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The Promise of Spirit at Work

Increasing Job Satisfaction and Organizational Commitment and Reducing Turnover and Absenteeism in Long-Term Care

ABSTRACT

The effectiveness of a spirit at work program in long-term care was evaluated using a quasi-experimental, pretest-posttest design. These findings, along with focus group results, provide strong support that the program increased spirit at work, job satisfaction, organizational commitment, and organizational culture (particularly teamwork and morale), leading to a reduction in turnover and absenteeism—two major concerns in the long-term care sector. This study suggests that implementation of a spirit at work program is a relatively inexpensive way to enhance the work satisfaction of employees, increase their commitment to the organization (thus reducing turnover and absenteeism), and ultimately improve the quality of resident care.

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Staff retention has been a long-standing issue in the long-term care sector (Cohen-Mansfield, 1997). High levels of absenteeism and staff turnover are associated with not only increased costs for facilities but also lower levels of job satisfaction for staff (Anderson, Aird, & Haslam, 1991) and poorer quality of care for residents (Castle & Engberg, 2005). Thus, identifying ways to improve employee satisfaction with work holds promise for reducing absenteeism and staff turnover and contributing to increases in quality of care.

BACKGROUND

In their review of the nursing home literature, Bowers, Esmond, and Jacobson (2003) identified numerous factors as important determinants of staff turnover. These factors included low salaries, few benefits, understaffing, little opportunity for advancement, authoritarian management style, poor staff-supervisor relations, lack of supervisory respect, lack of acknowledgment for work, and little autonomy and opportunity to contribute to care plans. These factors have also been linked with lower job satisfaction. In particular, a supportive and open relationship between supervisors and nursing aides and participation in decision making were significant predictors of job satisfaction and lower turnover rates (Feldman, 1994).

Workplace flexibility, contact with and appreciation from residents, working as a team, and commitment to the service of optimal care have been associated with job satisfaction (Grieshaber, Parker, & Deering, 1995; Moyle, Skinner, Rowe, & Gork, 2003). In addition, self-esteem and emotional support from supervisors moderate the impact of perceived job stress on job satisfaction, commitment to the organization, and intention to quit (Firth, Mellor, Moore, & Loquet, 2004). Workload and the relationship between supervisors and subordinates are viewed as factors related to reducing and managing stress, ameliorating intention to quit, and reducing turnover (Firth et al., 2004).

Supervisors familiar with both the extrinsic and intrinsic sources of job satisfaction available to employees are in a better position to foster employee self-esteem (Firth et al., 2004). Hall and O'Brien-Pallas (2000) found that although patient care was intrinsically rewarding for RNs in long-term care, they performed the least amount of direct care. Health care assistants, on the other hand, provided the bulk of direct patient care but valued it the least. Thus, the authors argued for the need to clarify work roles and the perceptions of caregivers, suggesting that enhancing the importance of these activities may be beneficial, particularly for health care assistants.

Individuals with high spirit at work are well adjusted and exhibit a sense of inner harmony, positive energy, conscientiousness, and a spiritual inclination.

Quality of life for vulnerable residents in long-term care is highly dependent on the well-being and continuity of their caregivers. Without adequate staffing, the quality of care received generally declines, resulting in a diminished quality of life (Wunderlich & Kohler, 2001). Long-term caregiving can be difficult and frustrating work. Without some means of having their efforts appreciated, long-term caregivers can become frustrated. Increased compensation is not enough to attract and retain employees; the work itself must be made more rewarding (Faculty Workgroup on Peopling Long-Term Care, University of Minnesota, 2001).

SPIRIT AT WORK

Long-term care employees who see their work as meaningful tend to experience increased satisfaction with their work and are more likely to stay in the profession (Secrest, Iorio, & Martz, 2005). Among the new approaches to increase workers' meaningful experience at work and their job satisfaction is the promotion of spirit at work. Spirit at work is about finding meaning and fulfillment through work. Spirit at work can be defined as a distinct state characterized by profound feelings of well-being, a belief that one is engaged in meaningful work that makes a contribution and involves a sense of connection to others and common purpose, and an awareness of a connection to something larger than oneself (Ashmos & Duchon, 2000; Kinjerski & Skrypnek, 2004, 2006; Mitroff & Denton, 1999).

