



Book Review

Stafford, Phillip, B. ed. Gray Areas: Ethnographic Encounters with Nursing Home Culture. Santa Fe, NM: School of American Research Press, 2002. ISBN 1-930618-30-1, 317 pp. Price \$29.95 (Paper)

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As I began reading this text, I had mixed feelings. At first I was shocked at the culture presented in the chapters on acute care in nursing homes and thought to myself that books such as this are why negative stereotypes of nursing homes continue to exist. Perhaps that was the defensive administrator in me. I began working in long-term care in the early 1980's. I found the perceptions about acute care in nursing homes by doctors and other professionals all too reminiscent of how we used to think and work. I like to believe that progress has been made and will continue to do so. After much thought and reflection on my work experiences as an educator who works with interns and as a volunteer ombudsman, I find that unfortunately some of those negative attitudes by professionals still exist, although not nearly to the same extent as in 2002.

As I dove deeper into the book and began to really "hear" the words of the residents, families, and staff being interviewed by the ethnographers, I realized that while staff perceptions have improved, family and resident perceptions have not had the same level of improvement. I found several of the sections to be a valuable resource on how our residents and family members define home and community. Despite the great strides in the person-centered care movement, I still think we have much work to do in providing a "home-like" atmosphere as I still hear some of the same concerns in 2014 from residents and their families. This research illustrates how as professionals, our definition of home is very different from those we serve and those discussed in the text. We have beautiful new facilities compared to the harsh, institutional settings of the past, but we have yet to replicate the feeling of "home". I would enjoy reading a new edition of this text that evaluates whether the nursing home culture has changed since 2002.

I appreciated the case about Mrs. Dorsey described in chapter seven. Mrs. Dorsey's room had been newly wallpapered and her pictures had been moved from their original locations. The administration had asked that pictures not be hung on the new wallpaper. Mrs. Dorsey was very upset about the changes in her room and blamed her daughter. While the facility was looking at improving the physical environment they forgot to take into account the individual needs of the resident. Perhaps less dramatic room changes or more input from the resident would have prevented such upset. This story is a great example for later chapters in the text where the researchers attempt to define and differentiate between the roles of family and staff. As in this example, those boundaries can be blurred. Our resident's often cannot tell if decisions that impact their lives and care are made by their families or the staff. They just know and feel that they are no longer in control. These stories from both the professional and family caregivers as well as the residents show the need to find a balance and give more control back to the resident.

Gray Areas is an excellent compilation of research from the perspectives of a variety of helping professionals. This book is a great resource for all who work or live in the long-term care environment as well as policy makers and family members. This book is an excellent qualitative piece that humanizes the people who live in long-term care settings and reminds us that they are

human beings not a diagnosis. This text highlights the continuing need to provide a geriatric rich curriculum to all of the helping professions. This text serves as an important reminder of where we used to be in long-term care and shows us how far we still have to go. With the increased population of older adults, let us hope that history does not repeat itself while the influx of residents needing our care increases and the available numbers of health care professionals decreases.