2016

Exploring the Relationships between Spiritual Well-Being, Team Regard and Turnover Intention of Hospice Social Workers: The Mediating Role of Job Satisfaction

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EXPLORING THE RELATIONSHIPS BETWEEN SPIRITUAL WELL-BEING, TEAM REGARD AND TURNOVER INTENTION OF HOSPICE SOCIAL WORKERS:
THE MEDIATING ROLE OF JOB SATISFACTION

A DISSERTATION SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

PROGRAM IN SOCIAL WORK

BY
KIMBERLY L. SANGSTER
CHICAGO, IL
AUGUST 2016
ACKNOWLEDGEMENTS

One of the joys of writing a dissertation is the opportunity to express appreciation and gratitude to many people. “It takes a village… to raise a PhD!” rang one of the toasts on the day of my defense. Over the course of a lifetime many people have been part of this “village” and thus a part of this achievement, to ALL I say, thank you! I want, however, to name some specific people without whose guidance, support and encouragement this body of work would not have been completed. First, and foremost I want to thank my parents Beverly and (the late) Richard A. Sangster, and my brothers Chris and Rich, and sister, Lisa, and their families; and my soul-sister, Dr. Cindy Hales, for their unfailing love and belief in me throughout my many years of study.

The world of hospice care was opened to me as a young graduate and two women to whom I owe a special ‘thank you’ for their love and mentorship are Donna O’Toole and (the late) Peg McCuistion. There are many others, both living and deceased, with whom I’ve shared an end-of-life experience that nurtured and deepened my passion for the hospice movement. What I learned from you over the years has sustained me in this project, and I am deeply grateful.

To Dr. Marcia Spira and all the faculty and students in the School of Social Work who taught me much about the breadth and depth of social work, and the joy of teaching, thank you. In particular a word of thanks to doctoral student Jang-ho Park who patiently lead me through some statistical mazes! I also want to thank my Loyola University cohort
members Dr. Michael Lloyd and Dr. Hayley Stokar for leading the way and helping to pull me over the finish line.

I am deeply grateful to my friend, and former social work colleague, Julie Grutzmacher for her work on the interview recordings and help with the qualitative rigor of this study. Thank you also to my “village” friends, Cherryl, Hansi, John, Nancy, Sara, Allyson, Amy, and my EFM group, to name a few, who nourished body and soul faithfully over these past four years.

My deepest gratitude goes to my Dissertation Chair, Dr. Holly Nelson-Becker, who held a high standard for the discipline and rigor of research, for her generous availability at all hours, constant encouragement and wise guidance in this writing process. I am thankful also to Dr. Philip Hong and Dr. Chang-ming Hsieh for graciously serving on my Dissertation committee and providing wonderful insights and direction for future publications from this work.

Finally, I give my heartiest thanks to Dr. Aoife Lee for her unfailing love and support in every aspect of this study and my life. Thank you, thank you, thank you, may we enjoy the fruits of our labors for decades to come.
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ABSTRACT

According to the U.S. census bureau there are approximately 15,500,000 Americans over the age of 65 years in 2015. As the population ages and prepares to die, people will need access to quality hospice and end-of-life care. Key to delivery of quality care is experienced hospice social workers. Multiple regression and mediation analysis were applied to explain the path relationships involving the variables of spiritual well-being, an innovative operationalization of the concept of team regard, job satisfaction and turnover intentions of hospice social workers in Medicare-certified hospice programs in the state of Illinois. Other variables in this study included economic satisfaction, external opportunity, age and tenure. Additionally, the mediating role of job satisfaction was examined.

This mixed methods research utilized online survey (n = 111) and individual interviews (nine of the respondents participated in in-depth interviews). The demographics of the sample were overwhelmingly Caucasian (94%), 45 years of age, Christian (71%) women (93%) holding an MSW degree (90%). Forty-seven percent have worked < five years in the hospice field. Data from the qualitative interviews informed the understanding of the definition, importance and influence of team regard on hospice social worker turnover intention. Two theories guide this study: existential theory and Paul Wong’s meaning management theory. Mediation models presented proved significant. This sample of hospice social workers scored high in spiritual well-being (86%) as determined by the Spiritual Health and Life Orientation Measure (Gomez &
Fisher, 2003, 2005). Ninety-six percent were high or very high in team regard. Twenty-five percent were at moderate or high risk of leaving their organization. The research demonstrated that the relationship between spiritual well-being and turnover intention is mediated by job satisfaction. Additionally, team regard is mediated through job satisfaction but also significantly directly influences turnover intention. This research identifies the importance of team regard and spiritual well-being and its overall influence of job satisfaction and turnover intention.
CHAPTER ONE

INTRODUCTION

This dissertation study explores the turnover intentions and factors that may contribute to increased career longevity of hospice social workers. Utilizing survey data and a participant subset of qualitative interviews from hospice and palliative care social workers working in Medicare certified hospices in the state of Illinois; this study contributes to better understanding of the overall job satisfaction and turnover intentions of hospice social workers. Additionally it explores hospice social worker spiritual well-being, their experience of team regard and tests hypothesized relationships between the variables of team regard, spiritual well-being, job satisfaction and turnover intention.

Background and Significance

The Modern Hospice Movement in the USA

The concept of hospice has a rich, ancient, evolving history. The word hospice comes from the Latin and Greek root words “hospitium” and “hospes.” These words are translated as “hospitality” and “host/guest” respectively (Saunders, 1978). In ancient times hospices were way stations for weary travelers on a journey. The corresponding image is that those living with a terminal illness and their family members are on a journey; the patient traveling from this life to whatever is after this life, and his or her family traveling from life with their loved one to life without their loved one’s physical presence.
The modern hospice movement in the United States began in light of two seemingly unrelated events; the founding of St. Christopher’s Hospice in England, by Dame Cicely Saunders in 1967 and the publication of *On Death and Dying* in 1969 by Elizabeth Kubler-Ross, MD (Clark, 1998; Millett, 1979; Rhymes, 1990; Stoddard, 1979). Kubler-Ross’s work came as a corrective to a death denying, death avoiding sentiment that was widespread in the medical and general culture. In its early days the hospice movement was viewed as a small protest movement. It was grass roots, volunteer and both professional and lay persons were involved.

**Evolution of standards of care.** Hospice is a concept of care for terminally ill persons and their families. The goal of hospice care is to help the person with the terminal illness live fully until death. Quality of life versus cure of the disease is emphasized. Death is neither hastened nor postponed but one is kept as free from pain and troubling symptoms as much as possible.

In 1974, an “international convocation of workers in the field of death, dying, and bereavement” met to discuss the issues of care at that time and consider future needs (Kastenbaum, 1975; Vachon, 2014). This workgroup developed a document outlining the assumptions and principles underlying standards for terminal care. The document guided the development of the National Hospice Association Standards (Vachon, 2014). This group has become known as the International Workgroup on Death, Dying and Bereavement (IWG) and still convenes today.

The fundamental commitments of hospice care are: (1) to view and treat the patient in a holistic way with physical, psychological, spiritual and social needs; (2)
acknowledge the patient and family as the unit of care; (3) assure excellent pain and symptom control for the patient and family; (4) provide continuity and care across care locations be that home, hospital or nursing home; and (5) follow-up with the family after the patient’s death (NCP, 2013). Because one person or one discipline cannot meet the needs of patients and families, this care is provided through an interdisciplinary approach. This interdisciplinary team minimally includes the physician, nurse, social worker, and spiritual care provider. Other disciplines as well as professional and lay volunteers may be involved in the provision of care. Holistic hospice care recognizes the patient AND the family as the defined as the unit of care. The earliest years of hospice service provision stressed home care over hospital or nursing home care.

Expansion of Hospice Programs

The first hospice in the United States, Hospice, Inc, in Branford, Connecticut began serving patients in their homes in 1973 (Connor, 2007; Osterweis & Champagne, 1979; Rhymes, 1990; Stoddard, 1979). Four years later, the National Hospice Organization (NHO) was founded to define the nature and scope of the care hospice programs provided and to help spread hospice care throughout the country (Campbell, 1986; Connor, 2007; Vachon, 2014). Through mobilized efforts of this grass roots movement, hospice care was wed to the health care system. Medicare began covering hospice services to all beneficiaries in 1983 (Hoyer, 1998). With this provision, hospices were able to be reimbursed for providing care to terminally ill patients and their families.

Statistics provided by the National Hospice and Palliative Care Organization (NHPCO, 2014) identify that the number of hospice programs throughout the United
States and its territories continues to rise. In 1974 there were a handful of programs, today there are over 5,800 hospice programs in existence. Although agency type (free standing/independent, part of a hospital system, home health agency or nursing home) and agency size significantly vary, it is clear that hospice has claimed a considerable and influential place in the provision of care for the terminally ill and bereaved.

**An Aging Population**

In 2011, the oldest members of the Baby Boomer generation began to turn 65 years old (AoA, 2012). The Administration on Aging reports that in 2009 persons age 65 and older represented 12.9% of the population, which is one in eight Americans. By 2030, those 65 and older will represent about 19% of the United States population; that is approximately 72.1 million older adults. It is estimated that by 2040, one in five Americans will be older than age 65, and one in 13 will be older than age 85 (USPSTF, 2013). Regardless of which organization is generating the statistics it is clear the older adult population is growing at a staggering rate. This growth has far reaching implications for the maintenance and development of a ready workforce to serve this population.

**Workforce Requirements to Care for the Aging, Terminally Ill, Dying and Bereaved**

As the numbers of older adults increase there will be a corresponding need for those who are willing and prepared to work with this population. Many older adults are living healthier, for longer periods of time. Yet despite this increased quality of life for many, the fact still remains that the future is bounded. Regardless of how long one lives, death is still the unavoidable outcome.
Understanding issues that relate to aging and living through life’s end is essential to providing for the health and well-being of older adults, their families and their caregivers. While it is important to understand what influences and motivates individuals to choose careers involving work with older adults and end of life care, it is equally important to understand what keeps workers in these careers. Career longevity not only impacts individual competency, but by extension, organizational competency. It impacts service delivery, care outcomes, and financial and policy domains (Schwerha, 2015).

**Social Workers and Hospice**

Since the inception of the modern hospice movement social workers have played a significant role in patient and family care, hospice program development and overall interdisciplinary and community education and awareness. Social workers have influenced and energized the growth and evolution of modern hospice and palliative care (Quig, 1989; Saunders, 2011). Social workers have provided clinical services, advocated on behalf of patients, guided ethical decision making, influenced public policy agendas and provided leadership for provider programs and associations for the benefit of terminally ill patients, family and friends, and the bereaved. Social workers have made significant contributions to the understanding of and implementation of the aspects of helping patients and families face catastrophic and life-threatening illnesses (Brandsen, 2005; Christ & Blacker, 2005; Csikai, 2004; Gwyther et al., 2005; Harper, 2011; Sheldon, 2000).
Hospice care is based on the philosophy of the holistic view of the patient (physical, psychosocial, emotional and spiritual) and commitment to the patient and family as the unit of care. Hospice care is palliative care. Palliative care is care that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (World Health Organization (WHO) website retrieved 7/4/2014)

Palliative care may include curative therapies. Hospice care, however, “… focuses on caring, not curing. In most cases, care is provided in the patient’s home but may also be provided in freestanding hospice centers, hospitals, nursing homes, and other long-term care facilities” (NHPCO, 2014). There are approximately 5,800 hospice programs in the United States and Territories serving an average daily census of nearly 138 patients in each program (NHPCO, 2014).

Through the 1982 legislative session hospice services became reimbursable through Medicare in 1983 (Hoyer, 1998; Mahoney, 1998). For hospice providers to receive payment for services they must be Medicare-certified providers and fulfill the required Conditions of Participation as established by the federal government. Medical social services are considered a “core service” in hospice. All hospices that are Medicare certified must, without exception, provide social work services based on the patient’s psychosocial assessment and the patient’s and family’s need and acceptance of these services by a qualified social worker (§ 418.64 Condition of Participation: Core Services). In the original Conditions of Participation, a social worker was defined as “a person who has at least a bachelor’s degree from a school accredited or approved by the
Council on Social Work Education. In 2008 the Medicare Hospice Conditions of Participation were revised. The 2008 Conditions of Participation, newly defined, allows an individual to provide hospice social work who meets one of the following criteria: has a master of social work (MSW) degree from a school of social work accredited by the Council on Social Work Education and one year experience in a health care setting OR has a baccalaureate degree in social work (BSW) from a school of social work accredited by the Council on Social Work Education and one year of experience in a health care setting OR has a baccalaureate degree in psychology, sociology, or other field related to social work and at least one year of social work experience in a health care setting.

Services must be provided under supervision of a social worker with an MSW (Medicare, L787 §418.114b).

Though essential, it has been noted even in the earliest history of hospice development that social workers’ invaluable work is not always apparent and recognized (Saunders, 2011). Monroe and DeLoach (2004) noted that although other allied professions on hospice teams are considered “primary,” social work is frequently viewed as “ancillary” to other team members. This lack of recognition and “ancillary” status has been demonstrated by the limited historical research that has taken place about the work of the social worker, the issues of job satisfaction and retention, the full scope of the social worker’s position on the interdisciplinary team, interventions with patients and families, and the impact of the work on the social worker’s life. However, recent efforts have been made by social work researchers and supporting associations to rectify this situation. In 2002, a national Social Work Leadership Summit on Palliative and End-of-
Life Care was convened with the purpose of prioritizing a social work agenda that highlighted the need for standards of practice, collaborative organized leadership, guidelines for education and credentialing and development of a research agenda (Gwyther et al., 2005). This was followed by a second summit in 2005. In 2007 the Social Work Hospice and Palliative Care Network (SWHPN) emerged as a result of these efforts (SWHPN website, accessed 11/10/14). In 2009, the NASW Center for Workforce Studies and Social Work Practice published an occupational profile about social workers in hospice and palliative care. In spite of these impressive strides there is very limited research on what keeps hospice social workers in the work of caring for the dying and bereaved, their level of job satisfaction and knowledge about their turnover intentions.

**Growing Need for Health Care Social Workers**

Employment for social workers is expected to grow approximately 19% from 2012 to 2022. This is faster than average for all occupations. This employment growth is fueled by the increased demand in health care and social services (Bureau of Labor Statistics, Occupational Outlook Handbook, accessed July 18, 2014). For healthcare social workers the projected growth is much faster than average, estimated to be 22% or higher (O-Net Online, Accessed July 18, 2014). This growth is fueled by an aging population. Hospice social workers fit in this job category. Given the estimation of significant growth, the retention of current social workers in the work force is worthy of consideration. This growth and need for retention of current workers in the work force has significant implications for the profession as a whole. Understanding social workers intentions for staying in work and ways of developing enriching careers focused on
serving the older adult population in general and those facing end of life specifically becomes valuable information for service delivery programs, schools of social work, aging and end-of-life policy analysts, professional associations, career development specialists and social workers themselves.

**Research Questions**

The overarching goal for this study was to learn what helps or hinders social workers in developing and maintaining an enriching and productive career in hospice. To this end the concepts of turnover intention, job satisfaction, team regard and spiritual well-being were explored. This study was guided by four primary research questions.

1. What is the relationship between job satisfaction, economic satisfaction, external opportunity, age, organizational tenure, and turnover intention among hospice social workers?

2. Does spiritual well-being influence job satisfaction and turnover intention of hospice social workers?

3. Does team regard influence job satisfaction and turnover intention of hospice social workers?

4. What is the understanding and experience of team regard among hospice social workers?
CHAPTER TWO

REVIEW OF LITERATURE

Introduction

The purpose of this study was to explore a model of voluntary turnover as it relates to hospice social workers. The Revised Causal Model of Job Satisfaction developed by Agho, Mueller, and Price (1993) influenced the conceptual framework of this study (see Appendix A: Agho Revised Causal Model of Job Satisfaction). Job satisfaction is a variable that influences voluntary turnover hence, a model of job satisfaction is embedded in a model of voluntary turnover (Agho, Mueller, & Price, 1993; Lambert, 2012; Montague, 2004; Price, 2001). A model of turnover intention specifying variables of job satisfaction, external opportunity, economic satisfaction, age and organization tenure were examined with the addition of two new variables. New variables of spiritual well-being and team regard were examined and offer possible future revision to the job satisfaction and voluntary turnover model (see Figure 1: Conceptual Study Model). Additionally, mediation models specifying the influence of spiritual well-being and team regard on turnover intention mediated through job satisfaction were explored (see Figures 2 and 3). The concept of team regard was explored and further developed from interviews of hospice social workers.
Figure 1. Conceptual Study Model

Figure 2. Conceptual Mediation Model and Spiritual Well-Being
Theoretical Framework

Job satisfaction is a multidimensional construct. It consists of various aspects including job, organizational, economic and personal characteristics among others. One’s work life impacts the whole person, the bio-psycho-social-spiritual, in varying degrees and ways. Therefore, it is appropriate that multiple theoretical perspectives inform this study. Because one’s work and the consequent satisfaction or dissatisfaction from that work influences multiple aspects of an individual’s life, multiple perspectives from the literature were reviewed. However, the primary perspective is existentialism and meaning management is the guiding theory.

Existentialism

The overarching perspective that informs this study is existentialism. Existentialism focuses on the primary aspects of existence and meaning in our lives. It takes into consideration the totality and multidimensionality of the human. Additionally, existentialism makes the claim that there is potential meaning in suffering (Frankl, 1988/1969). It is an appropriate perspective as the job satisfaction and turnover

![Figure 3. Conceptual Mediation Model and Team Regard](image-url)
intentions that are being explored are those of hospice social workers. The key functions
within the job description of hospice social workers are intertwined with engagement and
immersed in the realities of death, suffering and meaning making.

Existentialism is holistic. It is not limited to only the psychological and
sociological aspects of the human. It is a philosophy that is open to the dimension of
spirituality in the human experience (Krill, 2014; Payne, 2005; Thompson; 2008). It
urges understanding and embrace of the “darker side of the human condition” (Wong,
2012, p. 3). It acknowledges life themes of suffering, meaninglessness, loneliness, as well
as responsibility and freedom. Existentialism posits that human beings have the capacity
to create meaning through choice and action. It is in the existential vein that Viktor
Frankl is known.

Viktor Frankl, existentialist, neurologist and psychoanalyst was born in Vienna,
Austria in 1905. He was a survivor of Nazi concentration camps and the Holocaust of
World War II. His experience of survival, later flourishing, and psychiatric training led
him to the development of his therapeutic approach known as logotherapy. A central
thesis of logotherapy is that suffering is unavoidable, however, one has the capacity to
cope with it, find meaning in it, and move forward (Frankl, 2006/1948). For Frankl, the
quest for meaning is a major, universal drive of human beings. He identifies this
universal drive or need as “the will to meaning” and notes it is the key to living a worthy
and fulfilling life. The “will to meaning” is a primary motivation of seeking meaning and
living a meaningful life. It is necessary for survival and health and the seed of human
flourishing. Frankl asserts that the ultimate meaning in life is not to obtain pleasure, as
espoused by Freud, or power and status, as espoused by Adler, but to find meaning and value (Frankl, 1988/1969). While discovering meaning in life is a personal, individual endeavor and responsibility, there are principles that can facilitate this quest. Frankl identified three primary sources for meaning: in work, in love and in courage during difficult times. He asserts that the ultimate meaning of one’s life is found in the spiritual dimension of human beings.

**Meaning Management Theory**

Meaning management theory (MMT) is a contemporary existential-humanist theory and constructivist perspective that also incorporates cognitive-behavioral processes. It was developed by Paul T. P. Wong (2008). Wong contrasts MMT to the ideas of business management. In the business world, the task of management is to manage resources such as people, finances, technology, networks, to achieve organizational goals. It is the task of management to utilize resources strategically, effectively and efficiently. It would be a poor manager that would knowingly squander resources or improperly utilize them. MMT is focused on the “business of living.”

Meaning management, related to life, is focused on managing the internal and external resources to grow and develop towards and achieve one’s life goals. Specifically, it is managing one’s life through meaning-seeking and meaning-making processes. This meaning management leads to the development of a conscious “inner life,” which becomes a primary source of self-definition and a central core that can survive and flourish in the midst of ambiguity, change and uncertainty.
There are five primary tenets of MMT (Wong, 2008; Wong, 2012). MMT takes a holistic view of the human. Human beings are bio-psycho-social-spiritual beings. In view of the social dimension, humans are communal creatures. The spiritual dimension is at the root of the desire for transcendence. Secondly, human beings are meaning-seeking and meaning-making creatures. In the constructivist view, humans are constantly engaged in meaning construction to make sense of the world and one’s own life. People react to perceived meanings rather than actual events. Thirdly, humans have two primary motivations: (a) to survive, and (b) to find the meaning and reason for survival. The impetus of this quest is the capacity of the human to know that his/her existence on earth is limited, bounded; to know that one is going to die. Following Frankl, the fourth tenet of MMT states that meaning can be found in all situations, including the most hopeless. This tenet underscores the conviction that people are capable of growth and transformation in spite of circumstances. The final tenant of MMT posits a dual-system model of maximized living (Wong, 2012). Wong asserts that the motivational tendencies of avoidance and approach complement each other to maximize positive motivation. These motivational tendencies working together are superior to capitalizing on only one approach for motivation and coping. For example, the fear of failure can enhance the desire to succeed and motivate one to succeed. This dual motivational and coping approach is a more salient and preferred path to live a vital and meaningful life. It focuses on the positive tendency of personal growth rather than on defensive mechanism against death.
**Definition of Meaning**

Meaning has been defined by Reker and Wong (1988) as “the cognizance of order, coherence and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment” (p. 221). When someone experiences his or her life as meaningful there is a subjective experience of existential significance or purpose in life. The converse is true, when one experiences his or her life as meaningless; the sense of existential significance or purpose in life is severely diminished or unrecognizable. Wong asserts that meaning is an individually constructed cognitive system that endows life with personal significance. This meaning system has five components: affective, motivational, cognitive, relational and personal.

**Meaning, Meaning – Management and Work**

Work occupies a central position in a majority of adult lives. As such, it is a primary source in which the quest for meaning is engaged. For many adults, the majority of waking hours are either spent at work, preparing for work or going to or from work. Work is a primary source of purpose, belongingness and identity (Michelson, Pratt, Grant, & Dunn, 2014). Meaningless work is associated with apathy, disinterest, low energy and detachment from one’s work (May, Gilson, & Harter, 2004) and meaningless work occurs when the moral capacity of the individual is diminished. Moral diminishment can occur when discussion of moral issues is absent or avoided or the ability to act morally is constrained through too much control or through implicit or explicit encouragement of immoral behavior (Lips-Wiersma & Morris, 2009). In her original research Lips-Wiersma developed a model that identifies four sources of
meaningfulness: developing and becoming self, serving others, unity with others, and expressing full potential.

Additionally, work is an aspect of life that shapes us. It is directional and formative. Work is an aspect of life that contributes to meaning. Work significantly contributes to the construction of personal narratives that give meaning and structure to a sense of self (Buchbinder, 2007). It is an embodied experience. Hospice social workers bring their whole selves to the work environment and work experience. Just as hospice social workers view patients and families from a bio-psycho-social-spiritual perspective; so too the social worker is a whole person with bio-psycho-social-spiritual facets. This holistic view of the patient/family extends to a holistic view of the hospice worker.

To choose a form of work for our own is then, to choose our history, for work defines our biographies, not as linear behaviors, but as a convoluted web of shared bonds between men [sic] & between men and nature. (Schaw, 1968, xi, as quoted in Williamson, 1996, p. 7)

Williamson (1996) proposes that those who work in the social services or in the human services are expressively oriented, rather than instrumentally oriented workers. For Williamson, expressively oriented individuals view work as “…a vehicle for altruistic exercise, and typically desire to help others,” while instrumentally oriented workers view work “…primarily as a means to an end such as pay, benefits, security, or social position” (p. 3). This is not to say that expressively oriented individuals are not interested in, or require pay and security in their work, rather, pay and security are not the primary values that motivate expressive workers. In order to be satisfied in their jobs, expressive workers need work that is meaningful.
Meaning Making and Hospice

Hospice is a laboratory for consciously considering existential life themes. It is a unique work environment that engages the meaning of suffering, the end of existence and meaningful living. The very nature of hospice work deals with the end of a person’s existence. It is a continuous witness to the ending of a life and the ongoing engagement with physical, emotional, psychological and spiritual suffering of patients and families. By virtue of working in the hospice field, employees not only assist patients and families with life’s end but, are simultaneously reminded of their own mortality on a routine and daily basis. This vicarious confrontation with mortality is not a neutral influence. This influence impacts the social worker in some way. While this confrontation has the potential to cause distress it is equally true that it has the potential to result in enhanced spiritual well-being and growth (Reese, 2013; Wong, 2012).

Existential theory also provides understanding of turnover intention and thus aids the prediction of actual turnover. If a hospice social worker is unable to find meaning in the suffering she/he witnesses or is unable to cope with the issue of non-existence then it is likely she/he will plan to leave the organization and hospice work altogether.

