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Impact of a Person-Centered Care Model on Nursing Job Satisfaction

Tracy A. Thompson

Submitted to Patricia Cullen PhD, CPNP-PC in partial fulfillment of

NR 706C DNP Capstone Project

Regis University

August 27th, 2015

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Executive Summary

Long-term care (LTC) facilities have historically created an institutionalized environment for their residents which have been shown to decrease quality of life and decrease nursing job satisfaction within those facilities (Koren, 2010). This paper outlines a single implementation study of a person-centered care model in a long-term care facility. The goal of this implementation was to not only change the practice from a medical model to a person-centered care model but to positively impact nursing job satisfaction. This implementation took place at a long-term care facility in The State of Oregon.

This study included an educational intervention, as well as practice change at the bedside and used pre and post job satisfaction surveys to measure nursing job satisfaction. The person-centered model of care was chosen because it was not only the model of care the nurses desired to implement but also gave nursing staff the foundation, knowledge and tools to move practice away from the traditional medical model of care thus improving resident quality of life and personal job satisfaction (Jones, 2011).

The Population-Intervention-Comparison-Outcome model (PICO) used for this project was as follow: Population: Nursing staff in a long-term care setting, Intervention: Implementation of person-centered care model, Comparison: Current medical model of practice, Outcome: Improved job satisfaction among nursing staff. The sample size for this project was 17 nursing staff members both pre and post implementation. This study consisted of two phases over a 6-month time period. The results of this study showed a positive improvement in nursing job satisfaction over a six-month time period.

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Person-Centered Care

Long-term care facilities have historically created an institutionalized environment for their residents (Koren, 2010). The medical model of care is standard in traditional nursing homes. The environment is much like that of a hospital with daily routines that revolve around, "... disease and physical care until death" (Jones, 2011, p. 21). Nurses know their patients by a diagnosis and treatment plan for the diagnosis not the person. Quality of care is valued over quality of life. Activities of daily living, medication passes, treatments and facility activities operate around eight hour shifts. Residents are told when to eat, when to sleep, and when to shower (Jones, 2011). All of these elements work together to create an environment that is anything but home-like, when in fact these facilities are home to many people. Nursing practice needs to change its focus to "who the person is in front of me" from the "business as usual" care of passing pills and doing treatments like a robot with a medication cart.

Nursing staff at the long-term care facility in this study did not practice under a person-centered care model. Resident input was not sought out for activities of daily living, medication administration, meal times, and/or shower times. Implementation of a person-centered care model guided the nursing staff towards a new way to practice away from the traditional medical model of care. This intervention was evaluated by a pre- and post-nursing job satisfaction assessment tool. The purpose of this capstone paper was to demonstrate how a change in nursing practice, away from the medical model of care to one of person-centered care, helped to transform a long-term care unit identified for this study into the home that the elders who live there deserved.

Problem Recognition/Definition

The problem of decreased job satisfaction among nursing staff related to the medical model of care was identified by nursing staff employed on a long-term care unit at a nursing facility in Oregon, during interviews with the investigator. The long-term care facility in this study tried to implement a person-centered care model in the late 1990's but much of the practice was not sustained due to lack of administrative support and lack of on-going maintenance education (P. Whitfield, personal interview, 2014). This study was a quality improvement initiative whose purpose was to increase nursing job satisfaction after implementation of a person-centered care model. Improving nursing staff job satisfaction has been shown to have a residual effect of improved quality of care given to residents (Koren, 2010).

Nationally the turn-over rate in long-term care is about 63% (Feldman-Barbera, 2014). The long-term care facility in this study has a turnover rate of 37% campus wide and 47% on the unit where the study was conducted. This unit had multiple evening shift openings (Personal Interview, S. Carver, 2015).

The population, intervention, comparison, outcome (PICO) for this project was:

P: nursing staff in a long-term care setting

I: implementation of a person-centered care model

C: medical model of care

O: improved nursing staff job satisfaction

The project question was: will the implementation of a person-centered care model have a positive impact on reported nursing staff job satisfaction?

Literature Review

The databases used in this literature review were: CINAHL, Academic Search Premier, and Medline. The search terms used were: culture change, person-centered care, long-term care, quality, Pioneer Network, sustainability, nursing job satisfaction. The investigator obtained forty articles that have some bearing or relevance to person-centered care models. The Houser and Oman (2011) four-tiered level of evidence was used to compare the articles.

