THESIS

STAFF SATISFACTION IN A LONG TERM CARE FACILITY UNDERGOING CULTURE CHANGE

Submitted by

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ABSTRACT

STAFF SATISFACTION IN A LONG TERM CARE FACILITY UNDERGOING CULTURE CHANGE

An instrumental case-study look at perceptions of staff satisfaction at a long-term care facility undergoing the process of implementing culture change reforms was presented. Participants included CNAs, RNs and LPNs, managers, and therapists and therapy aides who participated in homogeneous and heterogeneous forum group discussions. Dissatisfaction was found in the work environment, breakdown of communication, and perceptions of leadership; satisfaction was found in enforcement of accountability, successful communication, suggestions for improvement and meaningful work experiences. The main conclusion was that the opportunities for empowerment are vital to staff members' experience of satisfaction; specifically, supporting staff authority and acknowledging effort, implementing systematic communication, cultivating positive relationships, and implementing staff suggestions to optimizing psychological benefits of the work experience.

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INTRODUCTION

Staff Satisfaction in a Long Term Care Facility Undergoing Culture Change

"Care" is a funny word. People often wish to ensure that their aging family members receive the best *care*. They wish to ensure that they are being taken *care* of and hope to glimpse evidence that the staff members who work with them are *caring* individuals. And yet, up until recently, *care* practices utilized with older adults have had little to do with the warm, comforting connotation that naturally attaches to the word. As Engel (1977) discussed, traditionally the most prevalent paradigmatic model of care has been a biomedical model; one whose care practices have often been perceived as clinical, cold, and impersonal. This traditional model focused on eradicating disease and disability (which were viewed as largely separate from psychosocial issues); on cutting these elements out as though repairing faulty parts of a machine. While this aim was, no doubt, well intentioned, it is important to consider the cost of such a narrowly focused goal; namely, the fact that the traditional model has often come, as Haslam (2006) noted, at the expense of dehumanizing those receiving care. In order to combat issues such as the dehumanization of older adults in homes, a movement has manifested. It is called the culture change movement, and it aims to transform care practices so as to improve the well-being of older adults and focus on them as individuals; it also aims to empower staff (Brawley, 2007; Koren, 2010; Tellis-Nayak, 2007). Thus far, the amount of research undertaken in homes undergoing the process of culture change has been somewhat limited, especially in regards to staff experiences during the implementation process. To

address this area of need, the current study purported to examine issues of satisfaction among staff in just such a setting.

Emergence of the Culture Change Movement

The fact that dehumanizing practices have been seen under the influence of the traditional reductionist model is, sadly, unsurprising. Haslam (2006) referred to *dehumanization* as the process whereby individuals are denied those elements that set them apart as being uniquely human (either because they are part of human nature or because no other creatures share them). Haslam discussed how in traditional medicine dehumanizing practices were perpetuated, among other ways, through the objectification of individuals whose "…agency and autonomy are neglected" (p. 253). In other words, the habit of overlooking people's abilities to exert power to make things happen (agency) as well as their independence in making their own decisions (autonomy) made it possible to strip away individuality and humanity.

Dehumanizing practices have also helped to create the problem of excess disability and ignored quality of life issues. *Excess disability* refers to the manifestation of symptoms of disability that go beyond what can be explained by the actual disabling condition (Larson, Buchner, Uhlmann, & Reifler, 1986). Excess disability is a common issue faced by older adults with dementia (Wells & Dawson, 2000). As Wells and Dawson suggested, excess disability is especially likely to occur if caregivers view the trajectory of the disease in a pessimistic light and accordingly do things for older adults that they are capable of doing for themselves. *Quality of life,* on the other hand, is a construct referring to a variety of aspects which comprise an individual's subjective experience of general well-being and satisfaction with life (Kane, 2001). Kane

conceptualized quality of life dimensions that included, but were not limited to, *functional competence*, or being as independent as one wishes to be in accordance with personal capacities; *meaningful activity*, or doing things that hold value; and *relationships*, or connections to others. Though it may seem intuitive that the quality of life construct would hold intrinsic meaning to us as humans, Kane has suggested that traditional care practices under the medical model have viewed it simply as an afterthought due to policies that place a greater emphasis on safety than on quality of life.

While the traditional model of care may lend itself to dehumanizing care practices, excess disability, and lack of attention to quality of life issues, awareness of these concerns has grown. Approximately 30 years ago Engel (1977) declared that the medical model's narrow approach to care was not necessarily the most effective one; that the need for something different, something positive and holistic that did not disregard the patient had become unavoidable. As time has passed, support for his position has grown ever stronger. Momentum has built around the realization that the person with dementia, rather than the diagnosis, should be at the forefront of care practices (Kitwood, 1997). This continually expanding movement toward better care practices to enhance quality of life for older adults (Kane, 2001), and to empower staff to act on the needs of the residents (Koren, 2010) has been labeled "culture change."

The Application of Culture Change to Residents and Staff

The *culture change* reform started out as a grassroots effort and has become a national movement in the United States dedicated to revolutionizing both philosophies and practices regarding the care of older adults (Brawley, 2007). This movement aimed to spark a shift from the medical model of care to one that was more home-oriented

(Koren, 2010). In an effort to tackle the care practices that led to dehumanization and insufficient support of people's capacities (in other words, excess disability), the culture change movement strove to achieve an improved quality of life (Brawley, 2007; Koren, 2010). More recently, the focus of the culture change movement has been expanded to include the satisfaction and empowerment of staff who work to provide care to older adults (Brawley, 2007; Koren, 2010). Some demonstration of this shift is provided by the fact that, while terminology used in the culture change movement has referred, sometimes interchangeably, to 'person centered' or 'resident-directed' care, Tellis-Nayak (2007) suggested that the term 'person centered care' may be more appropriate as it includes not only the well-being of the older adult, but of the family, managers, and staff surrounding the elder as well.

As quality of life constitutes a main emphasis within the culture change movement, ability focused and person centered care practices have emerged as two means through which these issues can be promoted. The aim of *ability focused* care is to ensure that older adults are given every opportunity to use *retained skills*, the capabilities that they continue to possess (Wells & Dawson, 2000; Wells, Dawson, Sidani, Craig, & Pringle, 2000). One of the most lauded benefits of ability focused care is the fact that it has been shown to reverse and prevent excess disability (Dawson, Kline, Wiancko, & Wells, 1986; Rogers, Holm, Burgio, Hsu, Hardin, & McDowell, 2000) because routine employment of retained skills allows these skills to last longer (Dawson, et al., 1986) and prevents them from falling into needless decay. Wood, Womack, and Hooper (2009) found that older adults who spent their time daily using retained skills to prevent excess disability appeared to experience an improved quality of life.

