Changing Care Culture:
Exploring the Relationship between Employee Beliefs, Affective Commitment and Job Satisfaction Following a Change from Traditional to Person-Centred Care in Two Irish Nursing Homes

Grace Bell

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Supervisor: Dr. TJ McCabe

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ABSTRACT

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By Grace Bell

Irish nursing home care has become a complex and contentious issue in recent years with the traditional approach of care coming in for a lot of criticism. In response, a change in care culture to a person-centred approach has been growing steadily in popularity, focusing on placing resident care in their own hands, effectively giving them the ability to decide how they wish to be cared for. This new way of caring for residents requires significant organisational change in how homes operate, are designed and, most importantly, how staff are trained to deliver care. Anecdotally, the culture change and person-centered care is regarded as beneficial to residents and families but there is minimal research into whether staff experience satisfaction with the approach.

Using a survey, this study investigated staff beliefs, affective organisational commitment and overall job satisfaction for 42 employees of two Irish nursing homes. Both homes had recently experienced similar structural redesign, training programmes and a resulting change of care culture from a traditional to a person-centered approach. The results identified that employees held: positive beliefs about the culture change; similar values to those of the organisations which implemented the change of care culture and; an increased sense of self-fulfilment following changes made to their roles. It was identified that the sharing of values with the organisation greatly enhanced employees' affective commitment towards their nursing home and led to them expressing that they would put in a great deal of effort beyond that normally expected to help their nursing home succeed. Overall the findings identified that the majority of nursing home employees experienced high levels of job satisfaction following the change of care culture. It is recommended that this study be replicated in similar nursing home environments to test the findings.

SUBMISSION OF THESIS AND DISSERTATION

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GLOSSARY OF DEFINITIONS

Affective Commitment: An employee's "emotional attachment and identification with their organisation" and also their "involvement in their organisation" (Allen and Meyer, 1997; Gomes, 2009, pg.181).

Appropriateness: An employee's belief that a proposed organisational change has been "designed to address" the existing gap in their organisation's current position and where it should or needs to be (discrepancy), and that it is correct for their situation (Armenakis and Harris, 2009, pg.129).

Bloomsfield: Nursing Home (1) where research was conducted.

Correlation: A test conducted through Microsoft Excel that "tests whether there is an association" between two variables (Cameron and Price, 2009, pg. 491) by "measuring the extent of their relationship" (BPP, 2010, pg.81).

Culture Change: A growing movement which works to "deinstitutionalise long-term care and radically transform" the environment in which care is given and received in nursing homes (Koren, 2010); with the hope of improving residents' quality of life (Doty et al, 2008, pg.1).

Direct Staff: Employees who deliver residents' physical care such as showering, dressing, toileting, feeding and the delivery of medication such as Clinical Nurse Managers, Staff Nurses and Care Assistants.

Discrepancy: An employee's belief that an organisational "change is needed due to a significant gap" between their organisation's current position and where it should or needs to be (Armenakis and Harris, 2009, pg.129).

Efficacy: An employee's belief that both they and their organisation can "successfully implement" the organisational change proposed (Armenakis and Harris, 2009, pg.129).

Extrinsic Valence: "The rewards or benefits" that may arise from an employee "adopting the new behaviours" required by an organisational change (Vroom, 1964).

Indirect Staff: Employees indirectly involved in residents' care such as delivering post, cleaning the residents' rooms and delivering residents meals such as Management, Administrative, Reception, Activities, Household, Catering and Maintenance Staff.

Job Satisfaction: The "pleasurable or positive emotional state" which is created by an employee's unique evaluation of their work, job experiences (Locke, 1976, pg.1300), working conditions and work outcomes (Schneider and Snyder, 1975, pg.318).

Intrinsic Valence: Whether or not the organisational change introduced will provide the employee with enhanced "self-actualisation" and fulfilment at work (Morse and Reimer, 1956).

Maplelawn: Nursing Home (2) where research was conducted

Organisational Change: "Any structural, strategic, cultural, human or technological transformation capable of generating an impact in an organisation" (Wood, 2000).

Person-Centred Approach to Care (PCC): Care that is driven by the choices, preferences and needs of each individual resident (Matthiesen, 2005, pg.12-13).

Principal Support: An employee's belief that the leaders within their organisation "are committed" to the organisational change taking place in their organisation (Armenakis and Harris, 2009, pg.129).

Traditional Approach to Care: "A focus on the completion of tasks such as the fulfilment of resident's daily needs and the delivery of medication in an efficient and scheduled manner" which allows for little resident input (Dye, 2013, pg.17; Goffman, 1961; Vladeck, 1980, 2003).

Valence: An employee's belief of how "attractive the perceived outcome" of the organisational change is (Vroom, 1964) and how beneficial it will be for both the organisation and the employee themselves (Armenakis and Harris, 2009, pg.129).

SECTION 1

INTRODUCTION

1.1 History of Elder Abuse in Irish Nursing Homes

When the average person first thinks of a nursing home, they are likely to see an image of a group of "frail-looking individuals sitting slumped in wheelchairs" facing a static television and surrounded by bland walls and out of date fixtures and fittings (Johnston, 2007, pg.1). This image is no brighter for the ageing population who see the possibility of "spending the end of their lives in a nursing home as a fearful prospect" with some even stating that "they would rather die than be placed in any sort of long-term care facility" (Dye, 2013, pg.1; Kane and Kane, 2001).

Such negative images of nursing home care are due in part to growing public fears that the "abuse and neglect suffered by nursing home residents" in recent decades (Dye, 2013, pg.1) is not a thing of the past but, rather, an ongoing "rampant problem" (Benson and Harris, 2006; Choi et al. 2009; Lyons, 2010; Ulsperger, 2009). In the nursing home setting, "abuse is a complex issue" which many say is compounded by the persistent prevalence of the traditional approach to care (Dye, 2013, pg.16) which is seen to deny nursing home residents "their privacy, dignity and basic humanity" (Olson, 2006, pg.292). With the traditional approach "stringent medical protocols" are adhered to that put an emphasis on overall efficiency and timely task completion instead of "residents' quality of life" (Dye, 2013, pg.16).

Elder abuse within the nursing home setting can present itself in many ways so it would be foolish to associate all incidences of abuse with the traditional approach to care. However, it "may be fair to say" that this approach to care "sets the stage for [the] opportunity" of elder abuse to occur. This is due primarily to the focus on completing tasks such as "the delivery of medication", fulfilment of resident's daily feeding, showering and, toileting and "other scheduled services that are deemed necessary components of a person's physical care in an efficient timeframe (Dye, 2013, pg.17; Goffman, 1961; Vladeck, 1980, 2003).

Understandably, this need for time keeping can lead to residents being left with the feeling of being imprisoned within a carefully planned daily schedule (Dye, 2013, pg.17; Goffman, 1961; Vladeck, 1980, 2003). In turn, this schedule can result in employees feeling "frustrated and stressed" due to their inability to complete their work tasks in a way that allows them to focus on the residents' "personal needs and desires". Therefore, by practicing a traditional approach to care, nursing homes may unwillingly provide a working environment "that is vulnerable to elder abuse" (Dye, 2013, pg.17).

1.2 Nursing Home Reform in Ireland

The need for nursing home care providers to improve the care given to Ireland's ageing population is well documented, most strongly by the Health Service Executive (HSE, 2010). Over the past decade or so, the spotlight has been shone on nursing home care via a mixture of new policy initiatives and widespread media coverage, which are set out by the HSE (2010, pg.7) as follows: the Health Strategy, 'Quality and Fairness – A Health System for You' (Department of Health and Children, 2001), an increase in public investigations and heightened vigilance following the 'The Leas Cross Home Review' (O'Neill, 2006); and the publication of 'the National Quality Standards for Residential Care Settings for Older People in Ireland' (Health Information and Quality Authority (HIQA), 2009).

In line with the above and the "increasingly high public profile of older people in the community" (HSE, 2010, pg.7) changing demographics are forecast to result in 4.42% of the Irish population aged over 65 being likely to require long-term nursing home beds by 2021 (CARDI, 2012). New innovative resident care schemes and practices have been implemented in the hope that they will meet the growing need for long-term care for over 65s, which, according to the European Commission (2007) is projected to rise from circa 790,000 to circa 1.4 million between 2021 and 2041.

One of the many changes being made by nursing homes is the adoption of the person-centred approach to care which is part of a "culture change movement that places residents at the forefront, with all services designed to meet their individual needs" (Dye, 2013, pg.17). Thus, practices that are deemed "dehumanising for the resident" are replaced with practices that facilitate residents' individual needs and not just those of the collective group (Lyons et al. 2008).

Indeed, certain characteristics of the traditional approach to care and its "narrowly focused views, are considered obsolete and antithetical to a resident's quality of life". This is due to care now being designed in a way that "promotes an agenda that counteracts resident abuse", where staff are trained to use "relationship-building, trust, and active listening" skills that have been "purposely designed to enhance" residents' quality of life (Dye, 2013, pg.18).

Accordingly, having "an empowered" workforce that believe in and are committed to the change is an important aspect of the "implementation of the person-centred care (PCC) approach" (Aguilar, 2011, pg.31) as, without employee support and buy-in to the change process, "transitions are likely to be unsuccessful" (Bernerth, 2004). Due to employee satisfaction being seen as a vital component in providing quality care to residents (Beck, 2008, pg.5) and "one of the most important considerations concerning" nursing home employees (Alasad et al, 2012; Deering et al, 1995), it is essential that nursing home leaders try to "understand and work with staff reactions" during the implementation of the PCC approach (Oreg et al. 2008).

1.3 Research Relevance

As discussed, some facts surrounding job satisfaction and the traditional approach to care have demonstrated that "low levels of satisfaction are prevalent among nurses" in nursing homes promoting the traditional approach to care (Andrew and Dziegielewski, 2005). In addition, it has been argued that staff who work under the traditional approach are believed to gain "little stimulation and [sense of] challenge" regardless of their position of care in "the health and social care fields" (Brown et al. 2004; Gregory et al. 2003).

However, the facts are not so clear regarding the relationship between employee beliefs, affective commitment, job satisfaction and the person-centred approach to care. As identified by Bremner et al. (2006), there is “very little literature or empirical evidence about the effectiveness or otherwise” of the new person-centred approach to care for members of staff, whether they care for the residents directly or indirectly, within the nursing home environment.

In 2013, Dye conducted a study of the job satisfaction “of social workers in non-hospital affiliated nursing homes”. This study found that social workers who practised in nursing homes which had adopted the culture change experienced “higher job satisfaction” than those social workers working in homes which were deemed traditional. Dye thus concluded that further studies of this kind were “highly recommended and essential to the continued delivery” of PCC in the nursing home setting due to studies in this area being “few and predominately anecdotal” (pg.iii).

This point is reiterated by Brownie and Nancarrow (2013) who note that “despite the emergence of the PCC approach, there is a paucity of data” which relates to “the impact of this new approach on staff well-being” (pg.2).

Brownie and Nancarrow (2013) conclude that in “terms of evaluation”, there is a grave need to adapt a more “standardised study design that will meaningfully capture the impacts” of the PCC approach on stakeholders other than residents, such as staff members involved in the culture change (pg.9).

It is also considered necessary to “capture the positive and negative unintended consequences of the intervention” (Brownie and Nancarrow, 2013, pg.9) as, “from the empirical point of view”, an organisational change – such as the introduction of the PCC approach – is expected to have an impact “on important organisational dimensions such as affective commitment and job satisfaction” (Gomes, 2009, pg. 189).

It should be acknowledged that the concept of PCC is relatively new to the Irish care setting. Consequently, a review of the literature surrounding nursing home care in Ireland has identified no published Irish research on this subject. Therefore, this study will initiate and contribute to the empirical body of knowledge surrounding the topic of staff satisfaction with a PCC culture in the Irish nursing home setting.

1.4 Purpose of the Study

The purpose of this study is to explore the relationship between employee beliefs, affective commitment and job satisfaction following a change in work culture from the traditional approach to care (driven by task, efficiency and routine) to the person-centred approach (driven by the choices, preferences and desires of the residents) in an Irish nursing home setting.

SECTION TWO

LITERATURE REVIEW

2.1 Introduction

This study explores the relationship between employees' beliefs, affective commitment and job satisfaction following a work environment culture change from the traditional approach to a person-centred approach to care. To understand the potential impact such a change may have on nursing home employees, it is first necessary to elaborate what the change entails before discussing the possible staff reactions it could cause.

This section will therefore be presented in two parts:

Part One will initially define and discuss the traditional approach to care. This section will describe what the 'culture change' is and how it changes the way care is provided to nursing home residents. Additionally, the differences between a PCC approach and a traditional approach to care will also be discussed. To conclude, the role of employees before and after the culture change will be explored.

Part Two will explore the possible effects of an organisational change, such as the culture change, on employees under three main headings: Organisational Change, Affective Commitment to the Organisation and Job Satisfaction. Finally, this section will discuss the model of analysis for this research study and comment on the gaps identified in published literature while also providing insight into the chosen research questions.

PART 1

2.2 The Traditional Approach to Nursing Home Care

Following an extensive review of literature on the traditional approach to care it became clear that a number of terms are used to define this approach. The three main headings that are most consistently used to define traditional care are: 'task-based', 'functional' and 'team' care.

'Task-based care' involves the allocation of tasks "through a hierarchical system", similar to how a manufacturing firm would be run (Cioffi et al. 2008; Dobson and Tranter, 2008; Lookinland and Tiedeman, 2004). Under this approach, employees work independently under an "allocation system" which sees them being given a daily quota of tasks they need to achieve to collectively complete the residents' "care process" for that particular day of work (Anthony et al. 2004).

'Functional care' differs to 'task-based care' in that employees are given tasks because they match their particular skill-set and following completion of these tasks, the resident is seen to receive "comprehensive and good care" (Chan et al. 2006).

The main problem associated with 'task based' and 'functional' care is that they are bureaucratic – as care is delivered on a group basis with all residents receiving similar forms of care at set times during the day, staff thus deliver care irrespective of the residents' individual needs (Pontin, 1999). This type of care can also lead to "fragmentation as it does not promote accountability" in the staff who are delivering the care, nor does it "promote continuity of care" (Lookinland and Tiedeman, 2004).

The third and final description of the traditional approach is ‘team care’ which sees employees “assigned to teams where they work under the supervision of a team leader” (Bond et al. 2003; Cioffi et al. 2008). While this approach does emphasise the importance of leadership which is seen as a necessity during the culture change, (Bennett et al. 2006) it can often be hampered if the “team leader is ineffective” in their role as leader and assigner of tasks, leading to confusion and disruption of care to residents (Dobson and Tranter, 2008).

A summary of traditional care and its many definitions is presented in the figure (2.2.1) below. Depicting an organisation practicing the old culture of care where each day in the same due to “care routines being run consistently for the purpose of meeting shared targets”, the opportunity for staff to give individual care to residents is shown to be diminished as their “emotions of work” have become institutionalised due to no variation in their working day (Sheard, 2009, pg. 131).

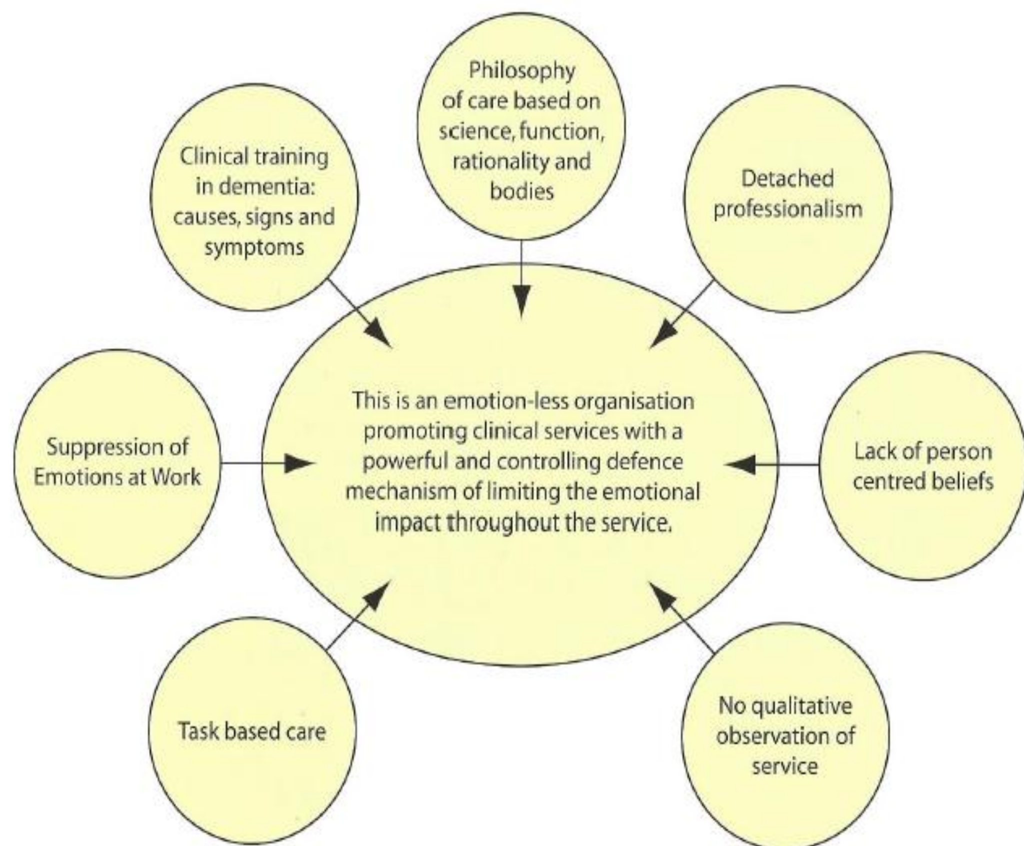


Figure 2.2.1: Model of a Traditional Old Culture Organisation (Sheard, 2009, pg.130)

2.3 What is Culture Change?

The ‘Culture Change’ is a growing movement which works to “deinstitutionalise long-term care and radically transform” the environment in which care is given and received in nursing homes. The change is seen as a “fundamental shift in thinking” (Koren, 2010) which hopes to improve residents’ quality of life through changes in the method by which care is delivered (Doty et al. 2008, pg.1).

In support of the culture change movement, many of its advocates have suggested that with the “right sort of managerial philosophy”, nursing homes which have been traditionally seen as “impersonal institutions” can be transformed “into safe, caring communities” (Lopez, 2006, pg.55) where the older population can still experience and enjoy much of the home comforts that they would have become accustomed to in their own homes (Doty et al. 2008).

Hence, in this new form of nursing home, “residents’ needs and preferences come first” as their daily routines are no longer shaped by a stringent collective routine but, rather, on an individual basis where each resident is given more choice over how they spend their day (Doty et al. 2008, pg.1).

The initiative is also seen as a “less hierarchical structure” as it gives staff the opportunity to have their work recognised as they become “more involved in decision- making” regarding the best care for their residents; in turn, this enables them to give a “more personalised” form of care (Clark et al. 2010, Harris et al. 2006; Rahman and Schnelle, 2008).

2.4 The Person-Centred Approach to Care

There is an abundance of literature concerning person-centred care (PCC). Typically described as caring for each resident “as a unique individual” (Redman, 2004, pg.11), PCC is seen as a “standard of practice that demonstrates a respect for the resident as a person” (Binnie and Titchen, 1999; Pelzang, 2010; Shaller, 2007). PCC is a way of changing how “health and illness” is viewed in the nursing home setting by “attempting to empower the resident by expanding their role in their own care”. This is achieved by helping the resident to be “more informed, and providing reassurance, support, comfort, acceptance, legitimacy and confidence” (Ersser et al. 1996; Pelzang, 2010).

In this way, staff are seen as “facilitators of a resident’s personhood”. This requires staff, whether direct or indirect care givers to “move beyond a focus on technical competence and to engage in authentic humanistic caring practices” (McCormack, 2004, pg. 36).

PCC “is often described interchangeably” as the previously defined ‘culture change’ initiative and can be clearly defined by the following “six culture change constructs”: (a) residents are given more choice in the type of care they receive and the types of activities they partake in; (b) the nursing home environment is redesigned to give a more homely feel; (c) work is organised in such a way that staff are “supported and empowered to respond to residents [differing] needs and desires”; (d) staff are empowered to create better relationships with the residents they care for; (e) decisions regarding resident care are made in a “collaborate and decentralised” manner with the support of management; and (f) “continuous quality improvement” is enabled through the use of “systematic processes that are both comprehensive and measurable” (Clark et al. 2010; Harris et al. 2006).

Following these changes, many members of staff experience “person-centred moments” which are described as a “significant event with a resident where everything seems to come together” that leads to an employee experiencing feelings of “satisfaction and reward” (McCance and McCormack, 2010).

In 2006, McCance and McCormack set out the framework of person-centred nursing, as seen in figure (2.4.1) which suggests that if nursing homes "systematically attend to the care environment", it will enable those who give care – both directly and indirectly – to work with the residents "in authentic ways" by being engaged and having a sympathetic presence to enable residents' beliefs and values be fully recognised.

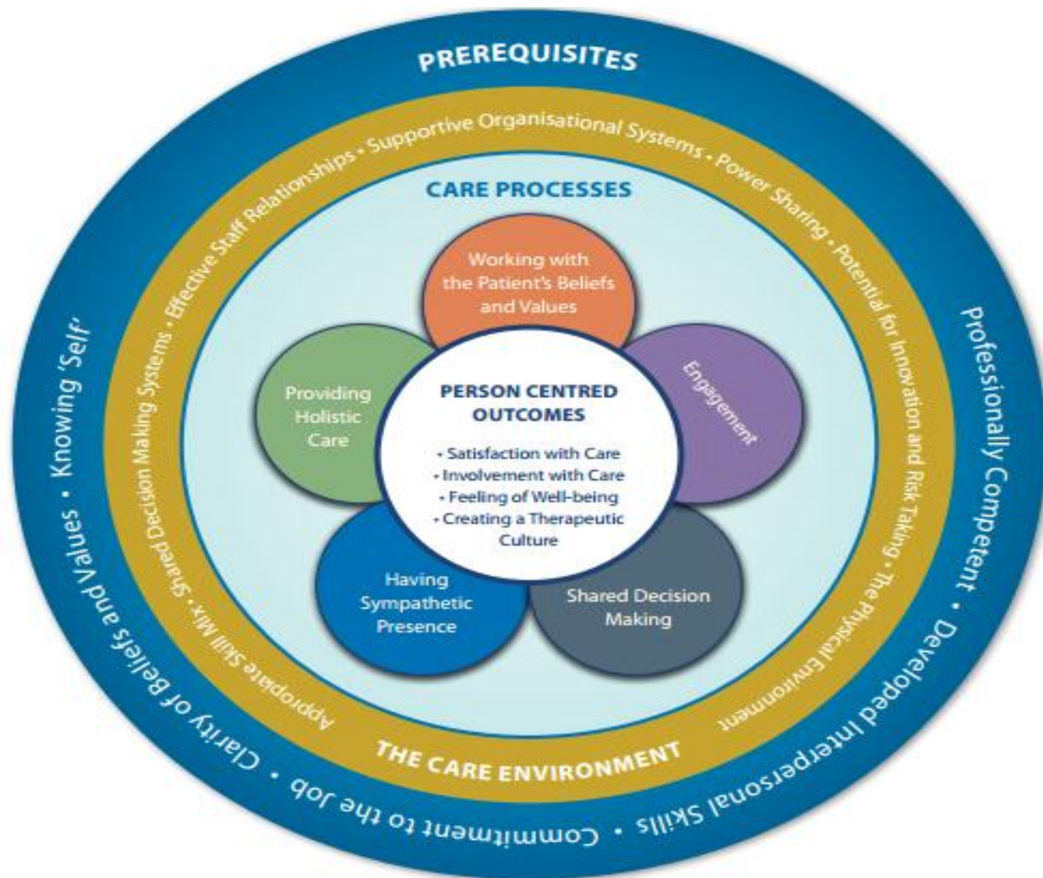


Figure 2.4.1: Person-Centred Nursing Framework
(McCance and McCormack, 2006)

The environment that PCC is delivered in is also a highly important aspect of the approach, for it has "long been recognised as having a significant impact" on how successful the change is and how it is experienced by both residents and staff (Dewing et al. 2011, pg.3).