The literature review on person-centered care addresses nursing job satisfaction, resident quality of life and the sustainability of this model of nursing among other issues. These three key themes were found in the following articles. Koren (2010) states that the “ideal [person-centered care] facility would [feature]... resident direction, homelike atmosphere, close relationships, staff empowerment, collaborative decision making, [and] quality-improvement processes (p2).” The research on person-centered care models in long-term care, also referred to as “culture-change”, shows that this model of care has improved working conditions for staff thus improving job satisfaction. Measures such as, “...keeping shower rooms warm [for resident comfort] reduces staff stress and saves time” (Koren, 2010, p2). Reducing stress and saving time are seen as positive factors from staff. One factor that can increase stress among nursing staff and in turn lower job satisfaction is not being able to offer their residents choice in day-to-day care activities and activities of daily living. If the stress level of the team is high, the team will not function at an optimal level. An essential component of a successful implementation of a person-centered care model is a, “...well functioning team” (Burack, Reinhardt, & Weiner, 2012). Ongoing education for staff regarding this model of care is necessary to

decrease stress and be successful. Another element that increases job satisfaction among nursing staff is consistent assignments. In this model the nursing staff are assigned to work on one unit and floating is an exception to the normal routine. Consistent assignment is a crucial element in a person-centered care model (Burack et al., 2012). Consistent assignment allows the nursing staff to get to know the residents individually allowing for a routine between the nurse and the resident. This allows the nurse to detect early changes in health status and prevent possible decline with each resident. Hill, Kolanowski, Milone-Nuzzo & Yevchak (2011) state, “Rapid declines in both physical and psychological health are not uncommon” in long-term care facilities that practice a medical model of care. A person-centered model of care not only allows the nurse to detect this decline early on but also empowers nursing staff and they not only, “...perform better [but] turnover is reduced” (Hill, et al. 2011, p30).

Person-centered care is viewed by Pioneer Network as a “journey”. The success of this model not only depends on job satisfaction of nursing staff but, “on education and buy in across all disciplines about the value of this approach... This journey, however, has no final destination, as culture change is a method of continuous quality improvement” (White-Chu, Graves, Godfrey, Bonner & Sloane, 2009, p370). Part of this journey is to create, “self-directed work teams.” This eliminates the hierarchy of nurse to nursing assistant. This style of work team is associated with, “higher job satisfaction, improved self-esteem for workers, increased efficiency, and reduced staff turnover” (White-Chu et al., 2009,p371). One of the factors that contribute to higher job satisfaction and reduced turn over in a person-centered care model is that nursing staff are encouraged to have a personal relationship with the residents. They get to know the resident and they get to

know their families. Staff participate in care planning for the residents and engage residents several times during their shifts. Front line staff also does all of the interviewing for open positions on their unit in the person-centered care model. This ensures that the new hire is a desirable fit to their work team (Fagan, 2003). Interviewing is one way to empower frontline staff. Another way to empower frontline staff is to give the staff the authority to, “help residents makes decisions about their lives, thus improving their quality of life.” This also contributes to increased job satisfaction (Jones, 2011,p18).

Looking at care-giving from a different, more positive, perspective can also enhance and contribute to the success of a person-centered care model, increase job satisfaction, and decrease turnover. Caregivers that want to be caregivers because it is their job of choice and not just a job that provides a paycheck have been found to be contributors to person-centered care success (Nolan, Davies, Brown, Keady, & Nolan, 2003). This links back to having caregivers interviewing caregivers for their teams. Including staff in interviews and empowering them to make a difference must be supported by administration for a person-centered care model to be successful. The number one barrier for the success of this model of care was resistance from administration to the change (Miller, Miller, Jung, Sterns, Clark & Mor, 2013). Administrations that are supportive to their staff promote a culture of safety among staff and in turn will increase job satisfaction among their employees. In essence the administration must be just as dedicated to the journey of culture change as the rest of the staff and be the ones to spear head the journey.

Theoretical Foundation

The theoretical foundation used in relation to this study was a Framework for Person-Centered Nursing (McCormack & McCance, 2006). This framework has four parts: prerequisites, the care environment, person-centered process, and expected outcomes. This framework suggests that there must be a relationship between these four parts to achieve person-centered care outcomes. This framework focuses on the evaluation of caring outcomes that may arise from a person-centered model of care for both nurses and those they care for. This framework was also created as a framework for the intervention stage of implementation of a person-centered care model in a project within the four constructs of the framework. Those four constructs are prerequisites, care environment, person-centered process, and expected outcomes. Prerequisites focus on the attributes of the nursing staff member such as being professionally competent, commitment to the job, knowing self, and developed interpersonal skills. Care environment focuses on the context in which care is delivered. This includes appropriate skill mix, shared decision making processes, strong/effective staff relationships, supportive organizational systems, sharing of power, and potential for innovation and risk taking. Person-centered processes focus on delivering care through a range of activities that operationalize person-centered nursing such as the residents' beliefs and values, engagement, having sympathetic presence, sharing decision-making, and providing physical needs. Expected outcomes of this framework are collaborative staff relationships, transformational leadership, and innovative practice environments (McCormack & McCance, 2006).