Review of the Literature

Job Satisfaction

Employee job satisfaction, the degree to which individuals like their job, is a key issue related to personal career development, employee retention and organizational success (Spector, 1997). It is a primary area of study in organizational behavior, management, health care, as well as other fields. Job satisfaction is important to study
because it has broad implications for both the organization’s and the individual employee’s well-being. Researchers began to systematically study employee job satisfaction as early as the 1930s (Agho, Mueller, & Price, 1993). Historical interest stemmed from the belief that job satisfaction increased productivity; however, recent work has focused on employee commitment, absenteeism, and turnover (Agho, Mueller, & Price, 1993; Lambert, Cluse-Tolar, Pasupuleti, Prior, & Allen, 2012; Montague, 2004; Spector, 1997).

Outcomes of various studies in other work environments and among a range of disciplines have found that job satisfaction is significantly, positively associated with employee morale and job productivity, and negatively associated with job burnout and job turnover (Mobley, Griffith, Hand, & Meglino, 1979; Price, 2001). This is significant as low staff turnover rates are a factor in the provision of high-quality care in various health care settings (Clark, Leedy, McDonald, Muller, Lamb, Mendez, Kim, & Schonwetter, 2007). Some scholars identify the necessity of learning more about and understanding job satisfaction among hospice employees a high priority (Casarett, Spence, Haskins, & Teno, 2011). They assert that little is known about the job satisfaction of hospice care providers and less known about the differences that may exist among the discreet disciplines.

There are multiple elements that contribute to the construct of job satisfaction. The classic Price-Mueller model of turnover intention which has an embedded job satisfaction model was one of the first models to provide a comprehensive framework for analyzing and understanding employees’ job satisfaction. This original model features
nine variables: routinization, centralization, instrumental communication, integration, pay, distributive justice, promotional opportunity, role overload and professionalism (Agho, Mueller, & Price, 1993; Price & Mueller, 1981). Agho, Mueller, and Price (1993) later expanded their original model to address deficits and create a more robust model. This revised model has three major revisions.

In the new model all nine original variables were kept in the model; however, four of the terms were revised. In the revised model, the terms instrumental communication, promotional opportunity, centralization, and professionalism were changed to role ambiguity, internal labor market, autonomy, and work motivation, respectively. Five new variables were added: positive affectivity and negative affectivity, role conflict, supervisory support, task significance.

Affective disposition is composed of two facets: positive affectivity (PA) and negative affectivity (NA). Positive affectivity is characterized by the attributes of enthusiasm, high energy and pleasurable engagement with surroundings and others. Negative affectivity is characterized by the attributes of nervousness, distress and unpleasant engagement with surroundings and others (Watson, Clark, & Tellegen, 1988). Affectivity influences an individual’s perception, thus day to day outlook and worldview. The mechanisms posited to be at work in the effect of affectivity on job satisfaction are selective perception of the environment and assignment of positive or negative meaning on ambiguous or neutral stimuli, such as encounters with others, situations and events. If a social worker is positively disposed he/she may unconsciously attend to positive aspects of the job and thereby increase job satisfaction. Furthermore, neutral or ambiguous
stimuli may be viewed in a more positive light. The opposite affect would occur in one who rates higher in negative affectivity. Research has demonstrated that positive/negative affectivity have a direct impact on job satisfaction (Agho, Mueller, & Price, 1993; Judge & Larsen, 2001; Price, 2001). In a sample of 405 employees at a Veterans Administration Medical Center, Agho, Mueller, and Price (1993) found that the addition of positive/negative affectivity strongly added to the explanatory power of a causal model of job satisfaction ($r = .44, p < .01$, and $r = -.27, p < .01$, respectively).

Related to affectivity is the understanding of personality and its relationship to job satisfaction (Spector, 1997). Since the mid-1980s there has been increased interest and research in this area. Job satisfaction and personality research has primarily focused on three main areas: genetics and environment, personality traits, and the interaction of the individual and their job, known as person-job fit. Research supports that personality is a factor in job satisfaction. Personality factors influence our occupational choice. Holland’s theory of person-environment fit with a particular job category supports the notion of the dual importance of personality and environment for job satisfaction. Holland purports that individuals can be characterized into one of six personality types, with corresponding vocational categories that correspond to the personality (Holland, Powell, & Fritzsche, 1997; Swanson & Fouad, 2010). Limited research has suggested that there may be a genetic predisposition that influences whether one likes or dislikes a job (Arvey, Bouchard, Segal, & Abraham, 1989).

In a study to determine the impact of personality on job and life satisfaction, Heller, Judge, and Watson (2002) conducted a longitudinal test with multisource data of
153 university employees. These employees were from different universities and worked in diverse occupations. Participants were surveyed twice, within a 6 month interval. The first survey included a questionnaire to be completed by a significant other who knew the employee well. Their results suggest that dispositional factors are important in job satisfaction and life satisfaction but caution against a simplistic notion that dispositional factors wholly shape or determine job satisfaction. In a meta-analysis conducted by Connolly and Viswesvaran (2000), 27 articles found a correlation of PA and NA with job satisfaction ($r = .52$ and $r = -.33$ respectively). Their results indicated that as little as 10% and as much as 25% of variance in job satisfaction could be due to differences in affectivity. Research also suggests that PA and NA affect turnover intention. Some studies identify job satisfaction as moderating variable between other variables and turnover intention (Bouckenooghe, Raja, & Butt, 2013). These studies present convincing evidence that affective disposition does impact job satisfaction. Although research supports the notion that job satisfaction is significantly influenced by the employee’s disposition, it is important to remember that cognition also correlates strongly with job satisfaction. It has been a challenge in the job satisfaction research to adequately separate the cognition (thinking) and affective (feeling) components as job satisfaction reflects both (Judge & Larsen, 2001). This makes sense from the point of view of a holistic perspective of the human. Thinking and feeling are intertwined. The two processes are related.

In addition to positive and negative affectivity, Agho, Mueller and Price (1993) examined the interaction effects of job-related stress (role ambiguity, role conflict, and
role overload) and social support (supervisory support and integration) on job satisfaction and kinship responsibility as it relates to voluntary turnover. The researchers understood supervisory support to denote the type of assistance employees received from their supervisor; integration to denote the type of assistance received from the friends or colleagues with whom they work; and kinship responsibility to denote the type of support received from family members. It was hypothesized that job-related stress would not adversely affect job satisfaction provided the employee receives adequate support from their supervisors, coworkers and families. It is interesting to note that neither of the models included demographic variables. The researchers argue that demographic variables cannot be used to examine the cause of observed changes in satisfaction. That said, the revised causal model “retained demographic variables to test for model misspecifications” (p. 1014).

This revised causal model of job satisfaction (RCMJS) was originally tested with employees at a Veterans Administration Medical Center in the Midwest, September and December, 1988 (Agho, Price & Mueller, 1993). Utilizing a survey methodology, two-wave longitudinal data were collected from a sample of 405 full-time and part-time employees. These 405 participants responded to two separate surveys, with a three-month interval between each survey. These participants represented a 49% response rate. The first survey contained measures of each of the independent variables and job satisfaction. The second survey, administered three months later, contained only measures of job satisfaction. Results indicated that employees who were qualified for multiple jobs within the organization, who were not provided the necessary information to properly
fulfill current job tasks, and who received incompatible request from superiors, had less job satisfaction. Those who were satisfied with their jobs had higher autonomy, had friendly coworkers, believed work is an important part of life, believed they were fairly rewarded for the contributions they made to the organization, worked for supportive and helpful supervisors, and were adequately compensated for their work. Employees who were satisfied with jobs at the time of survey one were likely to be satisfied at the time of survey two three months later. Based on the brief three month follow-up period the researchers suggested that job satisfaction is a fairly “stable phenomenon” (p. 1020). Also, the variable of positive/negative affectivity showed that employees who were predisposed to experience discomfort in general had less job satisfaction than those who are predisposed to being happy. Fifty-seven percent of the variance of job satisfaction was identified noting that the variables of opportunity and routinization have significant negative causal effects on job satisfaction and distributive justice, work motivation, and positive affectivity lead to significant positive effects. In this study, autonomy, role ambiguity, role conflict, role overload, integration, internal labor market, supervisory support, task significance, and negative affectivity had no significant effect on job satisfaction. The inclusion of demographic variables in one of the structural models did not increase the explanatory power of the model.

**Job Satisfaction in Social Work**

Job satisfaction studies have been conducted within a variety of social work practice areas, such as geriatric discharge planning and gerontological social work (Kadushin & Kulysis, 1995; Poulin & Walter, 1992), nursing home social work,
(Gleason-Wynn & Mindel, 1999), health care social work (Siefert, Jayaratne, & Chess, 1991; Mueller, 1997; O’Donnell et al., 2008), child protective services and child welfare (Shapiro, Burkey, Dorman & Welker, 1996; Shier et al., 2012), home health social work (Egan & Kadushin, 2006) and with social workers who are supervisors and administrators (Poulin, 1995). Additional studies have been conducted differentiating level of social work license (Cole, Panchanadeswarn & Daining, 2004) or groups of social workers who work within a range of social work practice settings (Acquavita, Pittman, Gibbons, & Castellanos-Brown, 2009).

Using a cross sectional design, Cole, Panchanadeswarn, and Daining (2004) studied the job satisfaction of 232 licensed social workers in Maryland. Results indicated that the quality of supervision and perceived workload were predictive of job satisfaction. However, the perception of workload and job satisfaction was mediated by perceived efficacy. For the purpose of this study perceived efficacy was conceptualized as the social worker’s subjective assessment of his/her capacity to affect positive change with the clients he/she served and ability to make a meaningful contribution to the workplace.

By means of internet survey, Acquavita et al. (2009) studied job satisfaction in relation to the variables of personal (race and ethnicity) and organizational diversity (workplace racial composition), perceived social support and the employee’s perception of level of inclusion or exclusion in significant organizational processes among 86 social workers. Of the three social support subscales, which included co-worker support, significant other support and supervisory support, only supervisory support was predictive of job satisfaction. The Perception Inclusion-Exclusion (PIE) scale has five sub-scales:
social/informal, organization, supervisor, higher management, and work group. Minority status was not related to job satisfaction. Researchers hypothesized that racial composition of the workplace would be predictive of job satisfaction. However, they found that it was not significant in impacting job satisfaction in the survey sample.

O’Donnell et al. (2008) studied the predictors of ethical stress, moral action and job satisfaction in health care social workers. Social workers in healthcare routinely deal with ethical issues. Conflicts of values and at times a sense of powerlessness that can be present among practitioners can become sources of ethical stress. O’Donnell and colleagues hypothesized that overall ethical stress would influence job satisfaction and intention to leave the organization. A sample of 478 social workers completed a questionnaire about practice characteristics, attitudes toward the workplace ethical climate, availability and type of organizational resources to assist with ethical issues, overall ethical stress, moral action, job satisfaction and intention to leave the organization. Results showed a statistically significant negative, moderately strong relationship between overall ethical stress and job satisfaction ($r = -.461, p < .01$) and a positive, weak linear relationship with ethical stress and intention to leave the organization. The higher the ethical stress, the lower the job satisfaction and the higher the turnover intention.

**Job Satisfaction in Hospice Care**

Although there has been significant research about job satisfaction in many professions and disciplines there has been very limited research in hospice care (Casarett et al., 2011; DeLoach, 2003; Parry & Smith, 1987). Few studies have focused
specifically on the job satisfaction of hospice social workers. DeLoach (2003) examined job satisfaction using the Revised Causal Model of Job Satisfaction (RCMJS) in 76 hospice interdisciplinary team (IDT) members. Results revealed that overall IDT members were very satisfied with their work environments. Five variables: (1) supervisory support, (2) positive affectivity, (3) role ambiguity, (4) autonomy, and (5) routinization accounted for 62% of the variance in job satisfaction. Specifically, hospice team members were more satisfied with their jobs when they perceived their supervisors to be supportive, experience positive emotions, have clear roles and responsibilities, have control over their work and have creativity or variance in their job versus routine.

In a later analysis of this data, job satisfaction of hospice social workers was compared to other IDT members (Monroe & DeLoach, 2004). Overall, social workers were least satisfied with their jobs compared to other team members. There was significant divergence in distributive justice, autonomy and opportunity. Hospice social workers were not as satisfied about how their contributions were rewarded by the agency, they felt they did not have the same level of autonomy as nursing team members, nor did they feel they had as many opportunities for employment external to the organization as their nursing team members. While this sample size is very limited, 76 interdisciplinary team members of whom there were 14 social workers, this is a significant study as it specific to hospice interdisciplinary team members and social workers in particular.

In an effort to learn about hospice employee job satisfaction that could be used to evaluate the unique hospice work environment, the National Hospice and Palliative Care Organization collaborated with The Center for Health Equity Research and Promotion
and the Department of Medicine at the University of Pennsylvania to develop a hospice job satisfaction instrument (Qaseem, Shea, Connor, & Casarett, 2007). Through a systematic research process the Survey of Team Attitudes and Relationships (STAR) was developed. The final survey consisted of 45 items in six domains: individual work rewards, teamwork, management support, organizational support, workload issues, and global assessment of job satisfaction. The work of the STAR is very relevant and promising for learning about job satisfaction in the hospice work environment. However, since its inception very few studies have been conducted, or at least made publically available in the academic literature. It was hoped that the STAR would be a primary instrument in this current research project. However, due to the issue noted above adequate psychometric data is unavailable.

**Voluntary Turnover**

Turnover is “movement across the membership boundary of an organization” (Price, 1977). The literature identifies two types of turnover: voluntary and involuntary. Voluntary turnover is when an employee chooses to leave an organization by their own volition. The turnover is initiated by the individual and is commonly referred to as “quits.” Involuntary turnover occurs when the leave-taking is not initiated by the employee. Examples of involuntary turnover are dismissals, some types of retirements, layoffs and death (Price & Mueller, 1986). Employee turnover has a significant impact on organizations. Voluntary turnover is the most costly, most common, most avoidable and most detrimental to an organization (Lambert, 2012; Price, 1977).
Social worker and other human service worker turnover is a significant issue in child welfare (Mor Barak, Nissly, & Levin, 2001; Sheir et al., 2012; Smith, 2005), substance abuse counseling (Colistra, 2012), social work administration (Jayarantne, & Chess, 1983) and generally within the social worker workforce (Wermeling, 2009). The provision of hospice services is solely dependent on the care provided by hospice interdisciplinary team members. This human capital is the organization’s primary asset. As such it is essential not only to retain this asset but to maintain the health and strength of this asset to prevent disruption of service. Turnover can negatively impact organizational stability and affect the quality of patient care (Clark et al, 2007; Mor Barak et al., 2001).

Scholars have identified four intervening variables that impact employee turnover. These are: overall job satisfaction, organizational commitment, search behavior, and intention to stay in the job. The literature is clear that job satisfaction has a consistent, negative relationship to job turnover. However, the percentage of variance in job turnover models has ranged from less than 16% of the models tested (Mobley et al., 1979) to 32% (Lambert et al., 2012). This indicates that, while important, job satisfaction is not the only predictor of turnover. Additionally, economic factors as well as personal characteristics such as gender, age and educational status have been noted (Lambert et al., 2012; Shier et al., 2012).

**Turnover Intention**

Voluntary turnover is the interest of this study. However, the path to exploring turnover is turnover intention. There are multiple reasons for this. One, waiting for an
employee to actually voluntarily turnover would make that employee unavailable to the study due to employee exit. Also, if an employee participated in the study and then left the organization after a period of time, the time lapse could render the data invalid as numerous factors could have intervened between study participation and actually leaving. As Montague (2004) suggests, utilizing organizational records of employee exit do not always specify the reason the employee left the employer. Records may only have technical information about why the employee left, leaving it unknown if it was voluntary or involuntary and the range of determinants for leaving.

Research has shown that intention to leave actually leads to an employee leaving an organization a significant percentage of the time (Mor Barak et al., 2001). “Intention to leave is the behavioral intention that precedes turnover. Intent to stay is simply the converse of intention to leave” (Montague, 2004, p. 12). The literature strongly supports the conclusion that the intent to stay with an organization is significantly negatively correlated with turnover (Mobley et al., 1979; Price & Mueller, 1986, Tett & Meyer, 1993). The literature identifies multiple variables that impact employees’ intention to leave a job. Job satisfaction and “affective commitment” negatively impact turnover intentions among social workers (Carmeli & Weisberg, 2006).

External Opportunity and Turnover

Supply and demand economic theory purports that the supply of labor (the quantity and quality of people available to perform a particular job) and the demands or needs of employers for people to do that particular job create a labor market. Employee supply and employer demand influence the setting and accepting of prices in the form of
wages (Barth, 2003; Montague, 2004). In an effort to better understand the geriatric
social worker labor market, the John A Hartford Foundation commissioned a research
study. This study was a “first look” at the social work labor market in the United States
(Barth, 2003). Barth noted that at the time of his investigation, “Virtually no literature
exists on the labor market for social workers” (p. 9). Since Barth’s first endeavor there
has been more research on the social work labor market, but it is somewhat distressing
that so little information is available given the fact social work has been a viable and
growing profession for several previous decades.

Barth (2003) identified six factors that influence the supply side and one factor
that influences the demand side of the labor market equation. Supply side factors are:
population and the labor force, the “production” of social workers, ease of market entry
and exit, time and taste, public policy, and labor unions. The demand factor is the
employer’s ability to purchase labor. The factors of the population and labor force
basically assume that if the overall population is large enough people will choose to go
into any given profession. It is assumed enough people will choose the social work
profession and thus create a relatively adequate labor force. If the population is small,
the assumption is made that enough people will not choose a profession to meet the
demand, which provides a small labor pool and thus creates a tight market. The
“production” of social workers addresses the educational requirements of the profession
to be able to possess the necessary knowledge and skills to carry out the required job
tasks. Market entry and exit are factors that influence individuals to change their career,
leave or return to the labor force. This factor is independent of education but does
include licensing requirements of any given state. Time and taste influence labor analysis. Time is the point at which one is in a career. If an individual has begun a career, such as social work, which takes a significant amount of time for preparation, they cannot easily move onto another career that takes significant time for preparation. However, one can “retool” for a new position, which takes another period of time for preparation. Taste is simply preference. A strong “taste” for a profession means that one is drawn to it or prefers it due to a variety of intrapersonal factors. Labor unions control the supply of labor to allow a group of workers to exert power when negotiating compensation and working conditions. While in some industries unions are a major force that is not the case in social work. Public policy can have significant influence on the labor supply of social workers.

Barth (2003) identifies the ability to purchase labor as the primary factor on the demand side of the equation. He distinguishes between need and the ability to purchase. This is a critical distinction. From an economic point of view it does not matter how much of a need for services exist. The need for social work services does not become a demand until there is money available to pay for the service.

Five of the six factors identified above have an impact on the hospice social work labor market. As noted in Chapter One, historically, the initial federally mandated Medicare Conditions of Participation (CoPs) of 1982 required hospice social workers to have a BSW or an MSW degree from a social work program accredited by the Council on Social Work Education (CSWE). In 2008 the federal regulations changed the personnel qualifications for the hospice social worker, allowing those with related training to
assume the role of the hospice social worker. This action changes what it means to be a social worker as uniform educational requirements and a specific professional code of ethics no longer exits. This could lead to an increase in uncertain job duties and becomes a de-skilling of the profession. Because of these changes the potential supply of people who can fulfill the hospice social worker role has substantially increased. Thus, a shortage is averted and wages could remain stagnant or even lower.

**Economic Factors and Turnover**

Unlike other labor markets the increase in demand for social workers has not equated to a corresponding increase in salaries (Barth, 2003). In the overall market place women have disproportionately lower wages. The literature has inconsistent results as to the effect of wages on job satisfaction and turnover. As noted by Schweitzer, Chianello and Kothari (2013) the majority of studies about pay satisfaction and social workers had been in the area of child welfare. To remedy that concern, Schweitzer, Chianello and Kothari studied 838 social workers in a variety of employment settings other than child welfare to determine if they were experiencing dissatisfaction in their job and if they were, to what extent compensation was a factor. Results indicated that job tenure and contentment with compensation predicted higher levels of satisfaction. As expected, they noted intentions to leave the field of social work altogether were associated with lower levels of job satisfaction. In a study examining the interaction of wages and caretaking in relationship to staying at a job, 92% ($n = 709$) of the social worker respondents thought that earning an above average income ranged from extremely to somewhat important (Wermeling & Smith, 2009). The study suggests that social workers who left the
profession did not do so because of salaries. However, social workers had a better chance of staying in the profession if they were satisfied with their salaries. Both studies encourage the profession to “…move beyond the myth that those who enter the field of social work do so for purely selfless motives and should not expect more than meager salaries. Altruism and professional wages should not be mutually exclusive” (Schweitzer, Chianello & Kothari, 2013, p. 156).

**New Variables**

This study explored two additional variables that are not part of Agho’s Revised Causal Model of Job Satisfaction. Those variables are spiritual well-being and team regard.

Job satisfaction studies have included the organizational, environment, and psychosocial dimensions of the workforce. However, employees come as whole people, with a spiritual dimension as well. In fact some would argue, like French philosopher, Jesuit priest and paleontologist, Pierre Teihard de Chardin, that human beings not only possess a spiritual dimension but in fact at the source of their existence they are spiritual beings. He is credited with this elegant quote, “We are not human beings having a spiritual experience, but spiritual beings having a human experience.” In the tradition of Teihard de Chardin and Victor Frankl, this study explored a nögenic dimension. This is the spiritual dimension. In an effort to remedy this break with the holistic integrity of the human, this study added the variable of spiritual well-being as a personal dimension of job satisfaction of hospice social workers. Since hospice holds the holistic view of the
bio-psycho-social-spiritual dimensions of patients and family members it is appropriate to afford this dimension to hospice workers as well.

Conversations about work experience with a variety of hospice social workers currently working in hospice and those who left hospice spurred interest in considering team regard as an additional variable in relationship to job satisfaction. Team regard relates to the level of esteem and respect in which various team members hold the social worker and the social work profession. Recent conversations with hospice social workers have identified concerns that hospice care may be over emphasizing a medical model of care over an interdisciplinary model of care. Additionally, limited, though developing, understanding of the breadth of social worker education, skills and competencies, (Brandsen, 2005; Gwyther et al., 2005) limited agreement as to which member of the interdisciplinary team fulfills which responsibilities (Donovan, 1984; Kulys & Davis, 1987; Nelson-Becker & Ferrell, 2011; Reese, 2011) and changes in the Medicare Conditions of Participation social work qualification requirements may be placing the social worker and the social work field in a less regarded position within the interdisciplinary team. This portion of the study explored perceptions of the hospice social worker as to how core interdisciplinary team members viewed the profession of social work and social workers as individuals.

**Spirituality and Spiritual Well-Being**

We live in a pluralistic society. Many religions, many spiritualities, are practiced and expressed. Indeed for many no religion or spirituality is practiced or expressed. Due to this pluralism, the individualistic perspective privileged in American society and the
complexity of the concepts, it is a challenge to define spirituality. While thinking about spirituality it is practically impossible not to consider the concept of religion as having some relationship to it (Barker & Floersch, 2010; Nelson-Becker, Nakashima, & Canda, 2007). Conceptually, religion is generally viewed as institutionalized or systematized belief structures. These structures exist to define and guide various communal groups. It is generally organized with a defined leadership structure. Spirituality on the other hand is generally viewed as an individual, internal structure that motivates a person toward meaning and growth of a higher self.

Spirituality is not a “one size fits all” construct. It has been identified as metaphysical, humanly constructed and an “it,” an entity of sorts (Barker & Floersch, 2010). In the context of social work, Canda (1988) describes spirituality as a construct that “...encompasses human activities of moral decision making, searching for sense of meaning and purpose in life, and striving for mutually fulfilling relationships among individuals, society, and ultimate reality” (p. 238). Spirituality is relational.

Barker and Floersch (2010) offer the notion of spirituality as a “meta-concept” that emphasizes complexity and has multiple dimensions. Although individually defined and frequently highly personal, it is a universal human experience (de Jager Meezenbroek et al., 2012). Spirituality is personally defined not only among clients but practitioners as well.

Research has identified some essential elements or facets of spirituality. Connectedness or relatedness is one such element. The element of connectedness is highlighted in the definition of spirituality “…as one’s striving for and experience of
connection with oneself, connectedness with others and nature and connectedness with the transcendent or the divine (de Jager Meezenbroek et al., 2012; Nelson-Becker & Canda, 2008).

**Spiritual Care Mandate in Hospice Care**

Prior to the late 1980s and 1990s the concepts of spirituality and religiosity were lacking in professional social work discourse and education (Derezotes & Evans, 1995). As social work became more professionalized and secularized in the 1920s and through the 1970s the topics of spirituality and religion receded to the background. There was focus on the bio-psycho-social aspects of the individual but the spiritual was not consciously or intentionally addressed (Furman, Zahl, Benson, & Canda, 2007). Noting the religious roots of the social work profession and the commitment of social workers to care for the whole person, and a belief by some that “…spirituality is the heart of helping” (Canda & Furman, 2010, p. 3) a cadre of social work researchers, educators and practitioners called for a renewed openness and rigorous effort to bring the topics of spirituality and religion to bear in social work education, research and many areas of social work practice (Canda, 1989; Joseph, 1988; Kirkpatrick & Holland, 1990).