Therefore, when PCC is introduced into a nursing home, it is necessary to enhance the environment to be more “reflective of a home environment”. This is achieved by creating “open-plan spaces” such as kitchenettes and dining tables instead of one main dining room for all residents. An increase in “personal belongings and furniture” is welcomed in line with a “reduction or elimination of obvious ‘clinical like’ structures such as nurse’s stations” to further enhance the more homely atmosphere (Cutler et al. 2007; Dementia Services Development Centre, 2007; Dewing et al. 2011; Drew, 2005).

The “aesthetic environment” is also a key aspect of the culture change to PCC. “Considerable developments” are taken to achieve an “aesthetically pleasing” environment which “promotes healing, nurturing, care, a sense of belonging and sensory engagement”. Every part of the nursing home is looked at and altered where possible with “the strategic placement” of memory triggering objects “for sensory and emotional stimulation” , coupled with the “use of bright colours, lights, sounds, and smells”, such as baking bread, “to promote relaxation” (Dewing et al. 2011, pg.4).

2.5 Traditional Vs Person-Centred Care from the Employee Perspective

As discussed throughout this literature review, the ‘culture change’ from the traditional to the PCC approach generates countless changes to resident care. However, it also has a significant effect on the role of the employee, whether a care assistant giving direct care or an activity coordinator giving indirect care. These changes to the role of the employee are summarised in Table 1 which is developed from the work of Matthiesen (2005, pg.12-13).

Employees Role: Traditional Approach	*Employees Role: Person-Centred Approach*
1. The nursing home is seen as "belonging to the staff" and residents are seen as boarders renting a room.	1. The nursing home is adapted to look and feel like a home, thus residents see it as their own home while staff are seen to work in it.
2. Care is driven by medical diagnosis models.	2. Care is driven by residents' choices and personal needs.
3. Every working day is scheduled "for the convenience of staff".	3. Each resident is invited to establish their own unique daily schedule.
4. "Decision-making is centralised".	4. Decision-making is left up to the resident and "those closest to them".
5. Care is "task-oriented" and can be "easily transferred" from employee to employee	5. Staff are encouraged through training to build personal relationships with the residents.
6. The activity coordinator sets "structured activities" at certain times throughout the day.	6. The activity coordinator continues to plan activities throughout the day but works with staff to encourage "spontaneous activities" with the residents "around the clock".
7. Residents are prone to feelings of "isolation and loneliness".	"Residents and staff share a feeling of community and belonging".

Table 1: Employees Role: Tradition Vs Person-Centred Care
(Developed from the work of Matthiesen, 2005, pg.12-13)

As seen in Table 1, the culture change from the traditional approach to the person-centred approach to care greatly alters the role of employees in terms of how they conduct themselves at work, how they complete their daily work tasks and the environment in which they work.

Hence, as well as reviewing the literature surrounding what culture change is and how it has altered employee roles, it is also important to explore the possible affects that such a change could have on employees both as individual workers and as a unified care team where all departments are asked to come together to ensure each resident experiences the PCC approach in all forms of care.

PART 2

The possible impacts of an organisational change such as a change in care culture on employees and their work teams will now be discussed under three main headings: 'organisational change', 'affective commitment' and 'job satisfaction'. This is due to how "from the empirical point of view", an organisational change, such as the culture change, is expected to have an impact "on important organisational dimensions such as affective commitment and job satisfaction" (Gomes, 2009, pg. 189).

2.6 Organisational Change

In today's ever changing business world, the requirement for constant vigilance by "organisational leaders" regarding the "context in which their organisation is situated" combined with the need to pay "particular attention to changes in the general and task environments" has grown considerably. Organisations must equip themselves with the right tools to ensure the organisational changes that they wish to implement are "welcomed and embraced by their employees" (Armenakis and Harris, 2009, pg.128; Gilmore et al. 1997).

An organisational change can be described as "any structural, strategic, cultural, human or technological transformation, capable of generating an impact in an organisation" (Wood, 2000). Such change can also be seen as a "set of scientific theories, values, strategies and techniques" which are introduced with the hope of "changing the work environment to stimulate" further development for the organisation (Porras and Robertson, 1992). However, not all change efforts are made to "the same degree of deepness or nature" (Poole and Van de Ven, 1995; Quinn and Weick, 1999).

A change that is “superficial and incremental” and can be implemented on a “day–to-day basis” by making “adjustments to the characteristics of the organisations’ systems” is described as a first degree change process (Gomes, 2009, pg.179; Quinn and Weick, 1999). In stark contrast, a second degree change process is seen to go deeper into the organisation due it being “multi-dimensional, multi-leveled” and characterised “as a radical change” with the end goal of seeing an “existing organisational paradigm” replaced by a new improved way of doing things (Gomes, 2009, pg.179; Porras and Robertson, 1992; Quinn and Weick, 1999).

No matter the degree of change, from the change leader’s perspective, the rationale for making a change is usually “focused on updating, renewing or re-structuring the organisation” to allow them to better prepare themselves to “deal with external and internal complexities” that may have arisen or are expected to arise in the future (Gomes, 2009, pg.180; Robbins, 1999). However, from the employees’ perspective, a change process brings uncertainty regarding the aftermath of the change and their position in the organisation following the change (Gomes, 2009, pg.180; Nanda, 1999).

As employees are seen to be “essential contributors during organisational change” (Seo et al. 2012), these feelings of uncertainty (Gomes, 2009, pg.180; Nanda, 1999) are highly problematic. Furthermore, without their support and buy-in to a change process, “transitions are likely to be unsuccessful” (Bernerth, 2004) leading to the need for organisations to “understand and work with staff reactions” during times of organisational change (Oreg et al. 2008).

In line with this, the management of change processes “raises key issues that need to be understood and controlled” by change leaders especially those issues pertaining “to the perceived consequences of the desired change process”. It is also hugely important to understand the possible effects that an organisational change may have on each employee’s relationship with their organisation during and after the change has been implemented (Gomes, 2009, pg.178).

In an attempt to understand employee reactions to change (Oreg et al. 2008), five key precursors that act as a "barometer of the degree of buy-in among" employees experiencing a process of change (Armenakis et al. 2007a, pg.481) have been identified and can be used to establish employee "motives to support change efforts". This identification can lead to an "increase in the likelihood" of successful implementation of a change process (Armenakis and Harris, 2009, pg.129). These five precursors are also known as "the five change beliefs" of: "(1) discrepancy; (2) appropriateness; (3) efficacy; (4) principal support; and (5) valence" (Armenakis et al. 1993, 1999).

The first belief, 'discrepancy' is described as an employee's belief "that a change is needed due to a significant gap" between their organisation's current position and where it should or needs to be (Armenakis and Harris, 2009, pg.129). Hence, if the employee does not see a "difference between the current and desired performance" of their organisation then they may believe that the need for change has no legitimacy and may even perceive it as being arbitrary (Armenakis et al. 2007a, pg.485) Therefore, the organisation who wishes to implement the change must "provide information" as to why the "change is needed", which may in turn influence employee beliefs regarding its value (Bies, 1987).

The second belief of 'appropriateness' refers to an employee's belief that the proposed change has been "designed to address" the existing discrepancy and that it is correct for their organisation's situation (Armenakis and Harris, 2009, pg.129). If employees perceive the proposed change to be a "quick fix" or an initiative that has been copied from another organisation without their own employer "conducting a systematic analysis of their unique situation" (Abrahamson, 1996; Bartlett and Ghoshal, 1996; Kilmann, 1984), they may not "buy-in to the change efforts". However, when an employee perceives a change to have been "implemented after careful deliberation and planning", they are seen to "express less uncertainty" which typically leads to greater employee buy-in (Griffin and Rafferty, 2006).

‘Efficacy’, the third belief, describes the employee’s belief that both they and their organisation can “successfully implement the change” (Armenakis and Harris, 2009, pg.129). If the employee believes that they are not capable of implementing the change in their job they will “commonly avoid activities that they believe exceed their coping capabilities”. However, if employees perceive themselves to be capable of implementing the change, they will “undertake and perform” the necessary new behaviours and work practices “required by the change” (Armenakis et al. 2007a, pg. 487; Bandura, 1986).

The fourth belief of ‘principal support’ refers to the employee’s belief that the leaders within their organisation “are committed to the change” and that it will be fully integrated into the organisation and not become simply “a passing fad” (Armenakis and Harris, 2009, pg.129). During a change, employees may “sense non-verbal cues and explicit information in formulating their beliefs” surrounding the change. Hence, if employees feel that the change leader’s support “for the change is inadequate” this may result in employees not embracing the change (Armenakis et al. 2007a, pg. 488; Gross and Ryan, 1943). Therefore, if change leaders are seen to “walk the talk” employees may experience higher levels of belief in the change (Bandura, 1986).

The final belief of ‘valence’ refers to an employee’s belief of how “attractive the perceived outcome of the change” is (Vroom, 1964) and how beneficial it will be for both the organisation and the employee themselves (Armenakis and Harris, 2009, pg.129). Perceived valence can be separated into two different categories. The first is *extrinsic* valence which “refers to the rewards or benefits” that may arise from the employee “adopting the new behaviours” required by the change (Vroom, 1964). The second is *intrinsic* valence which relates to whether or not the change introduced will provide the employee with enhanced “self-actualisation” and fulfilment at work (Morse and Reimer, 1956). Hence, employees may experience “*intrinsic* satisfaction” when performing the new “tasks and duties” brought to their role by an organisational change that may not necessarily require the involvement of “an *extrinsic* reward system” (Dye, 2013, pg.38; Spector, 1986).

Subsequently, this final belief highlights the need for “change leaders [to address] the personal needs” of the employees – known as the “change recipients” – when deciding on a change approach and, also, during its implementation (Armenakis et al, 2007a, pg.488).

Following this line of thinking, it is important to understand that “regardless of its intentions”, an organisational change process may “generate a perceived efficacy by employees” which may lead to a change in “important organisational behaviour indicators such as affective commitment and job satisfaction” (Gomes, 2009, pg.178).

2.7 Affective Organisational Commitment

As discussed above, in recent years, the use of organisational change has become a “growing area of importance for modern organisations’ strategic development” (Gomes, 2009, pg.177). Many of these changes require a ripple effect which sees changes occurring not just in a few departments but across the entire organisation (Cohen, 1999). This approach is likened to that of the culture change movement where all departments of the nursing home must unify their way of working to facilitate the change – for, if a change in the “model of nursing practice” is to successfully take place, commitment from “all staff involved, a strong leadership team, an effective workplace environment, and appropriate organisational structures to support change” are also needed (DeCicco and Manojlovich, 2007; Harvey et al. 1999).

Furthermore, “developing the PCC approach is not just a one-time event; rather, it requires sustained commitment” from both direct and indirect staff of the nursing home undergoing such change through “ongoing facilitation of continuous developments” (Dewing et al. 2011, pg.1).

After reviewing relevant literature, it is clearly established that the way in which change processes are managed “directly affects the behaviour” of the changing organisation’s employees (Gomes, 2009, pg.183). Change leaders can never be fully sure of how employees are going to react to change. Some reactions may be positive – such as “expressions of commitment and readiness to the change” – while others may be more negative – such as “expressions of resistance, stress or cynicism regarding the change” and how it will affect their role in the organisation (Armenakis and Bedeian, 1999).

In addition, employees may experience “conflicting emotions” during the various stages of the change, from conception to implementation (Kuntz et al, 2013). Employees are also known to resist change when they perceive it to not be “beneficial to the organisation” and they themselves (Agocs, 1997; Oreg, 2006, pg.73; Piderit, 2000). For this reason, it is “important and logical” to gain an understanding of how “the perceived evaluation of change affects” the relationship between the individual employee and their organisation (Cohen, 1999).

Throughout relevant literature, organisational commitment has been identified “as a pre-requisite to the successful implementation of organisational change” as many change leaders rely on their employees during times of change (Steyn and Visagie, 2011, pg.98). For an employee to have a high level of commitment, they are seen to experience the following at work: (a) “a strong belief in and acceptance of their organisations’ goals and values”; (b) a willingness to work hard and “exert considerable effort on behalf of the organisation”; and (c) a clear desire to continue their employment with their organisation (Mowday et al. 1979).

In 1991, Allen and Meyer added to the above the recommendation that there were “three forms of commitment: affective (the desire to remain), continuance (the potential cost of leaving) and normative (the perceived obligation to stay)”; these forms of commitment can be experienced by an employee one at a time during the varying stages of the change process or the employee could experience a “varied combinations of all three mind-sets” at once (Allen and Meyer, 1991; Langvardt, 2007, pg. 67-68).

This distinction came at a time when much research had been conducted in relation to the "antecedents of resistance to change with a focus on organisational context variables". However, little attention has been paid to the role of an employee's attitude towards their co-workers and their organisation during a transformational change such as the culture change movement (Kuntz et al. 2013; Mathieu and Zajac, 1990, pg. 171).

In particular, affective organisational commitment, one of the "three components of commitment" (Allen and Meyer, 1990/1991), has been marked as "one of the most common attitudinal consequences of organisational change" (Armenakis et al. 2007b, pg.232; Cartwright and Cooper, 1993; Denisi and Schweiger, 1991; Judge et al. 1999, pg.107; Oreg, 2006, pg. 107).

Affective Commitment consists of three subcomponents: (a) "the emotional attachment" of an employee to their organisation, (b) an employee's "identification with their organisation" and, (c) the employees "involvement in their organisation" (Allen and Meyer, 1997; Gomes, 2009, pg.181). Hence, when an employee is affectively committed to their organisation, they will strive to continue working for their employer as they feel a bond between themselves and their place of work (Al-Busaidi and Kuehn, 2002).

This bond may be created or enhanced when the employee's "values and goals" match that of the organisation (Freeman et al, 1999), leaving the employee with a sense of heighted commitment and willingness to exert a greater effort than required "on behalf of their organisation" (Falkenburg and Schyns, 2007; Maxwell and Steele, 2003).

Employees with "high levels of affective commitment will also act in the best interests of their organisation even in the face of uncertainty" which may increase the possibility of such employees "adapting their behaviour to changing work environments" (Steyn and Visagie, 2011, pg.102). Following this line of thinking, "even if a change involves transformation or removal of valued organisational features, it is plausible" that employees who exhibit high levels of affective commitment may "display positive change oriented behaviours for the benefit" of their organisation (Giangreco et al. 2011; Kuntz et al. 2013, pg. 37; Oreg, 2006).

These behaviours "highlight the importance" of employees' experiencing feelings of "emotional attachment and identification with their organisation" (Giangreco et al. 2011; Kuntz et al. 2013, pg.37; Oreg, 2006) as such employees who feel this way may show little or no "intention to react negatively" to changes occurring in their place of work (Kuntz et al. 2013, pg.31). This highlights the "important role" played by affective commitment in "change acceptance" (Iverson, 1996**;** Kuntz et al. 2013, pg.31; Yousef, 2000) and "positive attitudes and reactions toward organisational change" (Allen and Meyer, 1997; Herscovitch et al, 2002).

2.8 Job Satisfaction

Undoubtedly, an employee's relationship with their organisation has a clear impact on the "attitude and behaviours" they exhibit while at work; therefore, it is crucial to gauge an understanding of which mechanisms have an effect on employee's differing "attitudes and behaviours" (Bruch and Cole, 2006, pg.585). As already discussed in this literature review, affective commitment, including identification with one's organisation, provides a "basis for interpreting attitudes and behaviours at work" (Tuzun, 2009, pg.728).

However, it is also important to interpret and understand "which elements foster job satisfaction" as its influences "have substantial consequences" for both employees and their organisation – as "employees with higher levels of job satisfaction," are typically seen to "develop more positive attitudes towards their work" such as affective commitment (Tuzun, 2009, pg.729).

Similar to affective commitment, job satisfaction is "regarded as one of the most representative dimensions of organisational behaviour" (Ghazzawi, 2008). Job satisfaction can be described as a "pleasurable or positive emotional state" which is created by a person's unique evaluation of their work, job experiences (Locke, 1976, pg.1300), working conditions and work outcomes (Schneider and Snyder, 1975, pg.318). Hence, an employee's satisfaction at work stems from their personal "evaluation or perception" of their role within the organisation, which is further influenced by their "unique circumstances" such as the employee's "values, needs and expectations" (Reiger et al. 2002, pg.23) along with what they judge as "important and meaningful" (Kerego and Mthupha, 1997).

This evaluation can lead to either "high or low job satisfaction" (Locke, 1976). Considering the "wide range of employee behaviours" that can influence employee well-being and potential longevity, the measurement of job satisfaction levels within an organisation is essential research to undertake (George and Jones, 2008, pg.84).

Such research is especially important during times of organisational change, as the manner in which an employee perceives how their organisation introduced and implemented a change – including the planning, training and follow-up – can have a "significant impact on their job satisfaction" (Hodliffe, 2014, pg.18).

As already discussed, "uncertainty during organisational change processes" can lead to a drop in job satisfaction due to employees feeling a "lack of control" and fear of the unknown consequences that may come as a result of an organisational change (Nelson, 1995). Employees may also question their "job security and conditions" of employment which may further affect their satisfaction at work (Oreg, 2006).

However, an employee with high affective commitment – who is seen to be more resilient to change – will "behave more positively" towards a change due to feelings of adaptability generated by the belief that their organisation will provide the necessary "support and resources" to help them adjust to the change. Thus, such employees' level of job satisfaction should not be diminished and may even improve following the change (Luthans and Youssef, 2007).

In contrast, employees who do not have a strong sense of affective commitment going into an organisational change may experience various forms of "organisational constraints" during the change process that, if not overcome, can lead to a drop in their job satisfaction (O'Connor et al. 1980).

An initial constraint of “role ambiguity and role conflict” results from changes being made to an employee’s role that have not been “clearly defined” and so create “a sense of doubt” for employees regarding what their “responsibilities and duties” will be following the change. This can result in an employee expressing resistance to the change because they perceive their new “work demands to be incompatible with their job functions and responsibilities” (Jackson and Schuler, 1985).

As a result, various studies have observed that a “correlation exists between job satisfaction, role ambiguity and role conflict” (Jackson and Schuler, 1985) in which an employee’s satisfaction with their immediate manager is seen as “an important facet” (Luptak, 2004). This was found due to the importance that immediate managers play in the “setting of the stage” for employees to “interpret and experience their new roles”, and the necessity that employees feel supported by management throughout the change process (Dye, 2013, pg.36; Luptak, 2004).

Another constraint experienced by employees during an organisational change is job stress, which relates to how an employee may be “required to respond or adapt to a specific event or situation” in their place of work (Cartwright and Cooper, 1994; Payne and Warr, 1983). Employees who work in the “nursing home environment” are used to the varying forms of stress that come with their job such as time-keeping, codes of practice and risk management (Cox and Parsons, 1994; Luptak, 2004). However, an employee’s stress levels can be enhanced by organisational changes such as the introduction of the PCC approach which may lead to employees’ “experiencing a perceived loss of control over their environment and decision-making”. In line with this, “the continued ability to exercise autonomy over tasks and responsibilities” is seen to have “a positive correlation to job satisfaction” (Beehr and Jex, 1991).

This ability can also give employees a “sense of empowerment” due to the fact that even after a change transition, which may or not have been stressful, the employee believes that they can still independently complete their work tasks; in turn, this further contributes to their job satisfaction levels (Gleason-Wynn and Mindel, 1999).

Yet, not all correlations to job satisfaction are seen as constraints. This is true for the sense of teamwork within an organisation that shares a “positive correlation with job satisfaction” (Dye, 2013, pg.40). This was supported in a study that showed how in the nursing home setting, “a common workplace value regarding the quality of care” given to residents which is shared by all employees was a “necessary element for job satisfaction” (Dye, 2013, pg.40; Gork et al. 2003).

Additionally, a correlation has been found between the “sharing of values” on an organisational level and job satisfaction (Dye, 2013, pg.41) following a study that explored how the “sharing and internalising” of values with one’s organisation as a whole remains an essential element of “the job satisfaction of employees” (Deutschmann, 2001; Dye, 2013, pg.41).

Finally, in another study relating to teamwork, it was found that “perceptions of a team’s context and atmosphere were empowering elements that heightened an employee’s commitment and job satisfaction” at work (Dye, 2013, pg.40; Proenca, 2007); due to how working in a team is seen to “create a positive climate of cooperation and the mutual sharing of ideas”. Hence, the cooperation needed during a change such as the culture change could actually create a sense of teamwork and thus increase job satisfaction for nursing home employees (Amodeo and Schofield, 1999; Dye, 2013, pg.40).

2.9 The Current Model of Analysis

As discussed throughout this literature review, an employee’s change beliefs are an important part of the successful implementation of organisational change. Therefore, it is “logical to assume” that high levels of affective commitment “should promote positive perceptions of change efficacy” – one of the five change beliefs – due to the employee’s trust that any changes “endorsed by their organisation will entail benefits” to all involved (Armenakis and Harris, 2009, pg.129; Kuntz et al. 2013, pg.37).

This leads employees to believe that they, as well as their organisation, can successfully implement change which (Armenakis and Harris, 2009, pg.129; Kuntz et al. 2013, pg.37), in turn, ensures that those employees who are affectively committed will "go above and beyond the norm" to make sure such changes are implemented successfully (Steyn and Visagie, 2011, pg. 103).

Accordingly, it is clear that "affective commitment to change is a central component" of successful organisational change (Klein and Sorra, 1996). Furthermore, affective commitment has been proven through research as "a mediator of the process between perceived change efficacy and job satisfaction" (Backoff and Nutt, 2001; Charles et al. 1988; Gomes, 2009, pg.189; Liu and Norcio, 2008; Michaelis et al. 2009, pg.413). Indeed, this is widely regarded to be a "positive and meaningful" relationship (George and Jones, 2008).