Lewin's theory of planned change was also foundational to the development and implementation of the project. This theory consists of three phases: unfreezing, moving/transitional, and refreezing. The unfreezing phase prepares participants for change. This consists of the nurse leaders' recognition of a problem, identifying the need for change, and engaging employees to see the change needed. The moving/transitional phase consists of change as a process. The leader must be prepared for the reaction to change and be prepared to coach those who have a negative reaction to the change. Communication is key in this phase. The refreezing phase is when the change is stabilized and ingrained into practice. The change should impact the culture, practice and policy of the environment. Engraining the change in this phase is critical to maintaining change overtime (Lewin, 1947; Shirey, 2013).

Market/Risk Analyses

The strength, weaknesses, opportunities, and threats (SWOT) analysis for this project were as follows: identified strengths of the project included administrative support, employee buy in, and the investigator expertise in person-centered care. The weaknesses identified were staff resistance, inadequate staff to accomplish implementation, and staff turnover. The opportunities identified were increase in nursing staff job satisfaction, reduction in staff turnover, and the opportunity to meet the needs of the elderly in a humanistic care model. Identified threats were that several local facilities that had already successfully implemented a person-centered model of care and had a good reputation in the aging services community for that model of care. Driving forces for this project were the nursing staff on a long-term care unit in a nursing home in Oregon that had a desire for this practice change, and the fact that nursing job satisfaction was

reported to be subpar related to the medical model of care. Restraining forces were limited staff time and staff commitment to sustaining practice change. The stakeholders involved in this project were the administration at the long-term care facility, nursing staff, residents, families, and the community. The project team was: T. Thompson RN, MSN, DNP student investigator, P. Whitfield RN, mentor, K. Anderson RN, PhD, person-centered care consultant, and P. Cullen PhD, CPNP-PC, capstone chair.

The cost for implementation consisted of employee time required for completion of the education and survey and totaled \$2,701. The proposed benefits of implementation were: financial benefit to the long-term care facility resulting from decreased turn over, decreased need to hire and train new employees, and residents and families satisfaction with care model which would allow the long-term care facility associated with this study to provide services.

Project Objectives

Two objectives were identified for this project. First was to successfully implement a person-centered care model and the second was that nursing staff would report increased job satisfaction after implementation of a person-centered care model as measured by McCloskey/Mueller Satisfaction Scale (MMSS), and that this change would be sustained at six months post-implementation.

Mission Statement

The mission statement for this project was: to ensure that implementation of a person-centered care model will have a positive impact on nursing job satisfaction.

Personal Vision Statement

The investigator's personal vision statement was: to be guided by compassion and empathy while shepherding those who serve.

Professional Vision Statement

The investigators professional vision statement was: to be an expert example of a culture change facilitator and provide best practice examples for other professionals wishing to implement a person-centered model of nursing care.

Evaluation Plan

Logic Model

The advanced practice nursing outcome measures this study addressed were improving population health design and implementing processes to evaluate outcomes of practice, identify gaps in practice and implement evidence based practice along with evidence based interventions (Zaccagnini & White, 2014). The clinical comparison benchmark used for this study was a similar long-term care facility in the same health system. Neighborhoods within this facility are small in size similar to the unit where this project was conducted.

This study was a quasi-experimental, pre-intervention, post-intervention design that used a convenience sample of caregivers at a specific long-term care center. The population/sample included nurses and associated caregivers. The inclusion criteria for this study were as follows: nursing staff (registered nurse, certified nursing assistant, certified medication aide) that worked on the long-term care unit identified for this study as of January 1, 2015. The sample size identified by calculation of a pre-investigation power analysis was estimated to be 17 nursing staff member participants assuming a moderate effect size and a 0.5 level of significance. Exclusion criteria for this study were

as follows: other nursing staff that work at the long-term care facility but not on the identified unit and any nursing staff hired after the intervention education had been presented. The investigator enrolled the study participants. Participation in the survey was voluntary and anonymous. A locked box was placed on the unit to allow nursing staff to anonymously return the surveys. Nursing staff were given a research participation invitation letter that outlined the description of the project, the benefits and risks of the study, confidentiality, voluntary participation, as well as who they could contact for questions, participant rights, and/or complaints related to the study. This letter also outlined that employment would not be affected for participation in the survey or the refusal to participate.

The project included an educational intervention. The education provided to nursing staff was created by the investigator and primarily based on Culture Change work from The Pioneer Network (2014). There were thirty regular nursing staff members on the identified nursing unit. All staff participated in the education portion of this project. The sequence of intervention was as follows: delivery of the educational intervention, enrollment of participants, pretest, implementation of person-centered care model, and post-test six months following implementation.