Research is beginning to establish a relationship between spirit at work, employee well-being, and organizational performance. Individuals with high spirit at work are well adjusted and exhibit a sense of inner harmony, positive energy, conscientiousness, and a spiritual inclination (Kinjerski, 2004). Spirit at work is also related to an increased commitment in the workplace (Krishnakumar & Neck, 2002; Milliman, Ferguson, Trickett, & Condemi, 1999). More specifically, employee spirit at work has been found to be positively related to employee work attitudes, such as job satisfaction, organizational commitment, work self-esteem, and the lack of intention to quit (Milliman,

Czaplewski, & Ferguson, 2003). Because these attitudes have been associated with a reduction in absenteeism and turnover and an increase in job performance, it follows that spirit at work should also lead to similar results. Finally, spirit at work is positively related to organizational performance (Kotter & Heskett, 1992; Mitroff & Denton, 1999).

The purpose of this study was to test the effectiveness of a spirit at work program to improve spirit at work and staff wellness at a long-term care site. The research question was, "Can a spirit at work intervention program increase employee spirit at work, employee wellness, job satisfaction, and organizational commitment, and decrease absenteeism and turnover?"

METHOD

Research Design

A quasi-experimental, two-group, pretest-posttest design was used. Two similar units from different long-term care centers operated by the same public continuing care organization and located in the same western Canadian city participated in the study. Neither center nor the operating organization was affiliated with any religious group. One unit received the spirit at work intervention program, and the second unit acted as a comparison group and did not receive any intervention.

Site Selection

The sites were selected by the administrators of the organization. The site selected for the intervention was chosen because the administrator thought the unit could benefit most from a spirit at work program. The site selected to serve as the comparison was identified by administrators to be the most similar to the intervention unit. Both units cared for 40 to 45 residents. Both units experienced similar challenges, such as heavy workload, families who were difficult, residents who were sometimes abusive, multicultural employees, and employees often working two or three jobs. Additional issues identified in the intervention group included poor morale, difficult staff relationships, and communication concerns.

TABLE 1

CHARACTERISTICS OF INTERVENTION AND COMPARISON UNIT STAFF

Variable	Intervention Group (*n* = 24)	Comparison Group (*n* = 34)
Women	84%	83%
Marital status		
Single, never married	16%	17%
Married/Common law	68%	57%
Separated/Divorced/Widow	16%	26%
Mean age in years (range)	46 (23 to 64)	44 (27 to 58)
Racial/ethnic identification		
Caucasian	39%	37%
Asian	35%	21%
African	13%	21%
East Indian	0%	12%
Aboriginal	4%	6%
Hispanic	9%	0%
Other	0%	3%
Education		
High school or less	36%	26%
Technical certificate	24%	27%
Diploma/undergraduate degree	20%	29%
Graduate/professional degree	20%	18%
Occupation		
Nursing assistant	48%	60%
Licensed practical nurse	12%	17%
RN	16%	14%
Other (administrative, rehabilitation, physiotherapy, housekeeping, food services)	24%	9%
Mean number of years in current position (range)	13 (1 to 30)	11 (1 to 25)
Mean number of hours worked per week (range)	33 (15 to 78)	33 (16 to 75)
Annual income		
<$29, 999	39%	47%
$30,000 to $49,999	52%	34%
⩾$50,000	9%	19%

Sample

A total of 24 staff participated in the intervention group, and 34 participated in the comparison group. **Table 1** presents the demographic and work characteristics of both

the intervention and comparison groups. Participants in each group were very similar; in fact, there were no statistically significant differences between the two groups in terms of their demographic and work characteristics (i.e., all χ^2 and t tests were not significant).

Intervention

The intervention consisted of a 1-day workshop, "Cultivating Spirit at Work in Long-Term Care," supplemented by eight weekly 1-hour booster sessions. The workshop focused on spirit at work—what it is, personal strategies to foster it (i.e., living purposely, living spiritually, appreciating self and others, and refilling the cup), and organizational conditions to cultivate it (e.g., inspired leadership, sense of community, personal fulfillment, positive workplace culture). Participants were led through a variety of exercises that culminated in the creation of personal action plans to enhance spirit at work.

Booster sessions were offered each week before and after shift change. The intention of the booster sessions was to support employees' efforts to enhance their spirit at work and to promote a sense of team. Building on the workshop and responding to participant requests, topics for the booster sessions included mindfulness, the power of positive thoughts, strengthening relationships through communication (e.g., reducing gossip), cultivating a spiritual life, serving others, developing a sense of community, handling difficult situations, and creating time for fun and celebrations. Each session followed a format that began with a centering exercise, check in, presentation and application of topic, and closed with a word of hope.

