and residents' perception of organizational culture more fully and how they promote social integration or social among residents. Similarly, your responses will help researchers understand residents' quality of

interaction with staff, care partners, and family members. It will also help us measure residents' level of isolation. You can choose to be interviewed in person or we can use a virtual video chat platform. The interview will be audio-recorded for transcription purposes and responses will be transcribed verbatim. The interview is set to last for approximately 45 minutes. At the end of the interview, you will be asked to fill out a short demographic survey, so we are able to describe the characteristics of the interviewees. Please feel free to ask any questions you may have. Once you start the interview, you are not under any obligation to finish, and your responses will still be used for the purposes of analysis.

Future Research

Your responses are for the sole purpose of this research and so your data will not be given out for any future research outside this one.

Risks

There are not any more risks than you would have in everyday normal life. However, you are cautioned that some emotions may surface due to the sensitive nature of the research. Either way, resources will be shared that may help you manage those emotions.

New Findings

Any new important information that is discovered during the study and which may influence your willingness to allow the participant to continue participation in the study will be provided to you.

Benefits

This study will not benefit you personally. We hope to gain information about how to resource nursing homes to use a person-centered care approach. This will help support residents in overcoming social isolation and promote social integration.

Alternatives

The alternative to taking part in this research is not to take part in the research.

Compensation

You will not receive any compensation to take part in this research.

Voluntary Participation and Withdrawal

You are not in any way obligated to participate in this study. You have the right to withdraw from this study at any time. You can skip questions that you are not comfortable with. You have every right to seek clarification if the question does not seem clear to you. Do not hesitate to inform the researcher if you want to stop the interview at any time.

Confidentiality

Every effort will be taken to protect your identity as a participant in this study. Your data will be kept confidential to the extent of the law, and you will continue to remain to protect your identity. A study number rather than your name will be used on study records wherever possible. The information you provide will be stored in locked filing cabinets in the study investigator's locked office. Electronic information will be stored on a secure password-protected storage site accessible only to authorized study staff. To protect your privacy, the document linking your name and identification number will be password-protected and stored separately from the information you provide. When we present or publish the results of this study, we will not use your name or other information that may identify you.

The following people, the study team, will have access to the information you provide:

Principal Investigator: Jennifer Craft Morgan, Co-Investigator: Antonius Skipper, Project Manager: Crystal Warren Williams; Research Staff: Ebenezer Martey, Foster Osei, and the GSU Institutional Review Board

All files will be stored on password protected servers provided by GSU. All of your information

will be coded and remain private. The codes linking your information to your study ID are private and secret. The information you provide will be stored in a locked cabinet and on password- and firewall-protected computers and/or servers. After the interview has been copied word for word, the audio will be destroyed. The copy of interviews will not be given to the nursing home in which you reside. When we present or publish the results of this study, we will not use your name or other information that may identify you.

Contact Information

Contact Dr. Jennifer Craft Morgan at jmorgan39@gsu.edu

- If you have questions about the study
- If you have questions, concerns, or complaints about the study

Contact the GSU Institutional Review Board (IRB) at 404-413-3500 or irb@gsu.edu

- If you have questions about your rights as a research participant
- If you have questions, concerns, or complaints about the research

Consent

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research, please sign below.

_____

Print Name Here

_____

Signature Here

_____

Principal Investigator or Researcher Getting Consent Date

Appendix A.1: Nursing Home Staff Informed Consent

Georgia State University Informed Consent – Survey of Nursing Home Staff

Title: Organizational Culture and Social Isolation in Nursing Homes

Principal Investigator: Jennifer Craft Morgan, PhD

Student Investigator: Ebenezer Martey

Sponsor: Gerontology Institute, Georgia State University

Purpose The purpose of this study is to explore both organizational culture and social integration among residents in a nursing home. The study aims to gain an in-depth understanding of organizational culture, job quality and the barriers and facilitators to social integration. You are invited to take part in this research study because you are staff member or on the leadership team in a nursing home. A total of 50 staff members will take the survey and up to 10 leaders will meet and discuss social isolation and loneliness with research team members. Up to 10 residents and/or care partners will also be interviewed.

Procedures

If you decide to join in the study and are staff, you will be asked to fill out a paper and pencil survey. The survey will take about 15 minutes. If you are a member of the leadership team, you will be invited to a meeting where we will discuss culture change, social isolation and loneliness in your nursing home. We anticipate this meeting will last 60-90 minutes. We will keep these surveys safely, and only the members of the study team will have access to them. You are free to answer or not answer any question and are not required to complete the survey. You will complete a paper survey and return the survey in a to the staff person collecting surveys which will be kept confidential. If you are a member of the leadership team, you will be invited to a meeting where we will discuss culture change, social isolation and loneliness in your nursing home. This meeting will be recorded and transcribed to facilitate analysis.

Future Research

Researchers will not use or give out your data for future research studies.

Risks

In this study, you will not have any more risks than you would in a normal day of life.

Benefits

This study will not benefit you personally. We hope to gain information about how to support nursing homes to give person-centered care to combat social isolation and loneliness.

Alternatives

The alternative to taking part in this study is to not take part in the study.

Compensation

Staff will receive $10 for being in this study. Leadership team members will not be compensated for their involvement in the meeting.

Voluntary Participation and Withdrawal

You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. You may refuse to take part in the study or stop at any time. If you stop, this will not cause you to lose any benefits to which you are otherwise entitled.