The measurement instrument used was the MMSS, as previously stated. This is a paper instrument developed by The University of Iowa School of Nursing. The investigator paid for use of this tool and gained permission to use the instrument from the authors. Published data on the MMSS is as follows: test-retest reliability global scale = 0.64, six month interval and internal consistency global scale = 0.80. The results of the study related to the instrument will also be provided to the instrument authors in

aggregated format. The results of this study will be kept for three years in a locked cabinet with no identifiable information. The protection of human rights modules were completed via Collaborative Institutional Training Initiative (CITI) on 5/2/2014 by the investigator.

Identified potential risks to participants were: participant time and use of a self-report instrument. Participants also might have experienced anxiety regarding whether their responses were maintained in a confidential and anonymous manner. Participants were informed that there were no personal identifiers on the survey and that they could cease participation at any time without penalty or loss of any benefits to which they were entitled. They were also informed that they could skip survey items. Identified potential benefits were: that this study will provide information about a positive impact/correlation of person-centered care model and nursing job satisfaction, the findings can be used in future implementation at other facilities, and results will be reported back to the facility only in percentages, with no identifying information attached, so that efforts, if necessary, can be made to improve nursing job satisfaction.

The investigator applied for and was granted an exempt review from the Institutional Review Board (IRB) at Regis University and Providence Health and Services. This research qualified for exempt review because it was research that involved the use of educational tests, survey procedures, interview procedures, or observation of public behavior. The information obtained was not recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and no disclosure of the human subjects' responses outside of the research could reasonably

place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Timeline

The timeline for this study was six months. The study began in January, 2015 and was concluded in July, 2015. The Institutional Review Board (IRB) process consisted of approval from both the IRB at Regis University and at Providence Health and Services. As previously stated the investigator applied for and received exempt research status. The pre-education for staff took 45 minutes and four sessions were offered to ensure all thirty staff members were able to attend. The MMSS survey took an average of 15 minutes per staff member to complete. Once the care model was implemented a period of six months was allowed to pass before the distribution of the post-survey.

Budget/Resources

Required resources for this project were as follows: staff time, administrative support for project implementation, nursing staff time off of the floor, and investigator time. Curriculum resources needed for this project were: conference room, projector, laptop, handouts, and a person-centered care resource notebook for the nursing unit. The cost in staff time for implementation of this project was approved by administration at the long-term care facility and totaled \$570. The supplies and curriculum resources needed have been donated by the facility and totaled \$131. The investigator paid \$10 for use of the measurement tool. There were no extramural funds received for this project.

Findings and Results

Two objectives were identified for this study. They were: nursing staff will report increased job satisfaction after implementation of a person-centered care model and

nursing job satisfaction will be sustained six months post-implementation. The data were ordinal data analyzed as interval data. The MMSS is 31-item instrument and is scored using a 5-point Likert scale. Cronbach's alpha was done by the investigator for the MMSS tool. Total alpha was .935. Table 1:5 shows the results of this test. Cohen's d was calculated as -.544 showing that the effect size in the two-group mean was small. Paired sample t-tests reported as aggregate data had a correlation coefficient of .891. The paired differences table showed that the probability that the population means differ pre- and post-implementation was .16. The p value was .000. This is a statistically significant difference between pre- and post-implementation nursing job satisfaction. Spearman's Rho was also calculated and showed a positive correlation coefficient of .773. This supports the directional hypothesis: implementation of a person-centered care model would have a positive impact on nursing job satisfaction. Table 1:4 shows the results of this test. Tables 1:1, 1:2, and 1:3 show the results of statistical analyses. There are two conclusions the investigator has drawn from these results. The first conclusion is that implementation of a person-centered care model did not have a positive impact on nursing job satisfaction as the literature suggested it would. The second conclusion is that the job satisfaction was maintained overtime.

Limitations, Recommendations, Implications for Practice

Limitations

Limitations in this study included a self-reporting tool and small sample size.

Recommendations

The investigator would consider a larger sample size for future research to include multiple sites and additional units at the same long-term care facility. This study showed

that person-centered care has a positive impact on nursing job satisfaction and job satisfaction was sustained longitudinally over six months. Further research to see if job satisfaction is sustained over a 12, 18, and 24 month period should be conducted.

Implications for Practice

Nursing staff that participated in this study verbally acknowledge that they enjoyed practicing under a person-centered care model versus a medical model of care. The investigator plans to continue to implement person-centered care on other units in the nursing center and will use this study as a blue-print for implementation. Future efforts will also examine whether this model of care reduces staff attrition and will survey resident and family perceptions of efficacy.

Summary

This study showed that implementation of a person-centered care model did have a positive impact on nursing job satisfaction. This model of care was requested by nursing staff and they have embraced the change. Person-centered care is the right model of care for elders in long-term care and should be implemented to replace any remaining medical models of care (Koren, 2010).