Ability focused care also helps to *empower* residents, which, according to McKnight (1985), means placing the locus of control concerning the individual's health within that individual and not in the hands of a manipulating outside force (such as the medical institution). Duncan-Myers and Huebner, (2000) found a positive correlation between quality of life and an increase in personal control in daily life for individuals in long term care homes, getting at Kane's (2001) quality of life dimension of *autonomy/choice*, which has to do with making choices on one's own behalf. Because autonomy/choice placed the locus of control in the hands of the individuals, allowing them to act on their own behalves, such as staff who are empowered to implement person centered and ability focused care practices within a long term care setting, this dimension spoke to empowerment as well and bridges to staff and residents alike. Ability focused care provides people autonomy, choice, and empowerment because it is concerned with providing opportunities for individuals to use their own capabilities, make decisions, and exert personal control over their own destinies. These benefits have implications for both residents and staff.

Along with ability focused care, *person centered* care has been found to resonate with the culture change movement, and again applies to older adults as well as to staff providing care. Person centered care is custom designed for each individual in a context of respect for the intrinsic value that people have, simply by nature of their being human, which, according to Kitwood (1997), is enough to afford the right to give and receive trust, recognition, and respect. In this way, person centered care addresses people's dignity. Person centered care effectively combats the depersonalizing practices of the traditional model and addresses Kane's (2001) quality of life dimension regarding the

establishment of relationships. Koren (2010) discussed "consistent assignment," where the same staff members and older adults were assigned to each other so that they could establish a rapport, like a family. This was provided as an example of how person centered care fostered relationships between staff and older adults. Koren also pointed out that because person centered care recognizes staff members, goals such as ending the hierarchical structure of power and providing staff on the front lines more authority over work environments were also considered to be manifestations of person centered care.

Staff Considerations

Staff members working in long term care may be satisfied with some aspects of their work, but they have simultaneously met with many challenges. Instability and high turnover have consistently plagued long term care homes. In light of Adams' and Bond's (2003) findings that, among other things, staff stability is positively correlated with "…degree of cohesion amongst nurses and improved ability to cope with ward workload" (298), it seems prudent that issues affecting staff be taken seriously. The importance of cohesion among staff highlights the need for safe interpersonal communication at care facilities. Communication from other sources, including management, also needs to be taken into consideration. Bowers, Esmond, and Jacobson (2003) found that in order to put an end to staff turnover, consistency between what is touted in rhetoric and what is actually carried out in practice is crucial. In other words, communicated rules and goals should be followed. Taking into account issues that affect the satisfaction of staff is imperative; especially in light of research that has shown that the satisfaction of the residents is positively linked with employee satisfaction (Studer, 2004).

Given the transition between paradigms, current considerations of staff satisfaction must take into account the effects of culture change and its somewhat nebulous mechanism of action. While many applaud the spirit of empowerment and reform embedded within the movement, there remains much confusion and ambiguity surrounding the actual implementation of such a shift (Kane, 2001; Moles, 2006; Tellis-Nayak, 2007). On a very basic level, staff are unsure of how, exactly, "culture change" translates into concrete, day-to-day actions. Although extensive research of employee satisfaction and dissatisfaction exists *prior* to the implementation of culture change reform, few studies have explored the experiences of employees in long term care homes that are actually implementing reforms. Drawing attention to potential pitfalls and successes that affect employees' satisfaction during the process of reform may prove useful in helping managers and front line staff alike implement smoother transitions. The present study consequently aimed to investigate issues pertaining to the satisfaction of staff members in a long term care home that was actively undergoing the process of implementing culture change. The following research questions were intended to elicit information that could be of value to other facilities undergoing similar change processes: 1) What are staff perceptions of satisfaction in a long term care facility undergoing culture change? 2) What factors appear to influence these perceptions?

Method

Research Approach

This qualitative instrumental case study focused on issues of staff satisfaction using a subset of data from a larger study. The purpose of the larger study was to create and research the effectiveness of an educational program for staff members in one long

term care facility aimed at optimizing ability focused and person centered care practices and increasing workplace competencies and satisfaction. The *instrumental* case study method was used. Thus the long term care facility that constituted the study's case was employed as a backdrop in order to highlight and shed understanding on more universal principles and concerns that took the starring role (Stake, 2000): specifically , staff education (larger study) and staff satisfaction (current analysis) in context of the implementation of culture change reforms. The subset of data analyzed herein was considered within a larger constructivist paradigm. As a result, findings were interpreted from a perspective that views truth as being subjective and collaboratively constructed, and where more than one reality exists (Denzin & Lincoln, 2000).

Site Selection

The executive director of Sun Ranch (a pseudonym) invited the principal investigator of this study to develop and study staff training approaches related to person centered and ability focused care. Sun Ranch was a long term care facility run by a national, religiously affiliated not-for-profit organization. The facility had earned a 'Best Practices Award' due to its reputable efforts to offer activities to residents that catered to their abilities, needs, and interests. Sun Ranch's Alzheimer's Special Care Unit had been recognized nationally for having taken steps to implement practices which reflected the spirit of the culture change movement. The study was approved by Sun Ranch and its umbrella organization, as well as by the Human Research Review Committee (HRRC) of the School of Medicine at the University of New Mexico (UNM).

Participants

Thirty-two employees participated in this study, representing 32 percent of all Sun Ranch employees (Table 1). A roughly equal number of participants worked during the two daytime shifts. There were no participants from the nighttime (i.e., 11 PM to 7 AM) shift.

Table 1. Description of study participants.

Participants	*n*
Executive Director	1
Certified nursing assistants (CNAs)	9
Registered nurses (RNs) and licensed practical nurses (LPNs)	6
Mangers including nursing supervisors, the staff development coordinator, and directors of nursing (DONs) and rehabilitation	10
Rehabilitation and activity therapists, including occupational therapists, physical therapists, a speech and language pathologist, wellness and activity therapists and Aides	6

To be included in the study, employees of Sun Ranch a) must have worked at the facility for at least six months, and b) must not have faced disciplinary action in the past twelve months. Participants were excluded if they did not speak English. All participants signed informed consent forms approved by UNM's HRRC prior to their participation.