In addition to the above, "affective commitment and job satisfaction" have been explored by researchers as "relating positively" to one another (Liu and Norcio, 2008) due to the finding that the way in which an employee "perceives efficacy of a change process, will contribute" to the creation of a bond, known as affective commitment, with their organisation; which, in turn, "will lead to job satisfaction" (Bluedorn, 1982; Charles et al. 1988; Gomes, 2009, pg.184).

The above findings can be summarised in figure (2.9.1) which has been developed from the work of Gomes (2009, pg.184):

Figure 2.9.1: The Current Model of Analysis
(Developed from the work of Gomes, 2009, pg.184)

2.10 Gap in the Literature

In 2009, Gomes conducted a study with the intention of clarifying the relationship "between perceived efficacy of organisational change processes, affective commitment and job satisfaction". His research sample consisted of "153 employees who worked for the hotel business industry" who completed a questionnaire on a voluntary basis. In this study, he concluded that organisational change has "an impact on important organisational dimensions such as affective commitment and job satisfaction" (pg.177 -189).

Following this research, Gomes (2009) suggested that a replication of his study should be conducted "within another business industry" as he believed it "pertinent to verify if the results" obtained would "maintain their stability among industries with different characteristics" (pg.190).

In the same year, Armenakis and Harris (2009) highlighted in their own research that although "some empirical assessments of change recipients readiness existed in the literature" (Adams et al. 2000), none of these assessment tools included all "five change beliefs" (Armenakis and Harris, 2009, pg.136). This was also true for the research of Gomes (2009), who concentrated on efficacy – one of the five change beliefs – in his work analysing organisational change (pg.183).

As a result of the concentration on just one of the five change beliefs, a gap in organisational change research was noted following increased interest surrounding "whether change recipients view each belief to be equally important to one another" (Armenakis and Harris, 2009, pg.137; Bernerth et al. 2006) which would require "all five beliefs to be examined simultaneously" (Harris and Varma, 2008).

Therefore, the researcher saw the need to conduct similar research to Gomes (2009) while also taking the advice of Armenakis and Harris (2009) to include all five change beliefs in the research study. Accordingly, the researcher conducted further study into the relationship between organisational change, affective commitment and job satisfaction.

Along with the need to explore the “role of affective commitment”, understanding “the relationship between an organisational change and job satisfaction is a logic to explore” due to the perceived bond between an employee and their organisation which has been found to play a “key role” in this relationship (Gomes, 2009, pg.183).

The researcher also wished to continue the research of Gomes (2009) by conducting research in a different industry for, despite the various research studies discussed throughout this literature review, little is still known “about the factors associated with job satisfaction and dissatisfaction for nursing home employees” (Anderson et al. 2007, pg.191). Previous research in this area has tended to focus on the “job satisfaction of social workers” (Dye, 2013, pg.iii).

Therefore, following this line of reasoning, the researcher felt it pertinent to focus this study on a specific organisational change as even less is known of the “relationship between” nursing home employees’ “job satisfaction and the culture change” with past studies “being few and predominately anecdotal” (Dye, 2013, pg.44).

SECTION 3

RESEARCH QUESTIONS

3.1 The New Model of Analysis

Following on from the above discussion surrounding previous published research and the gaps found in past research outlined in the literature review, the researcher conducted further analysis to answer the following Research Questions (RQ):

RQ 1: Utilising the Organisational Change Recipients' Belief Scale, what are nursing home employees' beliefs regarding the change of care culture?

RQ2: Do nursing home employees exhibit affective commitment towards their nursing home that implemented the change of care culture?

RQ3: What is the overall job satisfaction of nursing home employees following the change of care culture?

SECTION 4

METHODOLOGY

4.1 Introduction

The purpose of this study is to explore the relationship between employees' beliefs, their affective commitment towards their nursing home and their satisfaction following a change of care culture from a traditional to a person-centred approach.

4.2 Background of the Subject Organisations

During the proposal stage, the researcher intended to conduct the research in one nursing home where the researcher works part-time and had indirect experience of the change. However, during the planning of the research, the researcher met with the management who invited the researcher to extend the research to another of their nursing homes. The reason for this suggestion was that the two homes shared similar characteristics such a basic build design, staffing levels, senior management team and reputation.

Most importantly, both homes had received the same training programmes and support, provided by the same external trainers over the same period of time, to enable and support the team to change their care culture. Both homes had also undergone extensive costly reconstruction and renovation to the buildings to allow an enabling environment to be achieved in which the staff could more easily provide PCC. It should be noted that financial investment will not be recouped in monetary terms as the fees will remain the same regardless of the type of care delivered.

The motivation to change culture was driven by the managements desire to improve the quality of life in each home for both residents and staff. Both homes are purpose built and privately owned. One has 68 beds and was established in 2004 on the north-side of Dublin and, for the purpose of the study, is called Bloomsfield. The other has 81 beds, was established in 2009, is situated in the greater Dublin area and, again for the purpose of the study, will be called Maplelawn.

4.3 Culture Change within the Subject Organisations

Prior to 2012, Bloomsfield and Maplelawn operated a traditional approach to care by delivering care in a task driven manner where all aspects of care were completed within timeframes in an automated routine. Baths, feeds, and other elements of care were carried out using a work schedule that was designed around a set routine and staff breaks. During this time there was an extensive programme of activities provided by the activity coordinator every day which required residents to come or be brought to the activity room if they wished to participate. Each home also had a selection of sitting rooms and one main dining room on each of its two floors.

Household staff typically cleaned the homes starting at one end of a long corridor and working around the building without really considering the preferences of the residents living in the rooms or when they may wish their room to be cleaned. Some administrative staff had little interaction with the residents and nurses were often detained for long periods in their stations attending to paperwork and phone calls with little time for interacting with residents beyond what was deemed necessary. In summary, the homes operated in a professional and efficient yet stringent and routinised manner with sparse input from residents on how they wished to spend their time.

In late 2012, through research, education and training, the owner and management of Bloomsfield and Maplelawn became aware of the potential negative effects of the purpose built and perhaps institutionalised buildings in which care was being delivered. Both homes exhibited physical barriers such as nurses' stations, long hospital-like bland corridors (please see appendix 1) and staff wearing hospital style uniforms that could be seen as impacting negatively on the lives of residents and staff in the home. Thus, it was decided that both Bloomsfield and Maplelawn would embark on a journey of changing the care culture and environment from a traditional to a PCC approach.

Fundamental to the change was a training programme known as 'The Butterfly Programme' which supported staff to move from the traditional approach to one of person-centeredness driven by the wishes, preferences and needs of residents. As part of the change process, the Home Manager and Operations Manager met with each member of staff individually to talk about the change.

The meeting involved discussions on: PCC culture; the expectation of how Bloomsfield and Maplelawn might benefit from a change to PCC; the training that would support the change of care culture and; the types of physical and structural changes that would occur in each home to facilitate the change of environment. Finally, each employee was given the opportunity to ask any questions they had about the change.

Every member of staff in each home received a basic four day training session on PCC. Additionally, two training programmes ran concurrently in each home for groups of employees representing direct and indirect staff along with another training programme specifically designed for nurses to prepare them for their very important and challenging role as leaders of PCC teams.

The policy of formal style uniforms was discontinued and staff began to wear their own clothes to help promote their individuality and to make the workplace more colourful, friendly and interesting in keeping with the PCC approach. Simultaneously, the building work began in each home to allow for a more homely and interactive environment to be developed (please see appendix 2).

Sitting rooms were combined with dining rooms and small old style kitchenettes were added so that residents could live in a more homelike environment without having to leave the comfort of their living room to go eat in a dining room or take part in activities in an activity room (please see appendix 3). This allowed nursing and care staff to work in the living areas all day with the residents and enabled them to interact more naturally and informally with the residents and their families. Additionally, nurse's stations were removed and replaced by small tables in the living areas where they would work in the company of residents.

Activities are no longer an add-on option with all staff now expected to participate in the delivery of meaningful activities in the residents' living areas integrating social activities – such as meaningful conversations, fun games, small talk, assisting residents to wash dishes, folding towels or baking cakes and bread – better into daily life. Where possible, household staff arrange their cleaning in agreement with residents' preferences, using cleaning trolleys colourfully decorated to look less hospital-like.

The household staff are encouraged to make greater efforts to interact with the residents and to initiate and open up more conversation – joining residents in the dining rooms to assist during meal times or having a cup of tea with residents in their living areas.

Each nursing home has some manageable pets such as fish and birds in the reception areas of the homes that are cared for mainly by the residents with support of administrative and activity staff. In turn this has helped build the relationship between administrators, receptionists and residents who come to visit the animals throughout the day.

Furthermore, catering staff are now more involved with the residents as they deliver meals to the kitchenettes in the living areas and know by name the residents and their family members who frequently visit during mealtimes.

The residents appear to have taken to their new environments well in both homes and staff have seen positive changes in residents' well-being. Family members have voiced how much happier they and their loved ones are since the change. Internal clinical audits in Bloomsfield and Maplelawn have indicated a reduction in the number of resident falls and the frequency of episodes of challenging behaviour.

Additionally, staff appear to have accepted the changes to their roles and working environment. However, it is not known if the change of care culture which anecdotally appears to have brought improvements to residents' quality of life has had any impact on the overall satisfaction of direct and indirect staff.

4.4 Research Design

Based on the nature of the three research questions, a quantitative research approach was selected to gather the relevant data through the use of a hand-delivered survey designed using SurveyMonkey.com.

4.5 Rationale for the Research Design

The researcher chose this approach as surveys are regarded as "the most frequently used" form of research for exploring a "phenomenon that is not directly observable" such as the model of analysis used in this study (change recipients' belief scale, affective commitment and job satisfaction) (Borg et al. 2003). The researcher also favoured using a survey as the best approach to this particular study due to the capacity of the survey to collect data "from a large sample size in a relatively reasonable time" and the fact that it would cause "little disturbance to the daily activities" of the participants working in a busy nursing home (Alreck and Settle, 2004).

The appropriateness of this approach is strengthened by Shaller's (2007) argument that for nursing homes to become "person-centred, they need to create and nurture an environment in which their most important asset – their workforce – feel valued and treated with the same level of dignity and respect" that they themselves are expected to provide to residents. Thus, "an important way to achieve this commitment and engagement is to conduct a staff satisfaction survey to monitor staff experience" (ACSQHC, 2010, pg.31; Shaller 2007, pg.11).

4.6 Hand-Delivered Survey

The hand-delivered survey utilised in this research was a combination of three fully intact instruments which are academically proven as valid and reliable. They are as follows: 'The Organisational Change Recipients' Belief Scale' developed by Armenakis et al. (2007a, pgs.494-495), the 'Shortened Organisational Commitment Questionnaire' developed by Mowday et al. (1979, pg.228); and the 'Overall Job Satisfaction' developed by Cammann (1983). When combined with the demographics section, the survey consisted of 5 questions and 36 statements in total.

Each survey has previously been given coefficient alpha scores which can be described as an “estimate of the reliability of a scale” (Cronbach, 1951) by determining the “extent to which a respondent” rates each statement “in a consistent” manner (Borg et al. 2003). A coefficient alpha score of 0.70 or over is generally seen as “being acceptable” (Kenny, 2012, pg.40; Nunnally, 1970).

The survey was separated into four sections. Section 1 contained 5 demographical questions: gender, age (from a choice of seven brackets), nursing home, work department (from a choice of five brackets which saw smaller departments such as administration and activities grouped together to ensure anonymity for all participants) and finally, length of service (from a choice of six brackets). All brackets of choice were specifically tailored to the participants of the survey through limited use of each nursing homes electronic staff and time management system.

In sections 2, 3 and 4 of the survey, employees were asked to indicate the degree of their agreement or disagreement with each statement on a 7-point Likert scale where 1 = Strongly Disagree, 2 = Disagree, 3 = Slightly Disagree, 4 = Neither Disagree or Agree, 5 = Slightly Agree, 6 = Agree, and 7 = Strongly Agree. This scale was located next to each statement of sections 2-4.

Section 2 of the survey (statements 6-29) related to organisational change recipients’ beliefs and was developed by Armenakis et al. (2007a). This section contained statements relating to the five change beliefs of ‘discrepancy’, ‘appropriateness’, ‘efficacy’, ‘principal support’ and ‘valence’ which are regarded as “important precursors that determine the degree of buy-in by organisational change recipients” (Armenakis et al. 2007a, pg.481).

Employees were asked to indicate the degree of their agreement or disagreement with each of the statements in this section in relation to the culture change that had been implemented in Bloomsfield and Maplelawn know as the Butterfly Project. At the beginning of this section, the researcher described the culture change as a project "that assisted a work environment culture change from the Traditional approach to care, which is driven by task and staff routine, to the Person-Centred approach to care which is driven by the choices, preferences and needs of each individual resident".

The sequence in which the statements were placed in the survey (within section two) was altered by the researcher to assist the general flow of the survey. The reliability of this scale was good with coefficient alpha values of 0.71 - 0.82 for statements relating to discrepancy, 0.61 – 0.75 for appropriateness, 0.46 – 0.62 for efficacy, 0.42 – 0.71 for principal support and finally, 0.51 – 0.83 for valence. The coefficient alpha values for this entire section were between 0.69–0.92 (Armenakis et al, 2007a, pgs. 494-497).

Section 3 of the survey (statements 30-38) related to employees' affective commitment to their organisation and was developed by Mowday et al. (1979). Affective commitment was described in the survey as having three components: emotional attachment to the nursing home, identification with the nursing home and involvement in the nursing home. The reliability of this scale was high with coefficient alpha values ranging from 0.74 – 0.92 (Aryee et al. 1998; Bennett et al. 1998; Bergmann et al. 1999; Day and Huselid, 1991; Dulebohn and Martocchio, 1998; Fields, 2002, pg.49; Liden et al. 1997; Thompson and Werner, 1997; Wahn, 1998).

Section 4 of the survey (statements 39-41) related to overall job satisfaction and was developed by Cammann et al. (1983). The reliability of this scale was high with coefficient alpha values ranging from 0.67 - 0.95 (Brock and Sanchez, 1996; Fields, 2002, pg.5; Igalens and Roussel, 1999; McDonald and Siegall, 1995; McFarlin and Rice, 1992; McLain, 1995; Pearson, 1991).

The data obtained from the survey was quantitative and statistical analysis was conducted to determine staff beliefs, levels of affective commitment to the organisation and overall job satisfaction following the culture change. It was also important to obtain demographic variables "as different demographic groups often hold varying beliefs, thoughts and perceptions" of working life and "such characteristics are helpful in recognising" staff who react and "behave in similar ways" (Alreck and Settle, 2004; Kenny, 2012, pg.35). A copy of the survey is available in appendix 4 and an overview reflected in Table 2.

The Butterfly Project Survey		
Survey Section	**Questions/ Statements**	**Topics**
Section1	Questions 1-5	Participants' Demographics
Section 2	Statements 6-29	Organisational Change Recipients' Belief Scale which includes – Discrepancy, Appropriateness, Efficacy, Principal Support and Valence
Section 3	Statements 30-38	Affective Commitment
Section 4	Statements 39-41	Job Satisfaction

Table 2: Summary of Survey Layout

4.7 Survey Pilot Study and Approval

Approval to utilise and circulate the survey was granted by the Operations Manager of the company and the managers of the two nursing homes following a pilot-test of the survey with the managers. During the pilot study, it was suggested the word "peers", which featured in the survey, could be misunderstood by the participants of the study for whom English is not a first language. Hence, the word 'co-workers' was substituted for 'peers'.

It was also suggested that the words 'your organisation' in the survey could lead to employees responding to statements with reference to the organisation which operates six nursing homes rather than with reference to the employee's own specific nursing home in which they work. Therefore, the words 'your organisation' were changed to 'your nursing home' in the survey in the hope of providing clarity to the participant to answer each question and statement in relation to their own nursing home and not the overall company.

4.8 Sample, Population and Participants

The sample used in the survey was a purposive sample which is a technique used to "select groups of individuals based on the specific purposes associated with answering a research study's questions" (Teddlie and Yu, 2007, pg.77). Such individuals are "deliberately selected for the important information they can provide" which cannot be obtained "from other persons" (Maxwell, 1997, pg. 87).

Although this sampling approach is "primarily used in qualitative studies", the researcher found that, for the findings to be reliable, the survey would need to be administered to employees within the total population of each nursing home who were in employment prior to the introduction of the change. Therefore, all members of staff who joined after January 1st 2013 were excluded from the research study.

Maximum variation sampling, a technique of purposive sampling, was also used due its ability to "search for variations in perspectives" from people who "exhibit a wide range of attributes, behaviours and qualities" which allows the researcher to "gain greater insight into a phenomenon by looking at it from all angles"; leading to the possibility of "identifying common themes" (Lund Research Ltd, 2012). Therefore, once the employee had worked for either Bloomsfield or Maplelawn from before January 1st 2013, they were included in the study no matter their gender, age or working department which allowed for a fair representative sample of each nursing home.

A total of 76 employees from Bloomsfield and Maplelawn were deemed eligible for the study. However, employees who were on annual leave or long-term sick leave were not asked to complete a survey as they were not at work during the two week data collection period. Therefore, a revised total of 65 employees were asked to participate in the study, 31 employees from Bloomsfield and 34 from Maplelawn.

4.9 Data Collection

The steps of the data collection process were as follows:

1. Potential study participants were identified using limited access to the staff and time management electronic system of each home.
2. A survey pack was prepared for each participant with their name and the department they were employed in written on the front.
3. Each survey pack contained:
   a. A copy of the survey – Page One of the survey was a letter which gave information about the study and invited the participant to complete the survey (appendix 4).
   b. An un-coded envelope to anonymously return the survey which had instructions printed on the front stating "Butterfly Survey Response – Please Return to the Collection Box at Reception".
4. In Bloomsfield, the researcher hand-delivered the survey pack to each participant and explained briefly what the research entailed and thanked each employee in anticipation of their participation.
5. Due to the geographical location of Maplelawn, the researcher was unable to personally deliver the surveys. A work colleague from one of the other nursing homes in the group who was not employed in either Bloomsfield or Maplelawn hand-delivered the surveys to each participant in Maplelawn. The researcher asked this colleague to briefly summarise what the research entailed and to thank each employee in anticipation of their participation on behalf of the researcher.
6. During the two week data collection period in Bloomsfield a large survey collection box was positioned in the main reception area of the home. The researched collected the completed surveys from the collection box on a daily basis.
7. During Maplelawn's two week collection period the researcher kept in contact with the Home Manager of Maplelawn who on behalf of the researcher emptied the collection box when required and maintained the unopened returned envelopes in a confidential manner.

8. The researcher and the Home Manager of Maplelawn also made arrangements for the sealed responses to be returned to the researcher at Bloomsfield on various occasions during the collection period.
9. The results from the completed surveys were manually inputted to Survey Monkey by the researcher following each collection from Bloomsfield and Maplelawn.
10. Following inputting, the completed surveys were systematically and safely filed without any coding except being numbered 1-49 as they were collected.
11. A number was allocated to spoilt surveys (n=7) which were incomplete and not suitable for inclusion in the study.
12. The completed surveys will be shredded following receipt of the dissertation grade.

4.10 Data Analysis Procedures

Various means of analysis were conducted by use of the raw research data that was obtained from the employees of Bloomsfield and Maplelawn from the survey administered.

First, the data from each completed survey was manually entered by the researcher into the online survey tool Survey Monkey (surveymonkey.com). Using this tool, the data relating to demographics in section one of the survey was analysed first as an entire sample and subsequently separated to allow for analyse to be conducted for each of the two homes. This data was then presented in various forms of descriptive statistics such as pie, bar and line charts to provide visuals for percentage response to each of the questions asked in section one of the survey.

For sections two, three and four of the survey, respondents were asked to rate their responses to each statement on a 7-point Likert scale regarding employee beliefs, affective commitment and job satisfaction, and the researcher downloaded all individual responses from Survey Monkey and exported this raw data to Microsoft Excel for further analysis.

Of the 36 statements in these three sections, only Statement 40 *"In general, I don't like my job"* was a negatively written statement. Therefore, the results of this question were flipped to allow all statements to be analysed together.

The raw individual response rates for each statement were then simplified further by calculating the overall percentage of employees' total responses to each of the 36 Likert scale statements for Bloomsfield and Maplelawn. These percentages were then separated by topic to allow for overall comparison.

The researcher then analysed each of the five beliefs, affective commitment and job satisfaction Likert scale percentages to decipher the highest ranking statements of each section. A statement was judged to be the highest ranking statement when one (or more) of its 7-point Likert scale responses received the highest percentage of agreement by employees of all the statements in that particular section.

A cross tabulation was also generated by categorising each of the total responses for each statement on the 7-point Likert scale into a positive (5-7), neutral (4) or negative (1-3) percentage rating of affective commitment and job satisfaction for each home.

To conduct this analysis for employee beliefs, which comprised of 24 statements relating to five different beliefs ('discrepancy', 'appropriateness', 'efficacy', 'principal support' and 'valence'), a total response score for each belief was generated.

The researcher also ran correlation tests through Microsoft Excel between certain statements found in the employee beliefs and affective commitment sections which related to job satisfaction. A correlation "tests whether there is an association" between two variables (Cameron and Price, 2009, 491) by "measuring the extent of their relationship" (BPP, 2010, pg.81).

A necessary requirement to answer RQ3, the “correlation coefficient” test gives a result that “lies between -1 and +1” with +1 meaning a “perfectly positive correlation”, 0 indicating “no relationship” exists, and finally, -1 meaning the relationship between the two variables is a “perfectly negative correlation” (BPP, 2010, pg.81). In summary, the “measure will be a positive for a positive relationship, negative for a negative one, and zero when there is no correlation at all” (Cameron and Price, 2009, 491).

4.11 Ethical Considerations

There were no identified risks or benefits to employees choosing to participate or not participate in the study and there is no system for identifying which employees chose to participate. Surveys were returned voluntarily with no pressure whatsoever exerted on employees and it was not possible for the researcher to link an employee to a survey as it was not coded apart from being allocated a number at the time of data inputting.

If the employee was willing to complete the survey they placed it in a sealed envelope into a collection box in the reception of their organisation. The researcher is a part-time employee at Bloomsfield and, therefore, no subordinate position existed between the researcher and the participants.

While the research involved employees directly or indirectly caring for vulnerable elderly residents living in the nursing homes, the residents themselves were not involved or affected in any way by the research.

While there were no identified risks or benefits to employees choosing to participate or not participate in the study, the data collected may provide information which could assist Bloomsfield and Maplelawn in future decision-making regarding project management and staff satisfaction.