Confidentiality

Every effort will be taken to protect your identity as a participant in this study. We will keep your records private to the extent allowed by law. The following people, the study team, will have access to the information you provide:

Principal Investigator: Jennifer Craft Morgan, Co-Investigator: Antonius Skipper, Student Investigator: Ebenezer Martey, Project Manager: Crystal Warren Williams; Research Staff: Foster Osei, GSU Institutional Review Board

All files will be stored on password-protected servers provided by GSU. All of your information will be coded and remain private. The codes linking your information to your study ID are private and secret. The information you provide will be stored in a locked cabinet and on password- and firewall-protected computers and/or servers. The copy of surveys will not be given to your organization. However, the name of your organization will be acknowledged in summaries of all the survey results. When we present or publish the results of this study, we will not use your name or other information that may identify you.

Contact Information

Contact Dr. Jennifer Craft Morgan at jmorgan39@gsu.edu

If you have questions about the study or your part in it

If you have questions, concerns, or complaints about the study

Contact the GSU Institutional Review Board (IRB) at 404-413-3500 or irb@gsu.edu

If you have questions about your rights as a research participant

If you have questions, concerns, or complaints about the research

Consent

If you are taking the survey on a paper and pencil survey or participating as a leader in the meeting, you may keep this copy of this consent form.

By taking part in the leadership meeting or completing the survey, you are consenting, to be a part of this research study.

If this is a paper and pencil survey, by completing and submitting your survey, you are consenting to be a part of this research study.

Appendix B: Resident Demographic

GSU Gerontology – Case Study Project
RESIDENT DEMOGRAPHIC INFORMATION
Participant ID_____
Location _____
Researcher _____
Date _____

Please circle one number response for each question below.

1. What is the resident's gender? _____

2. Is the resident of Hispanic or Latino origin?

1 Yes

2 No

3. What does the resident consider to be his/her race?

1 Black or African American

2 White or European American

3 Asian or Asian American

4 American Indian

5 Mixed or multiple races

6 Other _____ -

4. In which country was the resident born?

1 United States

2 Other _____

4a. If the resident was born outside the U.S., please indicate how long has s/he lived in the U.S.

1 Enter number of years _____

2 Not applicable (i.e., don't live here)

5. How old is the resident,

____Total years

6. What is the resident's marital status?

1. Married

2. Not Married

3. Other _____

7. What is the resident's highest educational level?

1 Less than High School

2 High School Graduate

3 Some College

4 College Graduate

5 Graduate School/Professional degree

8. What, if any, is the resident's religious affiliation?

1. Methodist
2. Baptist
3. Presbyterian
4. Jehovah's Witness
5. Catholic
6. Jewish
7. Muslim
8. Nondenominational
9. Other _____
10. No Affiliation

9. What, if any, was the resident's occupation? _____

10. When did they move to this nursing home? _____

11. What is your relationship to the resident?

1. Spouse
2. Daughter
3. Son
4. Daughter-in-law
5. Son-in-law
6. Granddaughter
7. Grandson

8. Sister
9. Brother
10. Sister-in-law
11. Brother-in-law
12. Niece
13. Nephew
14. Friend
15. Other _____

Appendix C: Resident Interview

GSU Case Study – Resident/Informal Care Partner Conversation
Participant ID_____
Location _____
Researcher _____
Date _____

Section A

1. How do you feel about the prospect of moving to a new facility with private rooms?
2. What are your thoughts on having a private room as opposed to sharing a room with another resident?
3. How important is social interaction and engagement with other residents to you currently?
4. What are the aspects of your current living situation that you value the most in terms of social interaction and community?
5. What other aspects do you want the leaders to transfer to the new facility?
6. How do you think having a private room might impact your ability to socialize and interact with other residents?

7. What are your expectations or hopes regarding the common areas and social spaces in the new facility?
8. Do you have any specific concerns or worries about the potential for social isolation or loneliness in the new facility?
9. How do you think the staff or management could help facilitate social integration and prevent isolation for residents in the new facility?
10. Are there any particular activities, events, or programs that you would like to see implemented in the new facility to promote social interaction and community among residents?

Section B

The questionnaire consists of 6 items that assess the number of interactions the individual has with family, friends, and neighbors periodically. The scale measures the quality of interactions the individual feels they have with their relationship. You are asked to decide to what extent you think the statements correspond to your own experiences.

Social Isolation

#	All questions			-3	-5	6 or more
	Thinking about your family, friends, and co-residents, how many do you					
1	See face-to-face at least once a month					
2	Communicate with on a personal level					
3	Feel close to on a personal level					
4	Overall, I feel that my relationships are fulfilling					

5	I feel like I just don't belong					
6	I feel I spend enough time involved in social activities					

Section C: Social integration

This LSNS-R is a self-report measure of social integration among residents including family and friends. The questionnaire consists of 12 statements about your relationship with family, and friends. You are asked to decide to what extent you think the statements correspond to your own experiences.

#	All questions	0	1	2	3	4	5
1	How many relatives do you see or hear from at least once a month?						
2	How often do you see or hear from the relative with whom you have the most contact?						
3	How many relatives do you feel at ease with whom you can talk about private matters?						

4	How many relatives do you feel close to such that you could call on them for help?						
5	When one of your relatives has an important decision to make, how often do they talk to you about it?						
6	How often is one of your relatives available for you to talk to when you have an important decision to make?						
7	How many of your friends do you see or hear from at least once a month?						
8	How often do you see or hear from the friend with whom you have the most contact?						

9	How many friends do you feel at ease with that you can talk about private matters?						
10	How many friends do you feel close to such that you could call on them for help?						
11	When one of your friends has an important decision to make, how often do they talk to you about it?						
12	How often is one of your friends available for you to talk to when you have an important decision to make?						