Data Collection and Analysis

Prior to implementation of the program and again after conclusion of the last booster session, several paper-and-pencil instruments were completed by participants in the intervention and comparison groups. Qualitative data were collected from participants in the intervention group only during focus groups held at the end of the program. Finally, turnover and absenteeism data for both sites were provided by the organization for each of the units for 1 year prior to the start of the intervention to 1 month after the final booster session (4 months after the full-day workshop), at which time the staffing composition of the intervention group changed due to a change in mandate for the unit (i.e., the unit became a respiratory unit).

Instruments

Spirit at Work. The Spirit at Work Scale (Kinjerski & Skrypnek, 2006) includes 18 items that assess the extent to which one experiences spirit at work across four dimensions: engaging work (a belief that one is engaged in meaningful work), sense of community (a feeling of connectedness to others and common purpose), mystical experience (a positive state of energy and vitality, a sense of perfection at work), and spiritual connection (a sense of connection with something larger than self) (Cronbach's alpha coefficient = 0.93). Items are rated on a 6-point scale ranging from 1 (*completely disagree*) to 6 (*completely agree*). Sample items include "I am able to find meaning or purpose at work," "I feel like I am a part of 'a community' at work," and "I feel grateful to be involved in work like mine."

Job Satisfaction. The Job Satisfaction Scale (Koeske, Kirk, Koeske, & Rauktis, 1994) is a 14-item measure of job satisfaction with established validity that was developed for use in the human services (Cronbach's alpha coefficients for the full scale range from 0.83 to 0.91). Items tap intrinsic, organizational, and extrinsic (salary and promotion) job satisfaction and are rated on a 7-point scale ranging from 1 (*very dissatisfied*) to 7 (*very satisfied*). Sample items include "working with your clients," "the type of supervision you receive," and "opportunity for involvement in decision making."

Organizational Commitment. The Organizational Commitment Scale (Mowday, Steers, & Porter, 1979) is a 15-item measure that taps an employee's belief in and acceptance of the organization's goals, their willingness to expend effort, and their desire to maintain membership in the organization (Cronbach's alpha coefficients range from 0.82 to 0.93). The instrument uses a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Examples of items include "I feel very little loyalty to this organization" and "I really care about the fate of this organization." The scale has acceptable levels of convergent, discriminant, and predictive validity.

Organizational Culture. The Organizational Culture Survey (Glaser, Zamanou, & Hacker, 1987) is a 31-item scale that assesses six areas: teamwork/conflict, climate/morale, information flow, involvement, supervision, and meetings. Items are rated on a 5-point scale ranging from 1 (*to a very little extent*) to 5 (*to a very great extent*). Item examples include "This organization respects its workers," "My supervisor tells me how I am doing," and "My opinions count in this organization." Cronbach's alpha coefficients for each of the six subscales range from 0.60 to 0.91.

Vitality. Subjective vitality is a feeling of aliveness, energy, and enthusiasm (Ryan & Frederick, 1997). The Vitality Scale consists of 7 items (Cronbach's alpha coefficient = 0.84) that are rated on a 7-point scale ranging from 1 (*not at all true*) to 7 (*very true*). Examples of items include "I feel alive and vital" and "I feel energized."

Life Satisfaction. The 5-item Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) assesses the cognitive component of subjective well-being (Cronbach's

TABLE 2

ANOVA RESULTS AND MEANS FOR WORK-RELATED AND PERSONAL OUTCOMES FOR THE COMPARISON AND INTERVENTION GROUPS BEFORE AND AFTER THE SPIRIT AT WORK INTERVENTION

Variable	Comparison Group		Intervention Group		Main Effects		Interaction
	Pretest	Posttest	Pretest	Posttest	Group	Time	Group by Time
Work-related outcomes							
Spirit at work	85.6	84.5	81.2	90.5	$F < 1$	$F(1,49) = 8.62^{**}$	$F(1,49) = 13.88^{***}$
Job satisfaction	81	77.8	69.7	76.4	$F(1,40) = 4.94^{*}$	$F < 1$	$F(1,40) = 7.25^{**}$
Organizational commitment	49.3	48.3	45.2	51.1	$F < 1$	$F(1,50) = 4.20^{*}$	$F(1,50) = 8.27^{**}$
Organizational culture	116.8	116.7	101.7	115.3	$F(1,42) = 4.24^{*}$	$F(1,42) = 7.20^{*}$	$F(1,42) = 7.56^{**}$
Teamwork	20.8	20.8	17.5	21.5	$F(1,49) = 2.22$	$F(1,49) = 9.76^{**}$	$F(1,49) = 10.49^{**}$
Morale/climate	18.8	19.2	16.8	19.7	$F < 1$	$F(1,49) = 10.52^{**}$	$F(1,49) = 5.88^{*}$
Personal outcomes							
Vitality	37	37	35.8	37.3	$F < 1$	$F(1,50) = 1.06$	$F < 1$
Life satisfaction	26.5	28.1	27	29.8	$F < 1$	$F(1,49) = 10.25^{**}$	$F < 1$
Orientation to life	67.3	68.8	62.8	66.8	$F(1,48) = 1.56$	$F(1,48) = 4.28^{*}$	$F < 1$