4.12 Limitations of Methodology

There are a number of acknowledged limitations of the methodology utilised. One is the population's sample size as a larger pool of employees could have "potentially allowed for greater insight and analyse" (McCabe and Sambrook, 2012, pg.11) into the potential impact of the culture change on the employees of the various departments within the nursing home setting and not just nursing home employees overall. In addition, the data came from two nursing homes within the same nursing home group, "which somewhat limits the generalisability of the findings" (Castle et al. 2006, pg.10) to all nursing home employees.

Another limitation could stem from the survey not utilising a mix of quantitative and qualitative research and thus not allowing any comments or additional information to be added by participants other than the rating of statements on the 7-point Likert scale. It is also acknowledged that there could be an "element of response bias which could risk the validity" of the data due to the well-recognised possibility of respondents "giving socially desirable responses" even though respondents were given all assurances of anonymity and confidentiality (Bernreuter, 1933; Leggett and Lenski. 1960; Ajzen and Fishbein, 2005; Kenny, 2012, pg.45).

SECTION 5

DATA ANALYSIS AND FINDINGS

5.1 Introduction

Following analysis using Survey Monkey and Microsoft Excel, research findings will be presented by statistics generated from the quantitative data derived from the study surveys. Results will be presented to detail separately the findings for Bloomsfield and Maplelawn, and, where pertinent, as the total sample.

5.2 Survey Response Rates

65 surveys were administered, 49 surveys were returned, 7 surveys were spoilt rendering 42 surveys suitable for analysis and an overall response rate of 64.62%. There were 23 respondents from Bloomsfield and 19 respondents from Maplelawn as illustrated in Table 3 and figure (5.2.1).

Population Sample	Total Participants (n)	Respondents (r)	Spoilt Surveys	Fully Completed Surveys	Total Response Rate
Bloomsfield	31	26	3	23	74.19%
Maplelawn	34	23	4	19	55.88%
Total	**65**	**49**	**7**	**42**	**64.62%**

Table 3: Survey Response Rates

Figure 5.2.1: Nursing Home Breakdown

5.3 Survey Section One: Respondent Demographics

The analysis of the demographics of the respondents from each home independently demonstrated the following:

5.3.1 Gender

95.24% (n=40) of the total sample were female and 4.76% (n=2) were male. One male respondent was from each home (figure 5.3.1.1):

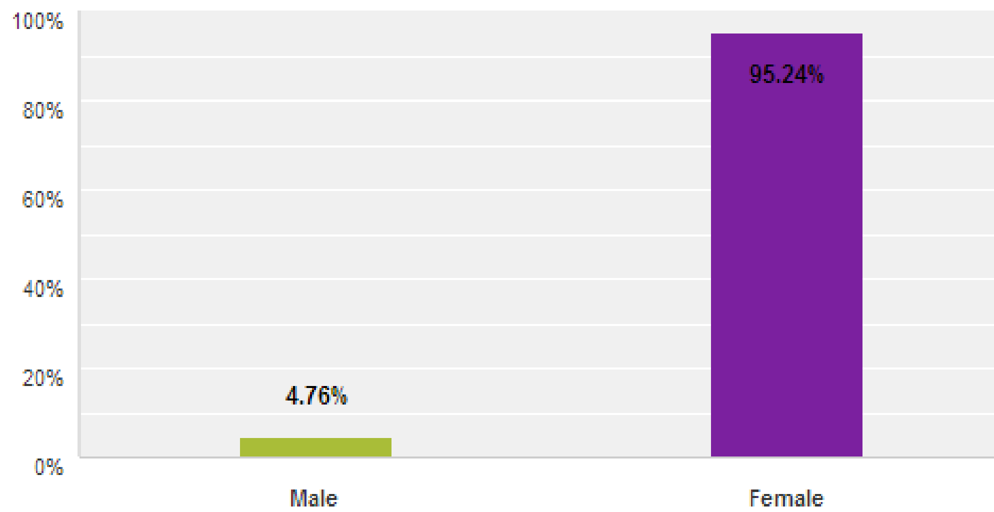
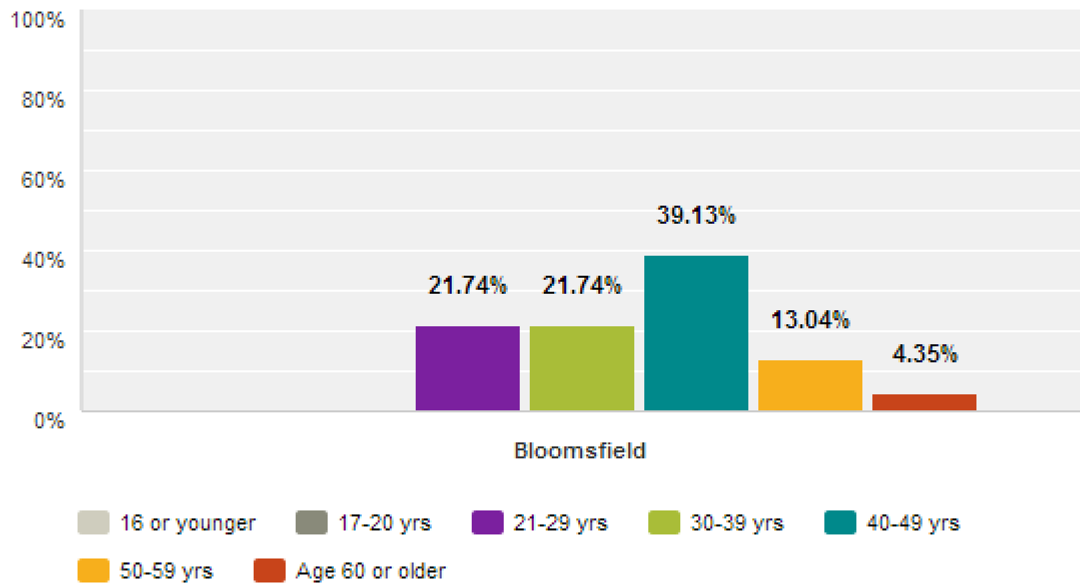


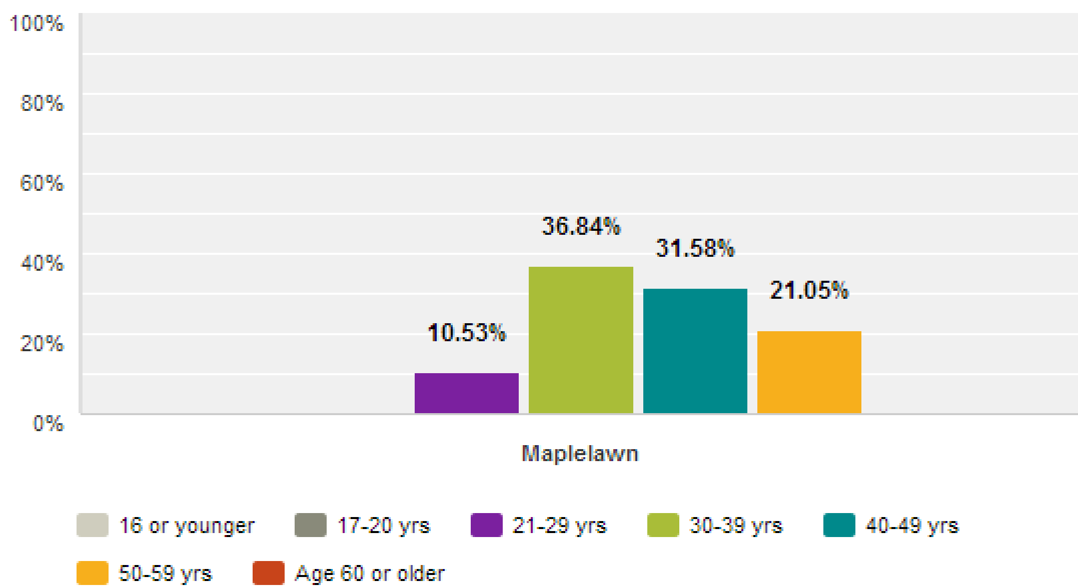
Figure 5.3.1.1: **Respondent Demographics – Total Gender**

5.3.2 Age

As illustrated in figure (5.3.2.1) and figure (5.3.2.2) the majority of Bloomsfield respondents were aged between 40-49 years (39%) and the majority of Maplelawn respondents were aged between 30-39 years (37%).



<u>Figure 5.3.2.1:</u> Respondent Demographics – Age Bloomsfield



<u>Figure 5.3.2.2:</u> Respondent Demographics – Age Maplelawn

5.3.3 Department

As seen in figures (5.3.3.1) and (5.3.3.2) the majority of respondents were Care Assistants with 48% (n=11) in Bloomsfield and 37% (n=7) in Maplelawn.

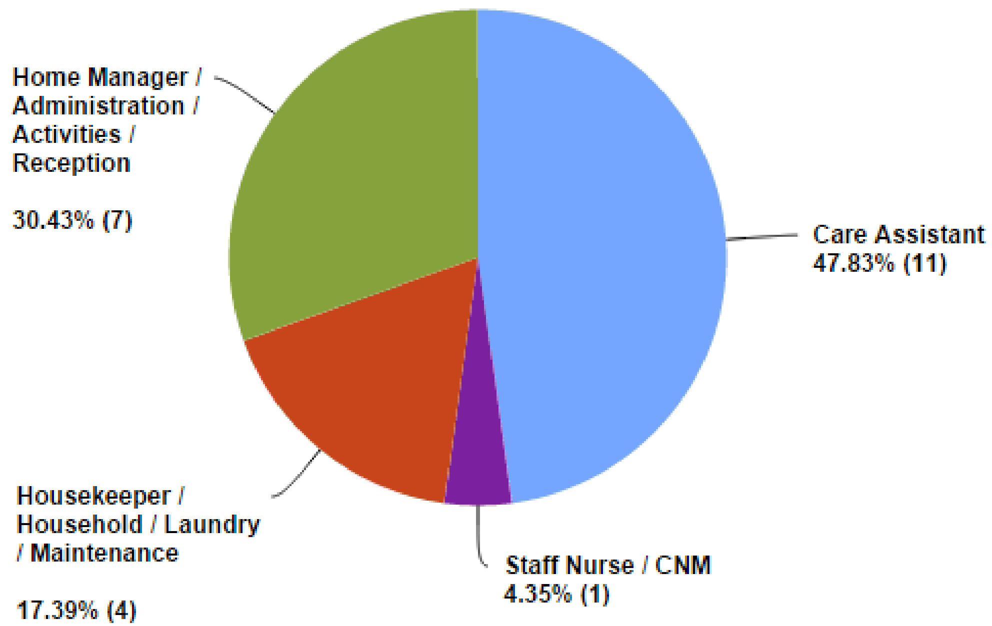


Figure 5.3.3.1: Respondent Demographics – Departments within Bloomsfield

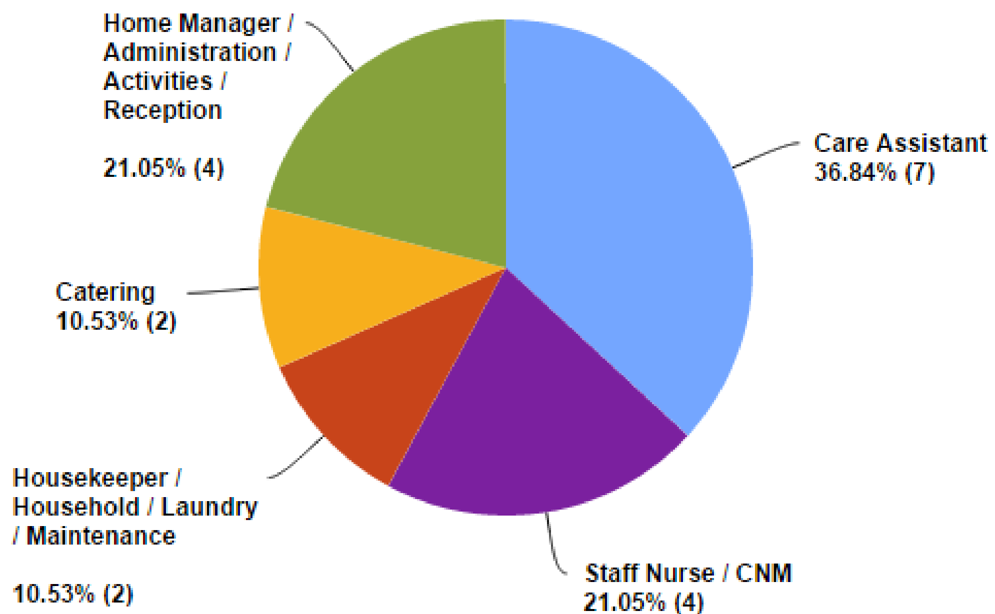


Figure 5.3.3.2: Respondent Demographics – Departments within Maplelawn

5.3.4 Length of Service:

As shown in figures (5.3.4.1) and (5.3.4.2) the majority of respondents from Bloomsfield had a length of service of 7-8 years (30%) and the majority of Maplelawn employees had a length of service of 3-4 years (58%). It should be noted that Bloomsfield was established in 2004 and Maplelawn in 2009.

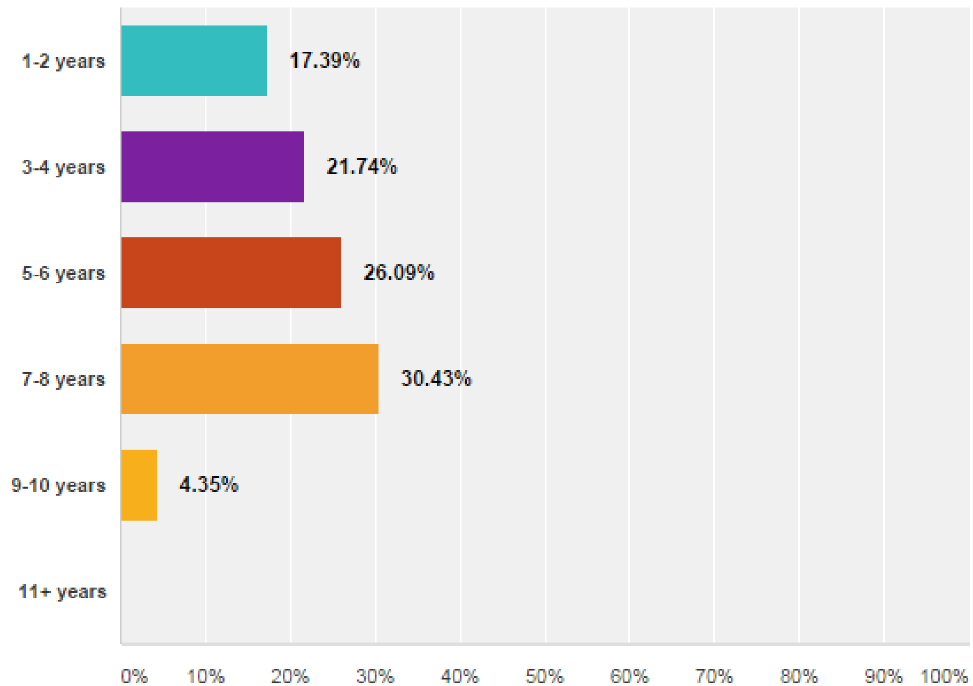


Figure 5.3.4.1: Respondent Demographics – Length of Service at Bloomsfield

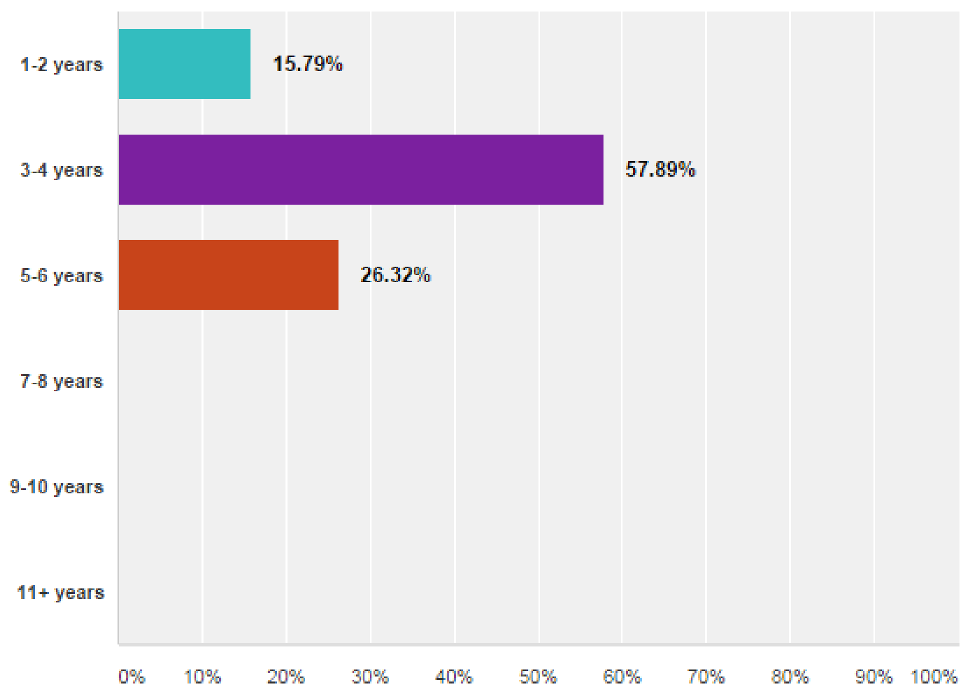


Figure 5.3.4.2: Respondent Demographics – Length of Service at Maplelawn

5.4 Survey Section Two: Organisational Change Recipients' Beliefs

In Section Two of the survey, the employees of Bloomsfield and Maplelawn indicated the degree of their agreement or disagreement with 24 statements (statements 6-29) in relation to the culture change that was introduced into their nursing home. Within these 24 statements, 5 different beliefs were analysed as detailed in Table 4.

Belief	**Number of Relating Statements**	**Location of Statements**
1. Discrepancy	4	Statements 12, 20, 21 & 22
2. Appropriateness	5	Statements 6, 11, 18, 19 & 23
3. Efficacy	5	Statements 7, 8, 9, 10 & 14
4. Principal Support	6	Statements 24, 25, 26, 27, 28 & 29
5. Valence	4	Statements 13, 15, 16 & 17
Total:	**24**	Statements **6 – 29**

Table 4: Section Two Layout

5.4.1. Discrepancy

There were four statements related to 'discrepancy'. As reflected in Table 5, the majority of Bloomsfield employees chose to 'strongly agree' (45%) and the majority of Maplelawn employees chose to 'agree' (38%) with the four statements.

Employees from Bloomsfield chose not to indicate any level of disagreement with the discrepancy statements, whereas Maplelawn employees chose each option on the Likert scale.

Discrepancy	**Strongly Disagree 1**	**Disagree 2**	**Slightly Disagree 3**	**Neither Disagree nor Agree 4**	**Slightly Agree 5**	**Agree 6**	**Strongly Agree 7**
Bloomsfield	0%	0%	0%	9%	5%	41%	45%
Maplelawn	4%	1%	1%	6%	17%	38%	33%

Table 5: Likert Scale for Discrepancy

The statements depicted in Table 6 were found to be the highest ranking statements of the survey's 'discrepancy' section for the Bloomsfield and Maplelawn employees.

Nursing Home	**Statement No.**	**Discrepancy Statements**	**Likert Scale**	**Percentage**
Bloomsfield	12	A change was needed to improve our operations	Strongly Agree	57%
Maplelawn	12	A change was needed to improve our operations	Strongly Agree	42%
Maplelawn	20	We needed to change the way we did some things in this nursing home.	Agree	42%

Table 6: Discrepancy Statements

As depicted by figure (5.4.1.1) and Table 7 ‘discrepancy’ received a positive score of 91% in Bloomsfield and 88% from Maplelawn.

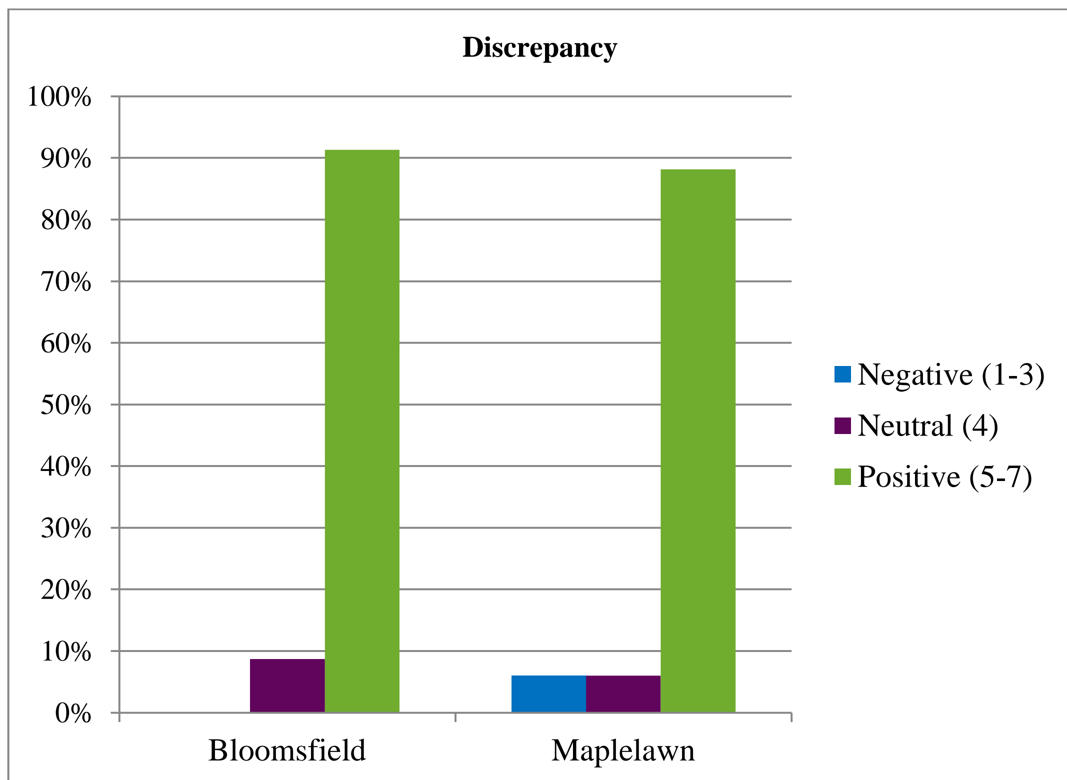


Figure 5.4.1.1: Cross Tabulation Graph for Discrepancy

Discrepancy	Bloomsfield	Maplelawn
Negative (Likert 1-3)	0%	6%
Neutral (Likert 4)	9%	6%
Positive (Likert 5-7)	91%	88%

Table 7: Cross Tabulation Figures for Discrepancy

5.4.2 Appropriateness

There were five statements related to 'appropriateness'. As reflected in Table 8, the majority of Bloomsfield employees chose to 'agree' (44%) and 'strongly agree' (44%). This percentage was the same in Maplelawn with 44% of employees choosing to 'agree' with the four statements.