The profession has struggled with divergent opinions on whether or not it is appropriate to integrate religion and spirituality into social work practice (Mattison, Jayaratne & Croxton, 2000). However, in the arena of hospice care consideration of the spiritual aspects of the individual is obligatory. The hospice philosophy espouses a holistic view of the human and care for the bio-psycho-social and spiritual well-being of
the client. In fact, the federal government mandates spiritual care for all Medicare certified hospice programs (42 CFR 418.64 Sec D-3).

**Spiritual Well-Being and Job Satisfaction**

Understanding the influence and integration of spirituality in the workplace and various fields of practice has become an area of scholarship over the past several years (Clark et al., 2007; Lazar, 2009; Millison & Dudley, 1990; Robert, Young & Kelly, 2006). Some researchers have implicitly considered spirituality and spiritual well-being as the same construct. The following studies have utilized a variety of instruments to examine the relationship of spirituality, spiritual well-being and job satisfaction.

Using a survey design, Clark et al. (2007) examined the prevalence of spirituality among hospice interdisciplinary team members, whether spirituality was related to job satisfaction, if spirituality had a direct causal effect on job satisfaction and the structural relationship among the four variables of spirituality, integration of spirituality at work, level of self-actualization, and employee job satisfaction. For the purpose of the study spirituality was conceptualized as,

> The attitudinal propensity to have meaning in life through the sense of relatedness of oneself to a supreme being. Religiosity, however, is a narrower concept than spirituality and it refers to organized religions with codified belief systems, whereas the spirituality neither has the codification nor the organization. (p. 1328)

Spiritual integration was conceptualized as, “The degree to which one uses one’s spiritual beliefs and values as resources to inform, guide, and/or shape their behaviors and decisions in the workplace” (p. 1328). Self-actualization was conceptualized as,

> a set of needs to realize intrinsic personal happiness and inner satisfaction by engaging in metaphysical activities that are not related directly to or distant from
the mundane human needs of everyday life such as food, shelter, safety, security, respect, and self-esteem, etc. (p. 1328)

Two hundred and fifteen interdisciplinary team members employed at LifePath Hospice and Palliative Care, Inc, Tampa, Florida, completed the survey. This represented a very high (79.6%) response rate. The interdisciplinary team members surveyed were: nurses (46.4%); home health aides (24.9%); social workers (17.4%); chaplains (4.2%); physicians (2.3%); and other (4.8%). The overwhelming majority (98%) of team members viewed themselves as “spiritual” and/or having “spiritual belief.” The researchers noted that this was a rare phenomenon in behavioral research. They did not account for this other than to state there was a high degree of spirituality. Results indicate that overall team members had strong spiritual beliefs (mean = 89), viewed themselves as “self-actualizing individuals” (mean = 82.6%) and were satisfied with their jobs (mean = 79.3). Structural path analysis suggested that spirituality does not have a direct relationship to job satisfaction but does have an indirect relationship. The pathway for the relationship is unclear as this data produced two equally likely models. One model suggests the process of integrating one’s spirituality at work and self-actualization rather than spirituality have a direct impact on job satisfaction. The other model suggests the process of integration has a direct impact on the self-actualization process.

In a study of 120 female Jewish Israeli hospital nurses (Lazar, 2010) correlations revealed a statistically significant positive relationship between results of the Spiritual Orientation Inventory (SOI) and job satisfaction ($r = 0.31, p < 0.01$). The uniqueness of this study demonstrated the relationship of the different dimensions of spirituality to job satisfaction. The dimensions associated with Life Coherency, Meaning and Purpose in
Life, and Mission in Life were positively related to job satisfaction. Additionally Sacredness of Life, Altruism, and Idealism were positively related and statistically significant at the p < 0.01 level, and Awareness of the Tragic was significant at the p < 0.05 level. The dimensions of the Transcendent, Material Values, and Fruits of Spirituality were not related to job satisfaction. Overall the results indicated that after controlling for age and religiousness, spirituality had a statistically significant relationship to job satisfaction thru different dimensions. For this group of nurses those specific dimensions were Altruism and Idealism.

Robert, Young, and Kelly (2006) surveyed 200 full-time working adults who worked in a variety of business locations representing seven different industries. Participants were asked to complete the 20-item Spiritual Well-Being Questionnaire (SWBQ) developed by Ellison and Paloutzian and the Minnesota Satisfaction Questionnaire Short Form (MSQ). The SWBQ provides an overall spiritual well-being score and scores for two sub-scales: religious well-being and existential well-being. The MSQ is a 20-item measure of job satisfaction that generates a global job satisfaction score as well as an Intrinsic and Extrinsic job satisfaction score. Forced entry regression analysis yielded results that indicate a positive and significant predictive relationship of overall spiritual well-being and general job satisfaction. By far existential well-being accounted for the variance in job satisfaction (20.9%), while religious well-being accounted for 3.3% of the variance.

While not unanimous, overall the prior studies identify a relationship between spirituality and job satisfaction and note its complexity. Because spirituality is
multidimensional the various dimensions may relate to job satisfaction and turnover intention in different ways. Thus, it is important to utilize an instrument that has the ability to discriminate among multiple domains. Because hospice care has a spiritual care mandate and because it deals with the ultimate issues of life and death it is possible that it attracts people who possess high levels of spiritual well-being to its workforce. However, it is also possible that the formative nature of work could impact level of spiritual well-being among the workforce.

**Team Regard**

Team regard is looking upon a team member with respect. Respect is an important concept in a wide variety of social settings. It is a commodity that is desired, valued and essential for a high level of team functioning. Self-respect and respect from others influences self-concept. Respect is not only a feeling and attitude, as in “I feel respected,” but it is also a behavior. Respect is conceptualized as the experience of and the granting of *full recognition* as a person. This recognition assumes information about one’s status, prestige, and a feeling of being accepted by others within a group or community and it signals *equality* (de Cremer & Mulder, 2007; Simon & Stürmer, 2005). Being respected indicates a valued status in a relationship, whether that is with a partner, friends, family or work colleagues. It is an indicator of one’s status within a group.

This sense of equality is critical to the social worker being able to function as a full member of the interdisciplinary team. De Cremer and Tyler (2005) have argued that respect is essential because it fulfills two vital identity needs: (1) the need to belong and (2) the need to have a positive social reputation in the eyes of others. The need to belong
has been demonstrated in the research and understood by social workers as a foundational and essential part of human development and family/group cohesion and positive facilitative effect on group functioning (DuBois & Krogsrud Miley, 2014; Rogers, 1961; Yalom, 1995).

In a qualitative study that explored hospice social workers experience of team collaboration, respect was identified as a key in fostering good team collaboration (Parker-Oliver & Peck, 2007). Twenty-three hospice social workers were interviewed from 20 different hospice programs. The majority of respondents reported high levels of respect as social work professionals on the team. However, a definition of respect was not provided. The notions of “mutual sense of encouragement and support with the team” and identification of the strengths and task of the social worker role and support of the role of the social worker were classified as levels of respect. Additionally, one respondent identified other team members’ acts of fulfilling typical social worker roles such as completing Medicaid applications and managing durable medical equipment as a sign of respect. This study provides helpful information into what some hospice social workers identify as respect. However, it also points to a need to focus on the conceptualization of respect in the hospice setting and clarify definition. Asking hospice social workers their understanding of respect and what respectful and disrespectful behavior within the team looks like could assist in a deeper understanding of meaningful collaboration and thereby impact team member career longevity and service provision.
Gap in the Literature

Recent studies have been conducted that consider turnover and turnover intention of social workers (Lambert et al., 2012; Shier et al., 2012); however, these studies did not address hospice social workers specifically. This study addresses that need. Additionally, hospice social worker spiritual well-being has not been singularly studied. The concept of team regard as it relates to the hospice social worker on an interdisciplinary team and its potential impact on job satisfaction and turnover requires more attention to better develop the concept and understand its level of influence and importance in career longevity of hospice social workers. Specifically examining the nature and predictive ability of hospice social worker job satisfaction, spiritual well-being and team regard on turnover intention addresses a significant gap in the academic and practice literature. While others have explored job satisfaction, none have addressed hospice social worker turnover intention.

Study Model

The model for this study was influenced by the Agho’s Revised Causal Model of Job Satisfaction (RCMJS) (see Appendix A for a conceptual figure). As this model focuses on the contribution of two new variables to voluntary turnover within an embedded model of job satisfaction, specifically spiritual well-being and team regard, and due to the fact that there is significant literature that supports the predictive nature of many of the variables in the Revised Causal Model of Job Satisfaction by Agho, multiple variables of the RCMJS are not represented in this study’s model. This model specifies that the variables of economic satisfaction, age, organization tenure, job satisfaction,
external opportunity, team regard and spiritual well-being influence turnover intention. It further specifies how spiritual well-being and team regard influence turnover intention. Specifically, it was hypothesized that the variable of spiritual well-being is mediated through the variable job satisfaction to influence turnover intention and the variable team regard is mediated through the variable job satisfaction to influence turnover intention.

Indicators of economic satisfaction were placed in this model for two primary reasons. The first reason is because economic factors do relate to survival. The second reason is because research has indicated that economic factors are an area of dissatisfaction among social workers (Blosser, Cadet, & Downs, 2010; Monroe & DeLoach, 2004, NASW, 2010; Wermeling & Smith, 2009). This model is supported by four of the five primary tenets of MMT. It is holistic in its approach (tenet one). It considers not only bio-psycho-social realities of the hospice social worker but the spiritual reality as well. In this model team regard is added as a psychological and communal factor that influences job satisfaction. If a hospice social worker perceives regard for her personhood and her contribution offered to the organization, self-respect will at a minimum remain intact and likely be enhanced. It recognizes that human beings are meaning-seeking and meaning-making creatures (tenet two) and proposes that those who are able to make meaning out of the routine suffering and death that is witnessed in the hospice environment will have enhanced spiritual well-being and will stay in hospice work; therefore less likely to turnover. The third tenet purports that people have two primary motivations: (a) to survive, and (b) to find the meaning and reason for survival. Basic survival includes meeting the needs for shelter, food and water; flourishing is the
result of finding meaning in the survival. An economic satisfaction variable is part of this model because work is the primary path adults have to gain financial security which allows for meeting basic survival needs. Money is also a way society assigns status to an individual. Daily hospice social workers confront the reality of “not surviving.” This model suggests that those social workers high in SWB are better able to make meaning of this reality. The frequent engagement with the notion that life on earth is a bounded reality provides a way for meaning to emerge in multiple ways. It is through spiritual well-being that one can stand in the midst of the reality, find meaning and continue in the work and thus maintain a level of job satisfaction. This job satisfaction in turn will aid in employee retention. This model does not examine the motivational tendencies of avoidance and approach other than suggesting that spiritual well-being and team regard expand the coping opportunities and provide an ability to have enhanced and sustained engagement with hospice patients and families. Overall, meaning is enhanced and there is an increased experience of existential significance and meaning in life through one’s work as a hospice social worker.
CHAPTER THREE

METHODOLOGY

This chapter presents the study’s epistemological foundation, research questions, and hypotheses. The mixed methods study design and procedures determining the sampling frame are described. A description of the study participant population is provided. Methodological diversity is discussed, specifically survey methodology and the qualitative interview. Variable operational definitions and instrumentation are presented. Methods of data analysis and limitations are discussed.

Epistemological Foundation

The primary epistemological stance that provides the methodological foundation for this study is pragmatism. This approach values objective and subjective knowledge and does not privilege one over the other. Pragmatism not only values methodological diversity but asserts that methodological unity across the disciplines of science does not exist and the social sciences gain a great deal from methodological pluralism (Baert, 2005). Historically, quantitative and qualitative research was seen as paradigmatically incompatible. However, the pragmatic approach regards both quantitatively and qualitative methodology as compatible and each has a place in relationship to the study’s overall goals and research questions (Baert, 2005; Morgan, 2007).
Research Design

This study utilized a mixed methods approach. This design more adequately addressed the research questions over a single quantitative or qualitative study design. The strategic and purposeful combination of both qualitative and quantitative data collection and analysis work in concert to better understand the research findings specifically applied to the variable team regard (Saldana, 2011). Quantitative and qualitative data were gathered sequentially. During data analysis the qualitative data was utilized from participant interviews to validate and deepen understanding of the quantitative findings as it relates to the variable of team regard and elucidate the divergent aspects of this phenomenon (Creswell & Plano Clark; 2007, Johnson & Turner, 2003). The survey was internet based using the Qualtrics platform. The individual interviews were conducted by phone and recorded using Google Voice.

Research Questions and Hypotheses

The overarching goal for this study was to learn what helps or hinders social workers in developing and maintaining an enriching career in hospice. To this end the concepts of turnover intention, job satisfaction, team regard and spiritual well-being were explored. Four specific research questions guided this study.

Research Question One: What is the relationship between job satisfaction, economic satisfaction, external opportunity, age, and tenure and turnover intention among hospice social workers?

H1-1: The degree of job satisfaction has a negative correlation with turnover intention.
**H1-2:** The degree economic satisfaction (pay and benefits) has a negative correlation with turnover intention.

**H1-3:** The personal characteristics of age and tenure have a negative correlation with turnover intention.

**H1-4:** The degree of perceived external opportunity has a positive correlation with turnover intention.

*Research Question Two:* Does spiritual well-being influence hospice social worker job satisfaction and turnover intention?

**H2-1:** The degree of spiritual well-being has a positive correlation with job satisfaction.

**H2-2:** The degree of spiritual well-being has a negative indirect effect on hospice social worker turnover intention mediated through job satisfaction.

*Research Question Three:* Does team regard influence the job satisfaction and turnover intention of hospice social workers?

**H4-1:** The degree of team regard has a positive correlation with job satisfaction.

**H4-2:** The degree of team regard has a negative indirect effect on hospice social worker turnover intention mediated through job satisfaction.

*Research Question Four:* What is the understanding and experience of team regard among hospice social workers?

**Population and Sample**

Individuals eligible to participate in this study were required to: (1) possess a bachelor or master degree in social work, or related degree; (2) hold the job title of
hospice social worker or a different title but perform the function of a hospice social worker at least part of the time; or (3) supervise hospice social workers and have an MSW; or (4) work for hospice in another capacity and have a BSW or MSW degree. All study participants were required to work for a Medicare-certified hospice program in the state of Illinois at the time the survey was administered. This definition of hospice social worker is consistent with the Medicare Conditions of Participation as explained in Chapter Two. Volunteers who fulfilled responsibilities as a hospice social worker were excluded from the study as their motivations, organizational engagement and constraints may have been different from a paid employee and turnover would mean something different.

Sample Selection and Sampling Frame

Sample selection was based on non-probability, purposive sampling procedures. Multiple steps were implemented in an attempt to reach the highest participation rate possible. These steps are described in the Data Collection Methods and Procedures section of this chapter. The total population for the study was those who worked as paid or professional hospice social workers regardless of academic degree, regardless of tenure with the organization or overall hospice field or number of work hours as a hospice social worker per pay-period. While the sampling frame consisted of all current social workers, working in Medicare-certified hospice programs in the state of Illinois, it was not possible to know exactly how many hospice social worker positions existed or what other positions social workers were holding. There was not a codified list or census of hospice social workers to draw upon. To determine a baseline number of social
workers, each Medicare-certified hospice program in Illinois was contacted via phone. The Center for Medicare and Medicaid Services (CMS) hospice provider list for Illinois and the Illinois Hospice State Licensure List were used to identify eligible hospice programs. Eligibility meant that the hospice was certified as Medicare hospice provider, not merely in process of being certified. Additionally, the program had to be operational and providing hospice services to patients and families.

**Participation Incentive**

Respondents who completed the survey had an opportunity to choose to participate in a random drawing for one of five $50 gift cards. At the end of the survey respondents were thanked for their participation and provided a link that allowed them to sign up for the random drawing if they so chose. This link allowed respondents to provide their name and contact information for the drawing. Additionally, respondents were asked if they would be willing to be considered to participate in an individual interview. If they responded “yes,” email and phone contact information were requested. Respondents who were selected for an interview were given a $25 gift card.

**Data Collection Methods and Procedures**

**Participant Recruitment**

All Medicare certified hospice programs in Illinois were contacted via telephone. The goal of the contact was three fold:

1. identify the sample,
2. establish a relationship of interest and cooperation in the research project, and
3. establish a pathway of communication from the researcher to the hospice social workers in individual programs.

When each agency was contacted, a request was made to speak with the appropriate person who could provide information regarding hospice social workers for the organization. For clarity and consistency purposes, this person was identified as the “hospice leader” regardless of position. This person was asked to provide the number of hospice social workers employed on either a full-time, part-time, or contractual basis for their program. Additionally, they were asked if there were employees who fulfilled hospice social worker responsibilities but held a different job title than that of hospice social worker. For example, in a small, rural program there may be one person who fulfills the duties of the hospice social worker. However, because it is a small program it is possible this person may also perform the duties of the “Volunteer Coordinator” or the “bereavement counselor”; as such, their title may be “Support Services Coordinator.” If “yes,” the number of employees and job title/s was obtained. The name, best phone number and email of the agency contact person was obtained. Information was compiled on the Agency Contact Data Sheet\(^1\) (see Appendix B: Hospice Contact Data Sheet). A substantial majority of the hospice leaders responded very favorably to this researcher and verbalized their support and thought the research project important.

Participants were recruited from all known Medicare-certified hospice programs in Illinois at the time of the study. A list of eligible hospice programs was developed by

\(^{1}\)Not all information on the data sheet was gathered. After the first two phone calls it was clear that it was not essential to have the additional information to meet the goals of the phone call and asking the information required more time from the hospice leader. Also, questions regarding average daily census and organization tax status was gathered in the survey and linked with actual respondents.
careful examination and merger of a list of programs obtained from the Centers for Medicare and Medicaid Services web-site and the hospice program licensure list from the state of Illinois. The combination of the two lists identified 131 eligible Medicare certified hospice programs in Illinois. All programs were contacted. Of the 131 identified programs, six were inactive; either they had suspended serving hospice patients or were just starting their program. During the provider contact period three hospice programs merged into one program. This left 123 eligible hospice programs. Of the 123 eligible programs, four refused to participate in the study.

The reason given for lack of participation varied. One owner stated she did not want to identify the number of hospice social workers in her program because, “We are in a very competitive market. I don’t want to answer that. Everybody is trying to find out about everybody else.” Another program director stated her staff did not operate well by email so would not complete an online survey therefore she would not distribute it. Another stated she would forward the information to her social worker, yet provided an incorrect email. This researcher tried to obtain the correct email numerous times but was unable to do so. One executive director was very enthusiastic about the research project, but refused participation because the social worker in her program was in the process of leaving and she did not want to forward the survey to this employee. A conversation regarding hospice social worker turnover ensued and this director expressed interest in the research study results.

Three programs were contacted numerous times and did not respond to the researcher’s request for conversation. One of those program’s primary locations is in
Indiana. The program identifies an Illinois office. It is questionable as to whether or not this program is actually operational in Illinois; however, because that could not be verified the program was counted as operational. In summary, of the 123 programs, 116 expressed willingness to speak with the researcher and learn about the research project. This represented potential access to social workers in 94% of the operational programs in Illinois.

After obtaining requested information, the researcher asked the hospice leader if they would be willing to forward an email from the researcher to the hospice social worker/s and other appropriate personnel in their organization. If the hospice leader agreed, an email was sent thanking them for their time and willingness to help with the research project along with the attached letter for distribution to agency social workers (see Appendix C: First Hospice Leader Email). This initial letter to social workers explained the scope and purpose of the research, the fact that the research would be conducted through survey and administered online, and that it was confidential and completely voluntary. Additionally, the invitation requested that the social worker email the researcher with an email address to which the researcher could send the survey once it went “live” (see Appendix D: First Hospice Colleague Email).

A list of social workers and their corresponding emails was compiled from the responses of the initial outreach email distributed by hospice leaders. Additionally, potential participant names and emails were obtained from various other sources. These sources included hospice conferences attendees, a list serve that identified participants as a hospice social worker and their work email, researcher’s acquaintances who knew
hospice social workers and the hospice leader contacts who identified as social workers and provided their email and/or provided the name and email of the social workers in the organization.

Having social workers forward their email addresses directly to the researcher allowed the researcher to send a direct email to the individual hospice social worker with a direct link to the web-based survey at time of launch. The benefit of an individual direct link was that the request for participation was personalized to the individual social worker. Also, electronic reminder emails were automatically sent at designated times throughout the data collection timeframe if the social worker did not respond to the survey and completion could be tracked. Through this effort the survey was directly distributed to 111 potential respondents.

The second phase of participant recruitment involved a second phone contact and email to hospice leaders. If the hospice leader was: (1) not the sole social worker in the organization, or (2) if the name and direct email of the social worker/s within the organization was not provided, a second phone contact and email was sent to the hospice leader (see Appendix E: Second Hospice Leader Email). This email provided an attachment with a direct link to the survey. The letter encouraged social workers to go to the link and complete the survey. Additionally, the letter encouraged social workers to forward the link to any hospice social workers they may know within and outside of the organization (see Appendix F: Second Hospice Colleague Email). This effort garnered 47 additional survey respondents.
Survey Design

Data was collected through survey design using both closed and semi-structured questions. This was an internet-based survey developed and distributed through the Qualtrics platform.

Pilot Testing the Survey

Prior to distribution the survey was tested with two groups. The first was fellow doctoral students and social work and chaplain colleagues. The second was four hospice social workers. As the survey was conducted in Illinois the test group of hospice social workers was from a different state, Michigan. This was possible as the researcher previously worked in hospice programs in Michigan and was known to hospice leadership in the program that made social workers available for the pilot test. Both groups evaluated the consent form for clarity, the survey for clarity of the question, “look and feel” of the survey, length of time for completion, and ease of technology (see Appendix G: Informed Consent). Technological evaluation included ease of accessing the survey site or email access, ease of movement through questions, and ability to move from survey site to a new site to sign up for participation in the incentive drawing. Pilot participants communicated their evaluation by email or phone. No changes were necessary to the consent form, the survey or the technological access and interface.

Survey Administration

The survey was administered through Qualtrics software. It was accessible through computer, tablet or smart phone. Once the participant clicked on the web survey link an informed consent form appeared. The informed consent included the following:
inclusion criteria, purpose of the research study, estimated time required to take the
survey, benefits and risk potential taking part in this study and contact information of the
faculty sponsor and researcher. Participants chose to consent or decline consent by
selecting their desired response. Participants who provided consent moved directly to the
survey. Those who declined to consent received a message thanking them for their time,
and acknowledging that they have chosen not to participate in the survey and were
blocked from the survey. Automatic reminder emails were sent to each social worker on
the survey distribution lists who had not completed the survey. The first reminder was
one week after the initial invitation and weekly thereafter during the survey period. The
survey was open for approximately 10 weeks.

**Operationalization and Measurement of Variables**

The variables turnover intention, job satisfaction, spiritual well-being and external
opportunity were measured with multiple-item scales that have been used in several
studies and shown to be reliable and valid. The economic satisfaction variable was a four-
item composite index of pay and benefit satisfaction statements that were utilized in other
studies with the addition of a statement asking about overall benefit satisfaction. The
variable team regard was measured with a thirteen-item index developed by the
researcher for this study. Specific question items for each key variable are listed in
Appendix H (see Appendix I for the survey that was distributed through Qualtrics).

There are multiple variables of interest in this study. Turnover intention is the
primary dependent variable. Independent variables related to turnover intention are job
satisfaction, external opportunity, economic satisfaction, age and tenure. Additional
independent variables of spiritual well-being and team regard were examined through mediation analysis with job satisfaction identified as the mediating variable. Team regard and spiritual well-being are new variables being applied to the turnover intention model.

**Turnover Intention-Dependent Variable**

Turnover intention is defined as the subjective estimation of an individual regarding the probability that she/he will be voluntarily leaving the organization she/he works for in the near future (Chui & Francesco, 2003). It has elements of search behavior, that is, the employee is actually investing some time in looking for another job. It is also an intention to leave the job. Thus, it is a composite measure of search behavior and intention leave. Search behavior and intention to leave are predicted to negatively affect turnover intention. Turnover intention is operationalized by three-item scale. The statements were adapted from Chiu and Francesco and designed to fit the hospice context. The statements are:

1. Presently, I am actively searching for another job with a different hospice organization?
2. Presently, I am actively searching for another job outside of the hospice field?
3. I intend to leave this hospice organization in the near future?

Response options are 1=Strongly Disagree to 5=Strongly Agree. Responses were computed into one scale. The responses were summed. The response range is 3-15. A low score indicates low turnover intention.
Job Satisfaction

Global job satisfaction is an independent variable as it relates to turnover intention and the mediating variable in the two mediation analyses. Job satisfaction is defined as the degree to which an individual enjoys his or her job (Spector, 1997). It is assumed that employees with a high level of job satisfaction will be less likely to seek new employment. Thus, job satisfaction is predicted to have a negative effect on turnover intention. Job satisfaction was measured using a six-item global satisfaction index that was developed by (Price & Mueller, 1986) from an 18-item index developed by Brayfield and Roth (1951). This index has such statements as: “I find real enjoyment in my job” and “I am seldom bored with my job.” Response options for this scale are: 1=Strongly Disagree to 5= Strongly Agree. The scores were summed. The range for global job satisfaction is 6-30. A high score indicates high job satisfaction. This measure has been used in multiple studies and has consistently demonstrated strong validity and reliability (Agho, Price & Muller, 1993; Lambert et al., 2012; Monroe & DeLoach, 2004; Price, 2001; Price & Mueller, 1986). Agho, Price and Muller (1993) have reported a high level of reliability with Cronbach’s alpha ranging from .89 to .90.