Note. ANOVA = analyses of variance.
$^{*}p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$.

alpha coefficient = 0.87). Items are rated on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Sample items include "I am satisfied with my life" and "If I could live my life over, I would change almost nothing." The scale is widely used and has established validity. The 2-month test-retest reliability coefficient was 0.82.

Orientation to Life. The Sense of Coherence scale (Antonovsky, 1987) is a well-known measure that assesses a person's capacity to respond to stressful life situations and can be used cross-culturally. The briefer version with 13 items is rated on a 7-point scale using various anchors, some of which are reverse scored. Two examples of anchors are: ranging from 1 (*very often*) to 7 (*very seldom or never*) and 1 (*never had this feeling*) to 7 (*always have this feeling*). A sample question is, "When you talk to people, do you have the feeling that they don't understand you?" There is evidence of the measure's convergent and discriminant validity, and the Cronbach's alpha coefficient is consistently high (ranging from 0.84 to 0.93).

QUANTITATIVE RESULTS

Quasi-Experimental Outcome Evaluation

We hypothesized that the spirit at work intervention would increase participants' spirit at work, job satisfaction, organizational commitment, and features of organizational culture (in particular, teamwork and climate/morale). We also expected that the intervention would decrease absenteeism and turnover but that our ability to detect a reduction in turnover would be limited by the short time span postintervention. In addition to these work-related measures, we wanted to explore whether the spirit at work intervention would also contribute to increases in participants' general satisfaction with life, vitality, and sense of coherence (i.e., sense of perceiving the world as comprehensible, manageable, and meaningful). We did not expect any changes from before to after on any of these measures in the comparison group.

To investigate the effectiveness of the spirit at work intervention, we subjected participants' scores on each of the measures (with the exception of absenteeism and turnover, for which there was only unit-level data) to 2 × 2 (group by time) repeated measures analyses of variance. Group (intervention or comparison) was a between-participants factor and Time (pretest or posttest) was a within-participants factor. Evidence of the effectiveness of the spirit at work intervention is revealed by a significant group by time interaction. The results of these analyses are presented in **Table 2.**

Work-Related Outcomes

Paper-and-Pencil Measures. Analyses revealed significant group by time interactions for each of the work-related outcomes assessed by the standard paper-and-pencil measures. Examination of comparison group and intervention group means

before and after the intervention showed no changes in pretest and posttest in the comparison group but increases from pretest to posttest in the intervention group on these work-related outcomes: staff members' spirit at work, job satisfaction, organizational commitment, and sense of organization culture, including teamwork and morale/climate.

Analyses revealed significant main effects for time on spirit at work (pretest mean = 83.4, posttest mean = 87.5), job satisfaction (pretest mean = 69.7, posttest mean = 76.4), organizational commitment (pretest mean = 47.2, posttest mean = 49.7), organizational culture (pretest mean = 109.3, posttest mean = 116), including teamwork (pretest mean = 19.2, posttest mean = 21.1) and morale/climate (pretest mean = 17.8, posttest mean = 19.4), but each of these main effects was qualified by significant group by time interactions. That is, overall increases in each of these work-related outcomes from the pretest to posttest were accounted for completely by increases in the intervention group.

Analyses also revealed main effects of group on job satisfaction and organizational culture. Overall, the comparison group reported higher levels of job satisfaction and organizational culture (mean = 79.4 and mean = 116.8, respectively) than did the intervention group (mean = 73 and mean = 108.5, respectively).

