

MEANING IN MOTIVATION: DOES YOUR ORGANIZATION NEED AN INNER LIFE?

EILEEN E. MORRISON

GEORGE C, BURKE III

LLOYD GREENE

ABSTRACT

Leaders of health care organizations are increasingly interested in ways to attract, retain, and gain commitment from their employees. This interest is created in part because high turnover rates and the lack of commitment negatively affect the provision of care and the bottom line in their organizations. In a quality and cost conscious health care environment, health care managers need to find solutions for these difficult issues; solutions that are effective, efficient and sustainable. What can be done?

This article reviews, amplifies, and extends work that has been done in the area of “meaningfulness of work” in the context of employee retention and commitment. It begins with an exploration of the problems caused by lack of employee engagement and commitment including their impact on quality and costs. It then summarizes both the theoretical and applied research in the area of meaning and work. It also introduces the basic principles of Viktor Frankl’s logotherapy (Frankl, 1998) as a foundation for encouraging the integration of meaning and work. The seminal work by Pattakos (2004) is used to demonstrate how Frankl’s principles can be applied to healthcare work settings. Finally, the article provides suggestions for increasing employee commitment and engagement through identifying meaning and purpose in work.

BACKGROUND AND SIGNIFICANCE

It is rare to have a discussion with health care leaders or corporate executives, for that matter, without the topic of employee commitment becoming part of the conversation (O’Malley, 2000). The desirability of

employee commitment is hardly surprising given the context of its definition: psychological attachment, emotional bonding, and long-term focus. However, employee commitment is not universally present in organizations. In fact, a survey conducted by the Hudson Institute found that only 42% of employees believe that their employers deserve their allegiance (O'Malley, 2000).

A lack of commitment contributes to high turnover rates and poor morale which negatively affects the bottom line in health care. In fact, turnover can cost a health facility 3.4-5.8% of their operating budget (Waldman & Kelly, 2004). For some hospitals, the turnover rate can exceed 20% (Arthur, 2002) which threatens quality of care, profitability, and the fiscal viability of the organization.

Since nurses represent a major employee sector in health care, they can serve as an indicator of the costs associated with turnover. According to the Joint Commission of Accreditation of Healthcare Organizations (JCAHO),

It costs approximately 100% of a nurse's salary to fill a vacated nursing position Assuming a turnover rate of 20%, the current average turnover rate among health care workers, and a hospital employing 600 nurses at \$46,000 per nurse per year will spend \$5,520,000 a year in replacement costs. (2005, p. 9)

Turnover rates affect more than replacement costs. They may influence such areas as costs per discharge and quality assessment scores. According to JCAHO (2005), hospitals with high turnover rates had higher costs per discharge than those with lower rates. Logically, when nurses were retained, the hospitals also did better on quality scores including mortality rates and length of stay. JCAHO suggests that a culture of retention be created to decrease

nurse turnover and free up funds for activities that might also improve morale.

The lack of employee commitment and engagement also affect more than turnover. According to JCAHO (2005), morale among health care employees demonstrates an almost perfect correlation with patient satisfaction scores. In addition, when spirituality is considered to be an important part of an organization's culture, productivity and even market dominance can increase (Jurkiewicz & Giacalone, 2004).

Health care organizations have attempted to improve morale through contests, incentives, buttons, special parking places, etc. These efforts, while having some value, have primarily focused on extrinsic motivational strategies that do not produce long-term results. Atchison (2006) suggests that it might be more provident to attempt to influence an employee's intrinsic motivation for more sustained change. For example, this might be done by providing a corporate culture that removes barriers and increases the employee's potential to find meaning in his or her work.

CREATING MEANING IN THE HEALTH CARE WORKPLACE

Interest in exploring the interconnection and possibly interdependence between work and meaning in life is emerging. For example, Mathew Fox (1994) in *The Reinvention of Work*, suggests that all work has the potential to provide meaningful existence. He advocates that life and livelihood ought not to be separated but should flow from the same source: spirit. This brings meaning to existence in a truly integrated way.