Doctor of Nursing Practice (DNP) education was essential to the success of this project because as Zaccagnini and White (2014) point out the DNP capstone project takes a more in-depth look at real world practice problems and applies evidence based knowledge to implement sustainable practice change. The DNP education also served this project well in that mastery of the subject matter related to a person-centered care model was essential and showed evidence of scholarship by the investigator. The doctorally prepared nurse can be an effective facilitator for practice change related to

person-centered care in long-term care by providing the expertise in practice change and thus positively impacting population health in the long-term care setting. The DNP should be prepared and able to evaluate current practice models in long-term care and provide feedback in how current practice models could be improved and/or how a new practice model could be implemented and sustained overtime. The doctorally prepared nurse is also in a position to be a leader during times of health care reform and thus positively impact the quality of care delivery in long-term care while maintaining good financial stewardship. The DNP nursing administrator will have the tools and knowledge base required to move forward in the health care reform environment and will have, “an appreciation of the delicate balance between cost and quality” (Zaccagnini & White, 2014, pp. 360). As health care changes and the long-term care environment continue to be impacted the doctorally prepared nurse will be positioned to meet the needs of the aging population as well as the needs of the changing workforce.

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Appendices

Exemplar Systematic Review Evidence Table Format [adapted with permission from Thompson, C. (2011). Evidence table format for a systematic review. In J. Houser & K. S. Oman (Eds.), Evidence-based practice: An implementation guide for healthcare organizations (p. 155). Sudbury, MA: Jones and Bartlett.]

Article/Journal	Person-Centered Care and Elder Choice: A Look at Implementation and Sustainability	Pioneer Network: Changing the culture of aging in America/Journal of Social work in Long-term Care
Author/Year	Burack, O., Reinhardt, J., & Weiner, A./2012	Fagan, R./2003
Database/Keywords	CINAHL/culture change, person-centered care, long-term care, sustainability	CINAHL/Pioneer Network, culture change, values and principles, pioneering approaches, meaningful life and work, positive outcomes, champions of change
Research Design	5-year longitudinal study, cohort study	3-year study evaluating culture-change effort. Single descriptive study
Level of Evidence	IV	IV
Study Aim/Purpose	Monitor and guide a nursing home system's transformation from a traditional hospital-type model of care to a culture change model with the central principle of person-centered care	Focused on two fundamental questions: 1. Does the intention to bring about culture change actually lead to changed culture? 2. To the extent that culture change does occur, what are the consequences for staff and residents?
Population/Sample size Criteria/Power	Elders of 13 long-term care communities. Leadership chose communities with well functioning teams as pilot locations	Two nursing homes in Rochester, New York
Methods/Study Appraisal Synthesis Methods	At baseline all 13 communities followed the traditional model. By T2 seven communities implemented culture change and six remained traditional. By T3 all communities implemented culture change. T1 n= 69, T2 n=79, T3 n= 68	Observation, Survey, Interviews: Culture was evaluated by: (a) level of activity and social interaction (b) shared knowledge (c) shared sense of residential belonging. Staff change was evaluated by means of a survey and addressed (1) job commitment and (2) work stress
Primary Outcome Measures/Results	Perception of an increase in elder choice increased from T1 to T2 but decreased by T3. An unexpected outcome was the decrease in T3.	Increased quality of life for residents, resident perception of choice, staff turn over, staff attitudes, relationship building between staff and residents
Conclusions/Implications	Initial, positive impact of person-centered care but continuous staff training is needed for sustainability. Change in overall elder choice: $F(2,189) = 5.96, p < .01$. Overall choice increase from time 1: $M = 45.87, SD = 11.45$ to time 2 $M = 52.29, SD = 7.69$, for the elders in the pilot condition $M = 52.29, SD = 7.69$ reported significantly more choice than elders in the comparison condition $M = 38.43, SD = 10.85$ ($t(73) = 5.96, p < .001$; unequal variance assumed).	Improvement of resident health and well-being was identified: Improvement of staff attitudes was identified. Sustainability reduced staff turn over.
Strengths/Limitations	Strengths: comparison of pilot group to traditional model outcomes Limitations: size of the cohort groups.	Strengths: time frame 3-year study of implemented culture change/Limitations: sample size

Logic Model

Project Implementation of a person-centered care model of nursing in a long-term care facility						
Problem Identification: <ul style="list-style-type: none"> - nursing staff are seeking out a person-centered model of care - current model of care is a medical model - care needs to be like a home environment as opposed to an institutional setting - job satisfaction is low related to current model of care provided 						
Outcomes						
Inputs	Constraints	Activities	Outputs	Short-term	Long-term	Impact
Buy in from staff Staff time Process information Resident input	Physical space Existing culture Lack of knowledge	Pre and post survey Resident binder Pre education Review processes	Staff schedule Resident participation	Improve staff knowledge of person-centered care Increase job satisfaction among nursing staff	Successful implementation of person centered care with sustainability and duplication on other units Decrease turnover among nursing staff	Increased job satisfaction for nursing staff Improved resident choice and quality of life Decrease turnover among nursing staff