Absenteeism and Turnover. Absenteeism data were only available in the form of percentage of sick hours per paid hours by the month for each unit. A comparison of absenteeism rates for 5 months after the workshop with the same 5 months in the previous year revealed no difference in the percentage of sick hours relative to paid hours for the comparison (4.1%) and intervention units (4.2%) for the preintervention period ($\chi^2 < 1$, not significant) but revealed a significant relationship between absenteeism and unit for the postintervention period ($\chi^2 = 127.82$, $df = 1$, $p < 0.001$). The percentage of sick hours relative to paid hours was much higher in the comparison group (3.5%) than in the intervention group (1.7%) for the postintervention period. These analyses suggest that the intervention was effective in reducing absenteeism. In fact, after the intervention, absenteeism rates in the intervention group dropped to less than half of what they were during the same period prior to the intervention.

"I have seen changes on the floor. Staff are having fun, more joy, sharing jokes, and showing respect to each other."
~ Staff participant

Turnover rates were calculated for the 8-month period prior to the intervention and for the 5-month period following introduction of the program. Turnover rates were the numbers of unit staff leaving during a specified period, calculated as percentage of total staff on the unit. Again, analyses revealed no differences in staff turnover in the comparison and intervention units in the preintervention period ($\chi^2 < 1$, not significant) but revealed a significant relationship between turnover and unit for the postintervention period ($\chi^2 = 4.49$, $df = 1$, $p < 0.05$). Whereas turnover rates increased in the comparison group during the two periods (from just less than 9.8% to 16.4%), they decreased in the intervention group (from 10.5% to 2.6%) following introduction of the program, suggesting that the spirit at work program reduced staff turnover.

Personal Outcomes. Analyses revealed no significant group by time interaction for vitality, life satisfaction, or orientation to life, indicating that there was no statistical evidence of any impact of the program on these personal well-being measures (**Table 2**). There were also no main effects for group on any of these three measures, indicating that the comparison and intervention groups did not differ on these measures of personal well-being.

Unexpectedly, there was a main effect for time for both life satisfaction and orientation to life. Participants' scores on their overall satisfaction with life increased from the pretest (mean = 26.75) to the posttest (mean = 28.90). Because the pretest was administered in September and the posttest in late November through December, it may be that the holiday season contributed to an increase in life satisfaction for all staff. Overall, participants reported increases in their orientation to life scores (i.e., capacity to respond to stressful life situations) from the pretest (mean = 65.1) to the posttest (mean = 67.4). It is unclear why both groups of participants reported increases in their ability to see life as comprehensible, manageable, and meaningful.

QUALITATIVE RESULTS: FOCUS GROUP

After completing the spirit at work program, employees and team leaders affirmed, in focus group discussions, that the program was a success. Participants of the program perceived that overall morale increased, that they experienced personal growth and development, and that there was a more positive focus on the residents. Each of these themes (and subthemes) is described briefly below.

Improved Morale

Participants reported that morale on the unit had improved. They saw evidence of increased teamwork, enhanced relationships among staff, improved communication, and increased positive attitudes. An RN and team leader said, "We now know how to communicate with one another, how to love one another, and how to respect one another."

Increased Teamwork. Realizing the importance of their work, staff recognized that contributions from each and every one of them were needed to make the unit a success. They reported being more supportive of each other and observed one another helping more. One respondent said, "It took lots of effort to get this lady up. I saw staff working together, without complaints. I saw teamwork." Team leaders observed that employees were "more ready to answer call bells that [were] not in their team" and offered their assistance to coworkers on another wing. A nursing assistant reported, "I cannot believe how, in such a short period of time, we could come together as a group."

Enhanced Relationships. Participants indicated that getting to "know one another personally changes interaction in a positive way." Staff reported that they were more considerate, friendlier, and kinder toward coworkers. As their understanding of each other increased, so did their respect for both each other and their differences. One respondent related, "I have seen changes on the floor. Staff are having fun, more joy, sharing jokes, and showing respect to each other." Of significance was the willingness of casual staff (i.e., temporary staff hired to cover vacancies when permanent staff were ill or on vacation) to work on the unit. Prior to the intervention, casual staff would not work on the unit, but now they willingly accepted shifts on the unit.

Improved Communication. Communication was reported to be more open, honest, respectful, and positive. Participants indicated that they listened more and shared more information between shifts. Gossip decreased. Supervisors also reported that staff were less defensive in receiving feedback. Some supervisors reported that they, themselves, were "more open in their communication" and increasingly "involved employees in decisions."