Michael O'Malley (2000), in *Creating Commitment*, identifies the antecedents of commitment and lists five general conditions for action that employers can

take to support the creation of commitment and meaning. These are: 'fit and belonging', status and identity", "trust and reciprocity", emotional reward", and "economic interdependence" (p. 35). Ann Coombs (2002), in *The Living Workplace*, writes that in 1998, none of the companies with which she worked focused on spirituality or meaning. Today, about half of those do focus on these areas. "People are thinking about the words 'meaning' and 'purpose' more than ever before (Coombs, 2002, p.46). Although this need for commitment and meaning in work seems to be trans-generational, according to Borkowski (2005), Generation X employees (born between 1963 and 1977) are going to be more interested in finding meaningful work than they are in special parking places or fancy offices. In essence, finding meaningfulness in the form of spirituality, values, or the opportunity to discern what is really important provides employees with the ability to achieve their full in potential as people. They feel valued and supported and this is fundamental to enacting the core of commitment in engagement.

According to Ashmos and Duchon (2000 p. 139) in *Spirituality at Work: A Conceptualization and Measure*, "it is recognition that employees have an inner life that nourishes and is nourished by meaningful work that takes place in the context of community." Mitroff and Denton, coauthors of *A Spiritual Audit of Corporate America* (1999), suggest that, in general, "spirituality is a belief in the interconnectedness of life or the basic desire to find ultimate meeting and purpose in one's life and to live an integrated life" (p. 16)

In addition to the theoretical work that is ongoing in this area, there are many application examples and attempts at quantifying meaningfulness and spirituality in the workplace. Ashmos and Duchon (2000) designed an employee inventory which gathers data on spirituality and meaningfulness at work. Their questionnaire was

developed utilizing employees from four hospital systems in four different U.S. cities. Their intent was to assess organizational culture as a baseline for improving community, connection, and meaning in work. Both the Veteran Affairs Hospital in Brockton Massachusetts, and Barnes-Jewish hospital in Saint Louis have demonstrated in their research that a focus on spirituality and meaning can improve patient outcomes including reduced length of stay (Hudson, 1996). In addition, a financial institution that is not related to health care, has created a process of envisioning and storytelling to create meaningfulness, and a passion for and commitment to their organization (Pulver, 2000).

This review of literature supports the growing notion that inner life, chiefly in the form of linking meaningfulness to work life, is critical if not essential to addressing employee commitment and engagement. The next sections of this article build on the foregoing theoretical and application examples. These sections are designed to explore a specific set of ideas which amplify and extend the work in this area.

Historical Background on Meaning Theory

Viktor Frankl, founder of logotherapy (Meaning Theory), began his career as a physician (neurologist) and studied under the greatest minds of his time: Freud and Adler. In 1941, Frankl was deported to the concentration camp at Theresienstadt and survived four different camp transfers including Auschwitz and Birkenau. While in these camps, he endured almost unimaginable suffering, but used this experience as a way to field test and validate his burgeoning theory of meaning. His observational research confirmed his theoretical position that people with a clear sense of meaning and purpose were able to overcome the extreme suffering of the camps and retain their humanity and dignity (Klingberg, 2001). When

Frankl was released, he wrote *The Doctor and the Soul* (1986) which began his life work in logotherapy.

Basic Concepts of Logotherapy

Logotherapy is both a philosophy and an approach to daily life which is centered on the premise that finding meaning in the moment and the search for ultimate meaning are essential to human existence. In addition to accepting that people are more than physical beings, logotherapy assumes that life has meaning regardless of the circumstances. In addition, humans always have freedom of choice but must also accept responsibility for those choices (Sjolie, 2002).