Similar to 'discrepancy', no members of Bloomsfield showed disagreement with any of the statements with just 4% of Maplelawn choosing to 'strongly disagree'.

Appropriateness	**Strongly Disagree 1**	**Disagree 2**	**Slightly Disagree 3**	**Neither Disagree nor Agree 4**	**Slightly Agree 5**	**Agree 6**	**Strongly Agree 7**
Bloomsfield	0%	0%	0%	6%	6%	44%	44%
Maplelawn	4%	0%	0%	7%	14%	44%	31%

Table 8: Likert Scale for Appropriateness

The statements depicted in Table 9 were found to be the highest ranking statements of the survey's 'appropriateness' section for the Bloomsfield and Maplelawn employees.

Nursing Home	**Statement No.**	**Appropriateness Statements**	**Likert Scale**	**Percentage**
Bloomsfield	23	The change we implemented was correct for our situation	Agree	65%
Maplelawn	6	I believe the change from the Traditional Approach to care to the Person-Centred Approach to Care will have a favourable effect on our operations	Agree	53%

Table 9: Appropriateness Statements

As depicted by figure (5.4.2.1) and Table 10, 'appropriateness' received a positive score of 94% in Bloomsfield and 89% from Maplelawn.

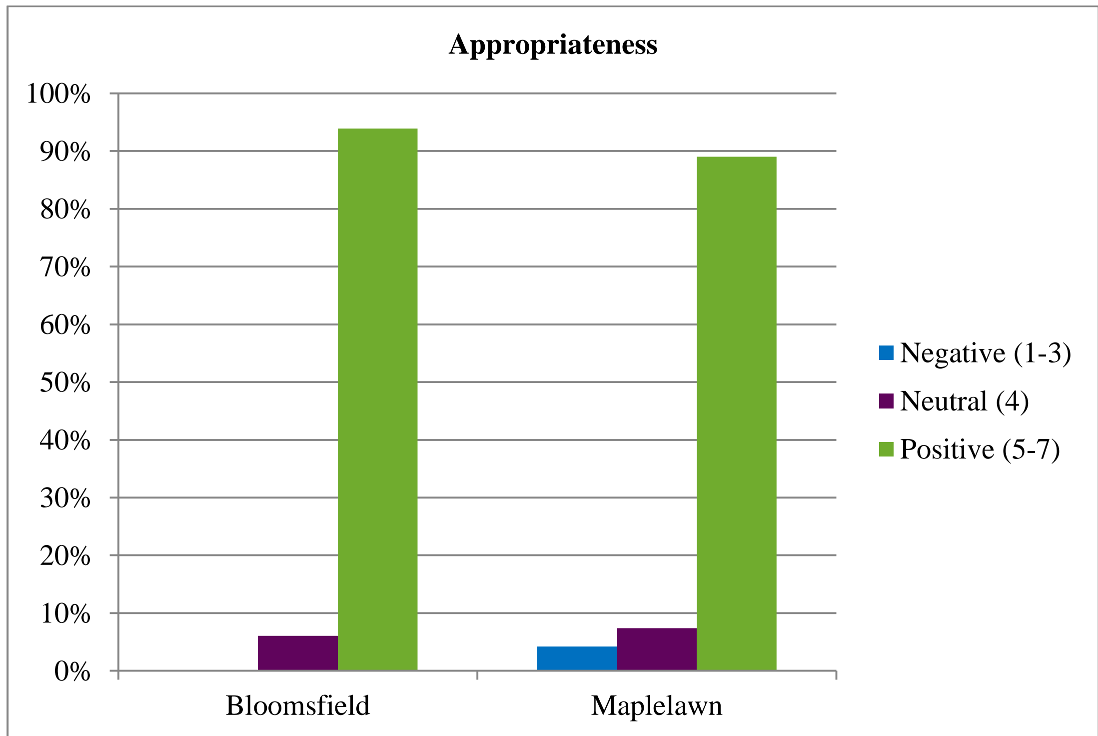


Figure 5.4.2.1: Cross Tabulation Graph for Appropriateness

Appropriateness	Bloomsfield	Maplelawn
Negative (Likert 1-3)	0%	4%
Neutral (Likert 4)	6%	7%
Positive (Likert 5-7)	94%	89%

Table 10: Cross Tabulation Figures for Appropriateness

5.4.3 Efficacy

There were five statements related to 'efficacy'. As reflected in Table 11, the majority of Bloomsfield employees chose to 'agree' (44%) and 'strongly agree' (44%) and the majority of Maplelawn employees chose to 'strongly agree' (46%) with the four statements.

As with 'discrepancy' and 'appropriateness', Bloomsfield showed no disagreement with any of the statements with 1% of Maplelawn employees choosing to 'strongly disagree' and 2% choosing to 'slightly disagree'.

Efficacy	**Strongly Disagree 1**	**Disagree 2**	**Slightly Disagree 3**	**Neither Disagree nor Agree 4**	**Slightly Agree 5**	**Agree 6**	**Strongly Agree 7**
Bloomsfield	0%	0%	0%	1%	11%	44%	44%
Maplelawn	1%	0%	2%	3%	4%	44%	46%

Table 11: Likert Scale for Efficacy

The statements depicted in Table 12 were found to be the highest ranking statements of the survey's 'efficacy' section for the Bloomsfield and Maplelawn employees.

Nursing Home	**Statement No.**	**Efficacy Statements**	**Likert Scale**	**Percentage**
Bloomsfield	7	I believe we can successfully implement this change	Agree	52%
Maplelawn	7	I believe we can successfully implement this change	Agree	58%
Maplelawn	9	I have the capability to implement the change from the traditional approach to care to the person-centred approach to care	Strongly Agree	58%
Maplelawn	14	I am capable of successfully performing my job duties since the change	Agree	58%

Table 12: Efficacy Statements

As depicted by figure (5.4.3.1) and Table 13, 'efficacy' received a nearly perfect score of 99% in Bloomsfield and a positive score of 94% from Maplelawn.

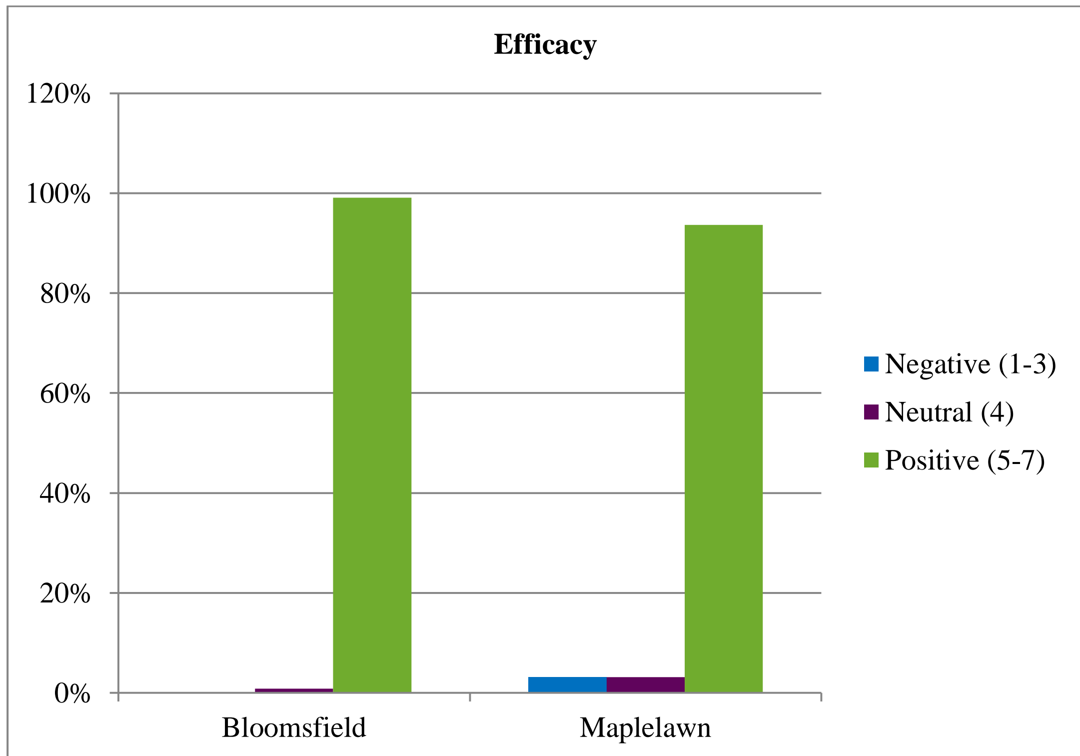


Figure 5.4.3.1: Cross Tabulation Graph for Efficacy

Efficacy	Bloomsfield	Maplelawn
Negative (Likert 1-3)	0%	3%
Neutral (Likert 4)	1%	3%
Positive (Likert 5-7)	99%	94%

Table 13: Cross Tabulation Figures for Efficacy

5.4.4 Principal Support

There were six statements related to 'principal support'. As reflected in Table 14, the majority of Bloomsfield employees chose to 'strongly agree' (44%) and the majority of Maplelawn employees chose to 'agree' (48%) with the six statements.

As with all the previous beliefs, Bloomsfield employees continued to show no sign of disagreement with any statement. Maplelawn employees, however, chose each option on the Likert scale.

Principal Support	**Strongly Disagree 1**	**Disagree 2**	**Slightly Disagree 3**	**Neither Disagree nor Agree 4**	**Slightly Agree 5**	**Agree 6**	**Strongly Agree 7**
Bloomsfield	0%	0%	0%	11%	10%	35%	44%
Maplelawn	8%	7%	3%	3%	9%	48%	22%

Table 14: Likert Scale for Principal Support

The statements depicted in Table 15 were found to be the highest ranking statements of the survey's 'principal support' section for the Bloomsfield and Maplelawn employees.

Nursing Home	**Statement No.**	**Principal Support Statements**	**Likert Scale**	**Percentage**
Bloomsfield	27	My immediate manager encourages me to support this change	Strongly Agree	52%
Maplelawn	28	The top leaders support the change from the traditional approach to care to the person-centred approach to care	Agree	58%
Maplelawn	29	The top leaders in this nursing home are "walking the talk"	Agree	58%

Table 15: Principal Support Statements

As depicted by figure (5.4.4.1) and Table 16, ‘principal support’ received a positive score of 89% in Bloomsfield and 79% from Maplelawn.

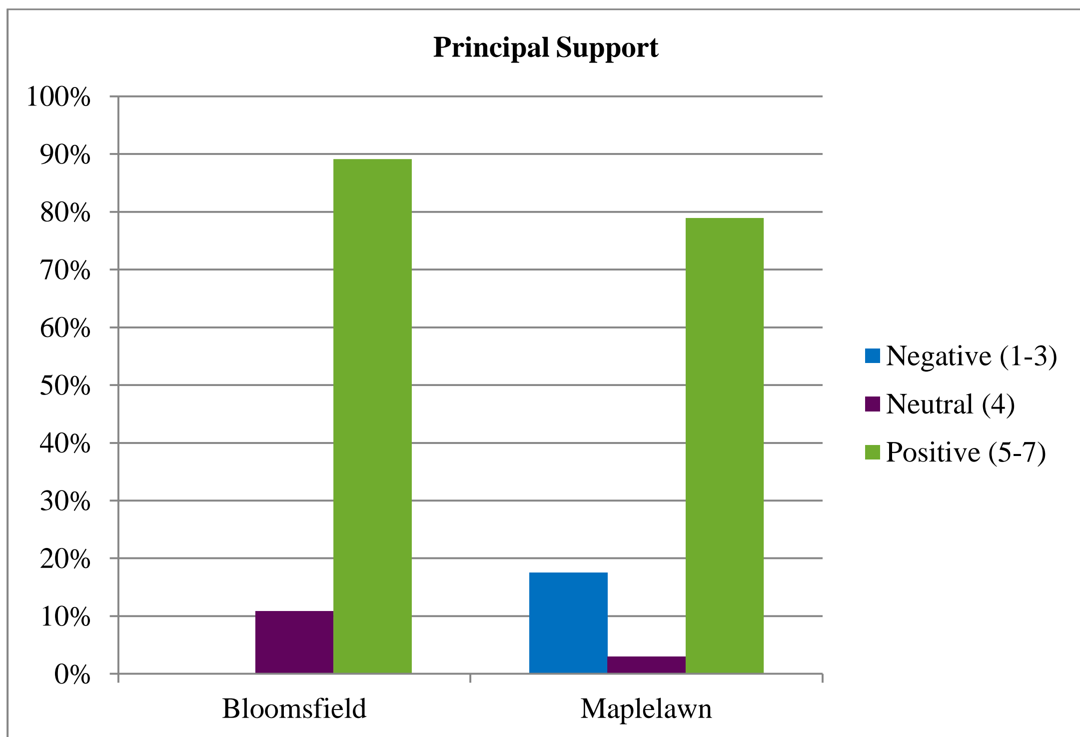


Figure 5.4.4.1: Cross Tabulation Graph for Principal Support

Principal Support	Bloomsfield	Maplelawn
Negative (Likert 1-3)	0%	18%
Neutral (Likert 4)	11%	3%
Positive (Likert 5-7)	89%	79%

Table 16: Cross Tabulation Figures for Principal Support

5.4.5 Valence

Finally, the last four statements within this section related to 'valence'. As reflected in Table 17, the majority of Bloomsfield employees chose to 'strongly agree' (34%) and the majority of Maplelawn employees chose to 'agree' (26%) with the four statements. For the first time in this section, both homes showed disagreement with 9% of Bloomsfield and 16% of Maplelawn employees choosing to 'strongly disagree' with the four statements.

Valence	**Strongly Disagree 1**	**Disagree 2**	**Slightly Disagree 3**	**Neither Disagree nor Agree 4**	**Slightly Agree 5**	**Agree 6**	**Strongly Agree 7**
Bloomsfield	9%	4%	0%	15%	8%	30%	34%
Maplelawn	16%	14%	0%	11%	9%	26%	24%

Table 17: Likert Scale for Valence

However, the majority of the disagreement in this section was found to relate to statement 17 as shown in Table 18 which received a 'strongly disagree' vote of 35% from Bloomsfield and 47% from Maplelawn employees. The highest positively ranked statements for each home are also included below.

Nursing Home	**Statement No.**	**Valence Statements**	**Likert Scale**	**Percentage**
Bloomsfield	15	With this change in my job, I will experience more self-fulfilment	Strongly Agree	48%
Bloomsfield	16	The change in my assignments will increase my feelings of accomplishment	Strongly Agree	48%
Bloomsfield	17	I will earn higher pay from my job after this change	Strongly Disagree	35%
Maplelawn	15	With this change in my job, I will experience more self-fulfilment	Strongly Agree	42%
Maplelawn	17	I will earn higher pay from my job after this change	Strongly Disagree	47%

Table 18: Valence Statements

As detailed in figure (5.4.5.1) and Table 19, 'valence' had the lowest positive scores of the five beliefs with a positive score of 72% in Bloomsfield and 59% in Maplelawn.

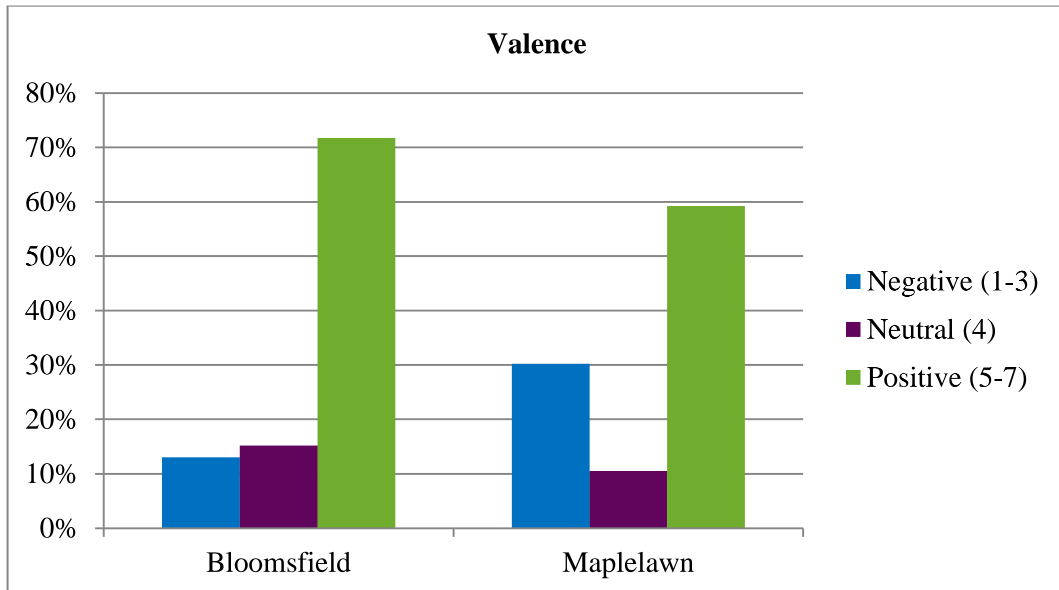


Figure 5.4.5.1: Cross Tabulation Graph for Valence

Valence	Bloomsfield	Maplelawn
Negative (Likert 1-3)	13%	30%
Neutral (Likert 4)	15%	11%
Positive (Likert 5-7)	72%	59%

Table 19: Cross Tabulation Figures for Valence

5.5 Survey Section Three: Affective Commitment

In Section Three of the survey, the employees of Bloomsfield and Maplelawn indicated the degree of their agreement or disagreement with 9 statements (statements 30-38) relating to the level of affective commitment they felt towards their nursing home.

As reflected in Table 20, the majority of Bloomsfield employees chose to 'agree' (41%) and the majority of Maplelawn employees also chose to 'agree' (33%) with the nine statements.

Affective Commitment	**Strongly Disagree 1**	**Disagree 2**	**Slightly Disagree 3**	**Neither Disagree nor Agree 4**	**Slightly Agree 5**	**Agree 6**	**Strongly Agree 7**
Bloomsfield	1%	5%	0%	6%	8%	41%	39%
Maplelawn	5%	6%	3%	18%	11%	33%	24%

Table 20: Likert Scale for Affective Commitment

The statements depicted in Table 21 were found to be the highest ranking statements of the survey's affective commitment section for the Bloomsfield and Maplelawn employees.

Nursing Home	**Statement No.**	**Affective Commitment Statements**	**Likert Scale**	**Percentage**
Maplelawn	30	I am willing to put in a great deal of effort beyond that normally expected in order to help this nursing home to be successful	Strongly Agree	47%
Bloomsfield	33	I find that my values and the nursing home's values are very similar	Agree	61%

Table 21: Affective Commitment Statements

As depicted in figure (5.5.1) and Table 22 affective commitment received a positive score of 88% in Bloomsfield and 68% from Maplelawn.

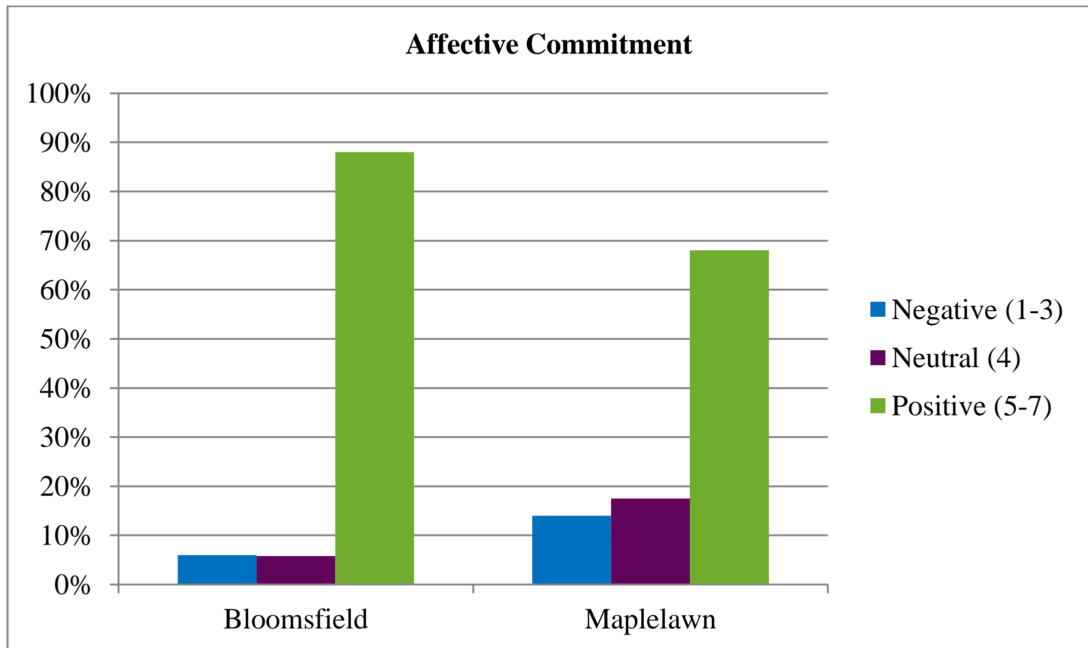


Figure 5.5.1: Cross Tabulation Graph for Affective Commitment

Affective Commitment	Bloomsfield	Maplelawn
Negative (Likert 1-3)	6%	14%
Neutral (Likert 4)	6%	18%
Positive (Likert 5-7)	88%	68%

Table 22: Cross Tabulation Figures for Affective Commitment

5.6 Survey Section Four: Job Satisfaction

In the last section of the survey, employees from Bloomsfield and Maplelawn indicated the degree of their agreement or disagreement with 3 statements (statements 39-41) in relation to their job satisfaction.

To enable this analysis to be conducted, the results for Statement 40, which was the only negatively worded statement within the entire survey, were reversed to allow its Likert scale to be analysed together with the other two positively worded statements.

As reflected in Table 23, the majority of Bloomsfield employees chose to 'strongly agree' (58%) and the majority of Maplelawn employees also chose to 'strongly agree' (35%) with the three statements.

Unlike the results for affective commitment, where each home showed disagreement with some of the statements, Bloomsfield employees showed no sign of disagreement and just 4% of Maplelawn employees chose to 'strongly disagree' with the three statements.

Job Satisfaction	**Strongly Disagree 1**	**Disagree 2**	**Slightly Disagree 3**	**Neither Disagree nor Agree 4**	**Slightly Agree 5**	**Agree 6**	**Strongly Agree 7**
Bloomsfield	0%	0%	0%	10%	4%	28%	58%
Maplelawn	4%	0%	0%	9%	19%	33%	35%

Table 23: Likert Scale for Job Satisfaction

The statements depicted in Table 24 were found to be the highest ranking statements of the survey's job satisfaction section for the Bloomsfield and Maplelawn employees.

Nursing Home	Statement No.	Job Satisfaction Statements	Likert Scale	Percentage
Maplelawn	39	All in all, I am satisfied with my job	Agree	42%
Bloomsfield	40	In general, I don't like my job	Strongly Disagree	61%
Maplelawn	40	In general, I don't like my job	Strongly Disagree	42%
Bloomsfield	41	In general, I like working here	Strongly Agree	61%

Table 24: Job Satisfaction Statements

As depicted in figure (5.6.1) and Table 25, job satisfaction received a positive score of 90% in Bloomsfield and 88% from Maplelawn.