Positive Attitude. Participants noticed increased positive attitudes and reduced negativity on the floor. One said, "I am more open…taking more responsibility...not blaming others." They reported "making conscious choices" to be positive and "having a 'just do it' attitude." Many staff adopted an attitude of turning difficult situations into positive ones by "turning lemons into lemonade." Supervisors observed less complaining and a decreased sense of "doom and gloom." One RN reported, "I have noticed new attitudes. I am here because I want to make a difference for the residents. I feel so inspired to build spirit at work. I am starting to see it in others too." Finally, some participants reported a sense of gratitude for their job.

Personal Growth and Development

Participants reported an increase in personal growth and development as a result of attending the spirit at work program. They identified an increased sense of well-being, changed behaviors, and learning that was transferable to other settings.

Personal Well-Being. Participants observed that they were "more happy and excited to go to work" because it was less stressful and happier on the unit. Before the program, they noted that it was "tense" on the floor, staff were "not happy," there was "a lot of gossip," and staff were "doing their own stuff" and "not helping each other." After the program, some participants reported feeling different and that their work felt lighter. One said, "I have this new vitality at work, and I just want to make it better."

Transferability. Participants reported that they transferred their learning to other settings. One shared, "[The program] has helped with my family—my children and my husband." They reported routinely sharing program topics at home with their spouses and children. Others reported spending more time with their family, being calmer at home, selecting their words, and choosing to be positive.

Increased Focus on Residents: Implications for Quality of Care

Participants reported that participating in the spirit at work program led to a positive and increased focus on the residents, including a deeper understanding of residents' needs, that their work was to serve residents, and that they had an awareness of making a difference in the lives of residents.

Deeper Understanding. Participants reported having a clearer understanding of residents' situations and needs, which translated into deeper caring about residents. They reported being "kinder," "more forgiving," and "more appreciative." One employee said, "I love them more." They gave examples of not blaming residents when they cried or yelled; instead, staff tried to figure out why the residents were upset. A nursing assistant reported, "If residents complain now, I think that maybe they are not feeling well or not sleeping well. Before I used to see them as being cranky, complaining too much, wanting too much."

Service. Throughout the course of the program, participants came to realize the meaning underlying their work and how their work was "about serving the resident." They concluded that "being here for the resident" involved being kind, spending time with them, caring for them, and making them comfortable. Having improved their tone and speech, staff now reported giving fewer orders and being more thoughtful, more patient, and better listeners. They said they were more prepared and flexible with residents. An RN and team leader said:

> I wish we had learned how to work with residents earlier, like we do now—how you could work with them, care

KEYPOINTS

Spirit at Work

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1. Increases in employee spirit at work (the sense that work is meaningful and that one can make a contribution through work) leads to significant reductions in turnover and absenteeism in long-term care.
2. Participation in the spirit at work program of employees at all levels and across departments working on the same shift resulted in increased teamwork, improved communication, enhanced morale, and improved relationships among staff.
3. Attention to the deeper meaning underlying work in long-term care, a focus on service to the residents, encouragement of relationships and teamwork among all staff, facilitation of personal responsibility to effect positive change, expression of appreciation toward colleagues, and promotion of positive thought and communication goes a long way toward improving spirit at work in long-term care.
4. Implementation of a spirit at work program is a relatively inexpensive way to enhance the work satisfaction and commitment of employees, improve organizational culture, and reduce turnover and absenteeism, while increasing the quality of resident care.

for them, respect their privacy, to love them, and to help them die with dignity. We learn from our mistakes. Now we know.

Making a Difference. Participants knew they were making a difference because they were receiving positive responses from the residents. For example, one of the nursing assistants said, "I noticed that a lady, who is generally depressed, gave me a bright smile today because of the things I said. I knew I made a difference." After seeking physician approval to alter a resident's diet, one respondent noticed that the resident began to eat lunch again. Employees from different departments worked together to improve the situation for residents. One respondent said, "I see others doing extras for residents and hearing 'thank you' from residents. We are serving others." A nursing assistant reported, "I have meaning in my work. I am not just working for money. I now know that my work is important. I work from the heart."

DISCUSSION

This study provides strong support that a spirit at work program increased spirit at work, job satisfaction, organizational commitment, organizational culture (e.g., teamwork, morale), and thus led to a reduction in turnover and absenteeism—two major concerns of the long-term care sector.

Although we found no quantitative evidence for increases in life satisfaction or a sense of vitality and wellness among staff, that could be attributed to the intervention; the qualitative results are suggestive of such changes. The focus groups with participants indicated that overall morale and communication improved, staff experienced personal growth that positively influenced their work and home lives, and greater attention and care was provided to the residents. Further research is required to substantiate these qualitative results.