External Opportunity

External opportunity is defined as the employee’s accessibility to other positions outside of the organization. External opportunity is a variable utilized in both the job satisfaction and turnover intention models. This opportunity is not controlled by the hospice organization but the external labor market. It is predicted that it positively influences turnover intention. It is operationalized by using a four-item index developed
by Montague (2004) from Price and Mueller (1989). This index has such statements as: “It would be easy for me to find a job with another employer” and “It would be easy for me to find a job with another employer as good as the job I have now.” Response categories are 1=Strongly Disagree to 5=Strongly Agree. The range for external opportunity is 4-12. A high score indicates a high perceived level of external opportunity. Agho, Price and Mueller (1993) identified a high level of reliability, Cronbach’s alpha = .87.

**Economic Satisfaction**

The economic satisfaction variable is a composite of pay and benefit satisfaction. Pay satisfaction is defined as how satisfied the employee is with wages earned. Benefit satisfaction is defined as the level of satisfaction the employee has with indirect and non-cash compensation accrued to the employee. This variable was predicted to have a negative effect on turnover intention. This variable was operationalized by a 4-item index. Two of the statements are from the STAR.² The statement “I am satisfied with my pay” was utilized by Lambert et al. (2012). The fourth statement “Overall, I am satisfied with my employee benefits” was added by this researcher. Response categories are: (1) Strongly Disagree to (5) Strongly Agree. The responses were computed into one scale. The scores were summed. The range of scores is 3-15. A low score indicates high pay satisfaction.

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²Survey of Team Attitudes and Relationships (STAR) developed by the National Hospice and Palliative Care Organization in 2007.
New Variables

Spiritual Well-Being

Spiritual Well-Being is an independent variable in relation to job satisfaction and turnover intention. Conceptually spiritual well-being is understood as “The affirmation of life in a relationship with self, community, environment and God” (National Interfaith Coalition on Aging, 1975). It is a multi-dimensional construct. Spiritual well-being was operationalized through use of the Spiritual Health and Life Orientation Measure (SHALOM).

The Spiritual Health and Life-Orientation Measure (SHALOM), also historically known as the Spiritual Well-Being Questionnaire - SWBQ (Fisher, 2010) was used to measure hospice social worker spiritual well-being. It transcends specific religions and beliefs. It is suitable to a wide range of people with religious or secular beliefs. Although this questionnaire utilizes the concept of God, it does not assume that the respondent is a theist. The SHALOM evaluates the multi-dimensional nature of the spiritual well-being through four domains: Personal, Communal, Environmental and Transcendental. It is a 20 item questionnaire with five items for each of the four domains. The question prompt is: How do you feel ______ reflect your personal experience most of the time?

**Personal domain**: wherein one intra-relates with oneself with regards to meaning, purpose and values in life. The human spirit employs self-awareness in its search for self-worth and identity.

1. … developing a sense of identity.
2. … developing self-awareness.
3. …developing joy in life.
4. …developing inner peace.
5. …developing meaning in life.

**Communal domain:** as expressed in the quality and depth of interpersonal relationships between self and others relating to morality, culture and religion. These are expressed in love, forgiveness, trust, hope and faith in humanity.

1. …developing a love of other people.
2. …developing forgiveness towards others.
3. …developing trust between individuals.
4. …developing respect for others.
5. …developing kindness toward other people.

**Environmental domain:** moving beyond care and nurture for the physical and biological to a sense of awe and wonder; for some people it is the notion of unity with the environment.

1. …developing connection with nature.
2. …developing awe at a breathtaking view.
3. …developing oneness with nature.
4. …developing harmony with the environment.
5. …developing sense of ‘magic’ in the environment.

**Transcendental domain:** the relationship of self with something or some-One beyond the human level (i.e., ultimate concern, cosmic force, transcendent reality or God. This
involves faith toward, adoration and worship of, the source of mystery of the universe (Fisher, 2010)

1. …developing personal relationship with the Divine/God or the Transcendent.

2. …developing worship of the Creator or the Transcendent.

3. …developing oneness with God or the Transcendent.

4. …developing peace with the Transcendent/God.

5. …developing prayer life/meditation.

The response categories for all statements in all domains are: 1= Very low, 2=low, 3=moderate, 4=high, 5=Very high. The statements within each domain were computed to one scale. The results range is 5-20. A low score indicated a lower level of spiritual well-being within that domain. The score from each domain was summed to develop a composite score of overall spiritual well-being. The potential range is 20-100. A lower score indicated a lower level of spiritual well-being.

The results of exploratory factor analysis and confirmatory factor analysis indicate that spiritual well-being can be conceptualized in terms of the above four domains (Gomez & Fisher, 2003). A further study used factor analysis of the four domains with Eysenck’s personality dimensions and demonstrated that the spiritual well-being domains were independent of personality dimensions (Gomez & Fisher, 2003). Internal consistency for primary and secondary dimensions has been demonstrated. In two different studies, Cronbach’s alpha values were 0.82 & 0.89 for communal, 0.95 & 0.86 for transcendental, 0.83 & 0.76 for environmental, and 0.82 & 0.79 for communal.
For all items together, representing a global score, Cronbach’s alpha was 0.92 (Gomez & Fisher, 2003).

Convergent validity and discriminate validity of the instrument were examined through correlation of the instrument scores with the sores on Ellison’s (1983) Spiritual Well-Being Scale (SWBS). High correlations supported the convergent validity of the transcendental, communal and personal domains. Correlations of the religious well-being dimension of the SWBS was low, which supports the discriminate validity of the personal and communal domains of the SHALOM. In a comparative study of ten questionnaires that address spirituality as a universal human experience rather than a prescribed set of beliefs or particular religion, the SWBQ (now the SHALOM) was identified as the instrument that showed the most promise for measuring spiritual well-being among diverse groups (de Jager & Meezenbroek et al., 2012).

SHALOM has been utilized with staff in a variety of settings, such as a university and a manufacturing industry. It has also been used by PsyD students, master students in nursing and humanities, psychologists, educators and research students and with employees in a range of businesses. SHALOM has been translated into 22 different languages and has been or is being used in over 300 studies in Australia and overseas (personal correspondence with SHALOM developer, 6/2014).

Additional statements were posed to potentially illuminate the meaning of some of the responses given within the model variables and help expand our understanding of hospice social workers in general. Those statements are: “Please indicate how important religion is in your life?” and “Please indicate how important spirituality is in your life?”
Response categories for the above are: (1) Not important at all, (2) Very Unimportant, (3) Neither Important nor Unimportant, (4) Very important, and (5) Extremely Important. Each question was analyzed individually. These questions were not introduced into the model but only used as additional information to enhance understanding of hospice social worker spiritual well-being.

**Team Regard**

Team regard is an individual’s perception that they are held in regard, respected and valued by other members of the interdisciplinary team. It is defined as looking upon a team member with an attitude of respect and a demonstration of respectful behavior. Respect is conceptualized as the experience of and the granting of full recognition as a person. Respect is essential for high performance team functioning. There are two facets of team regard, respect for the professional role the individual fulfills and respect for the individual. Team regard was operationalized by a 13-item index developed by this researcher designed to assess the perceived team regard from each of the four core disciplines involved in providing hospice care and the social workers perceived regard from their supervisor. Examples of the statements are: “The physician/s I work with respect the contribution of social work,” “My supervisor respects me as an individual,” and “The social work field has a good reputation within this hospice organization.” Items were developed based on the literature, indicators utilized in the STAR, and the researcher’s extensive background in the hospice field (see Appendix H for the complete index). The response categories are 1=Strongly Disagree to 5=Strongly Agree. The responses will be computed into one scale. The scores will be summed. The range of
scores is 13-65. A high score indicates high experience of team regard. This scale has not been used in prior studies.

**Qualitative Interviews and Team Regard**

Data from qualitative interviews was used to gain a richer and deeper understanding of the concept of team and its influence on hospice social worker job satisfaction and turnover intention (see Appendix J for the Individual Interview Guide). Specific questions related to this variable are:

1) When you think of the word “respect”, what does that mean to you? How would you define it?

2) When a colleague is behaving respectfully toward you what does that behavior look like? (If concrete answer: We don’t need to go into detail about this but have you ever had that experience with your hospice team?)

3) When a colleague is behaving disrespectfully toward you what does that behavior look like? (If concrete answer: We don’t need to go into detail about this but have you ever had that experience with your hospice team?)

4) Overall, would you rate your interdisciplinary team as high, medium, or low in respect toward social work? (Seek clarification: What makes you rate your team that way? Why?)

5) Do you feel respected as an interdisciplinary team member (Please explain, clarify.)

6) Does the level of respect you experience from you team members influence you job satisfaction (Please explain/clarify.)
7) Does the level of respect you experience from your team members influence whether you will continue working at hospice? (Please explain/clarify.)

**Sociodemographic Data and Personal Characteristics**

Sociodemographic, employment and organization data were obtained. Sociodemographic data obtained were age, gender, race/ethnic, relationship status, sexual orientation, religious/spiritual affiliation, education level, degree earned, and income range category. Employment data obtained were job title, employment category (FT, PT, etc.), organization tenure, total length of time working in hospice field, approximate percentage of time spent in patient care, hours worked per week, work category and whether supervised by an MSW. Organization data obtained were type of agency, agency tax status and average daily census. All of the data are used to better understand the participants, but not all demographics and data are in the turnover model. Only age and tenure were analyzed in the model.

**Personal Characteristics**

Age and tenure are part of the model and were hypothesized to have predictive effect on turnover intention. Age refers to a respondent’s numerical, chronological age. Respondents were asked to report the year they were born. The age was calculated based on response. Age was operationalized by number of years old. Age was hypothesized to have a positive relationship to turnover intention. Tenure refers to length of time the social worker has worked for the current hospice organization. Individuals who have been in an organization for longer periods of time may have developed close relationships and thereby have developed a support system within the organization.
Additionally, higher tenure is frequently equated with higher wages. Tenure was hypothesized to have a positive effect on turnover intention. Tenure was operationalized by a single question: How long have you worked for this hospice? Responses were provided in years and months.

**Data Analysis Procedures**

All survey data was imported from Qualtrics, a web-based survey program, into the Statistical Package for the Social Sciences (SPSS), version 22.0, for statistical analysis. Qualitative interviews were transcribed and transcripts were imported into NVIVO 11 for coding. Descriptive and inferential statistics were utilized to report the data collected from the demographic portion of the survey and the identified research instruments.

**Quantitative Analysis Procedures**

Correlation analyses were used to examine the relationship between the dependent variables and the independent variables. Multiple regression analysis was used to determine a model that best predicts turnover intention. Pearson product-moment correlations were run to determine the relationships between the independent variables and turnover intention. Mediation analysis was conducted to determine if spiritual well-being causally influenced turnover intention through a direct effect pathway, through an indirect effect pathway via job satisfaction or if it influenced at all. Also, mediation analysis was conducted to determine if team regard causally influenced turnover intention through a direct effect pathway, or through an indirect effect pathway via job satisfaction.
or if it influenced it at all. Control variables are nominal or ordinal levels of measurement and therefore descriptive statistics were used.

The issue of statistical power was addressed by utilizing bootstrap confidence intervals for the indirect effects in the mediations analyses (Hayes, 2013). Bootstrapping is a resampling method. For this study the original 111 observations in the sample are “resampled” with replacement and the necessary statistics are calculated in the much larger, new sample of size. This study used 10,000 bootstrap samples as Hayes noted that “there is relatively little added value to increasing it above 10,000, as the gain in precision is fairly marginal beyond that” (p. 111). The bootstrap confidence intervals for this study were calculated using the PROCESS program, developed by Hayes, which generates a bias-corrected bootstrap confidence interval.

**Qualitative Data Analysis Procedures**

The researcher conducted all nine interviews. All interviews were transcribed by one person other than the researcher. Data analysis for the qualitative portion of the study began with purposeful, multiple readings of the interview text data, input and coding of data into the NVIVO 11 software, and discussion and determination of themes with a second reader. The second reader read all transcripts and participated in theme development in order to minimize researcher bias. Thematic analysis was undertaken in order to discern patterned responses and meanings within interview dataset. Themes of “substantive significance,” are noted (Patton, 2002, p. 467, as noted in Longhofer, Floersch & Hoy, 2013). Substantive significances means there is a notable consistency of a theme across those interviewed or those themes that provide thoughtful and unique
insight, or assist in deepening the understanding and knowledge of the experience, perception, and definition of team regard of hospice social workers.

**First Intentional Reading**

During the first reading the entire transcript of each interviewee was read. This was done in one sitting. This allowed the researcher to get an overall sense of each respondent and their responses to each question. This reading provided a coherent picture as presented by each respondent. Brief notes were written related to ideas, themes, and behaviors that emerged as well as researcher’s initial thoughts, impressions and ongoing questions.

**Second Intentional Reading**

The second reading involved a sequential reading of the interviews, then comparing and contrasting the responses as each interview was read. For example, interview one and interview two were both read. The responses were noted and compared for similarities, differences and nuances in relation to themes, definitions, and behaviors. Next interview three was read. Responses were then compared and contrasted with interviews one and two and noted. Next interview four was read followed by the comparison and contrast procedure and noted. This procedure continued until all nine transcripts were analyzed. From these first two readings an initial set of themes was developed.

**Third Intentional Reading**

The third reading consisted of reading all of the responses of each question as a group. For example, question one from each interview transcript was read together. This
inter-analysis method allowed the researcher to develop not only an understanding of the broad, substantive themes that emerged from the data but particular themes and nuances that were related to each question. Again, memos were written about ideas, themes, behaviors that emerged as well as the researcher’s thoughts and engagement with the data. These reflective notes contributed to the sorting out process of the data. From the text data provided by the respondents, the memos taken by the researcher and conversation with an unbiased social worker reader the set of codes was refined.

**Qualitative Rigor and Managing Bias**

Trustworthiness and authenticity are important concepts to establish the credibility of a study and are established through engagement of rigorous procedures. The primary procedures utilized in this study, triangulation of the data, clarification of researcher bias, and peer review and debriefing. Multiple and different sources, methods, and readers were used to corroborate the data. Information from the qualitative data and qualitative data were analyzed separately and then together to elucidated concepts and provide fuller information. This helped shed light on the themes that were generated and the conclusions drawn.

The role of the researcher cannot be underestimated in qualitative research. This researcher has over 18 years of experience in hospice and health care. She was part of the initial development of hospice care in the state of Michigan and was the founder and director of the fourth Medicare-certified hospice program in that state, which was the first hospital-based hospice program in a five-state Health Care Financing Administration (now CMS) Region V. The researcher is knowledgeable about hospice care specifically
and health care delivery in general. She has served on the Michigan Hospice Board of Directors for several terms. Additionally, she worked as the CEO for a hospice program in Texas. Recently, she has privately supervised hospice social workers. Due to this background there is potential for bias. Having watched hospice care evolve from a movement to an industry has caused concern. Specific concern includes the marginalization of social worker and chaplain services and a concern that there is a movement backward toward the medical model of care away from the creative holistic care that was central to the movement (Parker-Oliver & Peck, 2006). Making this bias explicit is the first step guarding against undue influence in data analysis.

To further address and actively guard against this bias a medical social worker who is familiar with, but who has not worked in the hospice field, separately listened to and read all interviews and suggested codes and themes. The researcher and this social worker discussed all of the data and agreed on the emerging and final themes. This peer review helped provide objectivity and balance identification of themes and assisted the researcher in not overstating and attaching meaning to the data that might not have been there. The peer reviewer also assisted the researcher in determining when saturation of a particular data question was met or not met. Through the multiple readings of and ongoing engagement with the interview text, the iterative process of engaging both quantitative and qualitative findings and discussion of emerging themes and issues with the social worker and others findings were generated.
Management of Missing Data

Missing values were randomly scattered throughout the data set. Appendix L explicates which items were missing a response, the number of respondents and the percentage of missing data for that item. Because of the limited sample size and the possible loss of data, the researcher decided to eliminate only those cases where the missing data rendered a total sub-scale or scale unusable. For all variables that had missing data, except the spiritual well-being measure, missing values were computed using the series mean. This is acceptable as all missing values were well under the 5% threshold limitation for using the series mean (Parent, 2013). For items missing values on the spiritual well-being sub-scales, a sub-scale mean was calculated based on the other responses within the sub-scale of the participant.

Eight respondents did not complete any of the values of the Spiritual Well-Being (SWB) scale. The missing values from these surveys had a clear pattern directly related to the SWB variable. In seven surveys all data items were completed up to the SWB scale and in an additional survey data was available up to the SWB scale and after. Therefore, these data are identified as missing not at random MNAR (Parent, 2013; Saunders et al., 2006). Due to 100% of the data being omitted, these eight surveys were eliminated, leaving a total of 111 usable surveys.

Protection of Human Subjects

Permission was granted for this study by the Institutional Review Board of Human Subjects of Loyola University Chicago. Appropriate consent was obtained. All
results were confidential; no results were identified by individual but were analyzed and reported in the aggregate. Future publications will not identify individual respondents.

**Summary**

This chapter presented the methodology and epistemological foundation of the study. Research questions and hypotheses were posed. The research design, data collection methods and procedures were outlined. Conceptual and operational definitions of the variables under study were presented. The following chapter presents research findings.
CHAPTER FOUR

RESULTS

The purpose of this study was to examine and better understand the turnover intentions and variables that may contribute to career longevity of hospice social workers who work in Medicare certified hospice programs in the state of Illinois. Relationships among job satisfaction, team regard, spiritual well-being, external opportunity as well as economic factors and personal characteristics were explored. This chapter provides a description of the findings. Quantitative findings were generated using SPSS 22 and qualitative findings were examined using NVIVO 11. This chapter is divided into five sections: (a) personal and work related descriptive statistics of the survey respondents, (b) measurement of variables, (c) test of research questions and hypotheses, (d) presentation of significant qualitative findings, and (e) chapter summary.

Description of Survey Participants

One hundred and nineteen individuals responded to the survey. It is estimated there are approximately 350 hospice social workers in Illinois. Therefore, 34% is the overall estimated response rate. It is probable that the response rate is higher than the estimated 34% due to the following factors. The number 350 represents the approximate number of hospice social workers not the full-time equivalent (FTE) positions for hospice social worker positions. In reality, the FTE is lower. Contractual and resource positions may be used very intermittently; several situations are possible that may have prevented the social worker from completing the survey. First, the social worker may hold a
primary position with another organization and may not consider themselves primarily a “hospice social worker” and thus chose not to complete the survey. Second, contractual or resource staff may not be on a routine distribution list and may not have received the survey. Third, if the social worker is not primarily employed by the hospice, even if it was distributed, the social worker may not routinely check hospice email. Fourth, several hospice leaders identified that they had vacant positions.

Of the 119 responses a total of 111 surveys were usable. One hundred and three (93%) of the respondents were women. The mean age was 46 years (SD = 12.74), the median age was 45, the mode 32, and age ranged from 26 to 72 years. In terms of race/ethnicity, 94% were White/Caucasian, 4.5% were Black/African American, <1% were Hispanic and Other respectively. Seventy percent of the respondents were married or partnered, 13% were divorced, 2% were widowed, and 15% were single, never married. Ninety percent of respondents identified their sexual orientation as heterosexual. Religious and spiritual affiliation was primarily Christian. Twenty-six percent identified as Catholic, 21% as mainline Protestant, 15% as Protestant/Evangelical or Pentecostal, and 9% as non-denominational Christian. Five percent identified as Jewish. All but two respondents earned a degree from an accredited school of social work. The majority of social workers (90%) earned an MSW degree and 8% earned a BSW degree. The two respondents who did not earn a degree in social work had a BA/BS Psychology and were supervised by a master level social worker. Based on original contact with hospice leaders, there are approximately 35 individuals who have a BSW or MSW but work in a position other than hospice social worker. Only three of these individuals participated in
the survey. This very limited number does not allow for the comparison of groups (see Table 1 for Characteristics of Respondents).

**Work Related Statistics**

The mean tenure with the current employing hospice was 6.23 years, with a standard deviation of 6.11, and ranged from .08 to 28 years. The median is 4.33 years. Forty-six (41%) have been employed by their current hospice organization for 3 years or less. Thirty-eight respondents worked with at least one hospice organization prior to their current employer. This indicates that at least 34% within the sample “turned over” from a previous hospice organization, yet remained working in the hospice field. Thirty-two (29%) of respondents have worked two years or less in the hospice field. An additional 20 (18%) have worked in the hospice field three to five years. Thus, almost half of the participants in this sample (52, 47%) have worked in this specialty field for five years or less.
Table 1. Characteristics of Respondents (N = 111)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>103</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>104</td>
<td>94%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>5</td>
<td>4.5%</td>
</tr>
<tr>
<td>Latino/a or Hispanic</td>
<td>1</td>
<td>.9%</td>
</tr>
<tr>
<td><strong>Relationship Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/Partnered</td>
<td>78</td>
<td>70.3%</td>
</tr>
<tr>
<td>Single/Never Married</td>
<td>17</td>
<td>15.3%</td>
</tr>
<tr>
<td>Divorced</td>
<td>14</td>
<td>12.6%</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Religious/Spiritual Affiliation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>29</td>
<td>26.1%</td>
</tr>
<tr>
<td>Protestant/Evangelical</td>
<td>16</td>
<td>14.4%</td>
</tr>
<tr>
<td>Protestant/Mainline</td>
<td>23</td>
<td>20.7%</td>
</tr>
<tr>
<td>Jewish</td>
<td>6</td>
<td>5.4%</td>
</tr>
<tr>
<td>No Affiliation</td>
<td>16</td>
<td>14.4%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>9.0%</td>
</tr>
<tr>
<td>Christian/Non-Denominational</td>
<td>11</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Degree Earned</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSW</td>
<td>100</td>
<td>90.1%</td>
</tr>
<tr>
<td>BSW</td>
<td>9</td>
<td>8.1%</td>
</tr>
<tr>
<td>Other (BS/BA)</td>
<td>2</td>
<td>1.8%</td>
</tr>
<tr>
<td><strong>Length of time hospice field</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 6 months</td>
<td>10</td>
<td>9%</td>
</tr>
<tr>
<td>6 months - 1 year</td>
<td>8</td>
<td>7.2%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>14</td>
<td>12.6%</td>
</tr>
<tr>
<td>3-5 years</td>
<td>20</td>
<td>18%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>29</td>
<td>26.1%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>16</td>
<td>14.4%</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>14</td>
<td>12.6%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M = 46 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range 26-72 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Eighty-eight (79%) identified hospice social worker as their primary job title. Two respondents held dual titles of which one was social work. Other job titles included palliative care social worker, lead social worker, team manager and others. Ninety-five (86%) hospice social workers spent 75% or more of their time dedicated to direct patient care and related activities. Eighty-two (74%) worked 40 or more hours per week.

Seventy-four (67%) respondents worked for a not-for-profit hospice, 28 (25%) for a for-profit privately owned and 8 (7%) for a for-profit publicly traded entity and only one worked for a government entity. Fifty-five (50%) worked in a free standing or independent hospice program, 39 (35%) are part of a hospital system and 16 (14%) as part of a home health agency. The average daily census varied considerably. Sixty-four respondents (58%) worked for hospice programs with an average daily census under 100. Table 2 compares number of social workers by hospice organization corporate status and average daily census.

Table 2. Agency Average Daily Census and Corporate Status

<table>
<thead>
<tr>
<th>Total</th>
<th>Not-for-profit</th>
<th>For-profit (privately owned)</th>
<th>For-profit (publicly owned)</th>
<th>Government</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>74</td>
<td>28</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>111</td>
</tr>
</tbody>
</table>
Hospice Social Worker Income Range

The annual income range by work category has wide variation. Ninety-one (82%) work full-time; of those working full-time 33% earn $40,000-$49,000, 27.5% earn $50,000-$59,000, and 22% earn $60,000-$69,000. Individuals who worked in the “Other” category indicated they worked contractual per visit, contractually, full-time plus on-call, or worked for a hospital and hospice was part of their job. Table 3 compares number of social workers by their annual income range and work category.

Table 3. Annual Income Range by Work Category

<table>
<thead>
<tr>
<th>Work Category</th>
<th>Full-time regular employee</th>
<th>Part-time regular employee</th>
<th>On-Call employee</th>
<th>Other (Please specify)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $20,000</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>$30,000-$39,999</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>$40,000-$49,999</td>
<td>30</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>32</td>
</tr>
<tr>
<td>$50,000-$59,999</td>
<td>25</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>$60,000-$69,999</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>$70,000-$79,999</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>$80,000-$89,999</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>$90,000 or more</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>13</td>
<td>2</td>
<td>5</td>
<td>111</td>
</tr>
</tbody>
</table>

The annual income range and percentage of time in direct care and related activities provides income information related to clinical versus non-clinical activities. Fifty-three (48%) have 100% of their work hours allocated to direct patient care or related activities. The second highest time allocation to patient care is 75% of time with
42 (38%). This means that approximately 96% of social workers in this sample commit 75-100% of their time to patient care activities. Table 4 compares the number of social workers by their annual income range and percentage of time committed to patient care activities.