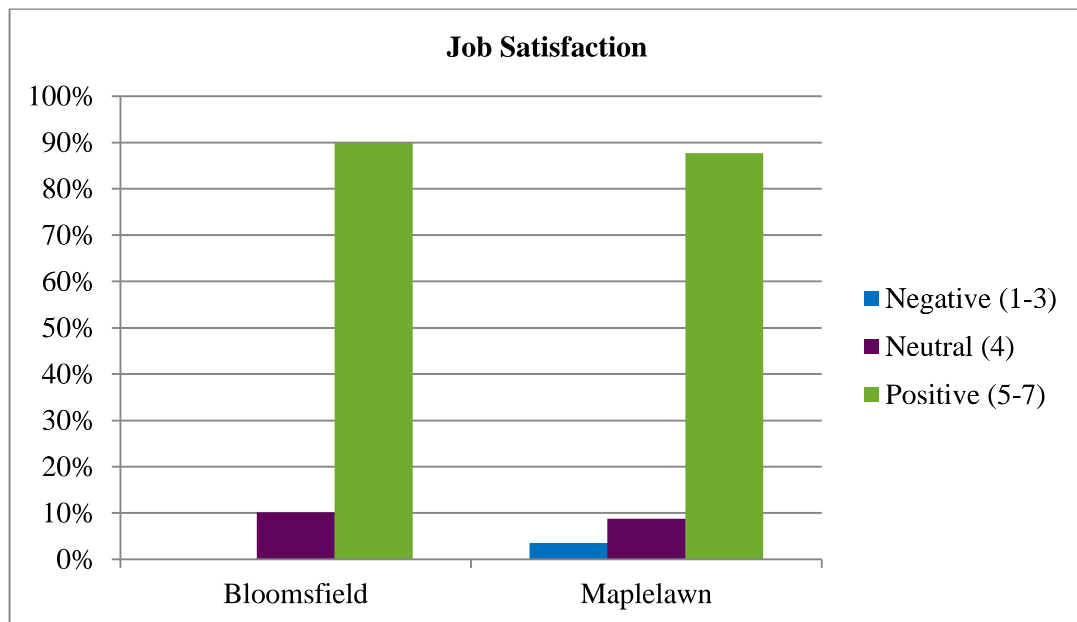


Figure 5.6.1: Cross Tabulation Graph for Job Satisfaction

Job Satisfaction	Bloomsfield	Maplelawn
Negative (Likert 1-3)	0%	4%
Neutral (Likert 4)	10%	9%
Positive (Likert 5-7)	90%	88%

Table 25: Cross Tabulation Figures for Job Satisfaction

5.6.1 Job Satisfaction Correlations

As RQ3 relates to overall job satisfaction, which is said to positively correlate with many topics which had relatable statements within the employee beliefs and affective commitment sections of the survey, further analysis was required. Therefore, the researcher ran correlation tests to explore whether or not these positive correlations existed in this particular study.

The statements used in these correlation tests are listed below in Table 26 and the results of the tests are shown in Table 27.

Survey Section	Sub-Section (if applicable)	Statement Number	Statement
Employee Beliefs	Efficacy	14	I am capable of successfully performing my job duties since the change.
Employee Beliefs	Valence	15	With this change in my job, I will experience more self-fulfillment.
Employee Beliefs	Valence	16	The change in my job assignments will increase my feelings of accomplishment.
Employee Beliefs	Principal Support	24	Most of my respected co-workers have embraced the change.
Employee Beliefs	Principal Support	25	The majority of my respected co-workers are dedicated to making this change successful.
Employee Beliefs	Principal Support	27	My immediate manager encourages me to support this change.
Affective Commitment	NA	33	I find that my values and the nursing home's values are very similar.
Job Satisfaction	NA	39	All in all, I am satisfied with my job.
Job Satisfaction	NA	40 (N)	In general, I don't like my job.
Job Satisfaction	NA	41	In general, I am satisfied with my job.

Table 26: Job Satisfaction Correlation Statements

As illustrated in Table 27, the highest correlation found in each home was between statement 41 and statement 33 which had a high positive correlation of 0.76 in Bloomsfield and a nearly perfect positive correlation of 0.94 in Maplelawn.

Overall Job Satisfaction		**Correlation 1**			**Correlation 2**		**Correlation 3**	**Correlation 4**
		Efficacy	***Valence***		***Principal Support***			***Affective Commitment***
Statements (S)		**S14**	**S15**	**S16**	**S24**	**S25**	**S27**	**S33**
Bloomsfield	**S39**	0.58	0.45	0.49	0.01	0.35	0.52	0.54
Maplelawn	**S39**	0.25	0.13	0.28	0.11	0.06	0.15	0.25
Bloomsfield	**S40 (N)**	-0.56	-0.34	-0.37	-0.17	-0.15	-0.45	-0.64
Maplelawn	**S40 (N)**	-0.16	-0.78	-0.78	-0.32	-0.42	-0.74	-0.80
Bloomsfield	**S41**	0.48	0.45	0.51	0.15	0.35	0.57	0.76
Maplelawn	**S41**	0.06	0.75	0.75	0.30	0.27	0.78	0.94

Table 27: Job Satisfaction Correlations Results

SECTION SIX

DISCUSSION

6.1 Introduction

The purpose of this study is to explore the relationship between staff beliefs, their affective commitment to the nursing home in which they work and their satisfaction following a change of care culture from a traditional to a person-centred approach. In this section, the findings will be discussed with reference to the literature review and in response to the research questions.

6.2 Employee Beliefs

The survey contained 24 statements relating to the five employee beliefs: 'discrepancy', 'appropriateness', 'efficacy', 'principal support' and 'valence'. Each of these beliefs will be discussed in response to RQ1: Utilising the Organisational Change Recipients' Belief Scale, what are nursing home employees' beliefs regarding the change of care culture?

6.2.1 Discrepancy

Overall, the employees responded favourably to the 'discrepancy' statements which received positive scores of 91% in Bloomsfield and 88% in Maplelawn. Employees were particularly responsive to statement 12 "*A change was needed to improve our operations*" and statement 20 "*We needed to change the way we did some things in this nursing home*" in relation to the change of care culture.

This finding would appear to indicate that the majority of respondents believed that a 'discrepancy' existed and therefore did not view the culture change as having "no legitimacy or being arbitrary" – identified in the literature review by Armenakis et al. (2007a) as the outcome when employees do not see "a difference between the current and desired performance" of their organisation (pg.485).

6.2.2 Appropriateness

Similarly, the employees responded favourably to the ‘appropriateness’ statements which received positive scores of 94% in Bloomsfield and 89% in Maplelawn. Employees were particularly responsive to statement 6 “*I believe the change from the Traditional Approach to care to the Person-Centred Approach to care will have a favourable effect on our operations*” and statement 23 “*The change we implemented was correct for our situation*”, both of which relate to the belief that the change in care culture was “designed to address” the perceived ‘discrepancy’ (Armenakis and Harris, 2009, pg.129).

These findings appear to indicate that the employees of both homes did not view the culture change as a “quick fix” (Abrahamson, 1996; Bartlett and Ghoshal, 1996; Kilmann, 1984) and instead perceived it as a change, similar to that identified in the literature review by Griffin and Rafferty (2006) as one “implemented after careful deliberation and planning” which typically leads to greater employee buy-in.

6.2.3 Efficacy

The belief of ‘efficacy’ received the most favourable response from the employees with positive scores of 99% in Bloomsfield and 94% in Maplelawn. Employees were particularly responsive to statement 7 “*I believe we can successfully implement this change”,* statement 9 “*I have the capability to implement the change from the traditional approach to care to the person-centred approach to care*” and statement 14 “*I am capable of successfully performing my job duties since the change*” in relation to the belief that the two homes could “successfully implement” the change of care culture (Armenakis and Harris, 2009, pg.129).

Therefore, as highlighted by Armenakis et al. (2007a, pg.487) and Bandura (1986) in the literature review, employees did not believe that the demands of the change “exceeded their coping capabilities” and, instead, perceived themselves and their nursing home to be capable of “undertaking and performing” the necessary behaviours and practices “required by the change”.

6.2.4 Principal Support

Similar to the previous beliefs, the employees of each home responded favourably to the 'principal support' statements which received positive scores of 89% in Bloomsfield and 79% in Maplelawn. Employees were particularly responsive to statement 27 "*My immediate manager encourages me to support this change"*, statement 28 "*The top leaders support the change from the traditional approach to care to the person-centred approach to care*" and statement 29 "*The top leaders in this nursing home are 'walking the talk'*", all of which relate to employees' belief that the leaders within their organisation "are committed to the change" (Armenakis and Harris, 2009, pg.129).

This finding indicates that employees did not perceive the change leader's support "for the change as being inadequate" (Armenakis et al. 2007a, pg.488; Gross and Ryan, 1943) and instead believed that their immediate manager encouraged them to support the culture change and that the top leaders openly supported the change. These findings also support Bandura's (1986) suggestion, as outlined in the literature review, that when change leaders are seen to "walk the talk" employees may experience higher levels of belief in the change.

6.2.5 Valence

Finally, the employees responded favourably to the 'valence' statements which received positive scores of 72% in Bloomsfield and 59% in Maplelawn. Employees were particularly responsive to statement 15 "*With this change in my job, I will experience more self-fulfilment*" and statement 16 "*The change in my job assignments will increase my feelings of accomplishment*" in relation to *intrinsic* 'valence' – the belief that the change will bring the employee enhanced "self-actualisation" (Morse and Reimer, 1956).

However, ‘valence’ was the first and only belief to receive signs of disagreement from the employees in both Bloomsfield and Maplelawn. Further investigation indicated that employee’s particularly disagreed with statement 17 “*I will earn higher pay from my job after this change*” which relates to the *extrinsic* valence by way of “rewards or benefits” that the employee may receive following the change in care culture (Vroom, 1964). The researcher was aware that employees did not receive a pay rise following the culture change but the statement was included as it formed part of a validated scale.

This finding is consistent with Dye’ (2013, pg.38) and Spector’s (1986) contention, as discussed in the literature review, that employees may experience “*intrinsic* satisfaction” when performing the new “tasks and duties” brought to their role by the change which may not necessarily require the involvement of “an *extrinsic* reward system”. Therefore, this finding shows that employees do not “view each belief to be equally important” to one another which was found in the literature review, as an interest of Armenakis and Harris (2009, pg. 137) and Bernerth et al. (2006).

6.2.6 Research Question 1

Following the discussion of the five change beliefs, the findings for RQ1 (Utilising the Organisational Change Recipients’ Belief Scale, what are nursing home employees’ beliefs regarding the change of care culture?) are that, generally speaking, employees from both Bloomsfield and Maplelawn believe in the change of care culture. The employees of each home believed that there was a ‘discrepancy’ and that the culture change was an appropriate change that would address this ‘discrepancy’.

Employees also believed that they and their nursing home had the required ‘efficacy’ to successfully implement the change of care culture from the traditional to the person-centred approach. Furthermore, employees believed that they received a sufficient amount of ‘principal support’ from the leaders of their nursing home, whether from immediate management in Bloomsfield or from the top leaders in Maplelawn.

Finally, although employees did not believe they would receive *extrinsic* 'valence' in the form of financial gain, they did, however, believe that they would experience more self-fulfilment by way of *intrinsic* 'valence' following the changes brought to their roles as a result of the change of care culture.

6.3 Affective Commitment

There were 9 statements in the survey which related to employees' affective commitment towards their nursing home where a change of care culture was implemented. These results will now be discussed in light of the previous research outlined in the literature review to answer RQ2: "Do nursing home employees exhibit affective commitment towards their nursing home that implemented the change of care culture?"

Overall, the employees responded favourably to the affective commitment statements which received positive scores of 88% in Bloomsfield and 68% in Maplelawn. Employees were particularly responsive to statement 30 "*I am willing to put in a great deal of effort beyond that normally expected in order to help this nursing home be successful*" and statement 33 "*I find that my values and the nursing home's values are very similar*" in relation to their affective commitment towards their organisation.

As discussed in the literature review, employees who are affectively committed to their organisation will strive to continue working for their employer as they feel a bond between themselves and their place of work (Al-Busaidi and Kuehn, 2002). These findings support the suggestion by Freeman et al. (1999) that this bond is created or enhanced when the employee's "values and goals" match that of their organisation.

In addition, these findings support the argument, as outlined in the literature review, that this bond leaves employees with a sense of heightened commitment and a willingness to exert a greater effort than required "on behalf of their organisation" (Falkenburg and Schyns, 2007; Maxwell and Steele, 2003).

6.3.1 Research Question 2

Following the discussion of employees' affective commitment towards their nursing home, the findings for RQ2 (Do nursing home employees exhibit affective commitment towards their nursing home that implemented the change of care culture?) are that, generally speaking, employees from both Bloomsfield and Maplelawn exhibit affective commitment towards their nursing where a change of care culture was implemented.

Employees were found to positively react to the change by expressing that their values matched those of their organisation and were willing to put in a great deal of effort to help their nursing home be successful. Both of these findings are supported in the literature review as attributes of employees who exhibit high levels of affective commitment towards their organisation.

6.4 Overall Job Satisfaction

There were just three statements solely related to job satisfaction in section four of the survey completed by 42 employees. As highlighted in the literature review, overall job satisfaction is said to positively correlate with many other employee behaviours and attitudes such as: the "continued autonomy over work tasks following organisational change" (Beehr and Jex, 1991), "perceptions of a team's context and atmosphere" (Dye, 2013, pg.40; Proenca, 2007), "role ambiguity and role conflict" where satisfaction with immediate management is seen as "an important facet" (Dye, 2013, pg.36; Jackson and Schuler, 1985; Luptak, 2004) and, finally, the "sharing of values" on an organisational level alongside a "common workplace value regarding quality of care" (Deutschmann, 2001; Dye, 2013, pg.40; Gork et al. 2003).

In view of this, job satisfaction and its correlations will now be discussed with reference to the study findings and the research identified in the literature review in relation to RQ3: What is the overall job satisfaction of nursing home employees following the change of care culture?

Overall, the employees responded favourably to the job satisfaction statements which received positive scores of 90% in Bloomsfield and 88% in Maplelawn. Employees were particularly responsive to the three statements by indicating 'agreement' with statement 39 "*All in all, I am satisfied with my job*" and statement 41 "*In general, I like working here,* and indicating 'strong disagreement' with statement 40 "*In general, I don't like my job*" in relation to an employee's personal "evaluation or perception" of their job (Reiger et al. 2002, pg.23).

This finding would appear to indicate that the majority of the respondents experience "high job satisfaction" at work (Locke, 1976). However, to answer RQ3, which relates to overall job satisfaction, it is now necessary to discuss the correlations tested between job satisfaction, employee beliefs and affective commitment.

6.4.1 Correlation 1

Correlation 1 relates to the correlation found between job satisfaction and an employees' "continued ability to exercise autonomy over tasks and responsibilities" following an organisational change (Beehr and Jex, 1991). This correlation relates to two of the employee beliefs, the first being an employee's perceived 'efficacy' regarding their ability to complete their work tasks following an organisational change and secondly, the *intrinsic* 'valence' they would receive by way of an enriched "sense of empowerment" following their "continued ability to complete work tasks independently" (Gleason-Wynn and Mindel, 1999).

Positive correlations were found in each home between the two positive statements relating to job satisfaction and the following statements which relates to 'efficacy' and *intrinsic* 'valence'. These were statement 14 "*I am capable of successfully performing my job duties since the change*", statement 15 "*With this change in my job, I will experience more self-fulfilment*", and statement 16 "*The change in my job assignments will increase my feelings of accomplishment*"; leading to similar findings to those identified in the literature review.

6.4.2 Correlation 2

The second correlation, as discussed in the literature review, relates to "perceptions of a team's context and atmosphere" which were found to be "empowering elements" that could lead to an increase in both the affective commitment and job satisfaction of employees (Dye, 2013, pg.40; Proenca, 2007) due to the "positive climate of cooperation" created by teamwork (Amodeo and Schofield, 1999; Dye, 2013, pg.40).

This correlation relates to the 'principal support' belief; statement 24 "*Most of my co-workers have embraced the change*" and statement 25 "*The majority of my respected co-workers are dedicated to making this change successful*". Positive correlations were found between these two statements and the two positive job satisfaction statements for both Bloomsfield and Maplelawn employees, leading to similar findings to those identified in the literature review.

6.4.3 Correlation 3

The third correlation found in the literature review was "between job satisfaction, and role ambiguity and role conflict" (Jackson and Schuler, 1985) where an employee's satisfaction with their immediate manager was seen as "an important facet". This is due to the important role that immediate managers play in "setting the stage for how employees will interpret and experience" their changing roles (Dye, 2013, pg.36; Luptak, 2004).

This correlation also relates to 'principal support'; statement 27 "*My immediate manager encourages me to support this change*" which, when tested against the two positive statements of job satisfaction, was found to further support the findings outlined in the literature review. This correlation was particularly positive for statement 41 "*In general, I like working here*" which had a positive correlation in Bloomsfield of 0.57 and 0.78 in Maplelawn.

6.4.4 Correlation 4

The fourth and final correlation discussed in the literature review also involves a sense of teamwork which, as identified in correlation two, "positively correlates with job satisfaction" (Dye, 2013, pg.40). This final correlation relates to how, in the nursing home setting, "a common workplace value regarding the quality of care" given to residents that is shared by all employees, is deemed "a necessary element for job satisfaction" (Dye, 2013, pg.40; Gork et al. 2003). Further to this, a positive correlation can also be found between the "sharing of values" on an organisational level and job satisfaction (Dye, 2013, pg.41) which was supported by the finding that the "sharing and internalising" of values with one's organisation as a whole is an essential element "of the job satisfaction of employees" (Deutschmann, 2001; Dye, 2013, pg.41).

This correlation relates to the 'affective commitment' section of the survey which included statement 33 "*I find that my values and the nursing home's values are very similar*". When this statement was tested against the two positive job satisfaction statements in each home, it was found to be the highest ranking correlation with a positive correlation of 0.76 in Bloomsfield and a nearly perfect positive correlation of 0.94 in Maplelawn with statement 41 "*In general, I like working here*" leading to the findings of the literature review being fully supported.

6.4.5 Research Question 3

Following exploration of employees' job satisfaction and the four correlations, the findings of RQ3 *(*What is the overall job satisfaction of nursing home employees following the change of care culture?), generally speaking, are that the employees of Bloomsfield and Maplelawn experienced high levels of job satisfaction following the change in care culture. This conclusion was reached following the collection of positive correlations identified between job satisfaction, employee beliefs and affective commitment in addition to the positive scores given to job satisfaction by employees.

As illustrated in the correlation results, the majority of employees experienced positive ‘efficacy’ with regard to their ability to continue their work tasks independently following the change in care culture. As discussed in the literature review, the perceived ‘efficacy’ of the change, is seen to contribute to the creation of a bond between the employee and their organisation known as affective commitment, “which in turn leads to job satisfaction” (Bluedorn 1982; Charles et al. 1998; Gomes, 2009, pg.184).

Employees were found to experience *intrinsic* ‘valence’ due to their feelings of increased empowerment, self-fulfilment and accomplishment and believing that the change in care culture would not affect their ability to complete their work tasks which, as noted in the literature review, leads employees to experience “*intrinsic* satisfaction” (Dye, 2013, pg.38; Spector, 1986).

Most significantly, a large majority of employees expressed that they felt their values were very similar to the values of their nursing home where the change of care culture had recently been implemented. As outlined in the literature review, the sharing of values in relation to the quality of care given to residents, such as the PCC approach, is regarded as a “necessary element of job satisfaction” (Dye, 2013, pg.40; Gork et al. 2003). In fact, the sharing of values with one’s organisation as a whole is found to be an essential “element of job satisfaction” (Deutschmann, 2001; Dye, 2013, pg.41).

Therefore, due to an increased sense of teamwork and cooperation felt by the employees in each home – who were found to have embraced the change of care culture and were dedicated to making the change successful – this research study can conclude that employees in each home experience high overall job satisfaction.

This answer is further reinforced by the findings of the data analysis of the survey administered to the 42 respondents who gave job satisfaction high positive scores of 90% and 88%. Therefore, following a change of care culture from the traditional to the PCC approach in the two Irish nursing homes surveyed, the employees’ levels of overall job satisfaction are high.

6.5 Limitations of the Overall Study

A limitation of this study is the absence of data pertaining to the status of staff beliefs, affective commitment and staff satisfaction prior to the change in care culture. The researcher personally circulated the survey to the participants of Bloomsfield and did not personally circulate the surveys in Maplelawn. The researcher works part-time in Bloomsfield and is known to the staff team and is not known to the staff in Maplelawn.

Another possible limitation to be acknowledged is that during 2014 both homes underwent an unannounced observational inspection by an accrediting company. This company had worked on three consecutive training programmes in both homes over a year-long period in preparation for this accreditation. The aim of the training programmes was to educate, enable and train staff in the two nursing homes to change their care culture from the traditional to a person-centred approach. To achieve the accreditation or 'Butterfly Service' status, which "is seen as a prestigious nationally recognised Kitemark", nursing homes are assessed using a "qualitative observational tool" (Dementia Care Matters, 2012, pg.1; RMBI, 2014, pg.1).

If a nursing home "achieves level three or above", they are observed to be "demonstrating exceptional person-centred dementia care" and awarded a Kitemark. Bloomsfield were successful in their first attempt and Maplelawn were preparing for their second application at the time of the data collection (Dementia Care Matters, 2012, pg.1; RMBI, 2014, pg.1). It is unclear whether this impacted the responses to the study in both or either homes.

SECTION SEVEN

CONCLUSION AND RECOMMENDATION

7.1 Conclusion

The objective of this study was to explore the relationship between staff beliefs, affective commitment and job satisfaction in relation to nursing home employees who have experienced a change in care culture from the traditional to the person-centred (PCC) approach.

The findings of this study in relation to RQ1 which included all five change beliefs – 'discrepancy', 'appropriateness', 'efficacy', 'principal support' and 'valence' – showed that employees looked upon the change of care culture positively. Employees believed that a 'discrepancy' existed in their nursing home's use of the traditional approach to care and believed that the person-centred approach to care was an appropriate change that would address this 'discrepancy'.

Employees believed that they and their nursing home had the required 'efficacy' to successfully implement the change. Further to this, employees believed they received a sufficient amount of 'principal support' from the leaders of their nursing homes during the implementation of the change.

However, employees were found not to view each belief to be equally important to one another. This was supported by the finding that the employees did not believe they would receive *extrinsic* 'valence' in the form of financial gain following the change but, rather, believed they would experience heightened self-fulfilment by way of *intrinsic* 'valence' following the changes to their roles brought about by the change in care culture.