Our findings support the contention of the Faculty Workgroup on Peopling Long-Term Care, University of Minnesota (2001) that to attract and maintain employees in long-term care, the work itself must be made rewarding. A major thrust of the spirit at work program is helping employees uncover the meaning of their work and appreciate the importance of their particular contribution. For example, nursing assistants were able to value direct patient care, something that Hall and O'Brien-Pallas (2000) found they valued the least but which could enhance job satisfaction. In addition, seeing one's work as an "act of service," a perspective fostered by the spirit at work program, changes one's view of work and positively affects how the work is done and perceived.

Relationships between supervisors and employees are key to staff wellness and retention in long-term care (Firth et al., 2004) and to quality of care (Scott-Cawiezell et al., 2005). The design of the spirit at work program allowed for staff on the same shift and at all levels to attend the same sessions. This fostered a sense of team, which is critical to the development of spirit at work, by supporting relationships, encouraging resolution of issues, and fostering a sense of shared purpose and common goal. Supervisors and subordinates were able to gain insight into the challenges of each other's roles and were able to support one another in their work and their personal growth. Moreover, opportunities were given throughout the program for all participants to express appreciation for one another.

Finally, although the intervention was directed toward the employees and the actions they could take to foster their own spirit at work, the organizational climate was definitely affected. Teamwork increased, communication improved, morale went up, and relationships among staff improved, and

these translated to enhanced quality of care for residents.

IMPLICATIONS AND CONCLUSION

The findings of this study have practical implications for long-term care administrators and managers. Implementation of a spirit at work program is a relatively inexpensive way to increase the organizational commitment and work satisfaction of employees, improve organizational culture, and reduce turnover and absenteeism, while improving quality of resident care. Although future research needs to investigate whether the dramatic results observed in this study are sustained over time without additional booster sessions, anecdotal information leads us to believe the benefits are sustainable. For example, since completion of this study, two staff members of this unit who participated in the spirit at work intervention received employee "Going the Extra Mile" awards, and the unit was nominated for the organization's team award by two residents' families.

These results pave the way for program enhancements to foster spirit at work in long-term care. Attention to the deeper meaning underlying work in long-term care, a focus on service to the resident, encouragement of relationships and teamwork among all staff, facilitation of personal responsibility to effect positive change within oneself and the organization, expression of appreciation toward colleagues, and promotion of positive thought and communication will go a long way toward improving the conditions in long-term care.

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CNE QUIZ

Earn 2.1 Contact Hours

HOW TO OBTAIN CONTACT HOURS BY READING THIS ISSUE

Instructions: 2.1 contact hours will be awarded for this activity. A contact hour is 60 minutes of instruction. This is a Learner-Paced Program. Vindico Medical Education does not require submission of quiz answers. A contact hour certificate will be awarded 4 to 6 weeks upon receipt of your completed Registration Form, including the Evaluation portion. To obtain contact hours:

1. Read the article "The Promise of Spirit at Work: Increasing Job Satisfaction and Organizational Commitment and Reducing Turnover and Absenteeism in Long-Term Care" on pages 17-25, carefully noting the tables and other illustrative materials that are provided to enhance your knowledge and understanding of the content.
2. Read each question and record your answers. After completing all questions, compare your answers to those provided at the end of the quiz.
3. Type or print your full name, address, and date of birth in the spaces provided on the registration form.
4. Indicate the total time spent on the activity (reading article and completing quiz). Forms and quizzes cannot be processed if this section is incomplete. All participants are required by the accreditation agency to attest to the time spent completing the activity.
5. Forward the completed form with your check or money order for $15 made payable to JGN-CNE. All payments must be made in U.S. dollars and checks must be drawn on U.S. banks. Quizzes are accepted up to 24 months from date of issue.

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Objectives: After studying the article, "The Promise of Spirit at Work: Increasing Job Satisfaction and Organizational Commitment and Reducing Turnover and Absenteeism in Long-Term Care" in this issue, the participant will:

1. Describe the negative outcomes associated with high levels of absenteeism and staff turnover in long-term care (LTC).
2. Discuss organizational factors found to influence staff absenteeism and turnover in LTC.
3. Identify the basic components of the spirit at work concept.
4. Identify the outcomes of a study that tested the effectiveness of a spirit at work program in LTC.
5. Describe the recommendations from the study to improve the conditions in LTC.

1. High levels of absenteeism and staff turnover in long-term care (LTC) are associated with:

A. Increased costs for facilities.
B. Lower levels of job satisfaction for staff.
C. Poorer quality of care for residents.
D. All of the above.