Table 4. Annual Income Range and Time Committed to Patient Care Activities

<table>
<thead>
<tr>
<th>Approximate Percentage of Your Position is Allocated to Direct Patient Care and Related Activities</th>
<th>Below $20,000</th>
<th>$20,000-$29,999</th>
<th>$30,000-$39,999</th>
<th>$40,000-$49,999</th>
<th>$50,000-$59,999</th>
<th>$60,000-$69,999</th>
<th>$70,000-$79,999</th>
<th>$80,000-$89,999</th>
<th>$90,000 or more</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of my time</td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>15</td>
<td>12</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>53</td>
</tr>
<tr>
<td>About 75% of my time</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>About 50% of my time</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>About 25% of my time</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Less than 25% of my time</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>42</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>111</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5. Time Worked in Hospice Field by Age Category

<table>
<thead>
<tr>
<th>Time in Hospice Field</th>
<th>&lt; 35</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>6 months -1 year</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>1-2 years</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>3-5 years</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>6-10 years</td>
<td>5</td>
<td>6</td>
<td>10</td>
<td>7</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>11-15 years</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>25</td>
<td>22</td>
<td>24</td>
<td>10</td>
<td>111</td>
</tr>
</tbody>
</table>

Measurement of Variables

The means, standard deviations, and ranges for all scale variables are presented in Table 6 below.

Table 6. Means, Standard Deviations, Ranges and Cronbach’s Alpha for Study Variable Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>M</th>
<th>(SD)</th>
<th>Responder Range</th>
<th>Scale Range</th>
<th>Cronbach’s Alpha</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>23.97</td>
<td>3.32</td>
<td>13-30</td>
<td>6-30</td>
<td>.77</td>
<td>111</td>
</tr>
<tr>
<td>Turn Over Intention</td>
<td>5.63</td>
<td>2.61</td>
<td>3-15</td>
<td>3-15</td>
<td>.86</td>
<td>111</td>
</tr>
<tr>
<td>Inco External Opportunity</td>
<td>11.89</td>
<td>2.73</td>
<td>6-20</td>
<td>4-20</td>
<td>.79</td>
<td>111</td>
</tr>
<tr>
<td>Economic Factors</td>
<td>13.81</td>
<td>3.63</td>
<td>4-20</td>
<td>4-20</td>
<td>.86</td>
<td>111</td>
</tr>
<tr>
<td>Spiritual Well-Being</td>
<td>81.30</td>
<td>11.98</td>
<td>42-100</td>
<td>20-100</td>
<td>.90</td>
<td>111</td>
</tr>
<tr>
<td>Personal Subscale</td>
<td>22.33</td>
<td>2.67</td>
<td>14-25</td>
<td>5-25</td>
<td>.81</td>
<td>111</td>
</tr>
<tr>
<td>Communal Subscale</td>
<td>23.00</td>
<td>2.62</td>
<td>13-25</td>
<td>5-25</td>
<td>.82</td>
<td>111</td>
</tr>
<tr>
<td>Environmental Subscale</td>
<td>18.03</td>
<td>4.82</td>
<td>5-25</td>
<td>5-25</td>
<td>.89</td>
<td>111</td>
</tr>
<tr>
<td>Transcendent Subscale</td>
<td>18.74</td>
<td>5.72</td>
<td>5-25</td>
<td>5-25</td>
<td>.94</td>
<td>111</td>
</tr>
<tr>
<td>Team Regard Index</td>
<td>55.49</td>
<td>6.00</td>
<td>35-65</td>
<td>13-65</td>
<td>.88</td>
<td>111</td>
</tr>
</tbody>
</table>
Skewness and Kurtosis

The data were examined for outliers. Histograms and indices of skewness and kurtosis were generated using SPSS. As data is less than three, there are no issues with normality.

Table 7. Histograms and Indices of Skewness and Kurtosis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Satisfaction</td>
<td>-.507</td>
<td>.563</td>
</tr>
<tr>
<td>Turn Over Intention</td>
<td>.979</td>
<td>.697</td>
</tr>
<tr>
<td>Team Regard Index</td>
<td>-.420</td>
<td>.439</td>
</tr>
<tr>
<td>Spiritual Well-being</td>
<td>-.343</td>
<td>-.134</td>
</tr>
<tr>
<td>- Personal Subscale</td>
<td>-.816</td>
<td>.096</td>
</tr>
<tr>
<td>- Communal Subscale</td>
<td>-1.024</td>
<td>.742</td>
</tr>
<tr>
<td>- Environmental Subscale</td>
<td>-.523</td>
<td>-.089</td>
</tr>
<tr>
<td>- Transcendent Subscale</td>
<td>-.741</td>
<td>-.360</td>
</tr>
<tr>
<td>External Opportunity</td>
<td>.327</td>
<td>.119</td>
</tr>
<tr>
<td>Age</td>
<td>.280</td>
<td>-1.093</td>
</tr>
<tr>
<td>Economic Satisfaction</td>
<td>-.560</td>
<td>.040</td>
</tr>
<tr>
<td>Tenure</td>
<td>1.421</td>
<td>1.882</td>
</tr>
</tbody>
</table>

Job Satisfaction

Job satisfaction was measured using a six-item Likert-scale (Price & Mueller, 1986). The Likert-scale range is 1-5; 1= Strongly Disagree to 5 = Strongly Agree. The statements were summed to provide a total score. The possible range for the measure was 6 to 30 with a high score indicating a high degree of job satisfaction. The majority of hospice social workers reported experiencing a high degree of job satisfaction (M = 23.97, SD = 3.32). The summed scale had a Cronbach’s alpha of .79 which indicates a high level of internal consistency for this sample (see Table 8 for level of hospice social worker job satisfaction).
<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td>8</td>
<td>7.2</td>
<td>7.2</td>
<td>7.2</td>
</tr>
<tr>
<td>Satisfied</td>
<td>54</td>
<td>48.6</td>
<td>48.6</td>
<td>55.9</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>49</td>
<td>44.1</td>
<td>44.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

In order to better understand the variation in scores of global job satisfaction each indicator was analyzed separately (see Table 9 for outcomes of individual indicators).

Respondents had the greatest variation (M = 3.25, SD = 1.02) in the indicator, *I would not consider taking another job in health care*. The indicator, *I find real enjoyment in my job* garnered the highest scores with 103 (93%) giving the rating agree or strongly agree.

In light of considering possible turnover intention it is noted that 29 (26%) of the hospice social workers disagreed or strongly disagreed that they would not consider taking another job in health care.

Table 9. Outcomes of Individual Indicators in the Job Satisfaction Scale

<table>
<thead>
<tr>
<th></th>
<th>M(SD)</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find real enjoyment</td>
<td>4.34(.77)</td>
<td>2</td>
<td>1.8</td>
<td>1</td>
<td>.9</td>
<td>5</td>
</tr>
<tr>
<td>Like job better than average health care worker</td>
<td>4.06(.83)</td>
<td>2</td>
<td>1.8</td>
<td>1</td>
<td>.9</td>
<td>20</td>
</tr>
<tr>
<td>Seldom bored</td>
<td>4.14(.85)</td>
<td>1</td>
<td>.9</td>
<td>7</td>
<td>6.3</td>
<td>6</td>
</tr>
<tr>
<td>Would not consider taking other job in health care</td>
<td>3.25(1.02)</td>
<td>2</td>
<td>2</td>
<td>27</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>Enthusiastic about job</td>
<td>4.06(.65)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Quite satisfied</td>
<td>4.1(.66)</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>
While not a part of the formal job satisfaction scale, additional statements from the survey were analyzed to examine how social workers view their work within the context of their lives. The statement, *my work is really important and worthwhile*, was analyzed. This statement is part of the STAR-Survey of Team Attitudes and Relationship Survey developed by the National Hospice and Palliative Care Organization. Of the 111 survey respondents, all but one agreed or strongly agreed that their work was important and worthwhile (M = 4.65, SD = .49).

In an effort to get a better sense of the holistic influence of employment with the hospice organization, the statement, *my job enhances my personal life*, was analyzed (M = 3.71, SD = 1.05). Seventy-two (65%) respondents believe their job enhances their personal life. However, 39 (35%) of the respondents do not; in fact, 18 (16%) hospice social workers strongly disagreed or disagreed that their work enhanced their personal life.

Table 10. My Job Enhances my Personal Life

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>16</td>
<td>14.4</td>
<td>14.4</td>
<td>16.2</td>
</tr>
<tr>
<td>Neither Agree nor</td>
<td>21</td>
<td>18.9</td>
<td>18.9</td>
<td>35.1</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>45</td>
<td>40.5</td>
<td>40.5</td>
<td>75.7</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>27</td>
<td>24.3</td>
<td>24.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**External Opportunity**

External opportunity refers to the employee’s perception about the availability of jobs outside of the organization, within the community. External opportunity was
measured using a four-item Likert scale. The scale range was 1-5 with 1 = Strongly Disagree to 5 = Strongly Agree. The statements were summed to provide a total score. The possible range for the scale is 4-20 with a high score indicating a high level of external opportunity, the perception of several available jobs outside of the hospice organization. The respondent range was 6-20 (M = 11.89, SD = 2.73). The summed scale had a Cronbach’s alpha of .79 which indicates a high level of internal consistency for this sample. Seventy-two (65%) of the respondents were unsure of the availability and quality of job opportunities outside of the organization or did not think another job was available. The score for the single-item: *It would be easy for me to find a job with another employer*, indicates that almost half, fifty-four (49%) of hospice social workers neither agreed nor disagreed that they could find a job with another employer (M = 3.71, SD = .87). Forty-four (40%) of respondents neither agreed nor disagreed they could find a job with another employer as good as their current job and 38 (39%) strongly disagreed or disagreed that they could find as good a job with another employer (M = 2.94, SD = .96). This indicates a moderate to low level perception of number and quality of jobs outside of the organization (see Table 11 for frequencies of hospice social worker perception of external opportunity).
Table 11. Level of External Opportunity

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low</td>
<td>4</td>
<td>3.6</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Low</td>
<td>33</td>
<td>29.7</td>
<td>29.7</td>
<td>33.3</td>
</tr>
<tr>
<td>Moderate</td>
<td>60</td>
<td>54.1</td>
<td>54.1</td>
<td>87.4</td>
</tr>
<tr>
<td>High</td>
<td>8</td>
<td>7.2</td>
<td>7.2</td>
<td>94.6</td>
</tr>
<tr>
<td>Very High</td>
<td>6</td>
<td>5.4</td>
<td>5.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Turnover Intention**

Turnover intention is the subjective estimation of an individual regarding the probability that she/he will voluntarily leave the organization she/he works for in the near future (Chui & Francesco, 2003). Turnover intention was measured by a three-item Likert scale. The response range for each indicator was 1-5 where 1 = Strongly Disagree and 5 = Strongly Agree. The statements were summed to provide a total score. The possible range for the scale is 3-15. The respondent range was 3-15 (M = 5.63, SD = 2.61). A low score indicates a low level of turnover intention.

A large majority of hospice social workers, 86 (77%), in this sample are not actively searching for another job outside of the agency, nor planning on leaving in the near future. However, eight (7%) had a score range of 11-15 which indicates a strong intention to leave the organization. Of these eight social workers, six of them have less than five years of hospice experience which denotes a fairly low tenure. Of note are the additional 17 (15%) respondents who had a score of 8-10, which may indicate that they
would turnover under particular circumstances. The summed index had a Cronbach’s alpha of .86 which indicates a very high level of internal consistency.

Three individuals indicated they are planning on retiring within the next 12 months. It is interesting to note that none of these three individuals identified they were planning on leaving the hospice organization in the near future. Voluntary retirement is considered a feature of turnover intention. Including those planning on retiring a total of 11 (10%) individuals may have a high probability of leaving their organization in the near future.

Table 12. Time Worked in Hospice Field by Level of Turnover Intention

<table>
<thead>
<tr>
<th>Time in Hospice Field</th>
<th>Level of Turnover Intention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Low</td>
</tr>
<tr>
<td>Less than 6 months</td>
<td>8</td>
</tr>
<tr>
<td>6 months -1 year</td>
<td>4</td>
</tr>
<tr>
<td>1-2 years</td>
<td>6</td>
</tr>
<tr>
<td>3-5 years</td>
<td>10</td>
</tr>
<tr>
<td>6-10 years</td>
<td>11</td>
</tr>
<tr>
<td>11-15 years</td>
<td>9</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
</tr>
</tbody>
</table>

In addition to the above scale, the following statement was examined: *I intend to leave the social work field altogether in the near future*. Over half, 62 (55%) of the respondents strongly disagreed and another 36 (32%) disagreed that they were planning
on leaving the social work profession in the near future. This indicates a large percent are planning on remaining in the social work discipline in the near future.

**Spiritual Well-Being**

Spiritual Well-Being was measured using the Spiritual Health and Life Orientation Measure (SHALOM), 20-item questionnaire. The SHALOM has four domains, each with a discrete subscale. The statements in all domains were summed to provide a total score (see Table 13 for SWB scale and sub-scale scores). The possible range for the SHALOM is 20-100. Response options are 1 = Very Low, 2 = Low, 3 = Moderate, 4 = High, and 5 = Very High. The respondent’s range was 42-100 (M = 81.30, SD = 4.82). The mean score was 4.07 (SD = .59). At the time of the survey, ninety-six (86%) of the respondents reported a high or very high level of spiritual well-being. The summed scale had a Cronbach’s alpha of .90, which indicates a very high level of internal consistency.

Scores for the individual sub-scales were calculated. The response range for all subscales was 5-25. The respondent’s range and mean score for the Personal subscale was 14-25 (M=22.33 and SD 2.7) and M = 4.47 (SD = .53). The range and mean score for the Communal subscale was 13-25 (M = 22.19, SD = 2.62) and M = 4.43 (SD = .52). The range and mean score for the Environmental subscale was 5-25 (M = 18.03, SD = 4.82) and M = 3.61 (SD = .96). The range and mean score for the Transcendent subscale was 5-25 (M = 18.74, SD = 5.73) and M= 3.75 (SD = 1.15). This indicates that the majority of hospice social workers in this sample scored Very High on the Personal and Communal subscales. Also, a majority scored high or very high on the Environmental
and Transcendent subscales but notably mean and greater variation. The Personal, Communal, Environmental and Transcendent subscales had a Cronbach’s alpha of .81, .82, .89, and .94 respectively. All subscales have a very high level of internal consistency.

Table 13. SWB Scale and Subscale Mean, SD and Frequencies

<table>
<thead>
<tr>
<th></th>
<th>Overall SWB</th>
<th>Four Domains of SWB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Scale</td>
<td>4.07</td>
<td>.59</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Very High</td>
<td>46</td>
<td>41.4</td>
</tr>
<tr>
<td>High</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Moderate</td>
<td>14</td>
<td>12.6</td>
</tr>
<tr>
<td>Low</td>
<td>1</td>
<td>.9</td>
</tr>
<tr>
<td>Very Low</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Respondents were also asked to indicate how important spirituality and religion were in their life. Table 14 identifies the number and percent of respondents and level of importance of spirituality and religion.
Table 14. Importance of Religion and Spirituality

<table>
<thead>
<tr>
<th></th>
<th>Religion</th>
<th></th>
<th>Spirituality</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>Not at all Important</td>
<td>7</td>
<td>6.3</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>Very Unimportant</td>
<td>6</td>
<td>5.4</td>
<td>1</td>
<td>.9</td>
</tr>
<tr>
<td>Neither Important nor Unimportant</td>
<td>31</td>
<td>27.9</td>
<td>10</td>
<td>9.0</td>
</tr>
<tr>
<td>Very Important</td>
<td>45</td>
<td>40.5</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Extremely Important</td>
<td>22</td>
<td>19.8</td>
<td>48</td>
<td>43.2</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0</td>
<td>111</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Economic Satisfaction

The economic satisfaction variable was measured using a four-item index. Two items were specifically related to monetary compensation. One of these statements reflected the sense of fairness of the compensation. Two statements were related to benefits. The items were answered using a five-point Likert response of 1= Strongly Disagree to 5 = Strongly Agree. The statements were summed to provide a total score. The possible response range was 4-20. The respondent’s range was 4-20 (M= 13.81, SD = 3.63), and the mean score was 3.46, (SD = .91). The majority of hospice social workers, sixty (61%) are very satisfied or satisfied with pay and benefits and nineteen (17%) were very dissatisfied or dissatisfied (see Table 15).
Table 15. Level of Economic Satisfaction

<table>
<thead>
<tr>
<th>Level of Economic Satisfaction</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>4</td>
<td>3.6</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>15</td>
<td>13.5</td>
<td>13.5</td>
<td>17.1</td>
</tr>
<tr>
<td>Moderate</td>
<td>24</td>
<td>21.6</td>
<td>21.6</td>
<td>38.7</td>
</tr>
<tr>
<td>Satisfied</td>
<td>54</td>
<td>48.6</td>
<td>48.6</td>
<td>87.4</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>14</td>
<td>12.6</td>
<td>12.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The single item that asked directly about level of satisfaction with pay: *I am satisfied with my level of pay* had a mean score of 3.28 (SD = 1.09). Fifty-six (50.4%) of hospices social workers agreed or strongly agreed that they were satisfied with their pay. Over a quarter, (28%) were unsatisfied with their pay and an additional 24 (21.6 %) were unsure.

Table 16. I am Satisfied with my Level of Pay

<table>
<thead>
<tr>
<th>I am Satisfied with my Level of Pay</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>6</td>
<td>5.4</td>
<td>5.4</td>
</tr>
<tr>
<td>Disagree</td>
<td>25</td>
<td>22.5</td>
<td>27.9</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>24</td>
<td>21.6</td>
<td>49.5</td>
</tr>
<tr>
<td>Agree</td>
<td>44</td>
<td>39.6</td>
<td>89.2</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>12</td>
<td>10.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>111</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Team Regard

Team Regard is a new variable created by the researcher of this study. Team regard examines the perception and experience of the phenomenon of respect; both respect towards the social worker as an individual and the social work role or discipline. It was measured using a 13-item index. The items were answered using a five-point Likert response of 1 = Strongly Disagree to 5 = Strongly Agree. The majority of hospice social workers strongly agreed or agreed that the contribution of social work is respected by interdisciplinary team members (M = 4.15, SD = .56) and that the contribution of the specific social worker is important (M = 4.35, SD = .59). Also, a majority strongly agreed or agreed that their fellow team members cared about the social worker’s well-being (M = 4.16, SD = .69) (see Table 17 for a breakdown of perceived respect by discipline).

Table 17. HSW Perceived Respect by Discipline

<table>
<thead>
<tr>
<th></th>
<th>Physician(s)</th>
<th>Nurse(s)</th>
<th>Chaplain(s)</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td><strong>Respect contribution of SW</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>.9</td>
<td>3</td>
<td>2.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>4.5</td>
<td>4</td>
<td>3.6</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>16</td>
<td>14.4</td>
<td>6</td>
<td>5.4</td>
</tr>
<tr>
<td>Agree</td>
<td>63</td>
<td>56.8</td>
<td>62</td>
<td>55.9</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>25</td>
<td>22.5</td>
<td>36</td>
<td>32.4</td>
</tr>
<tr>
<td><strong>Respect me as individual</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>.9</td>
<td>1</td>
<td>.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>.9</td>
<td>1</td>
<td>.9</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>16</td>
<td>14.4</td>
<td>5</td>
<td>4.5</td>
</tr>
<tr>
<td>Agree</td>
<td>56</td>
<td>50.4</td>
<td>52</td>
<td>46.8</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>37</td>
<td>33.3</td>
<td>52</td>
<td>46.8</td>
</tr>
</tbody>
</table>
Research Questions and Tested Hypotheses

Four primary research questions guided this study.

Research Question One: What is the relationship between job satisfaction, external opportunity, economic satisfaction, age, tenure, and turnover intention among hospice social workers?

H1-1: The degree of job satisfaction has a negative correlation with turnover intention.

H1-2: The degree of economic satisfaction (pay and benefits) has a negative correlation with turnover intention.

H1-3: The personal characteristics of age and tenure have a negative correlation with turnover intention.

H1-4: The degree of perceived external opportunity has a positive correlation with turnover intention.

In response to research question one and the corresponding hypotheses, Pearson correlations for the six variables, plus the variables of spiritual well-being and team regard identified in additional research questions, were calculated to measure the strength of the linear relationship. Table 18 shows the result of all eight variables. As expected, job satisfaction negatively correlated with turnover intention. The correlation was statistically significant ($r = -.49, p < .01$). Economic satisfaction was negatively correlated with turnover intention ($r = -.39, p < .01$). Thus, hypotheses one and two were supported.
Age and tenure were expected to be negatively correlated with turnover intention. However, in this sample of hospice social workers no significant relationship between the variables was identified, $r = -.09$ and $r = -.14$ respectively. The null hypothesis cannot be rejected, thus, hypothesis three is rejected. There was a positive relationship with external opportunity and turnover intention ($r = .21, p < .05$). Thus, hypothesis four is supported.

Table 18. Correlations Among and Descriptive Statistics for Key Study Variables

<table>
<thead>
<tr>
<th></th>
<th>M (SD)</th>
<th>TO Intent</th>
<th>Job Sat</th>
<th>SWB</th>
<th>Team Regard</th>
<th>Econ Sat</th>
<th>Extern Opp</th>
<th>Age</th>
<th>Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO Intent</td>
<td>5.63 (2.61)</td>
<td>1</td>
<td>-.489**</td>
<td>-.141</td>
<td>-.500**</td>
<td>-.392**</td>
<td>.214*</td>
<td>-.087</td>
<td>-.137</td>
</tr>
<tr>
<td>Job Sat</td>
<td>23.97 (3.32)</td>
<td>1</td>
<td>.363**</td>
<td>.476**</td>
<td>.262**</td>
<td>-.167</td>
<td>.262**</td>
<td>.070</td>
<td></td>
</tr>
<tr>
<td>SWB</td>
<td>81.31 (11.98)</td>
<td>1</td>
<td>.160</td>
<td>.031</td>
<td>.135</td>
<td>.297**</td>
<td>.115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Regard</td>
<td>55.48 (6.00)</td>
<td>1</td>
<td>.268**</td>
<td>-.078</td>
<td>.185</td>
<td>.067</td>
<td>.174</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Econ Sat</td>
<td>13.82 (3.63)</td>
<td>1</td>
<td>-.259**</td>
<td>.067</td>
<td>.174</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extern Opp</td>
<td>11.89 (2.73)</td>
<td>1</td>
<td>-.041</td>
<td>.362**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>45.93 (12.74)</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenure</td>
<td>6.22 (6.11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example Note. N = 111, For TO = Turnover Intention, Job Sat = Job Satisfaction, SWB = Spiritual Well-being, Econ Sat = Economic Satisfaction, Extern Opp = External Opportunity. * $p < .05$, ** $p < .01$, *** $p < .001$. 
Multiple Regression Analysis

A multiple regression analysis was conducted to test model fit for hospice social worker turnover intention. The literature suggests the variables of age and tenure influence turnover. They were analyzed in the turnover intention model although no significant relationship was identified in this sample. The adjusted R-squared statistic for the estimated model was .366, which means that approximately 37% of the variance in the turnover intention measure was explained by the independent variables ($R = .638$, $R^2 = .407$, $F (7, 103) = 10.089$, $p < .001$). In this analysis, three of the seven independent variables, job satisfaction, team regard, and economic satisfaction, had statistically significant effects on turnover intention (see Table 19 for Multiple Regression Results). Based upon the standardized coefficients (i.e., $\beta$) team regard had the largest impact on turnover intention (Rubin, 2013).

Table 19. Multiple Regression Analysis for Independent Variables (N =111)

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>$\beta$</th>
<th>Std. Error</th>
<th>T</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>19.337</td>
<td></td>
<td>2.399</td>
<td>8.061</td>
<td>.000</td>
</tr>
<tr>
<td>Economic Satisfaction</td>
<td>-.138</td>
<td>-.192</td>
<td>.060</td>
<td>-2.304</td>
<td>.023</td>
</tr>
<tr>
<td>External Opportunity</td>
<td>.082</td>
<td>.086</td>
<td>.078</td>
<td>1.059</td>
<td>.292</td>
</tr>
<tr>
<td>Age</td>
<td>.023</td>
<td>.113</td>
<td>.018</td>
<td>1.304</td>
<td>.195</td>
</tr>
<tr>
<td>Tenure</td>
<td>-.054</td>
<td>-.126</td>
<td>.036</td>
<td>-1.503</td>
<td>.136</td>
</tr>
<tr>
<td>Spiritual Well-being</td>
<td>-.002</td>
<td>-.009</td>
<td>.019</td>
<td>-.102</td>
<td>.919</td>
</tr>
<tr>
<td>Team Regard</td>
<td>-.143</td>
<td>-.329</td>
<td>.039</td>
<td>-3.711</td>
<td>.000</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>-.225</td>
<td>-.286</td>
<td>.075</td>
<td>-3.011</td>
<td>.003</td>
</tr>
</tbody>
</table>

Model

$N = 111 / R^2 \ (adj) = .366$

$F = 10.089*** / VIF \leq 1.564$

$DV = $Turnover Intention
Research Question Two: Does spiritual well-being influence hospice social worker job satisfaction and turnover intention?