Data Collection

An individual audio-taped interview of 60 minutes duration was conducted with the Executive Director. All additional data were collected within the context of homogenous and heterogeneous forums in which the Executive Director did not participate. Audio recordings were taken of the 60 to 90 minute homogenous forum

group discussions and the 60 minute heterogeneous forum group discussions. *Homogenous forums* were comprised of 31 total employees with six individuals of the same status per group, making up four distinct groups. Specifically, there were caregivers (CNAS), RNs and LPNs, managers, and rehabilitation and activity therapists. The primary goal of the homogeneous interviews was to ascertain areas of agreement and disagreement around what was perceived to constitute barriers to and facilitators of person centered and ability focused care. A total of eight homogenous forum sessions were conducted. Following the completion of the homogenous forum discussions, four distinct heterogeneous forum groups began to meet. *Heterogeneous forums* were comprised of a mixture of 32 Sun Ranch employees from different ranks and positions, some of whom had participated in the earlier homogeneous groups. In these forums, employees considered multiple points of view as a way of maximizing consensus about useful and effective educational approaches. These groups were scheduled to meet two times per month for a total of four meetings per group. As time passed, however, attendance rates in deliberative forums declined somewhat, the final meeting of the third heterogeneous group was cancelled.

For both the homogenous and heterogeneous forums, the creation of a safe space that could maximize stakeholder participation was highly stressed and a democratic approach to exploration of issues was observed. As suggested by MacNeil (2002), democratic approaches to program evaluation and development can create a safe environment that encourages open participation of involved parties across all levels, especially those lower in the hierarchical power structure. Use of this approach thus helped researchers to obtain information from a variety of stakeholder perspectives.

Throughout heterogeneous and homogeneous forums, the principal investigator confirmed her perceptions by summarizing key points and themes generated during discussions and confirming their accuracy with participants. This member checking, both within and between groups, provided for the triangulation of data sources (Creswell, 2007), as well as aided in the process of strengthening the accountability of information.

Data Analysis

Prior to my involvement in the study, a team of six researchers transcribed all audio taped discussions verbatim, entered them into Word documents and uploaded them into the qualitative software program, *Atlas-ti* (2008). These researchers logged analytical memos in personal research journals to help clarify their thinking. They also met weekly to discuss and debate the coding process, including discrepancies and suggestions that arose related to code relevance. Researchers continually evaluated the relevance of identified codes to the existing data, combining or eliminating codes as necessary. An audit trail that detailed information such as code definitions and listings of code mergings (which specific codes and when merging occurred) was recorded in Atlas-ti (2008).

Several levels of coding were employed during the process of analysis. In open coding, data were named via a process described by Strauss and Corbin (1998). In this process, repeated examination of the data took place with the goal of generating categories and related properties of those categories and examining how they differed along dimensions. Additionally during this process, original codes with similar definitions were merged together into broader, more inclusive, codes. For example, the code *SP (staff perspective) –teamwork- issues* which included staff suggestions for improving/achieving teamwork was merged with *SP – teamwork – absent* which included

staff perceptions that there was a lack of teamwork. Open coding continued until researchers reached a saturation point at which no further codes could be determined (Creswell, 2007).

Axial coding was also undertaken in order to begin fleshing out themes and linking them with subcategories. By continually comparing and contrasting open codes, related codes were grouped into code families. The families originally identified were *Ability-Focused Care, Building Community, Care-Giving Perspectives, Change, Nurturing Fellowship Families, Communication, Expressed Needs, Occupation, Person-Centered Care, Restrictions, SD—Develop Community (needs/issues), Staff Perspective, Stakeholder Dissatisfaction, Stakeholder Satisfaction, Stakeholders' Perceptions, and Training/Education.*

During the open and axial coding processes, themes of staff satisfaction emerged as salient considerations within the Sun Ranch data. The prevalence of these issues within the coded data, as well as consideration of literature that indicated the effect of staff satisfaction on client satisfaction (Kitwood, 1997; Studer, 2004), underscored the importance of pursuing further analysis related to topics of staff satisfaction in a long term care home, providing rationale for the current questions. It was at this stage that I entered the research process and undertook extensive selective coding of the data focused on the issue of staff satisfaction. According to Strauss and Corbin (1998), selective coding refers to the stage in the analysis where the researcher refines a theory by assembling data into a story that logically relates categories to each other and to a central category. This analysis occurs at a higher level of abstraction than was undertaken during the axial coding process.

The process of selective coding began by sorting through each code based on what it was named for and the content of the corresponding quotations to determine which were most germane to the research questions. The resultant data set focused on codes and families directly related to staff satisfaction and staff dissatisfaction. However, data related to these codes within the larger contextual web were also taken into account using the *Atlas-ti* (2008) function *query tool* in order to examine relationships and provide a contextual basis for which to answer the second research question. Saturation was reached when new themes were no longer discovered.

As this was a qualitative study, the issue of *reflexivity*, which Lincoln and Guba (2000) discussed as, "…a conscious experiencing of the self as both inquirer and respondent…" (p. 183) was initially addressed. I came to this project as a master student in occupational therapy, a profession whose domain is, "…supporting health and participation in life through engagement in occupation…." (American Occupational Therapy Association [AOTA], 2008, p. 626). Additionally, I grew up as the only sibling of an older brother with Down Syndrome, and have thus possessed an intuitive affinity for ability focused and person centered care philosophies from an early age. It is also worth noting that I came into this study with an artistic background, and view the world as being open to interpretation.

Results

Figures 1 and 2 are graphic data displays that respectively represent staff perceptions of dissatisfaction and satisfaction. Text-based results are presented in a linear format purely for ease of explanation. In reality, elements of dissatisfaction and satisfaction overlapped and fed into the other elements, serving to exacerbate and

reinforce them. For example, a perceived lack of interpersonal safety by participants adversely affected communication; simultaneously, a perceived lack of communication decreased perceptions of interpersonal safety. Perceptions of dissatisfaction are presented first because of their prevalence and also to provide a meaningful context for later comprehending perceptions of satisfaction.