Project Timeline

Activity	Time Frame
IRB process completion	Fall 2014
Pre-education/survey	Fall 2014
Implementation of care model	Winter 2014/15
Post-education/survey	Summer 2015
Data collection/analysis	Summer 2015
Presentation of findings	Summer 2015

Cost of Implementation

Pre-Education time	Survey time x2	RN average wage	CNA average wage	Number of staff trained	Cost in staff time	Supply costs	Educator time*	Total costs
45 min.	15 min.	\$32/hr	\$12.50/hr	30**	\$570	\$131	\$2,000	\$2701

*Educators time calculation: 40 hours of time @ \$40/hour. Four educational sessions @ 45 minutes each, time to administer surveys, time to create education, time to create handouts. **10 RN's and 20 CNA's



Academic Grants

3333 Regis Boulevard, H-4
Denver, CO 80221-1099303-458-4206
303-964-5528 fax
www.regis.edu

IRB – REGIS UNIVERSITY

January 12, 2014

Ms. Tracy Thompson
4691 Buckskin Court NE
Salem, OR 97305**RE: IRB #: 15-008**

Dear Ms. Thompson:

Your application to the Regis IRB for your project, "Impact of person-centered care model on nursing job satisfaction", was approved as an exempt study on January 7, 2015. This study was approved per exempt study category of research 45CFR46.101.b(#2).

The designation of "exempt" means no further IRB review of this project, as it is currently designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

Patsy McGuire Cullen, PhD, PNP-BC
Chair, Institutional Review Board
Professor & Director
Doctor of Nursing Practice & Nurse Practitioner Programs
Loretto Heights School of Nursing
Regis University

Providence Health & Services

5251 N.E. Glisan St.
Building A, 3rd Floor
Portland, OR 97213-2967
t: 503.215.6512
f: 503.215.6632

Institutional Review Board

September 12, 2014

Tracy A. Thompson, MSN, RN
Providence Benedictine Nursing Center (PBNC)
540 S. Main Street
Mt. Angel, OR 97362

**Re: EXPEDITED APPROVAL OF NEW STUDY:
Implications of a Person-Centered Care Model on Nursing Job Satisfaction.
(PH&S IRB # 14-255B)**

Dear Ms. Thompson:

This letter represents expedited IRB review and approval of the above referenced research study. This study has been assigned PH&S IRB # 14-255B. Please cite this number on all communications with our office regarding this study.

This study qualifies for expedited IRB review because it presents no more than minimal risk to subjects and based on 45 CFR 46.110 it is research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Laurie Skokan, PhD (as designated by the IRB Chair) reviewed and approved the study proposal on September 12, 2014.

The following materials were reviewed:

- Expedited Review Form
- Study Proposal (undated)
- Person-Centered care education PowerPoint presentation
- Person-Centered Care Survey
- Participant Invitation Letter

In accordance with 45 CFR 46.116(d), an alteration of informed consent is approved for this study. The approved invitation letter and survey (stamped approved by the PH&S IRB on 09/12/14) are enclosed. Please use only this version.

IRB approval of this study expires on September 12, 2015. A Study Review Report and current consent form must be submitted to the IRB prior to this date.

Recruitment materials, including advertisements, and any change to the research, including revisions to the consent form, must be submitted to the IRB for approval prior to implementation.

The IRB reporting forms and instructions can be obtained from the PH&S intranet site at <http://in.providence.org/or/departments/reviewboard/Pages/default.aspx> or by contacting the IRB office at (503) 215-6512.

The IRB members will be informed about this expedited approval at the September 23, 2014 meeting.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stephanie", written over a horizontal line.

Stephanie Penuel Cadsawan, BSH, CIP, CCRC
IRB Research Study Coordinator

Please note: This letter also serves as notification that our Institutional Review Board is organized and operates in compliance with Good Clinical Practice Guidelines as defined by the U.S. Food and Drug Administration under the Code of Federal Regulations (21 CFR Parts 31 and 32) and the Department of Health and Human Services regulations (45 CFR Part 46) pertaining to the protection of human subjects in research.



Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Tracy Thompson for the purpose as stated in the request dated 10/8/14.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

A handwritten signature in cursive script that reads "Sue Moorhead".