H2-1: The degree of spiritual well-being has a positive correlation with job satisfaction.

H2-2: The degree of spiritual well-being has a negative indirect effect on hospice social worker turnover intention mediated through job satisfaction and an overall total positive effect.

A simple mediation analysis was conducted using ordinary least squares (OLS) path analysis. Spiritual well-being indirectly influenced turnover intention through its effect on job satisfaction. As can be seen in Figure 4 and Table 20, hospice social workers who differ by one unit on spiritual well-being (X) are estimated to differ by $a = .101$ units in job satisfaction (M) (see Appendix L for PROCESS output). The regression coefficient for job satisfaction, $b = -.397$, means that hospice social workers who have the same level of spiritual well-being but differ by one unit in their level of job satisfaction (M) are estimated to differ by -.397 units in their turnover intention (Y). As the sign of $b$ is negative this means that those relatively higher in job satisfaction are estimated to be lower in turnover intention.
Figure 4. Simple Mediation Model for Spiritual Well-Being

The indirect effect \((ab)\) is the product of the effect of the level of reported spiritual well-being on job satisfaction \((a)\) and the coefficient for the level of job satisfaction on the model of turnover intention, controlling for the level of spiritual well-being \((b)\). These two coefficients produce the indirect effect of spiritual well-being on turnover intention through level of job satisfaction: \(ab = .101(-.397) = -.040\). This indirect effect of -.040 means that social workers who differ by one unit in their reported spiritual well-being are estimated to differ by -.040 units in their level of job satisfaction, which in turn translates into lower intention to leave the hospice organization. This indirect effect is statistically different from zero, as demonstrated by a 95% bias-controlled bootstrap confidence interval which was entirely below zero (-.0624 to -.0228) (see Appendix M: PROCESS output under the headings “BootLLCI” and “BootULCI,” respectively).
The direct effect of spiritual well-being, \( c' = -0.009 \), is the estimated difference in turnover intention between hospice social workers experiencing the same level of job satisfaction but who differ by one unit in their reported spiritual well-being. The coefficient is negative, meaning that the social worker higher in reported spiritual well-being but who is equally satisfied in their job is estimated to be .009 units lower in her or his reported intentions to leave the hospice organization. As seen in the PROCESS output, Appendix M, this direct effect is not statistically different from zero \( t = 0.440, p = .661 \), with a 95% confidence interval from -.0327 to .0514.

The total effect of spiritual well-being on turnover intention is the sum of the direct and indirect effects: \( c' + ab = .009 + -.040 = -.031 \). This means hospice social workers who differ by one unit in level of spiritual well-being are estimated to differ by -.031 units in their reported turnover intention. The negative sign means the individual with a reported higher level of spiritual well-being reports lower turnover intention. However, this effect is not statistically different from zero, \( t = -1.451, p = .1497 \). Therefore, spiritual well-being does not affect turnover intention independently. However, spiritual well-being does affect turnover intention indirectly through job satisfaction. Job satisfaction acts as the conduit through which the causal effect operates.
Table 20. Model Coefficients Spiritual Well-Being Mediation Analysis

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>M (Job Satisfaction)</th>
<th>Y (Turnover Intention)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coeff.</td>
<td>SE</td>
</tr>
<tr>
<td>X (Spiritual Well-being)</td>
<td>a</td>
<td>.101</td>
</tr>
<tr>
<td>M (Job Satisfaction)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Constant</td>
<td>i1</td>
<td>15.784</td>
</tr>
</tbody>
</table>

R2 = .132
F (1, 109) = 22.910, p< .001

R2 = .241
F (2, 108) = 15.131, p<.001

Research Question Three: Does Team Regard influence the job satisfaction and turnover intention of hospice social workers?

H3-1: The degree of Team Regard has a positive correlation with job satisfaction.

H3-2: The degree of Team Regard has a negative indirect effect on hospice social worker turnover intention mediated through job satisfaction.

A simple mediation analysis was conducted using ordinary least squares (OLS) path analysis. The results indicated that Team Regard indirectly influenced turnover intention through its effect on job satisfaction. As can be seen in Figure 5 and Table 21 (see Appendix M for PROCESS output), hospice social workers who differ by one unit on perceived Team Regard (X) are estimated to differ by \( a = .263 \) units in job satisfaction (M). The regression coefficient for job satisfaction, \( b = -.256 \), means that hospice social workers who have the same level of perceived team regard, but differ by one unit in their level of job satisfaction (M) are estimated to differ by -.256 units in their turnover
intention (Y). As the sign of $b$ is negative this means that those relatively higher in job satisfaction are estimated to be lower in turnover intention.

The indirect effect ($ab$) is the product of the effect of the level of perceived team regard on job satisfaction ($a$) and the coefficient for the level of job satisfaction in the model of turnover intention, controlling for level of perceived team regard ($b$). These two coefficients produce the indirect effect of perceived team regard on turnover intention through level of job satisfaction: $ab = .263(-.256) = -.067$. This indirect effect of -.067 means that social workers who differ by one unit in their reported perceived team regard are estimated to differ by -.067 units in their reported turnover intention. Thus, those with higher perceived team regard are higher in global job satisfaction, which in turn translates into lower intention to leave the hospice organization. A 95% bias-corrected bootstrap confidence interval for the indirect effect ($ab = -0.067$) based on a 10,000 bootstrap sample was entirely below zero (-.1264 to -.0289) (see Appendix M: PROCESS output under the headings “BootLLCI” and “BootULCI”).
The direct effect of perceived team regard, $c' = -.150$, (coefficient was statistically significant at p-value level) is the estimated difference in turnover intention between hospice social workers experiencing the same level of job satisfaction but who differ by one unit in their reported perceived team regard. The coefficient is negative, meaning that the social worker perceiving more team regard but who is equally satisfied in their job is estimated to be .150 units lower in her or his reported intentions to leave the hospice organization. As demonstrated in the PROCESS output, Appendix 4.2, this direct effect is statistically different from zero $t = -3.3953$, $p = .001$, with a 95% confidence interval from -.2382 to -.0626.

The total effect of perceived team regard on turnover intention is the sum of the direct and indirect effects: $c' + ab = -.150 + -.067 = -.217$. This means hospice social workers who differ by one unit in perceived team regard are estimated to differ by -.217 units in their reported turnover intention. The negative sign means the individual with higher perceived team regard reports lower turnover intention. This effect is statistically significant, different from zero, $t = -6.1446$, $p = .000$). These findings provide support for hypotheses H3-1 and H3-2.
Table 2. Model Coefficients for Team Regard Mediation Analysis-DV-Turnover Intention

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>M (Job Satisfaction)</th>
<th>Y (Turnover Intention)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coeff.</td>
<td>SE</td>
</tr>
<tr>
<td>X (Team Regard)</td>
<td>.263</td>
<td>.062</td>
</tr>
<tr>
<td>M (Job Satisfaction)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Constant i1</td>
<td>9.356</td>
<td>3.4787</td>
</tr>
<tr>
<td></td>
<td>R2 = .227</td>
<td>F (1, 109) = 18.366, p &lt;.001</td>
</tr>
</tbody>
</table>

Qualitative Results

The fourth guiding research question for this study was: What is the understanding and experience of Team Regard among hospice social workers? This primary research question about Team Regard was addressed through a series of nine individual interviews. Questions focused on the value of respect and the social worker’s perception of interaction with interdisciplinary team members. The researcher asked interviewees for a definition of respect: as respect is a key aspect of Team Regard. This was followed by questions relating to their experience of respect and how they rated their team in showing respect for the profession of social work and the social worker as an individual. These led to further questions around the influence respect has on the social worker’s job satisfaction and turnover intention. The qualitative portion of this study provided the initial, exploratory data to plan for continued development of the variable of Team Regard.
Recruitment and Sample Characteristics

At the end of the survey, respondents were asked if they would be willing to participate in an individual interview to discuss the various topics within the survey. Seventy five (68%) of the respondents identified they were willing to participate in an individual interview. In an effort to assure at least 10% of the respondents were interviewed, 19 individuals (25%) of the willing participants were contacted. A total of nine (12%) responded to the request and all were interviewed.

In an effort to obtain a diverse mix of interviewees a multi-step selection process was used. First, potential interviewees were categorized into high/low turnover intention. Ten individuals who rated medium to high in turnover intention were invited via email for an interview. This effort garnered five willing participants. Team Regard scores were examined of these five participants and it was noted that there was a range of scores represented. Four days after the initial request, email invitations were sent to two men, an additional randomly selected individual, as well as a second invitation to the first group of invitees. This effort garnered two more interviewees. In an effort to obtain age diversity among the interviewees a third wave of email invitations was distributed. Invitees were four individuals under the age of 39 as well as another request to those who had not yet responded to initial requests. The fourth and final wave of invitations was sent to three randomly selected individuals from the potential interviewee list and a final invitation to previous invitees who had yet to respond. These efforts yielded a diverse mix of interviewees. Seven (78%) were female. Two (22.2%) interviewees each were in their twenties, thirties, and fifties, and three (33.3%) were in their forties. Eight (89%)
were Caucasian and one interviewee was African-American. Four (44.4%) worked in hospice two years or less and five (55.5%) worked in hospice over three years. The longest length of service was eight years, six months and the shortest length of service was one year. Three (33.3%) respondents rated above a 9 on the Turnover Intention Scale. Three (33.3%) interviewees in each rating category of turnover intention scored moderate, high and very high. There was representation in high/moderate/low team regard scores.

**Definition of Respect**

*Question One: When you think of the word “respect,” what does that mean to you? How would you define it?*

Several hospice social workers commented on how challenging it is to define the concept of respect. The challenge arises in the perception that respect “means different things to different people” and that it is highly contextual. For some it was easier to describe the behavior that provides a framework for the definition, than the definition itself. Through analyzing participant responses four aspects of the understanding of respect emerged: (1) dignity and worth of the other; (2) uniqueness; (3) human equality; and (4) right action.

*(1) Dignity and worth of the other*

The granter of respect has an a priori assumption that the other has value; there is an inherent dignity, and worthiness in the other. This aspect was reflected by the following participant comments:

Respect to me, someone may not understand everything that I do, but they definitely know that I have a purpose and have a value… (HSW 9)
Giving a sense of worth that they deserve, to value them the way they are, just as they are. (HSW 6)

Possession of full knowledge of what a person does is not the key, rather, the assumption that the individual possess purpose and value. The individual has purpose and value both by their mere existence as a human being (HSW 6) and in their role they fulfill as a member of the interdisciplinary team (HSW 9).

(2) Uniqueness

The uniqueness or individuality of the other holds value. This uniqueness is expressed in personhood, role, need or other ways. Interviewees expressed the importance of this and corresponding behaviors of valuing the uniqueness of the other.

Being seen. [Being] treated that I contribute something important to the process. (HSW 4)

Trusting everybody that they know what they’re doing (pause) we all have a role to play, that we all need to be doing it. (HSW 7)

If somebody respects you they would value you for your abilities, your talents, your ideas. (HSW 2)

[To be respected] honoring the person that you are interacting with by providing what they need or honoring their requests, even if they may not be important to you but because they are important to them and you are giving them that respect…individualized attention. (HSW 8)

“Being seen” not only acknowledges ones existence but acknowledges one’s significance and individuality. Individuality and uniqueness are expressed in one’s talents, abilities, ideas as well as how they fulfill their role.

(3) Human equality

The value of human equality was expressed in terms of treating people in the same manner. Several interviewees alluded to the Golden Rule - “do unto others as you would have them do unto you.”
It entails not treating any other people more privileged than anyone else (pause) and trying to keep things on a level playing field. I know life isn’t fair but at least give everybody their due and opportunity. It means that somebody is trying their best to treat others fairly, with equanimity. (HSW 6)

Treating someone the way you want to be treated. (HSW 8)

Treating people how you want to be treated, just keep it really simple. (HSW 3)

Hospice social worker #6 acknowledges a distinction between equality and the recognition that all circumstances are not equal. This equality is a demonstration of the value of the other is as valuable as one’s self.

(4) Right action

The social workers reported that respect was shown through a range of positive behaviors. It is not simply enough to hold an attitude of or a value of respect, but it is necessary to put respect into action. Types of right action are described by some interviewees as:

Respect is caring, understanding, being tolerant, reserving judgment, being willing to listen. (HSW 1)

Being consulted on a consistent basis, professional, sincere, affirming. (HSW 5)

Other participants suggested that social workers may be more intentional about respectful behavior because of their social work education and training, and the professions’ code of ethics. This was evidenced by such responses as:

Respect is infused in everything that a social worker does, in all our code of ethics, everything we do. I tend to think social workers don’t have a hard time respecting other people but maybe other people have a hard time respecting other people… (HSW 6)

We were trained, so much of our education was self-determination for people…I have to have respect for that…and not be judgmental. (HSW 3)
The significance of the interviewee’s statements cannot be underestimated. They allude to the notion that respect can be taught and consciously developed. While it may be true that individuals came to the social work profession with an inclination and developed stance of the value of the “other” and respect towards others, it is clear from these comments that social work education and training have influenced the awareness and development of an attitude of respect. The professions’ code of ethics sets the expectation of and continually reinforces the high standard of respect. Also, the above statements indicate that the profession’s value of the client’s right to self-determination and impartial treatment is a particular quality and skill that the social worker brings to the interdisciplinary team. Based on the responses from the nine interviewees a definition of respect minimally includes the understanding of the recognition of the inherent worth and dignity of each individual and this leads to fair and equal treatment.

Experiences of Respect

The actual work of hospice care, caring for patients and families, is provided by an interdisciplinary team. Interdisciplinary teamwork is the foundation of hospice care. The quality of team functioning is critical to and related to the quality of patient care provided. In previous studies social workers have noted that respect is essential to collaboration (Parker-Oliver & Peck, 2006). This regard for teamwork, team functioning and the respect of each team member is frequently assumed to be present. However, the responses to the following question indicate that this necessary respect ranges from being absent, inconsistent, conditionally present and at times fully present. Interviewee responses show that respect cannot be presumed.
Question Two: Do you feel respected as an interdisciplinary team member?

Interviewees noted that respect for the profession was influenced by: (1) the knowledge other team members have about the social work profession; (2) the commitment or lack of commitment by leadership to holistic care and full inclusion of all members of the interdisciplinary team; (3) the influence of the “medical model” impacting team functioning; and (4) diversity concerns.

(1) Knowledge of the social work profession

The responses from the interviewees indicated a lack of understanding by other members of the IDT about the training and skills required to become a social worker and the scope of skills possessed. Several participants noted this issue.

People might say, you know, people know that they love social workers, but they might love us because we’re kind or we hold people’s hands, or we get great resources, but you know, not necessarily for our interpersonal skills, or our skills at family dynamics or assessment skills. Um, things that we got our masters degree for, you know? (HSW 1)

If you’re a social worker and you ever worked with a bunch of nurses (pause) it’s interesting because they don’t always (pause) it’s kind of like a lot of other professions don’t get what social workers do because a lot of it is so (pause) encompassing and yet it’s not and it’s involved (pause) they don’t’ get what a social worker does because they don’t understand what it is. (HSW 6)

The irony is [that] I found out multiple times actually, most times nurses don’t really know the amount of school that social workers have to do, that we have an advanced education. (HSW 7)

Overall my coworkers respect us and me, but I would say we’re under-utilized. It baffles me because our CEO is a social worker. (HSW 3)

At a certain level social workers identify that they feel respected, however, it was expressed more as a sense of a “yes, but,” an ambivalence. These social workers wondered that the relief of pain and physical symptom management was given greater
value than the relief of suffering that comes from a skillful deep listening to someone’s life story. The lack of knowledge by team members of the “encompassing” nature of social work left HSW6 feeling dismissed. The social workers expressed feelings of being dismissed when they experienced their role being treated as ancillary.

(2) Commitment or lack of commitment by leadership to holistic care and full inclusion of all members of the interdisciplinary team

Social workers reported overall they felt respected as an individual. This respect was demonstrated as valuing the skills and resources this person could offer to clients. One participant said,

There is just an appreciation for the skills that are needed for social work, at least at this agency…That acknowledging that it takes time to build up the mental catalog of resources, which places take Medicaid and which doesn’t, which agencies are easier to work to get what items…I think they really appreciate it when you display a depth of knowledge that counts for something. (HSW 7)

Ninety percent of them are very respectful and come to me for my needs and then there’s a couple that don’t. But, I think you’d have that anywhere. (HSW 2)

Other social workers reported that they experienced respect as an individual from various IDT members however; they did not find the same levels of respect from hospice leadership.

By my colleagues, I think I’m pretty generally respected. By management, it’s um, I haven’t always felt respected. (HSW 4)

(3) Influence of the “medical model” impacting team functioning

Interviewees noted that while there is a level of respect for the profession it is based on a limited understanding of the role of social work and therefore, it is undervalued. The full inclusion of social workers in the interdisciplinary team is a noted
concern. Five individuals expressed disappointment and frustration that social workers were not fully engaged in team meetings. Examples of this are captured in the following comments:

At our IDT meeting which we have every week, you know, we have two teams that rotate so I guess it’s every other week for each team, but um, the social workers are required to be there, but they rarely get to speak. (HSW 3)

I know sometimes when we have IDT meetings, when a nurse starts talking, everyone stops and listens, but sometimes when I start to talk or another social worker, it’s not the same, ‘oh let’s stop and hear what they have to say,’ so sometimes that gets a little frustrating.’ (HSW 9)

(4) Diversity concerns

Diversity concerns were related to three primary categories: the diversity of the patient population, lack of diversity among hospice team members within an individual team, and the lack of education and exposure that team members had around diversity. Three social workers expressed concern that team homogeneity was an issue that impacts respect for the individual and the profession. One social worker made a distinction between respect and empathy. An unconscious bias is captured in the following statements:

If we had a respect problem that would be some of it and it’s not really that they are blatantly disrespectful but, they are lacking in empathy to diversity. (HSW 6)

Again it depends, I did [get respect] from some and from others no, to be honest I’m going to say, and I don’t know how much you get this, I really do think race and maybe sometimes gender has a lot to do with the respect I received from certain people. (HSW 4)
Question Three: Overall, would you rate your interdisciplinary team as high, medium or low in respect toward social work?

High Rating

Four social workers (44%) rated their IDT as high in respect. When asked why they would give this rating there was a range of responses. One reason given was:

I would say pretty high…We actually have a really great team. They always celebrate social work month and you know, try to do nice things to acknowledge things we’re doing so in comparison to other jobs I’ve had, I would say high. (HSW 9)

Another noted that the majority of team members respect social work and yet then remarked:

…I mean if I take a day off, I get texts all day long. I mean its mass chaos. I’m the only social worker. (HSW 2)

It appears that this social worker equates being respected with being needed. A third interviewee stated she would rate his team as high in respect. However, she expressed awareness not all of her colleagues had the benefit of a high rating.

I have colleagues in other hospices and they would be medium, but the agency I am with I would say high because [not just because] they respect my opinion but because they do respect social work in general. (HSW 5)

This social worker expresses awareness of the lack of universality and inconsistency in the respect for social workers among agencies. This inconsistency has consequences in what becomes viewed as the norm, influences what is reasonable to expect from fellow team members and what is tolerated. One social worker noted the temporal aspect of developing team respect. He noted that within a two month period he changed teams. He has only been on his current team less than a month so it was
premature for him to rate this team. When asked to rate the level of team respect on his previous team he rated it high because of the expectations required of him. He stated,

They had an expectation of input…they want to know really what’s going on from your end, what do you think about this, you know even medication stuff; it’s like well I’ve seen when we’ve done that in the past and this happened, and you know at least [they’re] taking it seriously and there is accountability as opposed to it’s thrown in your court and that’s it. (HSW 7)

**Medium Rating**

Four social workers rated their IDT as medium when it came to showing respect. One made this rating because despite the social worker’s length of career and experience their input was treated secondary to her colleague’s medically focused input. The interviewee expressed it this way:

…we have some very strong social workers on our team and most of them have had over 15 years of experience in social work, so that means that they have a fairly strong voice to some extent, but the fact that leadership hasn’t really pushed this idea of making sure it’s really an interdisciplinary experience at our team meetings, so there’s a sense of everything is medically driven even though you pay lip service to the idea of it’s a holistic model. (HSW 1)

This social worker identified the pivotal role leadership plays in ensuring full and equal participation among team members. The stakes are high. It is not simply a matter of assuring interdisciplinary involvement and commitment to a holistic model of care but the integrity and perceived influence of leadership is at stake. Clearly this social worker had confidence that the involvement of leadership could change the team experience. It is interesting to note that this hospice social worker does not say that the other social workers in the organization have 15 years of hospice experience, rather she states, “…15 years of experience in social work.” It is unclear if it is years in social work or years in the hospice field that facilitate “…a fairly strong voice.”
Two social workers qualified their ratings identifying their respective teams as medium to low versus simply medium. Both social workers qualified their answer because there was a clear distinction in the level of respect among the disciplines. Their overall experience was that nursing did not respect social work, but individual nurses did. This is reflected in the following response:

I’d say medium to low from the majority of the people but then there’s a couple because it’s not really split right down the middle, so I mean that…then there is like one or two people that, mmm, the nurses that I work really closely with that I think they have respect for me and they call me and we work together you know they involve me… (HSW 6)

*Low Rating*

One social worker rated her IDT as low in respect. Her rationale was that the focus on the medical model and exclusion of the social worker’s voice from the decision-making process detracted from team respect.

Yes, I would say low. It’s very much the medical model. They focus on the medical and not on the social work, well-being, emotional, spiritual part…a lot of things are like, decisions are made without regarding the patient or even about our, our standards or our protocol that we follow. You know, things, decisions are made without even talking to us about it. (HSW 3)

This social worker, as well as others, expressed the negative hold of the medical model within some interdisciplinary teams. As hospice is tied to the Medicare reimbursement system some providers may believe this model is to be privileged over other models. It is true that the medical model is appropriate and useful in many contexts; however, the holistic, biopsychosocial-spiritual and transdisciplinary models better address the tenets of hospice care. These models of care are not mutually exclusive. Conscious, honest reflection and dialogue among all disciplines is required to
move to more inclusive action, and thus to raise the level of respect for the field of social work in hospice care.

**Manifestations of Respect**

*Question Four: When a colleague is behaving respectfully toward you, what does that behavior look like? When a colleague is behaving disrespectfully toward you, what does that behavior look like?*

Not surprisingly, all interviewees noted that they had experienced both respectful and disrespectful behavior from their colleagues. They were able to name and distinguish between these behaviors. Table 22 provides a comparison of respectful and disrespectful behaviors. The weight or felt impact of the respectful or disrespectful behavior was dependent upon with whom the participant was interacting with in his or her agency.

**Table 22. Listing of Respectful and Disrespectful Behavior**

<table>
<thead>
<tr>
<th>Respectful Behavior</th>
<th>Disrespectful Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonverbally inclusive; showing physical openness to one’s presence</td>
<td>Taking everything on one’s own shoulders; relying on the perspective of one discipline.</td>
</tr>
<tr>
<td>Giving space to contribute verbally</td>
<td>Poor communication skills: use of sharp tones</td>
</tr>
<tr>
<td>Deferring to another in areas where one does not have expertise</td>
<td>Expecting others to work harder than you do.</td>
</tr>
<tr>
<td>Seeking another out for their skill set, expertise</td>
<td>Lack of willingness to see other point of view.</td>
</tr>
<tr>
<td>Engagement of excellent communication skills: listen, ask don’t tell</td>
<td>Doing another team members job “behind their back”</td>
</tr>
<tr>
<td>Inform if there is an issue or concern</td>
<td>Dismissing the role and value of other disciplines; take it “off handedly”</td>
</tr>
<tr>
<td>Collaboration, working together to rectify concerns or manage difficult situations</td>
<td>Assuming another is wrong or ill informed in a situation without checking it out first.</td>
</tr>
<tr>
<td>Acting with maturity versus dramatically</td>
<td>Being less attentive to one discipline’s input and contribution over another’s.</td>
</tr>
<tr>
<td>Saying, “I need help.”</td>
<td>Saying things in front of the group when it should be discussed one on one.</td>
</tr>
</tbody>
</table>
Once the participant identified their working definition of respect; an understanding of the role and position of the social worker on the IDT and an awareness of behaviors associated with respect, discussion continued regarding the influence respect had on the participant’s career. This will be examined in relation to the variables of Team Regard, Job Satisfaction and Turnover Intention.