For Frankl, all human life has value. He posits that “Human life has inestimable **value** and that it is purposeful; that each individual is **unique**, and is endowed with innate **dignity**. We are called to live with **authenticity** or integrity to fulfill our vocation of destiny, our unique meaning” (Graber, 2003, p.55). Frankl viewed people as having three dimensions: soma (body), psyche (mind), and noös (spirit). Of these three, the spirit is the most essential.

Part of the spiritual dimension is the human ability to rise above circumstances (self transcendence) and care about something or someone beyond the self. This ability is what makes people fully human. The ability of self transcendence also provides a link between humans and the ultimate meaning or the universal order of things. Meaning theory is founded on three pillars which have been described by various authors (Barnes, 2000; Frankl, 1985; Graber, 2003; Lukas, 2000). These pillars represent the concepts of freedom of will, will to meaning, and meaning in life.

Freedom of Will

The concept of freedom of will stresses that all human beings have the freedom to make choices in any given situation. Sometimes the choice is limited to one's attitude toward the situation, but attitude is still a choice. However, freedom of will does not mean absolving the individual from responsibility. In fact, responsibility is an equal partner with choice. Individuals cannot blame others for the consequences of their choices. They must take ownership.

Will to Meaning

Finding meaning in life and work is a prime motivator for human existence (Frankl, 1985). Meaning is unique for each person and can only be discovered (never dictated by another). When life is perceived to be meaningless, people experience an existential vacuum or emptiness (Barnes, 2000). In American culture, this emptiness is often superficially filled through food, drugs, sex, work, shopping, or self-destructive behaviors.

Meaning in Life

Human life has "unconditional meaning, which cannot vanish under any circumstance" (Lukas, 2000, p. 6). Individuals can find life's meaning in a variety of ways, including living actively and engaging in meaningful work. A situation or daily event can offer personal meaning for the individual who is open to it. For example, in work, meaning can be found even in ordinary tasks such as cleaning the floors or delivering mail. These tasks become meaningful when the employee chooses to see them as service to others. Meaning is created because the task is connected to something higher than the individual.

FINDING MEANING IN WORK

Frankl (1985) stresses that people must take an active role in finding their unique life meaning. He stated that there are

. . . three principal ways in which man can find meaning in life. The first is what *he gives* to the world in terms of his creations; the second is what *he takes* from the world in terms of encounters and experiences; and the third is *the stand he takes* to his predicament in case he must face a fate he cannot change. That is why life never ceases to hold meaning (Frankl, 1988, p. 70)

Each of these ways can be used to determine meaning in life and all can be found in work that is meaningful.

In *The Doctor and the Soul*, Frankl (1986) explains that people can find meaning in life through work that allows them to use their creativity and uniqueness for the benefit of others. This type of work allows them to both give to THE world and to learn from it. Through its foundation in beneficence, health care offers a singular opportunity to achieve meaningful work.

A seminal publication by Alex Pattakos (2004 p.vi) applies Frankl's logotherapy to the work setting in the form of seven core principles. These principles can also serve as a foundation for understanding how to affect intrinsic motivation in the work place. These Pattakos' principles are:

1. Exercise the freedom to choose your attitude.
2. Realize your will to meaning.
3. Detect the meaning of life's moments.
4. Don't work against yourself.
5. Look at yourself from distance.

6. Shift your focus of attention.
7. Extend beyond yourself.

By exercising their ability to choose their attitude toward any work situation, employees have the ultimate freedom (principle 1). For example, suppose a JCAHO exit interview team makes negative comments about activities in a department. Employees can choose to see these comments as criticism and become resentful. They could also choose to view this feedback as way to make improvement to better serve their patients. The latter choice can drive action and positively impact morale.

In order to realize meaning in work, employees must view work as being concerned with something that is bigger than they are (principle 2). Given this premise, the work of health care should be inherently meaningful since it is about service to patients, families, and the community. Once employees apply a service-centered orientation to their health care daily practices, they tend to be less likely to leave or resign. Further, they tend to have greater concern for the quality of their work. Even when the inevitable "bad days" occur, employees can maintain their dedication to their jobs by keeping the big picture of service to patients in mind.