Dissatisfaction

As depicted in Figure 1, the data overwhelmingly uncovered a sense of global

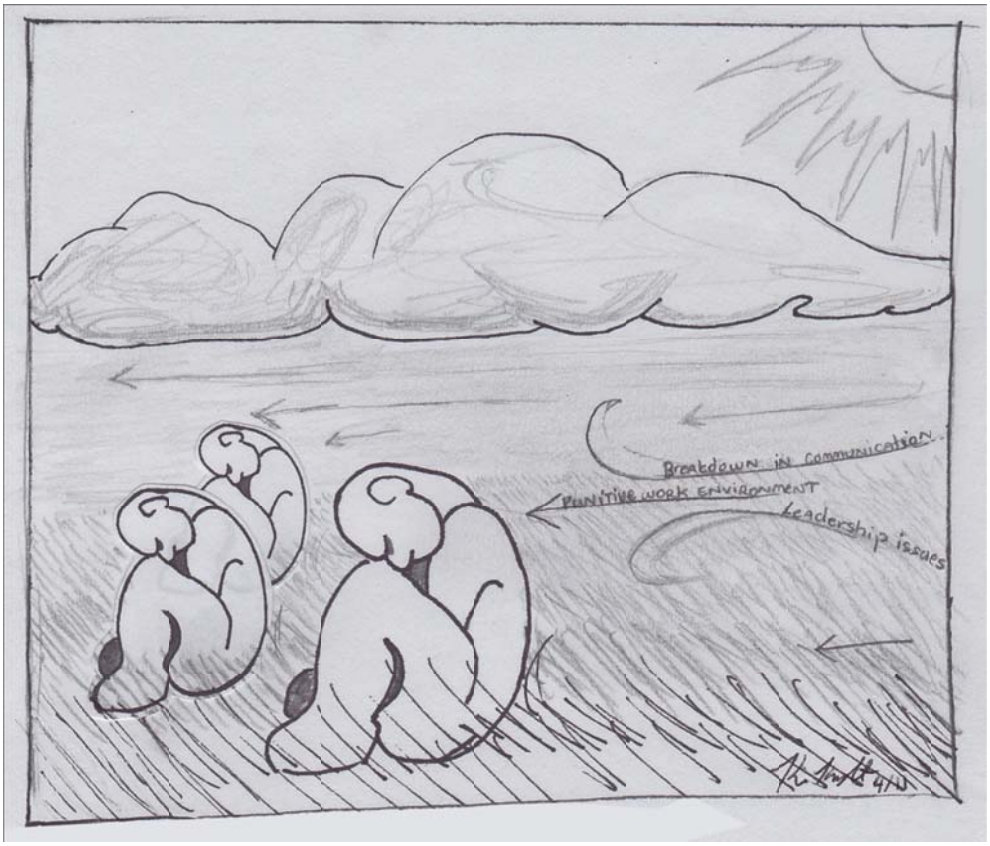

Figure 1.
Staff perceptions of dissatisfaction as depicted through dysfunctional communication, punitive work environment, and out of touch leadership in the workplace.

dissatisfaction pervasive in the air at Sun Ranch that transcended rank and position of stakeholders. The perceived day-to-day reality of the work environment was summed up

by one participant who said, "…I love my work. But this is the damndest environment I've ever worked in." Dissatisfaction was found to group around three main factors: 1) The *work environment* itself was perceived as interpersonally unsafe due to its punitive focus, its hostility, and a lack of accountability that led to staff disempowerment; 2) The *breakdown of communication* due to a lack of systematic communication resulted in a dearth of knowledge, and also resulted in conflicting and hurtful communication; 3) Perceptions of *leadership* included broad perceptions that managers at upper levels lacked genuine support and were out of touch.

Dissatisfaction with work environment.

Both homogenous and heterogeneous forum group participants painted a dismal picture of a work environment lacking in interpersonal safety. This unsafe environment was perceived to result partially from a punitive work environment where a seeming lack of positive acknowledgement caused staff to feel disrespected and undervalued. It was also perceived to be the result of a work environment that seemed hostile. Participants described a lack of caring, empathy, and teamwork throughout. Additionally, a perceived lack of accountability appeared to lead to staff disempowerment within the workplace and thus, ignoring, at times, of residents' needs.

Punitive and hostile work environment.

Cutting across all levels of the hierarchy were perceptions that staff were undervalued. Some participants indicated that this attitude came from those of differing ranks, and some felt it from (or noticed it being perpetuated by) those at the same level. Undervaluing took the form of a conspicuous lack of praise or acknowledgement for anything done well. There seemed to be an overwhelming perception that the focus of

attention at this facility was almost exclusively negative. “You know you could mop the entire floor on your hands and knees, but if there’s a Frito crumb that somebody left as they were walking out, [the focus] would be on the Frito crumb…,” one individual shared. Several staff suggested that this undervaluing contributed to the high turnover of CNAs. It also appeared to contribute to low morale of staff who were dissatisfied with constantly hearing what they had done wrong, and never what they had done right. “…I’m beaten down already, really, I really am,” admitted one participant.

When the environment included disrespectful, disturbing personal interactions where a lack of caring, empathy and teamwork were evident, staff reported the experience as being hostile. Such interactions ranged from refusal of certain staff to return greetings of staff not in their “clique,” to ignoring requests for help with residents, to, at one point, the threat of physical violence. Rather than creating an environment of teamwork and camaraderie, Sun Ranch was purported by participants to breed cliques and paranoia. One participant declared, “…Every person’s out for themselves only,” providing a taste of some staff members’ interpretation of interpersonal conditions at this facility. Similarly, a nurse described the unsafe, punitive and hostile interpersonal dynamics in the workplace, “We shame people, punish people. We aren’t able to save face and help people do better.”

Lack of accountability leading to staff disempowerment.

Dissatisfaction with the work environment was also enhanced by the perception that people were not being held accountable for their work performances, even to the point of neglect, incompetence, or failure to show up or call in. Employees expressed frustration with this, as well as disempowerment, especially when they felt they were not

supported in their attempts to enforce rules. One therapist narrated an example, “The CNAs will often not complete the requests of the nurses. But the nurses won’t write them up, because management doesn’t discipline them. No one is held accountable. Then nurses don’t feel empowered....” Participants indicated that instances like these undermined their power.

Disturbingly, consequences of the lack of accountability appeared to extend at times to residents whose needs were resultantly not always met. An example was provided of a thirsty resident who needed assistance with her water. A participant recounted, “She [resident] comes out…. Walks with her walker and her little thermos and she’ll be all, ‘Hey, hey,’ and like three CNAs will just walk by her….”

In Figure 1, the sun represents satisfaction, and the sunlit area above the clouds represents accountability. Persons representing staff are cut off from this source and stranded in a bleak, barren and desolate landscape (representing the work environment) with violent gusts of wind beating against them, one of which is entitled, “punitive work environment,” representing the force of the hostile and punitive work environment.

Dissatisfaction with communication.

A breakdown in systematic communication was perceived to result in a dearth of procedural knowledge, patient-care knowledge, and knowledge related to role-delineation among staff members. This lack of knowledge reportedly made effective resident care and job performance difficult. It was also implicated in conflicting and hurtful communication, reinforcing the lack of safety and hostility in the work environment.

Breakdown of systematic communication leading to dearth of knowledge.

Procedural knowledge. Staff at Sun Ranch expressed discontent with a lack of systematic and established means of passing on information. In both heterogeneous and homogeneous forum discussions confusion was evident in regards to procedural protocol. Specifically staff questioned the protocol for two main aspects of long-term care at Sun Ranch: the Health Insurance Portability and Accountability Act (HIPAA) regulations and the Nurturing Fellowship Families (a pseudonym), which was the means by which Sun Ranch was implementing culture change reform. Regarding HIPAA, participants were unclear about who they were allowed to inform as to certain things and who they were not, and about what they themselves were allowed access to. With Nurturing Fellowship Families a lack of knowledge was evident as well—staff reported not knowing how to carry out the implementation because they were unsure of what Nurturing Fellowship Families *was*, much less what it entailed. As one participant said, "I mean, what is [a Nurturing Fellowship Family]?" Many staff stated that the training they received was a very brief overview, if that. Others said that they were simply given a book to take home and read. The amount of information communicated to individual staff appeared to vary widely.