**Influence of Respect**

*Respect and Job Satisfaction*

**Question Five: Does the level of respect you experience from your team members influence your job satisfaction?**

The interviewees responded affirmatively to this question especially when they experienced their medical colleagues claiming to be able to attend to the patient’s or family’s psychosocial needs. This is expressed in the following responses:

Sometimes working with nurses can be very, very frustrating and it can be kind of demoralizing...What can be really challenging is, they often feel like everyone has had life experience that it’s the same as having social work clinical experience and the ability to intervene with a family, so they will feel that their gut reaction about something is just as valid as my informed assessment of the situation, so it’s like they’re informal social workers because they’ve had life experience. (HSW 1)

Absolutely, (pause) it makes you question (pause) um like, it makes you question your skills a little bit, it makes you question, okay, well maybe the only reason I’m here is you know in order to take Medicare, you have to have an MSW, you know what I mean? I’m just like a body, a body in a seat. So, it really makes you question. It doesn’t make me question hospice and it doesn’t make me question my decision to be in hospice, but my decision to be at this company. (HSW 2)

The social worker’s felt experience of being superfluous and their work as being dismissed, were key components in their experience of team regard and job satisfaction. Table 23 and Table 24 highlight the social worker’s experiences. The consequences of
this experience led to the question relating to remaining in the field of hospice social work.

Table 23. Examples of Experiences of Respect

<table>
<thead>
<tr>
<th>Experiences of being Respected</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been in other places where I wasn’t as highly valued, and to do good work, to advocate appropriately, to get a good voice at the table, you have to be respected. And when you’re not respected that makes your job twice as hard and in this agency they do respect and they do listen so that makes the satisfaction level higher. (HSW 5)</td>
</tr>
<tr>
<td>I’ve fought very hard for cultural diversity trainings, education…so I’ve worked towards that with the executive director…in this past year…more than in the past, that’s for sure… (HSW 6)</td>
</tr>
<tr>
<td>…they want to know really what’s going on from your end, ‘what do you think of this’, you know even medication stuff; it’s like, well, ‘I’ve seen when we’ve done that in the past and this happened,’ and you know at least they are taking you seriously… (HSW 7)</td>
</tr>
<tr>
<td>They all appreciate and value the work that I do and I never have a problem with any of them towards me, never, never, they are all very good. (HSW 8)</td>
</tr>
</tbody>
</table>

Table 24. Examples of Experiences of Disrespect

<table>
<thead>
<tr>
<th>Experience of being Disrespected</th>
</tr>
</thead>
<tbody>
<tr>
<td>[We’re underutilized] it baffles me because our CEO is a social worker, but it’s always, you know, five years that I’ve been there, it’s always been the medical, they take care of the medical, they take care of the, you know, pain, this and that, but they don’t focus or address (pause) I mean at our IDT meetings which we have every week…the social workers are required to be there, but they rarely get to speak. (HSW 3)</td>
</tr>
<tr>
<td>I was on call the other night, and we had two deaths, and I never even get a call from the nurse. You know, it just really depends on who you’re working with and how much they keep you involved…sometimes we’re just disregarded. (HSW 3)</td>
</tr>
<tr>
<td>It makes you question your skills a little bit, it makes you question, okay, well maybe the only reason I’m here is, you know in order to take Medicare, you have to have an MSW, you know what I mean? I’m just like a body, a body in seat. So, it really makes you question. (HSW 2)</td>
</tr>
<tr>
<td>This might be too specific but it’s kind of a personal thing for me, but pretty much relying on the perspective of one discipline and not even wanting to hear what the social workers have to say about the patient and family; not even giving me the opportunity to share or when I do try to share, shutting me down or shutting me out. There were times when there was something going on with the patient and the nursing home may have called for a care conference and social workers were not even notified, they didn’t know anything until after the fact, after it had occurred. (HSW 4)</td>
</tr>
</tbody>
</table>
Respect and Turnover Intention

**Question Six: Does the level of respect that you experience from your team members influence whether you will continue working at hospice?**

Interviewees were able to articulate their frustrations and lack of perceived respect. All hospice social workers noted that the level of respect they experienced influenced their job satisfaction and all affirmed that it influenced their turnover intention. However, it is a very nuanced influence. It is a factor, but not the main factor as noted by one social worker below. Additionally, what is clear from interviewees is that respect is not an “all or nothing” situation. Hospice social workers do not require that all team members respect them but that enough do so in order to be able to do quality work and enjoy some collegial support and care.

Social workers were asked to comment on where they thought they would be in their career within two years. One interviewee actually left the hospice program she was working for prior to the interview. In her estimation her reason for leaving was about issues of respect, including concerns about potential racism and gender issues. As identified in Table 25 at least four (44.4%) of the interviewed social workers plan on staying with their current hospice organization. Three (33.3%) are actively planning on leaving and one has left. The remaining one social worker would prefer to stay with her hospice agency if possible. The reason given for leaving or potentially leaving the hospice organization, coalesced around three areas: (1) the perceived level of respect/disrespect for social work in general, (2) financial limitations of salary, and (3) perceived lack of internal opportunity. This disrespect, while not perpetrated by all
individuals on the team or all leadership appeared to be codified in some way within agency practice, structure and policy. For example, social work having a seat at the interdisciplinary table but not allowed to use their voice to the fullest while at the table. An example of structural disrespect is the fact that within some of the interviewees’ organizations there was no opportunity for social work to attain levels of leadership. The ability of the organization to pay adequate wages was noted as the other concern.

Of the four social workers who plan on staying with their current hospice organization all identified that the interaction with patients and families was their primary source of job satisfaction and they enjoyed their work. One social worker noted that he aspires to work in a managerial capacity and that his organization is responding to his aspiration.

Table 25. Potential Turnover Within Two Years

<table>
<thead>
<tr>
<th>Staying/Leaving Current Hospice</th>
<th>Staying/Leaving Hospice Field</th>
<th>What do you hope you are doing in your career two years from now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaving</td>
<td>Leaving</td>
<td>I’m torn. I feel that I really like the direct services aspect of SW, but I think I have a good mind for systems and bigger processes, so I’ve been toying with the idea of being involved in some sort of management. [So,] I’ll continue to practice in a direct service capacity or move toward a management role in a non-profit organization.</td>
</tr>
<tr>
<td>Leaving</td>
<td>Leaving</td>
<td>I’m looking into one or two things. Either, healthcare administration, or working with Veterans somehow [possibly through hospice; likely not] We have a Veterans home in our area.</td>
</tr>
<tr>
<td>Leaving</td>
<td>May Stay in Field</td>
<td>Working on LCSW and [once obtained] I’m going to be looking for a different job. Where I’m at now there’s no opportunity. We have one supervisor, she doesn’t ever plan on leaving and I understand that.</td>
</tr>
<tr>
<td>Left prior to interview</td>
<td>Leaving</td>
<td>The jobs I have applied for are not [in] hospice. The sad part about this for me (pause) is that I don’t know if I don’t like hospice work with this company or if I don’t like it in general!</td>
</tr>
<tr>
<td>Staying</td>
<td>Staying</td>
<td>I would hope that I am continuing to provide excellent care and service in the agency where I’m at. I’m also doing counseling on the side and I would like to build that private practice a little bit too.</td>
</tr>
</tbody>
</table>
May Leave Organization  May Leave Field
So someday I may have to take a job that wouldn’t be my number one choice but I might have to take it because I need to get a better salary, so (pause) that’s unfortunate but I have to be realistic too. I would be happy to stay in hospice care [salary is an issue].

Staying  Staying
I’ve wanted to try to scale back from field work, for no other reason than I cannot picture myself 10 years from now going out in a snowstorm to pronounce somebody. [I’d] like to work my way up to management. This is the first agency ever that has told me they seriously would like me to do that.

Staying  Staying
I’m actually happy where I am, I love what I do. I really want to continue where I’m at and keep being a hospice social worker.

Staying  Staying
Unfortunately in the position I’m in there really is no upward movement but I really love my job, so I think in two years, I will probably still be at my same job doing the same thing.

Results Summary

The results of the survey data provided information that informs a causal model of hospice social worker job satisfaction and turnover intention. Spiritual well-being directly effects job satisfaction and influences turnover intention through mediation of spiritual well-being. Team regard effects job satisfaction and turnover intention. Team regard has a causal influence on turnover intention and can be offered for consideration as part of the Agho, Price, and Mueller, revised causal model as shown in Chapter Two. The numerical and statistical data provides information about hospice social workers levels of job satisfaction, team regard, and spiritual well-being, however, the results from the qualitative interview provides a richness that supplies the nuance, importance and influence of these variables upon hospice social workers as well as the nascent beginnings of fuller development of the independent construct of team regard.
CHAPTER FIVE

OVERVIEW

Hospice and palliative care services have expanded over the years in response to a quickly growing and aging population. As hospice programs have expanded the need for well trained and experienced social workers working in this specialized field has increased. Understanding social workers intentions for continuing work in this area of end-of-life care is critical to developing and maintaining quality hospice and palliative care social work services. This mixed methods study was designed to explore the turnover intentions and factors that may contribute to career longevity of hospice social workers. The Revised Causal Model of Job Satisfaction developed by Agho, Mueller, and Price (1993) influenced the conceptual framework of this study. A model of turnover intention specifying variables of job satisfaction, external opportunity, economic satisfaction, age, and organization tenure along with two new variables, spiritual well-being and team regard was examined.

In this chapter, the findings are discussed and interpreted within the theoretical constructs described in Chapter Two: the existential perspective and meaning management theory. Specifically, the notion of the authentic self, the existential claim there is potential for meaning in suffering and the holistic tenet of existentialism that allows for the dimension of spirituality in the human life help guide interpretation of results. Additionally, meaning management theory as it relates to meaning-seeking,
meaning-making, and meaning-reconstruction within the professional and work
environment aid interpretation and discussion. After a brief discussion of demographic
and organization characteristics, the two new variables spiritual well-being and team
regard are discussed, followed by job satisfaction and turnover intention. The additional
variables of economic satisfaction, external opportunity, organization tenure, and age are
discussed within the context of the dependent variable, turnover intention. The chapter
concludes with a presentation of the study’s limitations and strengths.

**Demographic and Organizational Characteristics**

Demographic data suggest a lack of diversity among sample participants. The
majority of participants were Caucasian (n = 104; 94%), female (n = 103; 93%), claim a
religious affiliation in the Christian tradition (n = 68; 61%), and possess a MSW degree
(n = 100; 91%). The mean age was 46 years old, the median 45 years old, and the mode
32 years. Ages ranged from 26-72 years old. Similar demographics are found in other
studies about hospice staff and hospice social workers (Casarett et al., 2011; Monroe &

The National Hospice and Palliative Care Organization (NHPCO, 2015) reported
that the mean average daily census of hospice programs in 2014 was 138.9 patients.
Nationally, approximately 24% of programs served fewer than 25 patients and 46%
served over 100 patients a day. Social workers in this study sample worked in programs
with similar census statistics. Twenty-two (20%) respondents worked in programs that
served less than 30 patients a day. Forty-two (38%) social workers worked in programs
that had an average daily census between 31-99 patients and 47 (42%) worked in
programs serving over 100 patients. The majority of hospice social workers in this sample worked for a not-for-profit hospice program, 76 (67%) compared to the 28 (32%) who worked for a for-profit hospice. This stands within a context where the national statistics identify only 28% of all active Medicare Provider Numbers are assigned to not-for-profit entities (NHPCO, 2015).

**Spiritual Well-Being**

Spiritual well-being was measured by using the 20 item Spiritual Health and Life-Orientation Measure-SHALOM (Gomez & Fisher, 2003; Fisher, 2010). Spiritual well-being is an indication of an individual’s quality of relationships with self, others, the environment, and with a transcendent Other. It is a dynamic state. It propels integration and wholeness within the individual. It engages interconnection with others, the environment and that which is beyond self. Hospice social workers in this sample possessed substantial spiritual well-being as measured by the SHALOM. Ninety-six (86.4%) scored very high or high, 14 (12.6%) were moderate and only one (.9%) scored low (M = 4.07, SD = .52). Respondents scored considerably higher on the Personal and Communal domain sub-scales than the Environmental and Transcendental domain sub-scales. This high level of spiritual well-being is supported by other studies of hospice workers (Clark et al., 2007).

The Personal Subscale references the quality and depth of relationship with the self and engagement with the search for self-worth and identity. The Personal Subscale was the highest subscale (M = 4.67, SD = .52). The Communal Subscale references the quality and depth of inter-personal relationships with others and the influence of moral,
cultural, and religious notions of forgiveness, trust, respect, love, and kindness. The Communal Subscale was the second highest score for hospice social workers in this sample (M = 4.44, SD = .52). The Environmental Subscale has to do with the relationship with the environment beyond its care and stewardship (Fisher, 2010). It engages the experiences of awe and wonder. The environmental domain broadens the understanding of the sacred. It expands the understanding of and the ability to touch or come in contact with the sacred. It moves from the conventional image of organized religion as the reference point for the sacred available only to some; to that of an expansive rooted world available to all. Hospice social workers in this sample scored lowest on the Environmental Subscale (M = 3.61, SD = .96). The Transcendental Subscale reflects the relationship with something or someone beyond the human and natural world. This was the second lowest score of the subscales (M = 3.75, SD = 1.15). This subscale had the largest variance with the largest standard deviation.

One possible explanation for the overall high level of spiritual well-being is that social workers in this sample may have their existential needs of meaning and purpose actively engaged. Work is one of the ways that the deep need for meaning and purpose can be met (Frankel, 1988/1969). Another possible explanation for this high level of spiritual well-being may have to do with the fact that spiritual well-being is a relational construct. It is the affirmation of life in relationship with self, others, nature, and a transcendent other. The heart of social work is relational; it is active concern for and engagement with the other.
High scores on the Personal Subscale suggest a high degree of internal harmony and congruence between expressed and experienced meaning, purpose and values in life.

The scale reflects the search for identity and self-worth (Fisher, 2011). One reason social workers may score so high on the Personal Subscale is because self-awareness is the motivating force relating with self. Social workers, if not naturally disposed to self-awareness are trained to become self-aware individuals and practitioners.

The Communal Subscale addresses relationship with the other. Martin Buber, existential philosopher and Jewish theologian, speaks of this communal interaction as an “I & Thou” reality (Buber, 1923/1996). This reality means that there can be no “I”, without a “thou” or in modern language, “you.” Buber submits that when an individual encounters the “other”, both are influenced, both are changed. A possible reason for social worker’s high score on the Communal Subscale may be due to the encounter that the social worker has not only with those in their personal circle of influence, but with the patients and families they serve. If what Buber posits is true, then social workers cannot help but be impacted in a meaningful way by their work with terminally ill patients and their families. Add to the encounter, conscious reflection, and then real meaning-making and meaning reconstruction can occur from the experience. These are right conditions for change and transformation. There is great potential and even likelihood that the social worker may be changed. This change could be toward an increased level of spiritual well-being.
Spirituality in the Hospice Workplace

There is a growing field of scholarship in the area of spirituality in the workplace; not only in religious but non-religious organizations as well (Grant, O’Neil & Stephens, 2004). Unlike some other work environments, spirituality in the hospice workplace is practiced, experienced, and discussed. Spiritual care of hospice patients and families is central to the holistic philosophy of hospice care. Provision of spiritual care is mandated by the original (1983) and the revised (2008) Medicare Hospice Conditions of Participation. The issue of spirituality is actively engaged and influences the work environment. Workplace spirituality is part of the organization’s culture. In hospice, workplace spirituality is sanctioned through numerous organization protocols, rituals or norms. For example, a significant number of interdisciplinary teams begin their team meeting with a “spiritual moment” or a moment of reflection. After discussion by the interdisciplinary team of those who have died on service during the previous week, a prayer or a moment of silence may be offered for the deceased and their loved ones. Some hospice programs ask their chaplains to do a “blessing of the hands” for interdisciplinary team members, during special times such as National Hospice Month, in recognition of the sacredness of the work. Virtually all hospices provide a memorial service or time of remembrance not only for family and friends to reflect on the lives of those who were served by the hospice organization but for the staff to have a time of reflection as well. Frequently this time of remembrance is planned and executed by all discipline representatives of the interdisciplinary team, including social workers. Social workers who work in hospice care may come to the organization with a higher than
average level of spiritual well-being because of the nature of the work. Knowing that the hospice philosophy engages the totality of the human person and is a culmination of an individual’s whole life may be attractive to those open and aware of their spiritual selves, and thus, potentially possess a higher level of spiritual well-being.

**Social Worker Religiosity**

A growing body of research suggests that the personal practice of religion and the adoption of a religious and spiritual perspective benefits physical and mental health (Canda & Furman, 2010; Derezotes, 1995; Pargament, Smith, Koenig, & Perez, 1998). Practitioner attitudes toward religion influences engagement of religious and spiritual issues and engagement of related interventions. The hospice social workers in this study rated the importance of religion and the importance of spirituality in their lives. Ninety-eight (88%) of the survey respondents scored spirituality as extremely important and 67 (60%) identified religion as extremely or very important. There was no difference in level of overall spiritual well-being based on denomination affiliation. However, there is a statistical difference in spiritual well-being among those who identify religion as important versus those who identify religion as neither important nor unimportant or not important at all. This may suggest that those who identify religion as important may have an instrumental means of integrating their spirituality (Clark et al., 2007). In other words, they may subscribe to traditions that consciously allow for active incorporation of spiritual themes into daily living. The engaged themes of religiosity and religious practices directs one’s thinking and contemplation that calls one to their higher self. Religious traditions frequently emphasize care of the other, faithfulness, love,
selflessness, investment in community, courage, forgiveness, as well as other values that contribute to the development of a meaningful life. These values are in essence the ingredients for meaning making and management of a meaningful life. Additionally, people who identify religion as important have access to a community of individuals who share a common interest. This community engagement in itself may contribute to spiritual well-being.

**Influence of Spiritual Well-Being on Job Satisfaction and Turnover Intention**

The Revised Causal Model of Job Satisfaction put forth by Agho, Price, and Mueller (1993) suggests that variables in the psychological domain (work motivation, positive affectivity, and negative affectivity), the sociological domain (supervisory support, autonomy, integration, opportunity, and task significance), the physiological domain (role overload, role conflict, role ambiguity, and routinization), and the economic domain (pay, distributive justice, and internal labor market) explained job satisfaction. This study examined the influence of the spiritual domain on job satisfaction and turnover intention.

The mediation analysis provides evidence that spiritual well-being influences job satisfaction. Spiritual well-being has an affect on turnover intention, but that effect is totally mediated through job satisfaction. These findings are in line with similar studies. In a study of substance abuse counselor’s spiritual well-being significantly predicted job satisfaction (Colistra, 2012).
These findings relate to the existential and meaning management, and the philosophical and theoretical underpinnings of this study. The assertions that the quest for meaning is a major, universal drive of human beings and that the ultimate meaning of one’s life is found in the spiritual dimension is noteworthy. Work is a primary pathway to finding and developing meaning. These findings support the connection between the work domain and the spiritual domain of employees and the importance and value of having a sense of meaning and purpose. This meaning and purpose may be reflected in enhanced job satisfaction in this sample of hospice social workers.

All but one individual agreed or strongly agreed with the statement: *My work is really important and worthwhile.* Feeling a sense of value and importance of one’s work reflects a sense of meaning and purpose.

Additionally, high scores on the Personal sub-scale suggest this sample of hospice social workers are actively self-aware and engaged in meaning management. Social workers are daily aiding those who are coping with terminal illness, physical and
existential suffering and confronting end of life. They are confronting their own mortality. Spirituality and overall spiritual well-being may be not only protective factors in maintaining an overall sense of well-being but a source of strength that may enhance one’s ability to stay in hospice work long term.

**Team Regard**

The concept of team regard developed and explored in this study differs from the concept of teamwork or interdisciplinary collaboration. Team regard is the perception of respect experienced by the hospice social worker. It is the kernel, the root, the yeast, the foundation that leads to and fosters productive teamwork and meaningful interdisciplinary collaboration. Successful and regular interdisciplinary collaboration is the expression of team regard in the hospice work environment. Overall the majority of hospice social workers agreed or strongly agreed that the contribution of social work was respected by the interdisciplinary team (M = 4.15, SD = .56).

One possible explanation for this finding of high team regard could have to do with the corresponding high level of spiritual well-being among sample participants. Daniel (2009) proposed that workplaces that are rich in spirituality contribute to the development of respect among team members. People who perceive high respect feel they are being taken seriously, being paid careful attention (Daniel, 2009). In the qualitative interviews, some of the interviewees spoke of being respected as being “seen”; which is similar to the sense of having one pay careful attention toward another. A notable finding is that there are 16 (14.4%) social workers who neither agreed nor disagreed that the physician(s) they worked with respected the contribution of social
work. Also, there were 16 (14.4%) who neither agreed nor disagreed that they were respected as an individual by the physician member(s) of their team. Only six (37.5%) of these respondents were the same individual in both groups. This expressed lack of confidence in the full knowledge that one is respected by a core member of the interdisciplinary team is concerning. One possible explanation for this finding is there may be within some hospice programs differentiation in professional esteem for physicians. This differential in esteem may lead to a consequent privileging of the physician role and medical model. Although the majority of physicians treat others respectfully, Leape, Shore, Dienstag, Mayer, Edgman-Levitan, Meyer, and Healy (2012) have noted that the contemporary health care culture is distinguished by characteristics that foster disrespectful behavior and thus, can lead to a culture of disrespect. A primary feature of the health care culture is its hierarchical nature. Status and disrespect are frequently linked. As hospice has evolved to a sophisticated health care program it is not immune from development of this hierarchical culture even though interdisciplinary teamwork is mandated. Social workers may perceive and experience this status differential.

Another related explanation for this social worker/physician finding could be linked with types of conflict potentially experienced among interdisciplinary team members. Jehn (1997) identifies three main types of group or team conflict: task conflict, relationship conflict and process conflict. Recent scholars have identified a fourth type of conflict, status conflict (Bendersky & Hays, 2012). Status conflict is tied to team
members “status positions in the group’s social hierarchy, the relative level of respect each member receives from others” (p. 323).

While survey respondents were high in perceived team regard, the quantitative results do not give the full picture. The qualitative results shed light on the tension and ambivalence some hospice social workers experienced as relating to perceptions of respect of the field. This may be due to the privileging of the medical model, time limitations, and a perceived ancillary status of the social work field. Several interviewees identified disappointment and bewilderment that this that disrespect and overall lack of regard was at times evident among team members. When asked to rate their interdisciplinary teams high, medium or low relating to team regard, there was ambivalence. All of the social workers desired to rate their teams high and those who assessed a less than high rating expressed disappointment that they could not honestly provide a higher rating.

Some interviewees noted that the experience of team regard was not equally distributed amongst all team members. Most interviewees noted that there were one or two particular team members from another discipline and their social work colleagues from whom they experienced respect. Having a subset of team members from whom one receives respect may be a protective factor that encourages greater career longevity.

Some interviewees noted that among all different groups of professional team members the relationship with nurses may be the most challenging. Conflict among nurses’ and social workers’ roles and team functioning has been a subject of previous research (Kulys & Davis, 1987; Nelson-Becker & Ferrell, 2011; Parker-Oliver, Bronstein & Kurzejeski,
Interviewees noted that at times working with nurses was frustrating and even demoralizing. There were three primary issues suggested as reasons for the challenge. One reason had to do with the way some of the social workers in the study perceive the difference between nurse and social worker communication styles. One interviewee stated that nurses appear to be more task oriented and social workers more process oriented. This social worker also noted another issue, that some nurses believe that if they only had more time they could fulfill the roll of the social worker as well as the nurse. She stated, “some nurses view themselves as informal social workers because they’ve had life experience” (HSW 1). For another interviewee the lack of teamwork with nursing and social work translated into low team respect (HSW 4). Another interviewee noted that “nurses don’t get what social workers do…it’s not something personally against me, it’s just that they don’t respect the position so they just take it off-handily” (HSW 6).

**Influence of Team Regard on Job Satisfaction and Turnover Intention**

As noted above the Revised Causal Model of Job Satisfaction put forth by Agho, Price, and Mueller (1993) suggests that multiple variables across several domains influence job satisfaction. Team Regard was conceptualized and explored within this study as a new concept within the job characteristics domain. Team regard was hypothesized to influence both job satisfaction and turnover intention. A valuable finding of this study is that the mediation analysis suggests that team regard has a causal influence on hospice social worker job satisfaction and turnover intention. Not only is team regard a factor in the influence of job satisfaction, but it has a direct causal effect on
turnover intention. One interviewee, who was working for a hospice program when she completed the survey, noted that she voluntarily left the hospice program two weeks prior to the interview because of the lack of respect and occurring disrespect received by a powerful interdisciplinary team member.

**Economic Satisfaction**

In general, employees who are satisfied with their pay and benefits are less likely to leave their job. Salaries for social workers are usually considered lower than those for comparably educated professions (Barth, 2003). This could be due to in part the feminization of the profession. However, nursing, which is a highly feminized profession, garners substantially higher salaries than that of social workers (Blosser et al., 2010). In response to the statement, *I am satisfied with my level of pay*, approximately 50% of hospice social workers in this sample expressed satisfaction with their pay. This means conversely approximately 50% were unsatisfied or ambivalent about their pay.