2. In their review of the nursing home literature, Bowers, Esmond, and Jacobson identified which of the following as important determinants of staff turnover?

A. Low salaries and few benefits.
B. Authoritarian management style, poor staff-supervisor relations, and lack of supervisory respect.
C. Lack of acknowledgment for work and little autonomy.
D. All of the above.

3. Which of the following statements is FALSE?

A. Workplace flexibility, contact with and appreciation from residents, working as a team, and commitment to the service of optimal care have been associated with job satisfaction.
B. Increased compensation has been found to offset other factors and be sufficient incentive to attract and retain employees.
C. Self-esteem and emotional support from supervisors moderate the impact of perceived job stress and intention to quit.
D. Supervisors familiar with both the extrinsic and intrinsic sources of job satisfaction available to employees are in a better position to foster employee self-esteem.

4. Spirit at work refers to:

A. Finding meaning and fulfillment through work.
B. A distinct state characterized by profound feelings of well-being and a belief that one is engaged in meaningful work.
C. A sense of connection to others and common purpose.
D. All of the above.

5. Early research has established a relationship between spirit at work and:

A. Employee well-being and organizational performance.
B. Increased commitment in the workplace.
C. Employee work attitudes such as job satisfaction, work self-esteem, and the lack of intention to quit.
D. All of the above.

6. In the study conducted by the authors, all of the following were part of the methodology used EXCEPT:

A. A quasi-experimental design was used.
B. Two similar units from different LTC centers participated; one as the intervention unit, and the other as the comparison unit.

Earn 2.1 Contact Hours

C. The sites were selected by the researchers on the basis of convenience sampling.
D. The units used experienced similar challenges, such as heavy workload, difficult families, residents who were sometimes abusive, multicultural employees, and employees who often worked more than one job.

7. The spirit at work program intervention consisted of:
A. A 1-day workshop supplemented by eight weekly 1-hour booster sessions.
B. A 2-day workshop supplemented by six weekly 1-hour booster sessions.
C. A 3-day workshop supplemented by monthly visits from a consultant.
D. A 5-day workshop.

8. The Spirit at Work Scale, used for data collection in the study, measures which of the following?
A. Job satisfaction.
B. Organizational commitment and culture.
C. Engaging work, sense of community, mystical experience, and spiritual connection.
D. Vitality.

9. On the basis of the study results, the authors concluded that:
A. Their study provides strong support that a spirit at work program increased spirit at work, job satisfaction, organizational commitment, and organizational culture (e.g., teamwork, morale).
B. The spirit at work program can lead to a reduction in turnover and absenteeism.
C. Qualitative results indicated the spirit at work program improved overall staff morale and communication, as well as personal growth.
D. All of the above.

10. To improve conditions in LTC, the authors recommend that:
A. Attention be paid to the deeper meaning underlying work in LTC.
B. Care providers focus on service to the resident.
C. Attention be paid to expression of appreciation toward colleagues.
D. All of the above.

CNE Answers
October 2008

1. D	**3. B**	**5. D**	**7. A**	**9. D**
2. D	**4. D**	**6. C**	**8. C**	**10. D**

CNE REGISTRATION

JGN October 2008
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Mail To: **Journal of Gerontological Nursing**
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$15.00 payment must accompany this form. All payment must be made in U.S. dollars and all checks must be drawn on U.S. banks, payable to: JGN-CNE. Mastercard, Visa, and American Express Credit Cards are accepted for payment. CNE Registration must be received no later than October 31, 2010. Copyright ©2008 by SLACK Incorporated. All rights reserved.

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EVALUATION

(Must be completed for contact hour certificate to be awarded.)

	YES	NO
1. The content of the article(s) was accurately described by the learning objectives:	❒	❒

- Describe the negative outcomes associated with high levels of absenteeism and staff turnover in long-term care (LTC).
- Discuss organizational factors found to influence staff absenteeism and turnover in LTC.
- Identify the basic components of the spirit at work concept.
- Identify the outcomes of a study that tested the effectiveness of a spirit at work program in LTC.
- Describe the recommendations from the study to improve the conditions in LTC.

2. The content met my educational needs.	❒	❒
3. The program content was relevant to my nursing practice.	❒	❒

4. How much time was required to read the article and take the quiz? 125 150 175 200 225 (minutes)

5. Please list topics that you would like to see future activities address:

_____

_____

JGN1008