Patient-care knowledge. A facility catering to individuals who potentially suffer from serious medical needs logically calls for a speedy, accurate, systematic manner of passing on information. This was not reported to be the case at Sun Ranch, where employees' lack of knowledge appeared at times to interfere with the ability of staff to effectively perform their jobs and to be detrimental to a patient's health. One participant acknowledged, "Yeah, she [patient] was allergic to the medication—but we didn't know

that." Staff reported this situation as being very dissatisfactory. Not having information also led to potentially embarrassing and painful situations when interacting with family members. One staff member exclaimed, "I mean people die and we don't know it!"

Role-delineation based knowledge. As a result of what participants felt was inadequate communication, some staff expressed a lack of understanding as to which employees could legally perform certain tasks. Roles were not clearly defined or delineated, adding to hostility and negativity in the work environment. Some staff resented others if they did not aid in doing a skilled task because they believed that these individuals were being lazy, when in fact they were not legally certified to perform that task. Not only was there confusion surrounding what others were allowed to do, but some people were unclear as to what they, themselves were allowed to do. For example, one caregiver asked, "…if we come to the health center but are from a different department, can we answer a bell?" Perceived limitations in knowledge resulting from communication breakdowns were experienced as dissatisfactory among participants.

Breakdown of systematic communication leading to conflicting and hurtful communication.

Conflicting communication. Confusion resulting from a perceived lack of systematic communication decreased efficiency and heightened dissatisfaction among participants, especially CNAs. Caregivers described a day in the life, attempting to carry out commands from a number of different higher level staff, "Sometimes they can tell you something—five minutes later it changes. That's a lot of stress. Someone above us changes what to do. You're in another area doing your job—then another area—then another." "Hey, Yo-Yo!" Frustration was expressed regarding the inconsistent demands.

Hurtful communication. The absence of direct communication resulting from perceptions of unsafe interpersonal conditions and fears of repercussion in a hostile environment was also listed as dissatisfactory. The lack of direct communication was perceived oftentimes to lead to hurtful communication as staff went over the heads of other staff to avoid direct interaction during situations of conflict. Many participants seemed simultaneously to fear talking directly to other staff and yet to experience frustration when people would not talk directly to them in cases of tension. “Everybody runs to [the executive director]. They won’t go to your supervisor; they won’t go to the [assistant director of nursing], everybody runs to [the executive director].” When this type of non-direct communication occurred, staff reported feeling that they were not afforded the opportunity to explain or remedy the problem on their own. When people’s feelings got involved it appeared to contribute to workplace hostility. The DON shared how it felt when communication did not occur directly, “…I don’t feel that I was respected in a way that they went to [the executive director] and told [the executive director] that I missed a call bell. They never came to me and talked to me, you know. …I’m really ready to cry about it because it really, really hurt my feelings.” In this case, hurtful communication caused the DON to feel disrespected, serving to reinforce the perception of an unsafe, hostile, and punitive work environment.

Figure 1 conveys the above findings by depicting several individuals in the scene, none of whom are attempting to interact due to perceptions of lack of safety which stifle communication. As well, one of the wind gusts bearing down against the staff is entitled “breakdown in communication,” illustrating the role dysfunctional communication plays in wearing them down.

Dissatisfaction with leadership.

Dissatisfaction was expressed with leadership, relating to perceptions that upper levels of management were out of touch and lacked genuine support.

Upper levels of management out of touch and lacking in genuine support.

Broadly there was a perception among participants that those higher on the hierarchy were out of touch and removed from what actually happened at Sun Ranch. Participants felt these individuals did not have a true understanding of what was taking place. A nurse explained, "A major issue is state…. They don't really know what's going on. A nursing home can be a great paper keeper and lousy caregiver." This nurse was expressing dissatisfaction with the fact that at the highest level, care was judged mostly on paperwork rather than time actually spent on the floor with caregivers and residents. This was a common theme echoed among staff. Frustrations built around the fact that despite upper levels having little concept about what day-to-day existence was really like, unrealistic expectations continued to pile up.

Additionally, staff were dissatisfied with what they felt was a lack of genuine support from upper levels of management. Employees expressed dissatisfaction around the sense that communicated rhetoric about Nurturing Fellowship Families differed from reality. Specifically, staff doubted whether there was genuine buy-in from upper levels for the implementation of Nurturing Fellowship Families. One heterogeneous forum group member stated, "…It is my belief that the upper levels of administration really don't care about the success [of Nurturing Fellowship Families]. They have done all the right things, said all the right things, but I don't believe that they actually believe in the

concept." This perception, among some, took on an even more pessimistic view that culture change was "all talk."

To illustrate these findings, Figure 1 divides the clouds into two distinct spaces: above and below the clouds. "Above" represents, among other things, the vantage point of the upper level managers. Clouds obscure their vision of what goes on in the "real world." As well, clouds serve as a dividing line between what is being said and what staff actually perceive as being true. A third gust of wind bears the label "leadership issues," indicative of those forces as perceived by staff.

Satisfaction

Expressions of staff satisfaction at Sun Ranch were not as obvious nor did they appear as frequently in the data as those of dissatisfaction. However they did exist. One participant pointed out, "…It's a real shame and blame community. And I think we've done an excellent job of rising above that." Data indicated that participants perceived satisfaction around two main factors: 1) *Things that worked or could work* included enforcement of accountability, successful communication, and suggestions for improvement; 2) *Meaningful work experiences* included satisfaction derived from feeling appreciated and needed, spirituality, the perceived benefit of culture change, and the forming of relationships.

The graphic display of results in Figure 2 portrays a landscape that is much the same as in Figure 1; however in this depiction shafts of light break through the clouds suggesting that the experience of these staff is not entirely devoid of satisfaction.