For RQ2 it was also found that employees reacted positively to the change of care culture. Employees expressed that their values matched those of their organisation where the change in care culture had been implemented and were willing to put in a great deal of effort, beyond that normally expected, to help their nursing home be successful. Therefore, the nursing home employees surveyed were affectively committed to their organisation.

For RQ3, employees were found to experience high levels of overall job satisfaction following the change. This view is supported by the findings of correlation four, which further highlighted the importance of the sharing of values. This was found to be especially important when the sharing of similar values related to the type of care given to residents, such as the PCC approach that each nursing home implemented. Therefore, by stating that they found their values to correspond with those of their nursing home, employees indicated that they believed in the values relating to the PCC approach that their organisations implemented in the hope of improving residents' quality of life.

Therefore, following a change of care culture from the traditional to the PCC approach in the two Irish nursing homes surveyed in this study, the employees' were found to believe in the change, hold affective commitment towards their organisation and experience high levels of overall job satisfaction.

7.2 Recommendations

In August 2012, The Alzheimer Society of Ireland made a submission to the 'National Dementia Strategy' stating that "a large majority of people with dementia in Ireland" were living in nursing homes which were unsuitable to "cater for the complex, challenging and unique needs of people with dementia". Further to this, it was also stated that there was a "significant lack of dementia training" available to nursing home employees (pg. 23-24).

In response to this and many other factors detailed in this study, a change of care culture from the traditional to a person-centred approach focused on placing resident care in their own hands, effectively giving them the ability to decide how they wish to be cared for, has been growing steadily in popularity.

This new way of caring for residents requires significant organisational change in how homes operate, are designed and, most importantly, how staff are trained to deliver care. This change currently requires a large financial contribution by the nursing home wishing to implement the change – as was the case with both Bloomsfield and Maplelawn.

However, this study found that the change of care culture was viewed positively by the 42 surveyed employees who were found to not only believe in the change but also experienced more self-fulfilment from the changes to their roles. Furthermore, employees also experienced affective commitment towards their nursing home due to a common value in relation to the care of residents under the new PCC approach and high overall job satisfaction following the change.

Therefore, there is a strong case to be made that the Irish Government, healthcare policy makers, nursing home owners, the Health Information and Quality Authority (HIQA) and other key stakeholders should be investing in training support initiatives, and, where possible, financial incentives to encourage a wider engagement with the person-centred approach to care.

It is recommended that this research should be shared with other nursing home care providers who are thinking of implementing the change of care culture. A further recommendation is that this study should be replicated to test employees' beliefs, affective commitment and overall job satisfaction in nursing homes that are preparing to make the change in care culture and also, after the change has been realised, to gauge whether these employee behaviours and attitudes change following the change in care culture.

That said, as experienced by the two Irish nursing homes where this research was undertaken, the change of care culture is a slow process which requires perseverance, high financial costs such as renovation and staff training, and, patience to avoid slipping back into the traditional approach; a point that should be made clear to anyone taking on this initiative.

REFERENCES

Abrahamson, E. (1996) "*Management Fashion*", Academy of Management Review, 21, pp.254-285

Adams, D. Eby, L. Gaby, S. and Russell, J. (2000) "*Perceptions of Organizational Readiness for Change: Factors Related to Employees' Reactions to the Implementation of Team-Based Selling*", Human Relations, 53 (3), pp.419-442

Agocs, C. (1997) "*Institutionalized Resistance to Organizational Change: Denial, Inaction and Repression*", Journal of Business Ethics, 16 (9), pp.917-931

Aguilar, D.G. (2011) "*The Efficacy of Quality Care Initiative Implementation in Nursing Homes Measured by Client Satisfaction*", Unpublished PhD Thesis, Lincoln, Nebraska: University of Nebraska, May 2011, pp. 1-88

Ajzen, I. and Fishbein, M. (2005) "*The Influence of Attitudes on Behavior*", in Albarracin, D. Johnson, B.T. and Zanna, M.P. (eds.) "*The Handbook of Attitudes*", pp.173-221, Manwah, NJ: Erlbaum

Alasad, J. Albikawi, Z.F. Baterseh, K.S. Froelicher, E.S. Raddaha, A.H.A. Realat, E.A. and Saleh, A.A. (2012) *"Jordanian Nurses' Job Satisfaction and Intention to Quit",* Leadership in Health Services, Vol.25, No.3, 2012, pp.216-231, Emerald Group Publishing Limited

Al-Busaidi, Y. and Kuehn, K. (2002) "*Citizenship Behaviour in a Non-western Context: an Examination of the Role of Satisfaction, Commitment, and Job Characteristics on Self-Reported OCB*", International Journal of Commence and Management, 12, pp.107-125

Allen, N.J. and Meyer, J.P. (1990) "*The Measurement and Antecedents of Affective, Continuance, and Normative Commitment to the Organisation*", Journal of Occupational Psychology, 63, pp.1-18

Allen, N.J. and Meyer, J.P. (1991) "*A Three-Component Conceptualization of Organizational Commitment*", Human Resource Management Review, 1, pp.61-89

Allen, N.J. and Meyer, J.P. (1997) "*Commitment in the Workplace: Theory, Research, and Application*", London: Sage Publications

Alreck, P.L. and Settle, R.B. (2004) "*The Survey Research Handbook*", 3rd ed. Boston, MA: McGraw-Hill/Irwin

The Alzheimer Society of Ireland (2012) "*Reclaiming Dementia: Transforming the Lives of People with Dementia*", Submission on the National Dementia Strategy, August 2012, pp. 1-47, Dublin, Ireland: The Alzheimer Society of Ireland

Amodeo, M. and Schofield, R. (1999) "*Interdisciplinary Teams in Health Care and Human Service Settings: Are they Effective?*" Health and Social Work, 24, pp.210-219

Anderson, R.A. Castle, N.G. and Newberg, J. (2007) "*Job Satisfaction of Nursing Home Administrators and Turnover*", Medical Care Research and Review, Vol.64, No.2, April 2007, pp.191-211, Sage Publications

Andrews, D.R. and Dziegielewski, S.F. (2005) *"The Nurse Manager: Job Satisfaction, the Nursing Shortage and Retention"*, Journal of Nursing Management, Vol.13, pp. 286-295

Anthony, M.K. Brennan, P.F. O'Brien, R. and Suwannaroop, N. (2004) *"Measurement of Nursing Practice Models using Multiattribute Utility Theory: Relationship to Patient and Organizational Outcomes"*, Quality Management, 13(1), pp. 40-52.

Armenakis, A.A. and Bedeian, A.G. (1999) "*Organisational Change: a Review of Theory and Research in the 1990's*", Journal of Management, 25 (3), pp.293-315

Armenakis, A.A. Bernerth, J.B. Pitts, J.P. and Walker, J.H. (2007a) "*Organizational Change Recipients' Beliefs Scale: Development of an Assessment Instrument*", Journal of Applied Behavioral Science, 43, pp.481-505

Armenakis, A.A. and Harris, S.G. (2009) "*Reflections: Our Journey in Organisational Change Research and Practice*", Journal of Change Management, Vol.9, No.2, pp.127-142, June 2009, Taylor and Francis, Routledge

Armenakis, A.A. Feild, H.S. and Harris, S.G. (1999) "*Making Change Permanent: a Model for Institutionalising Change*" in: Pasmore, W. and Woodman, R. (eds.)

Research in Organisation Change and Development, vol. 12, pp.97-128 (Greenwich, CT: JAI Press, Inc.)

Armenakis, A.A. Feild, H.S. Harris, S.G. and Holt, D.T. (2007b) "*Readiness for Organizational Change: The Systematic Development of a Scale*", The Journal of Applied Behavioural Science, June 2007, Vol. 43, No.2, pp.232-255, NTL Institute

Armenakis, A.A. Harris, S, G. and Mossholder, K.W. (1993) "*Creating Readiness in Organisational Change*", Human Relations, 46 (6), pp.1-23

Australian Commission on Safety and Quality in Health Care (ACSQHC) (2010) "*Patient-Centred Care: Improving Quality and Safety by Focusing Care on Patients and Consumers*", International Approaches and Initiatives, Discussion Paper, Draft for Public Consultation, September 2010, Sydney, pg.1-81

Aryee, S. Luk, V. and Stone, R. (1998) "*Family Responsive Variables and Retention – Relevant Outcomes among Employed Parents*", Human Relations, 51(1), pp.239-263

Backoff, R. and Nutt, P. (2001) "*A transformação das organizações contemporâneas*", In M. P. Cunha, J. M. Fonseca & F. Gonçalves (Eds), Empresas, caos ecomplexidade: gerindo à beira de um ataque de nervos (pp. 205-239) Lisboa: RH Editora

Bandura, A. (1986) "*Social Foundations of Thought and Action: a Social Cognitive Theory*", Englewood Cliffs, NJ: Prentice Hall

Bartlett, C. and Ghoshal, S. (1996) "*Rebuilding Behavioral Context: a Blueprint for Corporate Renewal*", Sloan Management Review, 37 (2), pp.23-36

Beck, C. (2008) "*Professional Nursing Practice Models and Culture Change*", New York: Hartford Institute for Geriatric Nursing, New York University College of Nursing.

Beehr, T.A. and Jex, S.M. (1991) "*Emerging Theoretical and Methodological Issues in the Study of Work-Related Stress*", Research in Personnel and Human Resource Management, 9, pp.311-365

Bennett, P. Crawford, S. Duke, M. Korfiatis, V. and O'Connell, B. (2006) "*The Trials and Tribulations of Team Nursing"*, The Collegian, 13(3), pp.11-17

Bennett, N. Kemery, E.R. Mossholder, K.W. and Wesolowski, M.A. (1998) "*Relationships between Bases of Power and Work Reactions: the Meditational Role of Procedural Justice*", Journal of Management, 24 (4), pp.533-552

Benson, M.L. and Harris, D.K. (2006) "*Maltreatment of Patients in Nursing Homes: There is No Safe Place*", NY: The Haworth Pastoral Press

Bergmann, T. Jones, F.F. and Scarpello, V. (1999) "*Pay Procedures – What Makes Them Fair?"* Journal of Occupational and Organizational Psychology, 72 (2), pp.129-145

Bernerth, J. (2004) "*Expanding our Understanding of the Change Message*", Human Resource Development Review, 3 (1), pp. 36-52

Bernerth, J. Cole, M. and Harris, S. (2006) "*Exploring the Implications of Vision, Appropriateness, and Execution of Organizational Change*", Leadership and Organization Development Journal, 27 (5), pp.352-367

Bernreuter, R.G. (1933) "*Validity of Personality Inventory*", Personnel Journal, 11, pp.383-386

Bies, R.J. (1987) "*The Predicament of Injustice: The Management of Moral Outrage*", in L. Cummings and B. Staw (eds.) *Research in Organizational Behavior* (vol.9, pp.289-319), Greenwich, CT: JAI

Binnie, A. and Titchen, A. (1999) "*Freedom to Practice: The Development of Patient-Centred Nursing*", London: Butterworth Heinemann

Bluedorn, A. (1982) "*A Unified Model of Turnover from Organizations*", Human Relations, 35, pp.135-153

Bond, S., Elovainio, M., Kivimaki, M., Makinen, A., and Virtanen, M. (2003) *"Organization of Nursing care as a Determinant of Job Satisfaction among Hospital Nurses"*, Journal of Nursing Management, 11(5), pp. 299-306.

Borg, W.R. Gall, J.P. and Gall, M.D. (2003) "*Educational Research: An Introduction*" (7th Ed.) Boston: Allyn and Bacon

Bremner, F. Dow, B. Fearn, M, and Haralambous, B. (2006) *"What is Person-Centred Health Care? A Literature Review",* National Ageing Research Institute, February 2006, Australia: the Victoria Government Department of Human Services

Brierly Price Prior (BPP) (2010) "*ACCA Paper P4: Advanced Financial Management*", study text for exams in 2011, (4th ed.), London: BPP Learning Media Ltd.

Brock, P. and Sanchez, J.I. (1996) "*Outcomes of Perceived Discrimination among Hispanic Employees: Is Diversity Management a Luxury or a Necessity?"* Academy of Management Journal, 39 (3), pp.704-720

Brown, J. Davies, S. Keady, J. Nolan, J. and Nolan, M.R. (2004) "*Beyond 'Person-Centred Care: A New Vision for Gerontological Nursing*", Practice Development-Person-Centred Practice, International Journal of Older People Nursing in association with Journal of Clinical Nursing, 13, 3a, pp. 45-53, Blackwell Publishing Ltd

Brownie, S. and Nancarrow, S. (2013) "*Effects of Person-Centred Care on Residents and Staff in Aged-Care Facilities: a Systematic Review*", Clinical Interventions in Aging, 2013, 8, pp.1-10, Dove Medical Press Ltd

Bruch, H. and Cole, M.S. (2006) "*Organizational Identity Strength, Identification, and Commitment and their Relationships to Turnover Intention: Does Organizational Hierarchy Matter?*" Journal of Organizational Behaviour, 27, pp.585-605 (2006)

Cameron, S. and Price, D. (2009) "*Business Research Methods: a Practical Approach*", the Broadway, London: Chartered Institute of Personnel and Development

Cammann, C. Fichman, M. Jenkins, D. And Klesh, J. (1983) "*Assessing the Attitudes and Perceptions of Organizational Members*", in Cammann, C. Lawler, E. Mirvis, P. and Seashore, S. (1983) (Eds.) "*Assessing Organizational Change: a Guide to Methods, Measures and Practices*", pg. 84, New York: John Wiley

Cartwright, S. and Cooper, C.L. (1993) "*The Psychological Impact of Merger and Acquisition on the Individual: a Study of Building Society Managers*", Human Relations, 46 (3), pp. 327-347

Cartwright, S. and Cooper, C.L. (1994) "*Healthy Mind, Healthy Organization: a Proactive Approach to Occupational Stress*", Human Relations, 47, pp.455-471

Castle, N.G. Degenholtz, H. And Rosen, J. (2006) "*Determinants of Staff Job Satisfaction of Caregivers in Two Nursing Homes in Pennsylvania*", BMC Health Services Research, 2006, 6:60, pp.1-11

Centre for Ageing Research and Development in Ireland (CARDI) (2012) "*Future Demand for Long-Term Care in Ireland*", Research Brief, CARDI grants programme, Dublin: CARDI

Chan, E.A. Chung, J.W.Y. Wong, T.K.S. and Yang, J.C.S. (2006) *"An Evaluation of Nursing Practice Models in the Context of the Severe Acute Respiratory Syndrome Epidemic in Hong Kong: a Preliminary Study"*, Journal of Clinical Nursing, 15, pp. 661-670.

Charles, F. Johnston, M. Pasuranaman, A, and Sager, J. (1988) "*Performance and Job Satisfaction Effects on Salesperson Turnover: a Replication and Extension*", Journal of Business Research, 16, pp.67-83

Choi, N.G. Ransom, S. and Wyllie, R.J. (2009) "*Risk Factors and Intervention Programs for Depression in Nursing Home Residents: Nursing Home Staff Interview Findings*", Journal of Gerontological Social Work, 52, pp.668-685

Cioffi, J. Hayman, B. and Wilkes, L. (2008) "*Change Process during Redesign of a Model of Nursing Practice in a Surgical Ward*", Journal of Nursing Management, 16, pp. 257-265.

Clark, M. Jung, H.Y. Miller, E.A. Miller, S.C. Mor, V. and Stern, S. (2010) "*Nursing Home Organizational Change: The 'Culture Change' Movement as Viewed by Long-Term Care Specialists",* Medical Care Research and Review Supplement, 67(4), 65S-81S.

Cohen, M. (1999) "*Commentary on the Organization Science Special Issue on Complexity*", Organization Science, 10 (3), pp.373-376

Cox, E.O. and Parson, R.J. (1994) "*Empowerment-Oriented Social Work Practice with the Elderly*", Pacific Grove, CA: Brooks/Cole

Cronbach, L.J. (1951) "*Coefficient Alpha and the Internal Structure of Tests*", Psychometrika, 16, pp.297-334

Cutler, L. Degenholtz, H. Kane, R. Lun, T. and Tzy-Chyi, Y. (2007) *"Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program"*, American Geriatrics Society, 55, pp.832-839

Day, N.E. and Huselid, M.A. (1991) "*Organizational Commitment, Job Involvement, and Turnover: a Substantive and Methodological Analysis*", Journal of Applied Psychology, 76 (3), pp. 380-391

DeCicco, B. and Manojlovich, M. (2007) "*Healthy Work Environments: Nurse-Physician Communication and Patients' Outcomes*", American Journal of Critical Care, 16 (6), pp.536-543

Deering, J. Grieshaber, L.D. and Parker, P. (1995) *"Job Satisfaction of Nursing Assistants in Long-Term Care"*, Health Care Supervisor, Vol. 13, pp.18-28

Dementia Care Matters (2012) "*National Scheme: Dementia Care Matters Quality of Life 'Kitemark*'" [Online]
Available at: http://www.dementiacarematters.com/award.html
[Last Accessed 7th August 2014]

Dementia Services Development Centre (2007) *"Best Practice in Design for People with Dementia"*, Stirling, Scotland: Dementia Services Development Centre

Denisi, A.S. and Schweiger, D.M. (1991) "*Communication with Employees following a Merger: a Longitudinal Field Experiment*", Academy of Management Journal, pp.110-135

Department of Health and Children (2001) "*Quality and Fairness: A Health System for You"*, Dublin: The Stationery Office.

Deutschmann, M. (2001) "*Interventions to Nurture Excellence in Nursing Home Culture*", Journal of Gerontological Nursing, 27, pp.37-43

Dewing, J. Mc Cance, T. and Mc Cormack, B. (2011) *"Developing Person-Centred Care: Addressing Contextual Challenges through Practice Development"*, The Online Journal of Issues in Nursing, A Scholarly Journal of the American Nurses Association, May 2011, Vol.16, No.2, pp.1-12

Dobson, S. and Tranter, S. (2008) "*Organising the Work: Choosing the Most Effective Way to Deliver Nursing Care in a Hospital Haemodialysis Unit*", Renal Society of Australia Journal, 4(2), pp. 59-63.

Doty, M.M. Koren, M.J. and Sturla, E.L. (2008) "*Culture Change in Nursing Homes: How Far Have We Come? Findings from The Commonwealth Fund 2007 National Survey of Nursing Homes",* May 9th 2008, vol. 91, New York: The Commonwealth Fund, pp.1-3.

Drew, J.C. (2005) "*Making the Long-Term Care Environment more like that of Home: The Eden Alternative TM, What Families Want, and Why"*, In J.E. Gaugler [ed.], Promoting Family Involvement in Long-Term Care Settings: A Guide to Programmes that Work, Baltimore, MD: Health Professions Press

Dulebohn, J.H. and Martocchio, J.J. (1998) "*Employee Perceptions of the Fairness of Work Group Incentives Pay Plans*", Journal of Management, 24 (4), pp.469-488

Dye, A. (2013) "*Job Satisfaction of Social Workers in Nursing Homes: Types of Facility and Culture Change Affiliation*", Unpublished PhD Thesis, Kansas: University of Kansas, February 2013

Ersser, S. Fulford, K.W.M and Hope, T. (1996) *"Essential Practice in Patient-Centred Care"*, UK: Blackwell Science Limited

European Commission (2007) "*European Commission, Employment, Social Affairs and Equal Opportunities",* DG Report, 2007

Falkenburg, K. and Schyns, B. (2007) "*Work Satisfaction, Organizational Commitment and Withdrawal Behaviours*", Management Research News, 10 (11), pp.708-723

Fields, D.L. (2002) "*Taking the Measure of Work: a Guide to Validated Scales for Organisational Research and Diagnosis*", London: Sage Publications Ltd

Freeman, D. Lance, C. Lillian, E. and Rush, M. (1999) "*Motivational Bases of Affective Organizational Commitment: a Partial Test of an Integrative Theoretical Model*", Journal of Occupational and Organizational Psychology, 72, pp.463-483

George, J. and Jones, G. (2008) "*Understanding and Managing Organizational Behavior*", (5th ed.), Upper Saddle River, New Jersey: Pearson Prentice Hall

Ghazzawi, I. (2008) "*Job Satisfaction Antecedents and Consequences: a New Conceptual Framework and Research Agenda*", The Business Review, 11, pp.1-11

Giangreco, A. Peccei, R. and Sebastiano, A. (2011) "*The Role of Organisational Commitment in the Analysis of Resistance to Change: Co-Predictor and Moderator Effects*", Personnel Review, 40 (2), pp.185-204

Gilmore, T., Shea, G. and Useem, M. (1997) "*Side Effects of Corporate Transformations*", Journal of Applied Behavioural Science, 33 (2), pp.174-189

Gleason-Wynn, P. and Mindel, C.H. (1999) "*A Proposed Model for Predicting Job Satisfaction among Nursing Home Social Workers*", Journal of Gerontological Social Work, 32, pp. 65-79

Goffman, E. (1961) "*Asylums: Essays on the Social Situation of Mental Patients and other Inmates*", Garden City, NY: Doubleday

Gomes, D.R. (2009) "*Organisational Change and Job Satisfaction: the Mediating Role of Organisational Commitment*", Exedra Journals, Vol. 1, pp.177-195

Gork, C. Moyle, W. Rowe, G. and Skinner, J. (2003) "*Views of Job Satisfaction and Dissatisfaction in Australian Long-Term Care*", Journal of Clinical Nursing, 12, pp.168-176

Gregory, N. Lee, K. and Volans, P.J. (2003) "*Trainee Clinical Psychologists' Views on Recruitment to Work with Older People*", Ageing and Society 23, pp.83-97

Griffin, M. and Rafferty, A. (2006) "*Perceptions of Organizational Change: a Stress and Coping Perspective*", Journal of Applied Psychology, 91, pp.1154-1162

Gross, N. And Ryan, B. (1943) "*The Diffusion of Hybrid Seed Corn in Two Iowa Communities*", Rural Sociology, 8, pp. 15-24

Harris, Y. Poulsen, R. And Vlangas, G. (2006) *"Measuring Culture Change: Literature Review"*, Englewood: Colorado Foundation for Medical Care.

Harris, S.G. and Varma, V. (2008) "*An empirical Examination of the Relation between Merger Communication and Post-Merger Identification*", presented at the 2008 Meeting of the Academy of Management, Anaheim, CA

Harvey, G. Kitson, A. Manley, K. Mc Cormack, B. and Titchen, A. (1999) "*Towards Practice Development – a Vision in Reality without Vision*", Journal of Nursing Management, 7 (5), pp. 255-264

Health Information and Quality Authority (HIQA) (2009) "*National Quality Standards for Residential Care Settings for Older People in Ireland"* Cork: Health Information and Quality Authority.

Health Service Executive (HSE) (2010) "*Enhancing Care for Older People: A Guide to Practice Development Processes to Support and Enhance Care in Residential Settings for Older People"* June 2010, Offaly: Health Service Executive West.