Principle 3 suggests that meaning can be found even in the small things. This requires attending to small things and finding value in them. For example, a CEO notices that a member of housekeeping consistently does the tasks assigned to his or her job. The CEO stops to thank this person for the work that he or she does. While this is a very small gesture, it has the ripple effect of assisting the housekeeper in finding meaning in his or her work.

Employees also need to work in support of themselves (principle 4). For example, sometimes administrators become so fixated on project completion that they set themselves up for failure. By being fearful and

trying to maintain total control, they are not trustful enough to delegate appropriately. The result is that they become overworked and exhausted, and the project is not successfully completed. By using this micromanagement process, administrators are actually working against themselves.

Pattakos (2004) states that only human beings are capable of taking a self-distancing approach to life (principle 5). This means that employees can take an objective look at themselves and their behaviors. They are also capable of laughing at their own humanness and foibles. While health care is a very serious business, the ability to be objective and express an appropriate sense of humor creates a healthier work environment and improves morale.

Unquestionably, health care is a stressful work environment. Stress can seem overwhelming and “Even when we do love our jobs, we all experience bad, even ugly, days” (Pattakos 2004 p. 134). However, even with the stress, the power is in knowing that there are choices. When stress happens, employees always have a choice. They could resign and go home, stay and be miserable, or seek to find some meaning in the situation. The third option is obviously the best for both the patient and the organization.

For example, suppose a nurse has almost finished his 14-hour shift and a call button goes off in the room of an elderly patient. This is the same patient who has pushed the call button five times in the last half hour. This nurse might be having a bad day or even an ugly one. What choices does the nurse have? Pattakos suggests that when he answers the call button, he can shift his focus of attention (principle 6). He can cope with the situation by imagining that the patient is his own beloved grandmother. How would he want her treated?

The last principle of meaning in work asks the question, "Why are we doing this work?" If the answer is "for the money", there is never enough. If the answer is "power", there is always someone more powerful. Pattakos suggests that when employees engage in work that goes beyond meeting their personal needs, they can find meaning that transforms them. Helping employees find and understand meaning in work and how it can contribute to meaning in life certainly has the potential to increase commitment, reduce turnover and improve morale.

PRACTICAL SUGGESTIONS FOR FINDING MEANING IN WORK

Logotherapy or meaning theory holds the potential to positively impact job satisfaction and staff turnover in the health care industry by influencing the internal motivation of its employees. Since health care is experiencing tight budgets and challenges from many sources, it would seem prudent to consider approaching motivation from this view in addition to the traditional reward-based systems. The following are the suggestions for applying logotherapy to enhance morale and decrease turnover.

Applications for Leaders

In making change in an organization, leaders must always start with themselves. The following are suggestions to assist leaders in this process.

1. Start with yourself.

Begin by revisiting why you chose to be a health professional. Was your decision a calling, a way to make a difference, or was it based on economic necessity? Does your work as a health administrator provide meaning in your life? Can you describe why your work is meaningful for you? Understanding your own motivation to work will

assist you in dialoguing with others about their meaning in work.

2. Create an environment where employees can find their own meaning in work.

This requires more than giving out tee shirts or buttons. It begins with a cultural shift to influence morale and turnover through internal rather than external motivation techniques. Making this shift includes introducing policies and procedures that promote meaningful work, providing training opportunities on how to find meaning in work, and giving a strong and consistent message.

The message can begin with employee orientation where the CEO explains the organization's mission and vision. Rather than just saying the words, he or she must stress the significance of the mission in terms of its contribution to the health of the patient and the community. He or she then must go beyond the explanation and "walk the talk". This means helping employees find their connection to the organization's mission and vision. Employees tend to remain loyal and productive in organizations when they connect to the mission and understand their roles in making it a reality. Turnover can be reduced when they see themselves as the threads that hold the organization together.