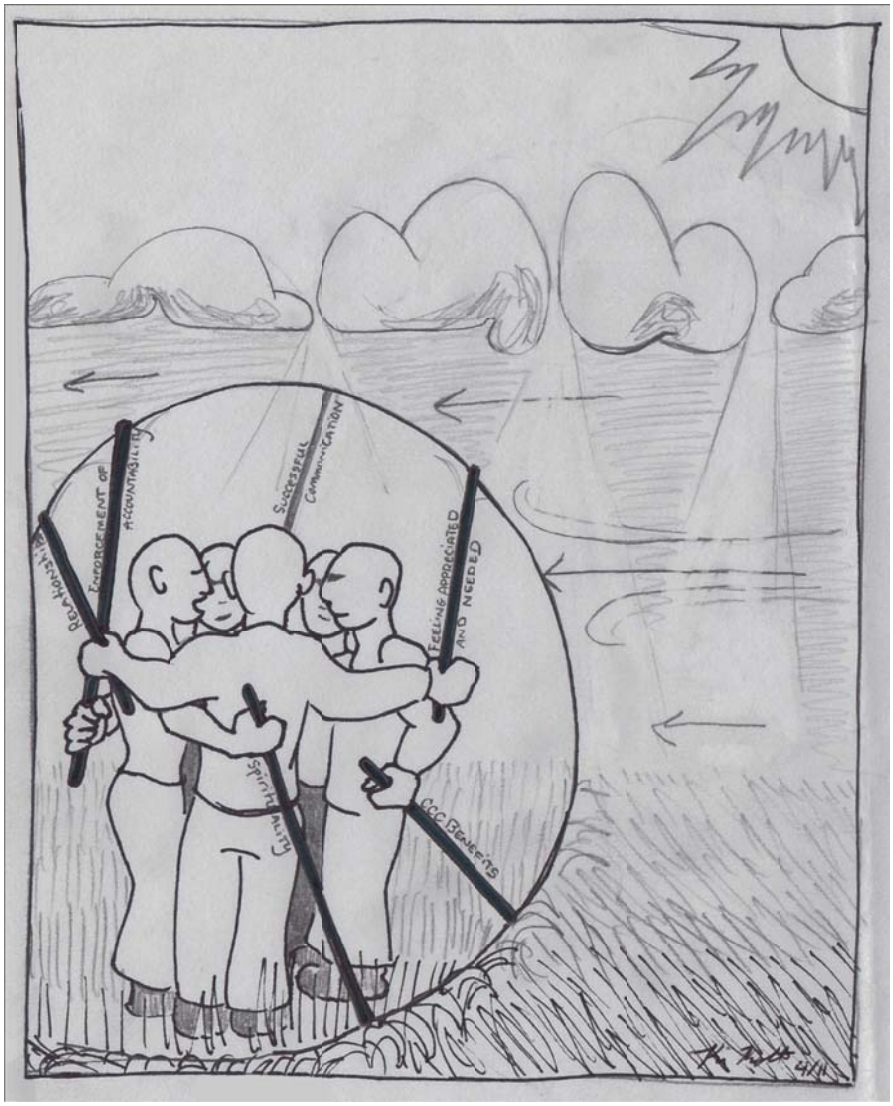

Figure 2.
Staff perceptions of satisfaction as depicted through supportive relationships, successful communication, and a sense of purpose.

Satisfaction with what did or could work.

Homogeneous and heterogeneous forum group participants were able to share examples of current practices that they felt were working. Themes drawn from the data suggested that participants were satisfied when staff were held accountable and when communication was successful. It also appeared that staff perceived that certain changes,

if enacted, would lead to increased satisfaction, as evidenced by many and varied suggestions for ways to improve on current conditions.

Enforcement of accountability.

The rarely mentioned instances at Sun Ranch where accountability was enforced were met with approval, as indicated by one participant's expression of satisfaction when describing the new DON's policy, "…You show up, you do your job, if she notices that you're doing things wrong, you're out of here. She has fired several people, which is really good." The DON's decision seemed to be supported by staff who had felt oppressed by the individuals she had fired, and by their lack of work. This quote continued on, mentioning how some staff were so relieved to get rid of the "dead wood" that the extra shifts they had to put in to fill the vacancies were worth it, despite their being already overworked. Other staff observed that enforcement of accountability led to residents being more alert and people in general being happier.

Successful communication.

A few individuals were acknowledged as being notable exceptions to Sun Ranch's perceived dysfunctional communication practices. These people appeared to stand out to staff because they were able to communicate information effectively. One of the managers was praised as being one of the "best" because of her ability to keep staff informed about different happenings. Another individual was recognized for her ability to communicate directly, concretely, and without ambiguity. An example was provided by one participant of what she did that worked so well, "…One thing that she does best is that she takes people around and she shows them where all the fire pulls are; she shows them where all the fire extinguishers are; she does a tour…." Data indicated that staff

appreciated communication that worked, and that satisfaction occurred when participants figured out how to overcome communication barriers in order to pass on information.

Suggestions for improvement.

Participant expressions of dissatisfaction were often accompanied by suggestions for improvement which took on several forms. Some of the suggestions were based on practices that had worked in the past but were no longer being implemented, some seemingly on the logic that a change in what was not working would lead to improvement and future satisfaction, and others on approaches that had been used and that staff perceived as effective but that were not systematically implemented. At times suggestions framed in the negative provided insight as to how satisfaction could be improved—for example, the expressed desire for a management style that was *not* "alarmist" indicated that satisfaction would likely result from a style that was more easy going. Though staff did not explicitly frame suggestions as issues of "satisfaction," they were included in the results because of the sense that change would lead to improvement and thus to increased satisfaction.

Regardless of the form suggestions took, included among them were desire for trust and relationship building, genuine expressions of appreciation for work well done, more systematic means of passing information, and numerous suggestions for how to provide educational programs. Managers during a homogenous forum group suggested that constructive solutions to problems be discussed in lieu of the current practice of only allowing positive topics of conversation. Managers also suggested that bonding opportunities be provided during educational programs where staff were deliberately placed outside of their comfort zones; that use of interactive techniques, role playing, and

humor be used to teach information; and that leveling the power structure would be beneficial and increase satisfaction among employees.

The shafts of light within Figure 2 represent, among other things, the above described suggestions given by staff because they symbolize a bridge between changes desired and what could potentially come to pass in reality (if suggestions were enacted). As well, the shafts of light represent instances where accountability has transcended wishful thinking and rhetoric to actually take form in the workplace.

Meaningful work experiences.

Some staff spoke of meaningful work experiences that led to satisfaction. These experiences were reported to occur when staff felt appreciated and needed, when spirituality was considered to be important, when the benefits of the culture change movement (as implemented through Nurturing Fellowship Families) were perceived, and when relationship bonds were formed in the workplace.

Feeling appreciated and needed.

While staff perceived that accolades from upper level management were few and far between at Sun Ranch, expressions of appreciation from families and residents led to satisfaction for some. One therapist shared a rewarding experience where a family wrote a letter of appreciation for the support and care that had been provided.