Sue Moorhead, Associate Professor, College of Nursing

Date: November 26, 2014

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI)**CITI CONFLICTS OF INTEREST CURRICULUM COMPLETION REPORT**

Printed on 09/11/2014

LEARNER	Tracy Thompson (ID: 4190219)
DEPARTMENT	Nursing
EMAIL	tthompson003@regis.edu
INSTITUTION	Regis University
EXPIRATION DATE	09/10/2018

CONFLICTS OF INTEREST

COURSE/STAGE:	Stage 1/1
PASSED ON:	09/11/2014
REFERENCE ID:	13135286

REQUIRED MODULES

CITI Conflict of Interest Course - Introduction
Financial Conflicts of Interest: Overview, Investigator Responsibilities, and COI Rules
Institutional Responsibilities as They Affect Investigators

DATE COMPLETED

09/11/14
09/11/14
09/11/14

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI Program participating institution or be a paid Independent Learner. Falsified information and unauthorized use of the CITI Program course site is unethical, and may be considered research misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Program Course Coordinator

Collaborative Institutional
Training Initiative
at the University of Miami

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI)
HUMAN RESEARCH CURRICULUM COMPLETION REPORT
Printed on 09/11/2014

LEARNER	Tracy Thompson (ID: 4190219)
DEPARTMENT	Nursing
EMAIL	tthompson003@regis.edu
INSTITUTION	Regis University
EXPIRATION DATE	06/02/2017

SOCIAL BEHAVIORAL RESEARCH INVESTIGATORS AND KEY PERSONNEL

COURSE/STAGE:	Basic Course/1
PASSED ON:	06/03/2014
REFERENCE ID:	13135284

REQUIRED MODULES	DATE COMPLETED
Introduction	06/02/14
History and Ethical Principles - SBE	06/02/14
The Regulations - SBE	06/03/14
Assessing Risk - SBE	06/03/14
Informed Consent - SBE	06/03/14
Privacy and Confidentiality - SBE	06/03/14
Regis University	06/03/14

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI Program participating institution or be a paid Independent Learner. Falsified information and unauthorized use of the CITI Program course site is unethical, and may be considered research misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Program Course Coordinator

Collaborative Institutional
Training Initiative
at the University of Miami

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI)**HUMAN RESEARCH CURRICULUM COMPLETION REPORT**

Printed on 09/11/2014

LEARNER	Tracy Thompson (ID: 4190219) 540 S. Main St Mt. Angel Oregon 97362 USA
DEPARTMENT	Nursing Administration
PHONE	503-845-2743
EMAIL	tracy.a.thompson@providence.org
INSTITUTION	Providence Health & Services - Oregon
EXPIRATION DATE	09/10/2017

GROUP 3 : This "Learner Group" is designed for those who have already completed training thru NIH within the past 2 years and have been requested to complete just the PHS IRB module.

COURSE/STAGE:	Basic Course/1
PASSED ON:	09/11/2014
REFERENCE ID:	14004135

REQUIRED MODULES	DATE COMPLETED
Introduction	09/11/14
Providence Health & Services	09/11/14
Providence Health IRB Agreement Form	09/11/14

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI Program participating institution or be a paid Independent Learner. Falsified information and unauthorized use of the CITI Program course site is unethical, and may be considered research misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Program Course Coordinator

Collaborative Institutional
Training Initiative
at the University of Miami

Providence Benedictine Nursing Center
540 S. Main St.
Mt. Angel, OR 97362
t: 503.845.6841
www.providence.org/benedictine



1/7/2015

To whom it may concern,

Providence Benedictine Nursing Center has been approved as the site of implementation for Tracy A. Thompson's capstone project titled, "Impact of person-centered care model on nursing job satisfaction". This project has been approved by the Providence Health & Services IRB reference number: PH&S IRB #14-255B. It is understood that this project is affiliated with Regis University and Ms. Thompson will use the McCloskey/Mueller Satisfaction Scale (MMSS) as the survey tool. For questions regarding the approval of Providence Benedictine Nursing Center as the implementation site please contact Emily Dazey, Executive Director at 503-845-2762. Thank You

A handwritten signature in black ink, appearing to read "Emily Dazey".

Emily Dazey
Executive Director
Providence Benedictine Nursing Center

Skilled Nursing

Assisted Living

Home Health

Child Development
Center

McCloskey/Mueller Satisfaction Scale (MMSS) Copyright 1989

How satisfied are you with the following aspects of your current job?

Please circle the number that applies.

	Very Satisfied	Moderately Satisfied	Neither Satisfied nor Dissatisfied	Moderately Dissatisfied	Very Dissatisfied
1. Salary	5	4	3	2	1
2. Vacation	5	4	3	2	1
3. Benefits package (insurance, Retirement)	5	4	3	2	1
4. Hours that you work	5	4	3	2	1
5. Flexibility in scheduling your hours	5	4	3	2	1
6. Opportunity to work straight days	5	4	3	2	1
7. Opportunity for part-time work	5	4	3	2	1
8. Weekends off per month	5	4	3	2	1
9. Flexibility in scheduling your weekends off	5	4	3	2	1
10. Compensation for working weekends	5	4	3	2	1
11. Maternity leave time	5	4	3	2	1
12. Child care facilities	5	4	3	2	1
13. Your immediate supervisor	5	4	3	2	1
14. Your nursing peers	5	4	3	2	1
15. The physicians you work with	5	4	3	2	1
16. The delivery of care method used on your unit (e.g. functional, team, primary)	5	4	3	2	1