No environmental change can occur without training. Training efforts will be needed to prepare management to both understand and become champions for recognizing meaning in work. In addition, employees need information on how to create their own meaning in work and how they connect to the organization. For example, when a nurse starts an IV, this is more than a clinical procedure. He or she is contributing to the healing mission of the organization.

3. Be sure to recognize even the small (but important) employee mission-centered contributions.

Through management by walking around and observation, managers can recognize even the small practices that enhance the patient care experience. For example, the staff member is observed taking the time to assist lost family members by actually taking them to their destination. This action needs to be recognized and praised. Although this is not as dramatic as a heart transplant, it still makes a difference in the patient's perception of quality and compassionate care.

In addition, management can empower employees to have greater control over their work environment and to solve problems on the spot. For example, if a patient makes complaint about food service, any employee can be authorized to apologize on behalf of the facility and to take action to remedy the situation. Once the situation is remedied, the employee can write a note of apology and/or purchase a small gift as a token of sincerity. Health care facilities are beginning to implement this customer relations practice that allows employees to action when it is needed with great success.

Applications for Employees

A thematic relationship exists between Frankl's work and Pattakos' principles (see Table 1). For example, Frankl argues that "Freedom of Will" is a source of meaningfulness. Pattakos builds on this by pointing out three ways to achieve it: "Choice in Attitude," "Don't Work Against Yourself," and "Shift the Focus of Attention". Leaders who want to encourage the development of this theme might design jobs so that they include opportunities for autonomy and creativity. In addition, they could establish work teams that have power equalization and self management and/or role exchange.

As an amplification of Frankl's "Meaning in Life" category, Pattakos argues for "Detect Meaning in Life's Moments," and Look at Yourself at a Distance". These

themes could be encouraged by taking 5 or 10 minutes at the start of staff meetings to have people talk about what had meaning for them in a recent work experience or relate how their work supports their values. Another alternative for developing this theme is to have employees tell stories about the organizational lore, humorous occurrences, or historical milestones. While these are not the only ways to apply Frankl and Pattakos' themes to the workplace, the point is that there are practical ways to encourage the connection between meaningfulness and work life.

Table 1
Relationship between the Principles of Frankl and Pattakos with Application Examples

Frankl's Principles	Pattakos' Principles	Applications
Freedom of Will	Choice in Attitude Don't work against Yourself Shift focus of Attention	Job Design Team Structure Feedback Systems Performance Evaluations Genuineness Encouraging Individuality
Will to Meaning	Realize will to Meaning Expand beyond Yourself	Education Leadership Development Reframing Problem solving Patient Feedback Systems Patient/family/staff Discussion Groups Encouraging Community Service
Meaning in Life	Detect meaning in life's Moments Look at Yourself from a Distance	Sense Making Introspection Exercises Identifying Strengths Encouraging Creativity Encouraging the use of humor Internal Community Building Activities Values Detection Start meetings with Reflections Have Staff tell Stories

CONCLUSION

Logotherapy or meaning theory is not just another fad or quick answer to employee motivation. Its roots are in the observational research of Viktor Frankl who found that meaning in life could be experienced even among those who were imprisoned in Nazi concentration camps. Pattakos offers advice on how to translate these theoretical constructs into the work settings in general. However, application to health care is just beginning to be addressed.

In order to improve employee commitment in engagement, managers should not rely entirely on extrinsic forms of motivation. The impetus for continued productivity and high morale must come from a sense of meaning and purpose in the work itself. Leaders must examine their sources of intrinsic motivation, provide a culture that encourages this level of exploration for all employees, and develop methods that assess and sustain this approach. Health care organizations that practice any component of this approach must be committed to increasing commitment in engagement through an improvement in the inner lives of employees. If this approach is treated as just another method to improve productivity it will not work. While there is no pure model in this undertaking, the work of Frankl and Pattakos appear to be valuable as a place to begin.

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