Forum group discussions drew attention to the importance of feeling valued and needed and how this added a dimension of meaning to the work experience. One participant commenting on the difference in attitude when staff felt needed versus not said, “I’ve seen those same CNAs, at other times, sitting on their butts doing nothing.” The speaker contrasted this portrayal with what she noticed on a night when many

residents were sick and the same staff were extremely busy, "… It's one of the few times, lately, that I've watched staff really have to work hard. And they actually were loving it. …They were doing a wonderful job." The speaker finished with, "…I think they want to work. And we need to make working worthwhile. See, they felt needed last night." Satisfaction appeared to improve when staff felt valued and needed.

Spirituality.

For some, the meaning of the work they did at Sun Ranch had a spiritual dimension due to its religious affiliations. One individual spoke of a "sense of calling" from God; others expressed satisfaction with the "different spirit" they sensed at Sun Ranch due to a community of faith. One caregiver shared, "…I like that it's Christian-based. Working at other facilities, it's about money. Here it's more about taking care of others and looking beyond money." In these cases, the spiritual aspect of what was being done at Sun Ranch provided meaning to jobs held by staff members.

Benefits of culture change.

The emphasis of Nurturing Fellowship Families on relationships and on person centered and ability focused care for residents appeared to help some staff members to find meaning in their work. One of the managers mentioned that benefits resulting from Nurturing Fellowship Families included improved stamina of residents allowing them to travel more with their families. There was a perception that working toward the Nurturing Fellowship Families philosophy was rewarding and that the benefits were tangible.

There was also the perception that the spirit of Nurturing Fellowship Families could help to build identity and teamwork among both residents and staff. One participant said, "… [Nurturing Fellowship Families] wasn't intended just to be social, but more of

an identity…. And it was a way of helping create something different and something more relationships." Satisfaction was expressed with the less clinical and more humanizing perspective that allowed staff and residents to more easily relate to each other. Another participant suggested that the implementation of Nurturing Fellowship Families could also be a way to help "cure" the apathy, cynicism, and poor morale pervading Sun Ranch staff. Some participants who understood the Nurturing Fellowship Families philosophy expressed satisfaction because they were able to see it as beneficial to both residents and staff.

Forming relationships.

Despite the lack of interpersonal safety at Sun Ranch, some participants still found opportunities to form or maintain meaningful relationships with other staff and residents. These bonds increased perceptions of satisfaction and occurred by way of neighborhood affiliation, love of residents, and continued friendships among staff.

Neighborhood affiliation. At times, the Nurturing Fellowship Families emphasis on neighborhoods helped with forming relationship bonds. Many staff mentioned how several of the Nurturing Fellowship Families neighborhoods had successfully built up a strong identity around their neighborhood affiliation. The sense of belonging and identity was attributed as well to the amount of effort spent developing the family, staff and resident relationships among these neighborhoods. Personalizing parties, day-to-day interactions and carefully crafting camaraderie were cited as having helped to increase the amount of satisfaction experienced in these neighborhoods. Additionally, increased consistency in staffing, as found in the Special Care Unit, was perceived to benefit

relationship-building because relationships were able to form between residents and staff as they became familiar with each other.

Love of residents. Beyond Nurturing Fellowship Families neighborhoods, relationships also were perceived to spring from an intrinsic love of the residents. One manager who asked why staff came to work discerned that part of the reason was to interact with the residents. Residents were an aspect of the job that provided meaning to several participants. The value of residents was demonstrated in a round-about way through the admiration expressed for a nurse who stood up for them despite being labeled as a troublemaker as a result.

Continued friendships. As for staff friendships, one CNA mentioned that she had come back to Sun Ranch after leaving because of a friend still working there. As a matter of fact, the return of staff to Sun Ranch after leaving was not uncommon. One caregiver said, “People quit from here because they think that grass is always greener on the other side, but eventually they all come filtering back.”

Staff depicted in the Figure 2 demonstrate a positive relationship; they are working together, supporting each other, engaged in conversation. It should be noted that everyone holds a handle representative of one of the themes of satisfaction, and that together these handles prop up a wind barrier that serves to insulate the figures from the surrounding environment.

Discussion

This study explored staff perceptions of satisfaction in a long term care facility undergoing the implementation of culture change reform. Perceptions of dissatisfaction were pervasive among staff and attributed to breakdowns in communication, a hostile

work environment and ineffective leadership (Figure 1). Concurrently, however, experiences of satisfaction nevertheless occurred and were specifically enabled by supportive relationships, maintenance of accountability, a sense of purpose with work and personal calling (Figure 2). Dynamics that both support and undermine a sense of empowerment, on both personal and organizational levels, provide a lens with which to understand these contradictory experiences.

According to McKnight (1985), empowerment implies an internal locus of control. Brawley (2007) proposed, moreover, that when staff in long term care facilities are empowered, they are more likely to have a sense of control that allows them to truly implement culture change. For the purposes of discussion, then, concentration on dynamics that both undermined and supported empowerment at Sun Ranch seemed appropriate, especially given the broader aim of the current study to provide some benefit to the larger success of culture change implementation.

Dynamics that contributed to the problems at Sun Ranch due to their adverse affects on empowerment included gaps in knowledge, role ambiguity and conflict, lack of direct communication, possession of authority without system power, a lack of recognition and support, and a lack of teamwork. Conversely, dynamics that supported empowerment, thus providing ideas for what could be done to help, included the provision of empowering support, communication, camaraderie, and the optimization of psychological benefits on the job.

Dynamics Affecting Empowerment

According to Kanter (1979), having power in an organization is partly contingent on having access to information. Organization disempowerment consequently results

when, as occurred at Sun Ranch, a breakdown in the communication system occurred, resulting in gaps in knowledge among staff. At Sun Ranch, employees were often in the dark concerning what procedures entailed, what patient-care concerns were, what Nurturing Fellowship Families was (even though they were supposed to be in the process of making it happen), and what they and other staff were authorized or unauthorized to do.

Uncertainty surrounding the specific roles staff were meant to fulfill affected a sense of empowerment as well. Heponiemi, Elovainio, Kouvonen, Pekkarinen, Noro, Finne-Soveri, and Sinervo (2008) found associations between role ambiguity and conflict and unfavorable employee attitudes toward their jobs. Role conflict as discussed by Rai (2010) referred to contradictory expectations, and her study highlighted the impact these had on staff experiences of depersonalization and emotional exhaustion in the workplace. Contradictory expectations perceived at Sun Ranch disempowered those lower on the power hierarchy. These staff were at the relative mercy of those higher on the hierarchy because they were charged with carrying out commands, yet they did not feel they were receiving consistent messages about what they were supposed to do.