Herscovitch, L. Meyer, J.P. Stanley, D.J, and Topolnytsky, L. (2002) "*Affective, Continuance, and Normative Commitment to the Organization: a Meta-Analysis of Antecedents, Correlates, and Consequences*", Journal of Vocational Behavior, 61 (1) pp.20-52

Hodliffe, M. (2014) "*The Development and Validation of the Employee Resilience Scale (EmpRes): the Conceptualisation of a New Model*", Unpublished Master's Thesis, Canterbury: University of Canterbury, 2014

Igalens, J. and Roussel, P. (1999) "*A Study of Relationships between Compensation Package, Work Motivation and Job Satisfaction*", Journal of Organizational Behaviour, Vol.20, No.7, pp.1003-1025

Iverson, R.D. (1996) "*Employee Acceptance of Organizational Change: the Role of Organizational Commitment*", The International Journal od Human Resource Management,
7 (1) pp.122-149

Jackson, S.E. and Schuler, R.S. (1985) "*A Meta-Analysis and Conceptual Critique of Research on Role Ambiguity and Role Conflict in Work Settings*", Organizational Behavior and Human Decision Processes, 36, pp.16-78

Johnston, A.E. (2007) "*The Culture Change Movement in Ohio's Nursing Homes*", Unpublished Masters Thesis, Oxford, Ohio: Miami University

Judge, T.A. Pucik, V. Thoresen, C.J. and Welbourne, T.M. (1999) "*Managerial Coping with Organizational Change: a Dispositional Perspective*", Journal of Applied Psychology, 84 (1), pp.107

Kerego, K. and Mthupha, D.M. (1997) "*Job Satisfaction as Perceived by Agricultural Extension Workers in Swaziland*", South African Journal od Agricultural Extension, 23 (2), pp.19-24

Kane, R.A, and Kane, R.L (2001) "*What Older People Want From Long-Term Care, and How They Can Get It*", Health Affairs, 20, pp.114-127

Kenny, M. (2012) "*An Exploratory Investigation into Change Management in a Privatised Irish Organisation*", Unpublished Masters Thesis, Dublin: National College of Ireland

Kilmann, R. (1984) “*Beyond the Quick Fix*”, San Francisco: Jossey-Bass

Klein, K.J. and Sorra, J.S. (1996) “*The Challenge of innovation Implementation*”, Academy of Management Review, 21 (4), pp.1055-1080

Koren, M.J. (2010) *“Person-Centred Care for Nursing Home Residents: The Culture-Change Movement”,* Health Affairs, 29, no.2, pp.312-317.

Kuntz, J.R.C. McKay, K. and Naswall, K. (2013) “*The Effect of Affective Commitment, Communication and Participation on Resistance to Change: the Role of Change Readiness*”, Resistance to Change and Change Readiness, New Zealand, Journal of Psychology, Vol.42, No. 2, 2013, pp.29-40

Langvardt, G.D. (2007) “*Resilience and Commitment to Change: a Case Study of a Non-Profit Organization*”, Unpublished PhD Thesis, Capella: Capella University, March 2007, pp.1-97

Leggert, J.C. and Lenski, G.E. (1960) “*Caste, Class, and Deference in Research Interview*”, The American Journal of Sociology, 65 (5), pp.463-467

Liden, R.C. Shore, L.M. and Wayne, S.J. (1997) “*Perceived Organizational Support and Leader-Member Exchange: a Social Exchange Perspective*”, Academy of Management Journal, Vol.40, No.1, pp.82-111

Liu, S. and Norcio, R. (2008) “*Mediating Effects of Job Characteristics on Job satisfaction and Organizational Commitment of Taiwanese Expatriates Working in Mainland China*”, The Business Review, 9, pp.62-69

Locke, E.A. (1976) “*The Nature and Causes of Job Satisfaction*”, in M.D. Dunnette (ed.), Handbook of Industrial and Organizational Psychology (pp.1297-1349) Chicago: Rand McNally

Lookinland, S. and Tiedeman, M.E. (2004) *“Traditional Models of Care Delivery: What Have We Learned?”* Journal of Nursing Administration, 34(6), pp. 291-297.

Lopez, S. H. (2006) “*Culture Change Management in Long-Term Care: A Shop-Floor View*”, Politics and Society, Vol. 34, No. 1, March 2006 pp. 55-79, Sage Publications

Lund Research Ltd (2012) "Research Strategy: Sampling Strategy" [Online] Available at: http://dissertation.laerd.com/sampling-strategy.php [Last Accessed 9th August 2014]

Luptak, M. (2004) "*Social Work and End-of-Life Care for Older People: a Historical Perspective*", Health and Social Work, 29, pp.7-13, February 2004

Luthans, F. and Youssef, C.M. (2007) "*Positive Organizational Behavior in the Workplace: the Impact of Hope, Optimism, and Resilience*", Journal of Management, 33 (5), pp.774-800

Lyons, K. Newton-Curtis, L. and White, D.L. (2008) "*Development and Initial Testing of a Measure of Person-Directed Care*", The Gerontologist, 48, pp.114-123

Lyons, S.S. (2010) "*How Do People Make Continence Care Happen? An Analysis of Organizational Culture in Two Nursing Homes*", The Gerontologist, 50 (3) pp.327-339

Mathieu, J.E. and Zajac, D.M. (1990) "*A Review and Meta-Analysis of the Antecedents, Correlates, and Consequences of Organizational Commitment*", Psychological Bulletin, 108 (2), pp.171

Matthiesen, S. (2005) *"Accreditation in Person-Centred Long-Term care Nursing Home Communities"*, Commission on Accreditation of Rehabilitation Facilities (CARF), CARF International, pp.1-42

Maxwell, J. (1997) "*Designing a Qualitative Study*", In Bickman, L. and Rog, D.J. (eds.) Handbook of Applied Social Research Methods, pp.69-100, Thousand Oaks, CA: Sage

Maxwell, G. and Steele, G. (2003) "*Organizational Commitment: a Case Study of Managers in Hotels*", International Journal of Contemporary Hospitality Management, 15 (7), pp.362-369

McCabe, T.J. and Sambrook, S. (2012) "*Psychological Contracts and Commitment among Nurses and Nurse Managers: a Discourse Analysis*", International Journal of Nursing Studies, Article in Press, pp.1-14

McCance, T. and Mc Cormack, B. (2006) *"Development of a Framework for Person-Centred Nursing",* Journal of Advanced Nursing, 56 (5), pp.1-8

McCance, T. and Mc Cormack, B. (2010) *"Person-Centred Nursing: Theory and Practice"*, Oxford: Wiley-Blackwell Publishing

McCormack, B. (2004) "*Person-Centeredness in Gerontological Nursing: An Overview of the Literature*", International Journal of Older People Nursing, Vol.13, pp. 31-38

McDonald, T. and Siegall, M. (1995) "*Focus of Attention and Employee Reactions to Job Change*", Journal of Applied Social Psychology, 25 (13), pp.1121-1141

McFarlin, D.B. and Rice, R.W. (1992) "*The Role of Facet Importance as a Moderator in Job Satisfaction Processes*", Journal of Organizational Behaviour, 13, pp.41-54

McLain, D.L. (1995) "*Responses to Health and Safety Risk in the Work Environment*", Academy of Management Journal, 38 (6), pp.1726-1746

Michaelis, B. Sonntag, K. and Stegmaier, R. (2009) "*Affective Commitment to Change and Innovation Implementation Behavior: the Role of Charismatic Leadership and Employees' Trust in Top Management*", Journal of Change Management, Vol. 9, No.4, December 2009, pp.399-417, Routledge, Taylor and Francis Group

Morse, N. And Reimer, E. (1956) "*The Experimental Change of a Major Organizational Variable*", Journal of Abnormal Psychology, 52, pp.120-129

Mowday, R.T. Porter, L.W. and Steers, R.M. (1979) "*The Measurement of Organizational Commitment*", Journal of Vocational Behavior, 14, pp.224-247

Nanda, S. (1999) "*Neither Man nor Woman: The Hijras of India*", 2nd ed., John Jay College of Criminal Justice, City University of New York, Wadsworth Publishing Company, a Division of International Thomson Publishing Inc.

Nelson, A.C.L. (1995) "*Uncertainty amidst Change: the Impact of privatization on Employee Job Satisfaction and Well-Being*", Journal of Occupational and Organizational Psychology, 68 (1), pp.57-71

Nunnally, J.C. (1970) "*Introduction to Psychological Measurement*", New York: Mc Graw-Hill

O'Connor, E.J. Peters, L.H. and Rudolf, C.J. (1980) "*The Behavioral and Affective Consequences of Performance – Relevant Situational Variables*", Organizational Behavior and Human Performance, 25, pp.79-96

Olson, L.K. (2006) "*The Inner World of Nursing Homes*", The Gerontologist, 46, pp.293-297

O'Neill, D. (2006) "*A Review of Deaths at Lea's Cross Nursing Home 2002-2005*" Dublin: Health Service Executive.

Oreg, S, (2006) "Personality*, Context and Resistance to Organizational Change*", European Journal of Work and Organizational Psychology", 15 (1) pp.73-101

Oreg, S. Schyns, B. and Van Dam, K. (2008) "*Daily Work Contexts and Resistance to Organisational Change: The Role of Leader-Member Exchange, Development Climate, and Change Process Characteristics*", Applied Psychology, 57 (2), pp.313-334

Payne, R. and Warr, P. (1983) "*Affective Outcomes of Paid Employment in a Random Sample of British Workers*", Journal of Occupational Behavior, 4, pp. 91-104

Pearson, C.A.L (1991) "*An Assessment of Extrinsic Feedback on Participation, Role Perceptions, Motivation, and Job Satisfaction in a Self-Managed System for Monitoring Group Achievement*", Human Relations, 44 (5), pp.517-537

Pelzang, R. (2010) *"Time to Learn: Understanding Patient-Centred Care",* British Journal of Nursing, June 2010, Vol.19, No.14, pp. 912-917

Piderit, S.K. (2000) "*Rethinking Resistance and Recognizing Ambivalence: a Multidimensional View of Attitudes toward an Organizational Change*", The Academy of Management Review, 25 (4), pp.783-794

Pontin, D. (1999) "*Primary Nursing: A Mode of Care or a Philosophy of Nursing?"* Journal of Advanced Nursing, 29(3), pp. 584-591.

Poole, M. and Van de Ven, A. (1995) *Explaining Development and Change in Organisations*", Academy of Management Review, 20, pp.510-540

Porras, J. and Robertson, I. (1992) "*Organisational Development: Theory, Practices, and Research*". In M.D. Dunnette, L. and M. Hough (Org.) Handbook of Industrial and Organisational Psychology (pp.719-822) Palo Alto, CA: Consulting Psychologists Press

Proenca, E.J. (2007) "*Team Dynamics and Team Empowerment in Health Care Organizations*", Health Care Management Review, 32, pp.370-378

Quinn, R. and Weick, K. (1999) "*Organisational Change and Development*", Annual Review of Psychology, 50, pp.361-386

Rahman, A.N. and Schnelle, J.F. (2008) "*The Nursing Home Culture-Change Movement: Recent Past, Present, and Future Directions for Research*", The Gerontologist, 48, pp.142-148.

Redman, R.W. (2004) *"Patient-Centred Care: An Unattainable Ideal?"* Research and Theory for Nursing Practice, 18(1), pp.11-14

Rieger, H.S. Roodt, G. and Sempane, M.E. (2002) "*Job Satisfaction in Relation to Organisational Culture*", SA Journal of Industrial Psychology, 2002, 28 (2), pp.23-30

Robbins, S. (1999) "*Mudança Organizacional e Administração do Stress*", Comportamento Organizacional pp.394-423, Rio de Janeiro: LTC.

Royal Masonic Benevolent Institution (RMBI) (2014) "*Butterfly Service Status: Achieving Dementia Care Matters – 'Butterfly Service' Status*" [Online]
Available at: https://www.rmbi.org.uk/pages/achieving-dementia-care-matters-butterfly-service-status.html
[Last Accessed 7th August 2014]

Schneider, B. and Snyder, R.A. (1975) "*Some Relationship between Job Satisfaction and Organizational Climate*", Journal of Applied Psychology, 60 (3), pp.318-328

Seo, M. –G. Shin, J. and Taylor, M.S. (2012) “*Resources for Change: The Relationships of Organisational Inducements and Psychological Resilience to Employees’ Attitudes and Behaviours toward Organisational Change*”, Academy of Management Journal, 55 (3), pp.727-748

Shaller, D. (2007) “*Patient-Centred Care: What Does It Take?*” October 2007, Vol.74, The Commonwealth Fund.

Sheard, D.M. (2009) “*Nurturing our Emotions at Work in Dementia Care*”, fourth in the Feelings Matter Most series, Dementia Care Matters Ltd, London: Alzheimer’s Society, pp. 130-131.

Spector, P.E. (1986) “*Perceived Control by Employees: a Meta-Analysis of Studies Concerning Autonomy and Participation at Work*”, Human Relations, 11, pp.1005-1016

Steyn, C. and Visagie, (2011) “*Organisational Commitment and Responses to Planned Organisational Change: an Exploratory Study*”, Southern African Business Review, Vol. 15, No.3, 2011, pp.98-121

Teddlie, C. and Yu, Fen. (2007) “*Mixed Methods Sampling: a Typology with Examples*”, Journa od Mixed Methods Research, Vol. 1, No.1, January 2007, pp.77-100, Sage Publications

Thompson H.B. and Werner, J.M. (1997) “*The Impact of Role Conflict/Facilitation on Core and Discretionary Behaviors: Testing a Mediated Model*”, Journal of Management, 23 (4), pp.583-602

Tuzun, I.K. (2009) “*The Impact of Identification and Commitment on Job Satisfaction: the Case of a Turkish Service Provider*”, Management Research News, vol. 32, No.8, 2009, pp.728-738, Emerald Group Publishing Limited

Ulsberger, J.S. (2009) “*Using Literary Ethnography as a Form of Qualitative Document Synthesis to Explore the Maltreatment of Vulnerable Populations: an Examination of Verbal Neglect and Abuse in Nursing Homes*”, The Qualitative Report, 14 (4), pp.807-824

Vladeck, B.C. (1980) "*Unloving Care: the Nursing Home Tragedy*", New York: Basic Books

Vladeck, B.C. (2003) "*Unloving Care Revisited: the Persistence of Culture*", Journal of Social Work in Long-Term Care, 2, pp.1-9

Vroom, V. (1964) "*Work and Motivation*", New York: John Wiley

Wahn, J.C. (1998) "*Sex Differences in the Continuance Component of Organizational Commitment*", Group and Organizational Management, 23 (3), pp.256-267

Wood, T. (Coord.) (2000) "*Mudança Organizacional*", Sao Paulo: Atlas

Yousef, D.A. (2000) "*Organizational Commitment and Job Satisfaction ad Predictors of Attitudes toward Organizational Change in a Non-Western Setting*", Personnel Review, 29 (5), pp.567-592

Appendix 1

Images depicting Bloomsfield when the home worked under the traditional approach to care (all images have been reprinted following permission by the subject organisation).

Appendix 2

Images depicting Bloomsfield following the introduction of the person-centred approach to care which saw building and decorating work take place to enable a more homely and interactive environment.

Appendix 3

Images depicting Bloomsfield's new style of living areas which saw sitting rooms combined with dining rooms and small old style kitchenettes to create a more homelike environment.

Appendix 4

The Butterfly Project Survey: Page 1/8

The Butterfly Project Survey

1. Welcome

Dear Staff Member,

My name is Grace Bell and I am a Masters student in Human Resource Management at the National College of Ireland, and I am conducting this research as part of my Dissertation submission. Your assistance with this research will be invaluable and greatly appreciated.

You are invited to participate in a research study that will explore your feelings surrounding the Butterfly Project which assisted in a change in care culture at your nursing home from the traditional approach to care to the person-centred approach to care. The purpose of this study is to explore whether or not the change in care culture had any effect on your satisfaction at work.

Throughout this survey, you will be presented with a series of statements and I ask that you tick the response that best reflects your opinion from a scale of (1) Strongly Disagree to (7) Strongly Agree. Please only give **one** answer per statement. The survey should take 10 minutes to complete.

Your responses are completely anonymous - you will not be providing your name or any other identifying information, and your answers cannot be connected to you.

Only I will have access to your responses for the purpose of data collection and statistical processing. Nobody at your nursing home will ever see individual responses. Your nursing home will receive a final report but it will only include summarised data to assist them in future decision-making regarding projects and staff satisfaction.

If you are willing to participate in this study, please place your completed survey into the enclosed blank envelope and kindly deposit it into the survey collection box, which is situated at your nursing home's main reception desk by ________. Your completion of the enclosed survey will signify your consent to participate in this study.

I am very happy to answer any questions or concerns you may have regarding this study and will be available to discuss these with you at any time. You can reach me at ________________.

Thank you for considering my request to participate in this study.

Yours sincerely,

____

Grace Bell

The Butterfly Project Survey Page 2/8

The Butterfly Project Survey

2. Participants' Demographics

Please only give **one** answer per question.

1. Are you male or female?

- ◯ Male
- ◯ Female

2. Which category below includes your age?

- ◯ 16 or younger
- ◯ 17-20
- ◯ 21-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59
- ◯ 60 or older

3. Which Nursing Home are you employed by/working in?

- ◯ *Bloomsfield
- ◯ *Maplelawn

4. Which department do you work in?

- ◯ Care Assistant
- ◯ Staff Nurse / Clinical Nurse Manager (CNM)
- ◯ Housekeeper / Household / Laundry / Maintenance
- ◯ Catering
- ◯ Home Manager / Administration / Activities / Reception

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The Butterfly Project Survey

3. Participants' Demographics Continued

5. How many years have you been employed by/working in this nursing home?

- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 11+

The Butterfly Project Survey Page 4/8

The Butterfly Project Survey

4. Organisational Change Recipients' Beliefs

6. This section will explore your thoughts surrounding the Butterfly Project which took place in your nursing home.

The Butterfly Project assisted a work environment culture change from the Traditional approach to care, which was driven by task and staff routine, to the Person Centred approach to care which is driven by the choices, preferences and needs of each individual resident.

Please indicate the degree of your agreement or disagreement with each statement by ticking (✓) one of the seven alternatives beside each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree Nor Agree	Slightly Agree	Agree	Strongly Agree
I believe the change from the Traditional Approach to care to the Person Centred Approach to care will have a favourable effect on our operations.	○	○	○	○	○	○	○
I believe we can successfully implement this change.	○	○	○	○	○	○	○
We have the capability to successfully implement the change.	○	○	○	○	○	○	○
I have the capability to implement the change from the Traditional Approach to care to the Person Centred Approach to care.	○	○	○	○	○	○	○
I can implement this change in my job.	○	○	○	○	○	○	○
When I think about the change from the Traditional Approach to care to the Person Centred Approach to care, I realise it was appropriate for our nursing home.	○	○	○	○	○	○	○
A change was needed to improve our operations.	○	○	○	○	○	○	○

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The Butterfly Project Survey

5. Organisational Change Recipients' Beliefs Continued

7. Please continue to indicate the degree of your agreement or disagreement with each statement by ticking (✓) one of the seven alternatives beside each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree Nor Agree	Slightly Agree	Agree	Strongly Agree
The change from the Traditional Approach to care to the Person Centred Approach to care will benefit me.	○	○	○	○	○	○	○
I am capable of successfully performing my job duties since the change.	○	○	○	○	○	○	○
With this change in my job, I will experience more self-fulfilment.	○	○	○	○	○	○	○
The change in my job assignments will increase my feelings of accomplishment.	○	○	○	○	○	○	○
I will earn higher pay from my job after this change.	○	○	○	○	○	○	○
The change we have implemented in our operations will improve the performance of our nursing home.	○	○	○	○	○	○	○
The change from the Traditional Approach to care to the Person Centred Approach to care will prove to be best for our situation.	○	○	○	○	○	○	○
We needed to change the way we did some things in this nursing home.	○	○	○	○	○	○	○
We needed to improve the way we operate in this nursing home.	○	○	○	○	○	○	○
We needed to improve our effectiveness by changing our operations.	○	○	○	○	○	○	○

The Butterfly Project Survey Page 6/8

The Butterfly Project Survey

6. Organisational Change Recipients' Beliefs Continued

8. Please continue to indicate the degree of your agreement or disagreement with each statement by ticking (✓) one of the seven alternatives beside each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree Nor Agree	Slightly Agree	Agree	Strongly Agree
The change we implemented was correct for our situation.	○	○	○	○	○	○	○
Most of my respected co-workers have embraced the change.	○	○	○	○	○	○	○
The majority of my respected co-workers are dedicated to making this change successful.	○	○	○	○	○	○	○
My immediate manager is in favour of the change from the Traditional Approach to care to the Person Centred Approach to care.	○	○	○	○	○	○	○
My immediate manager encourages me to support this change.	○	○	○	○	○	○	○
The top leaders support the change from the Traditional Approach to care to the Person Centred Approach to care.	○	○	○	○	○	○	○
The top leaders in this nursing home are "walking the talk".	○	○	○	○	○	○	○

The Butterfly Project Survey

7. Affective Commitment

9. This section explores how much affective commitment you feel towards your nursing home. Affective commitment can be separated into three components:
(1) Your emotional attachment to your nursing home
(2) Your identification with your nursing home
(3) Your involvement in your nursing home.

Please indicate the degree of your agreement or disagreement with each statement by ticking (✓) one of the seven alternatives beside each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree Nor Agree	Slightly Agree	Agree	Strongly Agree
I am willing to put in a great deal of effort beyond that normally expected in order to help this nursing home be successful.	○	○	○	○	○	○	○
I talk up this nursing home to my friends as a great nursing home to work for.	○	○	○	○	○	○	○
I would accept almost any type of job assignment in order to keep working for this nursing home.	○	○	○	○	○	○	○
I find that my values and the nursing home's values are very similar.	○	○	○	○	○	○	○
I am proud to tell others that I am part of this nursing home.	○	○	○	○	○	○	○
This nursing home really inspires the very best in me in the way of job performance.	○	○	○	○	○	○	○
I am extremely glad that I chose this nursing home to work for over others I was considering at the time I joined.	○	○	○	○	○	○	○
I really care about the fate of this nursing home.	○	○	○	○	○	○	○
For me, this is the best of all possible nursing home for which to work.	○	○	○	○	○	○	○

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The Butterfly Project Survey

8. Job Satisfaction

10. Finally, this section will explore how you feel about your work.

Please indicate the degree of your agreement or disagreement with each statement by ticking (✓) one of the seven alternatives beside each statement.

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree Nor Agree	Slightly Agree	Agree	Strongly Agree
All in all, I am satisfied with my job.	○	○	○	○	○	○	○
In general, I don't like my job.	○	○	○	○	○	○	○
In general, I like working here.	○	○	○	○	○	○	○

Thank you for completing this survey.