	Very Satisfied 5	Moderately Satisfied 4	Neither Satisfied nor Dissatisfied 3	Moderately Dissatisfied 2	Very Dissatisfied 1
17. Opportunities for social contact at work					
18. Opportunities for social contact with your colleagues after work	5	4	3	2	1
19. Opportunities for interact professionally with other disciplines	5	4	3	2	1
20. Opportunities to interact with faculty of the College of Nursing	5	4	3	2	1
21. Opportunities to belong to department and institutional committees	5	4	3	2	1
22. Control over what goes on in your work setting	5	4	3	2	1
23. Opportunities for career advancement	5	4	3	2	1
24. Recognition for your work from superiors	5	4	3	2	1
25. Recognition of your work from peers	5	4	3	2	1
26. Amount of encouragement and positive feedback	5	4	3	2	1
27. Opportunities to participate in nursing research	5	4	3	2	1
28. Opportunities to write and publish	5	4	3	2	1
29. Your amount of responsibility	5	4	3	2	1
30.					
31. Your control over work conditions	5	4	3	2	1
32. Your participation in organizational decision making	5	4	3	2	1

Research Participant Invitation Letter
Regis University
Doctor of Nursing Practice in Healthcare Leadership
Implications of a Person-Centered Care Model on Nursing Job Satisfaction
Tracy A. Thompson

Introduction: You are invited to participate in a research project. This project is being conducted in part to meet the degree requirements of a Doctor of Nursing Practice in Healthcare Leadership at Regis University in Denver, CO. Tracy A. Thompson, RN is conducting this research to determine if there is a positive correlation between a person-centered care model and nursing job satisfaction.

Description of the project:

- *The purpose of this research project is to investigate if there is a positive impact on nursing job satisfaction when nurses operate under a person-centered model of care.*
- *The research will include a short anonymous survey. This survey may take up to 20 minutes to complete.*
- *The survey will be distributed at the facility, Providence Benedictine Nursing Center (PBNC) personally by Tracy A. Thompson*

Benefits and Risks of this study: *Benefits to this study will be the contribution of more information about a positive impact/correlation of a person-centered care model and nursing job satisfaction in long-term care. This information can be used in the future to support implementation of a person-centered care in other long-term care facilities. The results will be reported back to the facility only as percentages, with no identifying information attached, so that efforts, if necessary, can be made to improve nursing job satisfaction. There are no identified risks related to participation in the survey.*

Confidentiality: *Confidentiality will be maintained, records will only be seen by the researcher, and all data that is reported will be aggregated.*

Voluntary participation: *Participation in the survey is completely voluntary. Your employment will not be affected if you take part or if you choose not to take part.*

Questions, Rights and Complaints: *Tracy A. Thompson can be contacted for any questions/concerns at 541-231-3143 and/or tthompson003@regis.edu. Upon request, participants have the right to the survey results that will be available to the organization. If you have any questions about your rights as a research participant, you may contact Providence Health & Services IRB at 503-215-2046. You will not be paid to take part in this study. By returning the attached survey, you are agreeing to take part.*

Thank You for your time and assistance,

Sincerely,
Tracy A. Thompson, RN

List of Tables

Table 1:1

Paired Sample Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	3.7824	17	.51019	.12374
	VAR00002	4.1471	17	.44317	.10748

Table 1:2

Paired Sample Correlations				
		N	Correlation	Sig.
Pair 1	VAR00001 & VAR00002	17	.891	.000

Table 1:3

Paired Sample T-tests								
Paired Differences								
	Mean	Std. Deviation	Std. Error mean	95% confidence interval of the difference		t	df	Sig.
				Lower	Higher			
Pair 1 VAR00001- VAR00002	-.36471	.23168	.05619	-.48383	-.24559	-6.490	16	.000

*Probability that the population means differ is .16

*Paired differences of pre and post person-centered care implementation of nursing job satisfaction

Table 1:4

Correlations				
			VAR00001	VAR00002
Spearman's Rho	VAR 00001	Correlation Coefficient	1.000	.773**
		Sig. (1 tailed)	.	.000
		N	17	17
	VAR00002	Correlation Coefficient	.773**	1.000
		Sig. (1 tailed)	.000	.
		N	17	17

** . Correlation is significant at the 0.01 level (1 tailed).

Table 1:5

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of items
.935	.913	17
N= 17 (population sample) Total Alpha = .935 Interpretation: A relatively high internal consistency was found. This indicates that the MMSS is a reliable measure of nursing job satisfaction		