Empowerment was also affected by a lack of direct communication. Schein (1999) underscored the importance of allowing people to save face; to maintain their sense of value and self-esteem during interactions. Talking directly to people with whom one has a problem affords the opportunity for saving face, and allows a person to preserve an internal locus of control to handle a situation. At Sun Ranch there seemed to be little opportunity for direct communication as disputes were reportedly taken to the executive director without first approaching the individual with whom the quarrel took

place. Effectively, this led to disempowerment of that person who never was provided the opportunity to rectify the situation.

Kanter (1993) drew attention to another systemic dynamic affecting empowerment when he proposed that, “People who have authority without system power are powerless. …They lack control over their own fate….” (p. 186). Empowerment could not occur when, as was reportedly the case at Sun Ranch, there existed a profound disconnect between possession of authority and reality of support given to back this authority up. Several nurses at Sun Ranch felt powerless to write up CNAs due to a lack of enforcement of consequences from upper levels of management. In a related vein, functional system power presupposes systemic support, and Al-Hussami’s (2009) findings that nurses were more likely to be committed to their workplace when there was enough support at that site may provide a clue as to how to empower employees. Employees in a supportive environment that backs them up and also recognizes when they do things well may be more empowered to take actions that will move culture change along. At Sun Ranch, participants did not feel supported because they perceived that the focus was on inadequacies, and that hard work went unrecognized. In this way, they had a lesser sense of control, and thus were less empowered.

Teamwork among staff members also has an effect on empowerment. A study completed by Tourangeau, Cranley, Laschinger, and Pachis (2010) found that, among other factors, weaker work group cohesion and decreased job satisfaction correlated with higher employee turnover. As seen at Sun Ranch, staff were disempowered due to a conspicuous lack of teamwork and camaraderie. Staff were less able to accomplish goals

because time and energy were spent undermining each other and refusing to help out other staff. In effect, staff appeared to disempower each other through acts of hostility.

Dynamics Supporting Empowerment

Räikkönen, Perälä, and Kahanpää (2007) examined supervisory support along the dimension of empowering-oriented support (which included practices that allowed staff to take action and be involved in decision-making). One of their findings was that professional self-esteem could be raised if empowering support was given. At Sun Ranch, the DON may have restored a sense of power to some nurses by firing individuals they had previously identified as performing unsatisfactorily. This demonstration of support was empowering because it signaled that nurses could now take action and their efforts would be enforced by upper levels of management.

Another dynamic supporting empowerment is communication. Schein (1999) proposed that there were six functions of communication. Among these were the ability for people to meet their own needs, make sense of confusing situations, benefit by setting up situations in order to best achieve goals, figure out and get to know other people, and create collaborative relationships. Empowerment through each dimension is possible because the locus of control centers on the individual and people are thus able to make things happen. Meeting one's own needs means taking power into one's own hands. Making sense of situations allows a person to take action, as does figuring out a path that will lead to goal attainment. Getting to know other people and the creation of collaborative relationships allow for humanization, and help in the ability to build rapport and teamwork. It has been previously discussed that hostility and lack of teamwork at Sun Ranch resulted in disempowering situations. Conversely, Schein (1999) pointed out

that collaborative relationships allow us to accomplish more than we could alone. Rapport and teamwork are empowering in that people are working together to better achieve goals rather than working against each other, or at cross purposes.

Further support for the empowering dimension of positive relationships was provided by Kuo, Yin, and Li's (2008) study, which also considered relationships among staff. Researchers used Kanter's theory of organizational empowerment as a framework to predict nursing assistants' job satisfaction in long term care and found that informal power (camaraderie with peers and those higher and lower on the hierarchy) was influential in predicting job satisfaction. Camaraderie allowed for communication and cooperation to make things happen. This experience was echoed at Sun Ranch by several participants who managed to overcome communication and relationship barriers and were then empowered to accomplish their ends.

Positive psychological experiences on the job could also be empowering. Li, Chen and Kuo (2008) evaluated *psychological empowerment* (which included meaning, impact, competence, and self-efficacy) and found it to be negatively correlated with perceptions of work stress. With respect to Sun Ranch, the question was begged as to whether these empowering dimensions of meaning, impact, competence and self-efficacy could be optimized within the work environment. For staff who found a sense of meaning in their job, there did seem to be a higher sense of control and contentment.

Limitations and Strengths

One limitation of this study was that during the process of refining the large database of information, opportunities to return continually to focus on issues of reflexivity were limited. As a result, there may have been potential for bias due to the fact

that there were few occasions for the further exploration of hidden beliefs and assumptions. It was also the case that there may have been potential for a self-selection bias amongst the participants, as they were recruited on a volunteer basis. As well, given that this study was approached via a constructivist viewpoint, it must be acknowledged that the discussion simply provided one possible explanation for the findings, and that it was not necessarily the only or correct one.

Strengths of this study included prolonged engagement of the principal investigator (W. Wood), the triangulation of multiple data sources, an ongoing venue provided for member checking via the forum discussions, and peer review in developing code concurrence of meaning. The data also underwent an extensive process of coding and sifting, which was performed and corroborated by multiple student researchers. As well, I recognized that I was not part of the initial data collection and had not experienced the site firsthand, potentially lending a more objective point of view to the analysis. While findings from qualitative instrumental case studies are not readily generalizable to other settings, other research cited herein uncovered results similar in nature to those of the present study. These results served to legitimize use of the instrumental case study method and to support its validity. It appeared that occurrences at this particular site did not appear atypical, but rather characteristic of matters discussed in the larger body of knowledge regarding long term care.

Conclusion

This case study examined issues related to staff satisfaction in a long-term care facility implementing culture change reforms. Based on results it appeared that issues of dissatisfaction were many and daunting, but that the outlook is far from hopeless. As

findings of the current study appeared to be compatible with results of other studies, it is hoped that some tentative suggestions for optimizing the satisfaction of staff members in other long term care facilities implementing culture change reform can be made. The main conclusion of this study was that providing opportunities for empowerment within a long-term care facility is vital to staff members' experience of satisfaction.

Results from the current study suggested that empowerment may be achieved in a variety of ways, such as 1) Providing support to staff by backing up their authority, and showing respect for them by granting sincere acknowledgement of their work that lets them know they are valued, and having staff at upper levels of management spend time on the floor so that they are better acquainted with conditions faced by those providing direct care; 2) Devising a systematic form of communication that allows for direct interaction among staff, as well as the passage of information; 3) Deliberately cultivating caring, empathy and teamwork among staff members so that they may develop positive relationships; and 4) Listening to and trying to implement staff suggestions related to improving psychological benefits of the work experience. Future studies could examine perspectives of resident and family member satisfaction during the implementation of culture change reform. In this way a deeper understanding of the complexity of experiences during culture change could be attained that would enhance the body of knowledge regarding the successful implementation of this worthwhile movement.

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