Four hospice social workers who participated in the qualitative interview clearly identified compensation as a significant issue that contributed to job dissatisfaction. Two stated they were considering seeking other employment outside of the hospice field because of their level of compensation. One of these social workers clearly stated that she did not want to leave hospice but felt she had to in order to secure her financial future as she aged. Monetary rewards and employee benefits are considered significant extrinsic factors that relate to job satisfaction. In general, extrinsic factors, while important, are not considered as strong as intrinsic factors (job autonomy, task identity, job complexity, etc.) on predicting overall job satisfaction. Individuals who enter the social work
frequently do so despite the limited financial rewards, often seeking a career with greater intrinsic satisfaction. However, there is evidence that financial compensation is an important factor to social workers in general and the number one reason given by gerontological social workers for considering a job change is higher salaries (Schweitzer, Chianello & Kothari, 2013; Whitaker, Weismiller, & Clark, 2006). A minimal threshold must be maintained for an employee to stay within their position.

**Job Satisfaction**

Job satisfaction was measured using a six-item global satisfaction index (Price & Mueller, 1986). The quantitative findings indicate this sample of hospice social workers have a high level of global job satisfaction. Past studies (Kobayashi, 2009; Monroe & DeLoach, 2004) support these findings. Earlier studies have noted that although social workers had a high level of job satisfaction, social worker job satisfaction was lowest compared to satisfaction in other disciplines (Casarett et al., 2011; Monroe & DeLoach, 2004). The majority of hospice social workers find real enjoyment 103 (93%) and are enthusiastic about their work 95 (83%). Further, this research demonstrates that hospice social worker spiritual well-being is correlated with job satisfaction ($r = .363, p < .01$) and this sample of hospice social workers reported a high level of spiritual well-being ($M = 4.07, SD = .59$).

**Meaning Making and Work**

One possible explanation for these results is the nature of hospice work wherein hospice social workers may deem this work important and worthwhile; essentially the work itself is of great value. Following Frankel (1988/1969), Rosso, Dekas and
Wrzeniewski (2010) identified four main sources of meaning or meaningfulness in work: the self, other persons, the work context, and spiritual life. It is possible that working in hospice honors a part of the social worker’s essential self that responds to the need for meaning and purpose. The individual statement, *My work is really important and worthwhile*, which was not part of one of the scales, garnered strong agreement among 110 (99.1%) of those who responded to the survey. Both of these explanations were corroborated in the qualitative findings.

Social workers in this study identified that it was the “actual doing of the work” that they enjoyed which kept them satisfied. Wresniewski, McCauley, Rozin, and Schwartz (1997) identified three primary orientations towards work: job, career, and calling. Research suggests that one way the self can shape the meaning of work is through beliefs about one’s work and specifically the notion of “calling” (LeCroy, 2002; Rosso, 2010; Wrzesniewski et al., 1997). This sense of calling is an expression of one’s deepest self related to work. Calling has been defined in many ways. It has sacred overtones but appeals to the secular as well. Wrzesniewski, Dekas, and Rosso (2009) have defined the secular understanding as a “meaningful beckoning toward the activities that are morally, socially, and personally significant” (p. 115). Three social workers in qualitative interviews attributed their sense of satisfaction to “doing God’s will” and the “sense of call” or altruism involved in work that serves humanity. Other research has demonstrated that a sense of calling is moderately correlated with career commitment and job satisfaction, as well as having a negative correlation with turnover intention (Duffy, Dik & Steger, 2011).
Another possible explanation for this high level of job satisfaction may be the rewards of an enhanced life. Hospice social workers have the opportunity to witness the end of life. Being with people who are dying invites the social worker to reflect on how to live his/her own life in a full and authentic way. While the full import of acknowledging one’s mortality may not be fully embraced, it can no longer be denied. This explanation was corroborated by several interviewees. Interviewees noted that working in hospice brought a sense of perspective about what is important in one’s own life, an increased consciousness of one’s values and one’s mortality. One social worker noted the practicality of life lessons. These lessons illuminate the realities of “how people get old and pass, and how the medical system works and [now] I basically try and preach the gospel to prepare for when things are not going to be going so good.” Not all hospice social workers agree that their work enhances their personal life. Thirty-nine (35%) of hospice social workers neither agreed nor disagreed, do not agree or strongly agree that their job enhances their personal life. Eighteen (16%) disagreed or strongly disagreed. It is possible that those in this latter category of hospice social workers may be at risk to leave the organization.

**Turnover Intention**

Employee turnover is one of the most researched topics in the areas of business management and organizational behavior. However, very little research on this topic has been dedicated to understanding the turnover intentions of hospice social workers. The variables of age, tenure, job satisfaction and external opportunity were hypothesized to directly influence turnover intention. This section will discuss the turnover intention of
this sample of hospice social workers in general and the relationship to the identified variables.

It is a challenge to identify actual turnover rates within the hospice workforce. An industries turnover rates are frequently considered proprietary information. As noted by compensationforce.com, the 2013 annual turnover rate for all industries was 15.1%. Turnover in healthcare and the non-profit sectors was a little higher, 16.8% and 15.3% respectively (http://www.compensationforce.com/2014/02/2013-turnover-rates-by-industry.html). This same source identified the 2015 average total turnover rate across all industries as 16.4%. One study of hospice employees, not exclusively social workers, stated that 18% of survey respondents were searching for work outside of hospice care (Whitebird, Asche, Thompson, Rossom, & Heinrich, 2013). The 2014-2015 Hospital and Healthcare Compensation Service: Hospice Salary and Benefits Report identified the overall annual turnover rate for hospice employees in the East North Central Region, which is comprised as the state of Illinois, Indiana, Michigan, Ohio and Wisconsin, at 18.55%. The annual turnover rate for hospice social workers in the same region was 22.07%. This study did not make a distinction between involuntary or voluntary turnover. What is noteworthy is that the overall turnover rate of hospice social workers is higher than the turnover rate for all hospice employees combined.

Findings from this research study suggest that hospice social workers in this sample have a low level of turnover intention. Including three social workers who indicated that they are planning on retiring in the near future, only 11 (10%) have a high
level of turnover intention. This 10% of turnover intention is good news especially when compared to actual turnover rates of 22.07%.

One possible explanation for this finding lies in the nature of the social work profession in general and specifically hospice social work itself. The “idiosyncratic characteristics” of working in end-of-life care may contribute to the low level of turnover intention (Carmeli & Weisberg, 2006). Hospice social workers are present at a very vulnerable time in the life of the patient and the family. The value and satisfaction of the work may far outweigh factors that would lead one to engage a turnover trajectory. The challenge and the sense of enhancement that this work brings to the individual social worker’s life may be reward enough for the social worker to stay.

Another possible explanation for this finding may have to do with who actually participated in the survey. Perhaps hospice social workers who are planning on leaving chose not to participate in the survey. Nonparticipation could be due to a variety of factors such as lack of interest, disengagement from the work environment, stress, burnout, or other factors. Also, if the hospice leader was aware that an employee was thinking about leaving the organization or was in the midst of a dissatisfied or complicated relationship with the organization, it possible that the hospice leader did not forward the study materials. Thus, the social worker did not have the opportunity to participate.

**Age and Tenure**

Though the strength of the relationship is equivocal, age and tenure are most commonly found to have a negative relationship with actual turnover (Lambert, Cluse-
Tolar, Pasupuleti, Prior, & Allen, 2012; Ng & Feldman, 2009). In this study age was not correlated with turnover intention, however, it was correlated with tenure. Recent research suggests that age may be related to voluntary turnover where participants are female and there is variation in race and education among the sample participants. Aside from gender, that is not the case for this sample. Participants in this study are mostly female, Caucasian, and highly educated. The mean age for this sample is 46 years old and all but 11 (10%) hold an MSW. Ng and Felman (2009) suggest a variety of psychosocial changes as individuals age impact the decision to voluntarily leave an organization. For example, the ability of older workers to manage their emotions in more positive ways than younger workers, potentially higher quality interpersonal relationships and life-stage needs, to name a few. Additionally, changes in labor market conditions may foster concerns about age discrimination among older workers. These are plausible for this sample. Additionally, it is important to note that age is correlated with job satisfaction and spiritual well-being in this sample.

The U.S. Bureau of Labor Statistics reported the median number of years that wage and salary workers had been with their current employers was 4.6 years (http://bls.gov/news.release/tenure.nr0.html). This information is gathered every two years. There is limited information on hospice social worker tenure. The mean tenure for this sample is 6.23 years. However, 46 (41%) of respondents have been employed by their current hospice for three years or less and almost half, 52 (47%) have been in the hospice field five years or less. Of the eight social workers (7%) who indicated strong intention to leave the organization, six of them have less than five years of experience.
**External Opportunity**

Another possible explanation for the low turnover intention in this sample is the perceived level of external opportunity. External opportunity refers to the supply of other work opportunities available in the environment. If employees can find a job “as good as” or “better than” their current job, they may be more willing to leave their employer (Montague, 2004; Price, 2001; Price & Mueller, 1986). Increased turnover rates can be a signal of employee confidence in the job market. Social workers may not have or perceive they do not have satisfactory employment alternatives within their community.

In this sample of hospice social workers, external opportunity was positively correlated with turnover intention. As presented in chapter four, the data suggests a moderate to low level of perception of the number and quality of jobs available outside of the hospice organization. It is unclear if this lack of confidence of available jobs is because hospice social workers are uninformed about job opportunities, if they believe they are qualified for what opportunities are available, or if the reality is there are limited opportunities within the labor market. Reality and perception could differ based on location. For example, there could be far fewer available jobs for social workers in rural communities than urban areas.

**Turnover and the Revised Causal Model**

As noted in chapter four, the multiple regression analysis identified team regard, job satisfaction and economic satisfaction as predictors of hospice social worker turnover intention. For this sample team regard was the strongest predictor in the model of turnover intention, followed by job satisfaction and economic satisfaction. The findings
of this study support an additional revision of the Revised Causal Model of Job Satisfaction put forth by Agho, Price, and Mueller (1993.) As proposed Team Regard has a positive effect on job satisfaction and thus is an addition to the job characteristics portion of the model. The Agho, Price, and Mueller Model did not have a spiritual variable. As spiritual well-being has been shown to influence job satisfaction the category of a spiritual variable has been added, and the indicator is spiritual well-being (see Figure 7 below).

As a result of this research the conceptual model has two revisions (see Figure 8: Revised Conceptual Model.) The primary revision is the illustration of team regard impacting job satisfaction and turnover intention directly. For this sample neither age, nor tenure influenced team regard, but age did have a positive correlation to job satisfaction. Tenure was correlated with age, thus, age and tenure were moved in the model to align with job satisfaction. External opportunity did not show a predictive effect on turnover intention in this sample. However, external opportunity was correlated with turnover intention. Therefore, a decision has been made to keep external opportunity as a part of the model, noting that it needs further exploration.
Figure 7. KLS Revised Agho Model
Study Limitations

This section discusses the limitations of this study. These limitations include generalizability of the findings, non-response bias, response bias, and social desirability responses. The first limitation was the fact that it was not possible to do random sampling. The unknown members in the sampling frame and the lack of an existing codified list of individual hospice social workers in the state presented challenges in recruitment. It is a non-probability sample and no claim of representativeness can be made, thus, generalizability is not possible (Monette, Sullivan, & DeJong, 2011).

Participant Recruitment and Response/Non-response Bias

Although numerous steps were taken to reach out to all eligible hospice social workers, non-response bias is a concern because it is unknown who actually received the
survey and had the option to respond. Every identified Medicare certified hospice program in the state of Illinois was contacted by phone by the researcher. The researcher attempted to generate interest in the research project as well as elicit assistance in survey distribution from an individual in every program. For the purpose of the study, this individual was identified as a hospice leader. The researcher communicated with the identified hospice leader by phone and email in an effort to increase hospice social worker participation. There was a high reliance on social work leaders to distribute the survey. It is possible that they acted as gate-keepers and possibly prevented participation as well as a source of helpful access. It is unknown which social workers did not know about the study, who these social workers were and how that impacted response bias. The study relied on voluntary participation of those who received information about the research project. Even with email and phone contact the response rate was estimated at 34%. Though rigorous efforts were undertaken these steps may have resulted in sampling selection bias.

**Social Desirability**

This survey could be prone to social desirability bias. Participants may want to answer the question based on what they believe is socially acceptable or how they would like to be perceived versus their actual experience. For example, they may not want to admit to negative feelings toward their job or may feel uncomfortable with spirituality. Social workers may want to feel respected and possibly feel embarrassed if they do not and therefore, respond more favorably to the team regard questions.
**Online Survey Format**

Some hospice social workers might have felt uncomfortable with a computerized versus paper and pencil survey. In fact, one social work leader noted that her staff of three social workers, approximately two FTEs, did not utilize computers well and refused to forward the survey. The length of the survey may have discouraged participation in the study. A 2010 study conducted by SurveyMonkey, the largest source in the United States for online survey distribution, studied drop-off rates of 100,000 random surveys. Surveys ranged from 1-50 questions. Data found the response rate dropped by approximately 3% at 10 questions, the sharpest drop-off rates occurred at 15 questions, approximately 6%, followed by a second sharp drop-off of approximately 8% at 35 questions. Respondents who were willing to answer up to 35 questions may be indifferent to survey length (SurveyMonkey, retrieved April 21, 2015).

**Qualitative Interviews**

Qualitative evidence about human experience is not the same as evidence about human behavior. Human behavior can be observed, experience cannot be observed. For experience to become evidence, or data, it must be reflected upon, discerned and then transmitted through written or spoken word. This description of the experience is mediated by language. These descriptions are social constructions of experience, value, and context and offer useful information for knowledge generation (Witken, 2007). Nine of the nineteen individuals who signaled their interest in interview participation and were invited to participate in the individual interview did so. It is unclear as to why the others did not respond. For example, did they change their mind, were they uninterested, too
busy, or did they leave the organization prior to the invitation? There are myriad possibilities which remain unknown.

Although a 10% threshold of all those willing to participate in the individual interviews was met; it is unclear if the widest spread of views was obtained. Both the researcher and the second reader thought saturation was met on some of the questions by interviewee number seven. However, that does not mean that the widest views were obtained. For example, there are individuals in the sample who are 70 years and older. None of the interviewees were in their seventieth decade.

Understanding experience is influenced and limited by the reflection process. Each person possesses a personal lens through which understanding evolves. The architecture of this lens is constructed through multiple features, such as gender, culture, past experience, social class, etc. In essence, “we see through a glass darkly.” The individual lens and the reflection process itself influences and limits self-report as evidence (Polkinghorne, 2005; Witken, 2007). The survey format limits the possible dialogical process and clarifying question that could ensue if these questions were asked in a face-to-face interview. However, that being said, if the interviewer were to follow a strict interview guide, clarifying questions or ongoing dialogue may be prohibited as well.

There are multiple potential reasons for the relatively low, but acceptable, response rate. One possible explanation is that the hospice leader did not want program social workers to participate in the study and thus did not forward the project communications and online links. Another possibility is that hospice social workers did
not want to participate due to lack of interest, thinking they did not have anything to contribute to the study, or thinking it was too time intensive of a commitment to complete the survey. Additionally, social workers may have been concerned that confidentiality did not equate to anonymity and therefore chose not to participate. Also, as web-based surveys have become more economical and popular, potential respondents may not want to take time to respond to one more survey. They may be burned out on this mode of data gathering.

Study Strengths

There are multiple strengths of this study. The sole focus of the study is about hospice social workers and those social workers who specifically work in hospice in Illinois. As such the study is able to focus on a specific area of social work practice and gain in-depth understanding of this population. Additionally, the variables of this study, team regard, and spiritual well-being have been explored and applied to a causal model of job satisfaction and turnover intention. Use of a tested model of job satisfaction and turnover intention as the broad influence for this study is a strength of this project. This study utilized established instruments with a good psychometric reliability and validity. Some of the instruments have been utilized in other studies to measure the variable construct. The findings of this study can be compared to results from previous studies and further strengthen the particular instrument, thus extending the instruments utility. Specifically, the global job satisfaction scale is utilized as part of the STAR (Survey of Team Attitudes and Relationships) conducted by the National Hospice and Palliative Care Organization and could be utilized to assist with hospice social worker norms. The
Spiritual Health and Life Orientation Measure (SHALOM) has been used in numerous studies and data is being gathered to develop norms, mean values for the four domains (Fisher, 2010).

The mixed method approach used to address the study research questions is a strength. The mixed method design allowed for broader and deeper understanding of the research data. It provided an opportunity for stronger inferences from the data. Additionally, it provided the opportunity for presenting a greater diversity of divergent views through both survey and interview methodologies (Creswell & Plano Clark, 2007; Teddlie & Tashakkori, 2003).
CHAPTER SIX

STUDY SIGNIFICANCE, IMPLICATIONS AND FUTURE RESEARCH

This study examined the influence of spiritual well-being, job satisfaction and team regard on the turnover intention of hospice social workers. This is important because the stability and engagement of team members determines the quality of care provided to patients and families and supports hospice social workers in developing fulfilling and productive careers. Finding meaning in work is a vital source of job satisfaction. Our life’s narrative is substantially shaped by our work and the workplace. Work provides the individual with a sense of purpose, of belonging, and identity. This study contributes to the research and literature on hospice social workers’ overall job satisfaction, spiritual well-being, and turnover intention. While limited previous studies have explored hospice worker job satisfaction, the influence of spirituality on work, and overall spiritual well-being, no published study known or located by this researcher has explored the variable of hospice social worker turnover intention. This study attempts to provide an initial examination of hospice social worker turnover intention and proposes two new variables, spiritual well-being and team regard, as predictors of hospice social worker job satisfaction and turnover intention. Additionally, hospice social worker spiritual well-being and the phenomena of team regard were explored. The quantitative and qualitative data combine to present a fuller understanding of hospice social worker
job satisfaction, spiritual well-being, understanding and experience of team regard and turnover intention, dedication to the work and implications for career longevity.

**Implications**

The results of this research have numerous implications for hospice social workers, other interdisciplinary team members, hospice leadership, and the social work profession as whole. It sheds light on factors that can contribute to social work education, practice, and organization policy.

**Social Work Education**

As employment opportunities in hospice and other end-of-life care settings are increasing it is imperative that social work education incorporate end-of-life care in the curriculum. In the earlier years of the hospice movement, when there were fewer programs and a limited number of patients served, hospices could expect to hire social workers with multiple years of experience to provide services to patients and families. However, with significant program expansion and thus, more social worker positions, hospice programs are hiring social workers with fewer years of experience and in some cases new graduates. The three areas, articulation of the role of the social worker, skills for inter-professional practice, and the place of spirituality and religion, are highlighted as particular issues from this study.

Learning about the education, training and ethical mandates of each profession would be helpful for social workers and other hospice disciplines to bridge the knowledge divide and bring a more egalitarian view of the work. Engaging this learning in field education seminars could be a fruitful place for engagement as the field education
experience is where academic knowledge meets practice. Students could use case study from internships to reflect on issues of collegiality and conflict. Students could be asked to articulate their role, review the assessment of the patient/family and the approach other team members have taken in the assessment process, and identify social worker and other team member interventions. Additionally, discussion of areas where assessment and interventions may be considered from different theoretical constructions and points of view could be identified and strategies for communication and conflict resolution developed.

Developing courses that include students from multiple disciplines is suggested. Creating an interdisciplinary learning environment could greatly enhance student’s understanding of the need for and ability to engage in interdisciplinary practice. Students from various disciplines could read the same material, hear the same lectures, engage the same case studies, then dialogue about similarities, differences, and reflect on the totality of the experience. This could be offered in a seminar, workshop, or “retreat” format in order to provide time for sustained engagement and facilitate scheduling.

Hospice social workers are required to address spiritual well-being of their clients. This study found that individual social worker spiritual well-being contributes to job satisfaction specifically and turnover intention indirectly. While there is not agreement among social work educators (Canda, 2005; Clark, 1994; Meinert, 2009; Sheridan & Amato-von Hemer, 1999; Streets, 2009) there would be benefit in skillfully engaging the issues of spirituality and religion in the social work curriculum and classroom. This engagement would serve three primary functions: (1) it would provide a conscious time
of reflection for social work students to examine their own spirituality, spiritual and religious practices and the place spirituality and religion holds in their own life, (2) it would address issues of cultural competency as it relates to spirituality and religion, and (3) would provide the opportunity for social workers to develop the necessary knowledge and skills to assess and deal with spiritual and religious issues with patients and families.

Social Work Practice and Life-long Learning

The quantitative and qualitative results support that overall, hospice social workers feel respected as a member of the interdisciplinary team. They identify that the social work field has a good reputation within the organization. Also the majority of individual social workers report having a good reputation among the rest of the interdisciplinary team. However, the qualitative data provided finer distinctions. Some interviewees identified that other team members do not know what the social worker does. Social workers and students need to develop ways to clearly articulate their role and specifically identify the knowledge and skills they bring to the table, and thus help develop social worker confidence. It is the responsibility of the profession to inform colleagues and the public of social work’s contribution.

Respect is a vital element of good interdisciplinary practice. It can be a challenge for social workers to achieve robust, even adequate professional respect and the experience of being valued when working in a host setting. Hospice social workers who participated in the qualitative interviews echoed this sentiment. One of the first tasks at hand is to assist social workers, other interdisciplinary team members, and hospice leaders to understand that social work is not ancillary to but integral to the provision of
hospice care. Hospice care is holistic and interdisciplinary care. It is important to remember, as stated in Chapter One, that the concepts of quality hospice care were developed before the Medicare regulations came into existence. In the current health care climate, many hospice programs define hospice care by these regulations.

Interdisciplinary care is the type of care mandated. Social work is a “core service,” as stated in the Medicare regulations, not an ancillary service. Hospice social workers, other team members and leadership must change their thinking and begin identifying social workers as integral team members.

This study revealed the positive relationship between team regard and turnover intention. Team regard is a necessary ingredient for team collaboration. Opportunities for social workers to critically reflect on their understanding of respect, identification and experience of respectful and disrespectful behaviors, and strategies to address work situations and environments that are disrespectful, would be advantageous to promoting job satisfaction and career longevity. Such reflection would not only be directed toward the discipline of social work but other disciplines as well.

**Policy Implications and Strategies for Support**

Examination of how physicians are prepared to work as members of the hospice team as well as how they do so is necessary. Medical education and socialization trains physicians to assume authority in the doctor-patient relationship and take the lead on health care teams (Nadicksbernd, Thronberry & von Gunten, 2011). Hospice leadership needs to have awareness of the potential conflict a physician’s training may be in conflict with their interdisciplinary role. These issues could be addressed forthrightly during
physician recruitment, hiring and orientation. It is important that hospice leadership actively support interdisciplinary engagement. The quantitative and qualitative results from this study suggest that leadership support of interdisciplinary team functioning impacts the experience of team regard and the development of a culture of respect.

This study also found that economic satisfaction is correlated with team regard and predictive of turnover intention. Wages are frequently equated with status. While few organizations would purposely discriminate wages based on perceived role status, age, race, or gender it is important that hospice organizations scrutinize remuneration practices to assure that unconscious bias does not exist. Whitaker, Weismiller, and Clark (2006) found a gender gap in annual salaries of a minimum of approximately $7000. While financial remuneration is unlikely a primary reason an individual chose social work as a career, findings from this study identify economic satisfaction as a factor in predicting turnover intention. Hospice organizations are encouraged to explore strategies and create opportunities to enhance this area of satisfaction. Such things as, increased compensation for achieving certifications, such as the Certified Hospice and Palliative Care Social Worker designation, or increased compensation for advanced licensure is a basic first step. Development of social worker career ladders that involve skill enhancement is another option. For example, experienced staff may become clinical experts who assist with new employee orientation and mentorship, conduct staff development opportunities, or assist with clinical supervision activities for a specific purpose such as obtaining a higher level of license or certification. Voluntary turnover affects both the individual social worker and the organization. It impacts the care of
patients and families, team relationships, community and business partnerships, human resource planning and the overall reputation of a hospice organization. A high amount of voluntary turnover adversely influences the effectiveness of a hospice program. It is important to state that all voluntary turnovers are not negative. For example, some employees may not be a good fit with a specific hospice organization or with the work itself. Some employees may experience a need for change or be drawn to another work endeavor. Some may leave the organization to pursue more personal goals, such as travel, raise a family, or manage a health crisis, among other things.

Although in some cases the turnover may not be negative it is fruitful to ask, “Is it avoidable?” Would improved recruitment and selection processes prevent an individual who is not a good fit with the organization from being hired in the first place? How could hospice organizations develop possibilities for employees to have an opportunity to pursue personal goals without leaving the organization? Perhaps consideration of flexible work hours, part-time employment, and sabbatical periods would be an option. If an employee needs a change, is there opportunity for that change to occur within the organization?

**Future Research**

Job satisfaction is a key variable in turnover intention. The Revised Causal Model of Job Satisfaction developed by Agho, Price, and Mueller (1993) includes other variables such as job autonomy, supervision, and role conflict that were not a part of this research study. A large scale study that would include all variables in the model, as well as the new variables of team regard and spiritual well-being could prove beneficial. Such
future study would provide information about the strength of the relationship between predictive variables. Such knowledge could prove invaluable to hospice leadership in averting unnecessary turnover of hospice social workers.

This study had nine (8.1%) respondents who had only a BSW degree and two respondents (1.8%) who had BS or BA degree. This limited response prohibited robust analysis of this important group in this study. However, many hospice programs, particularly those in rural areas, hire social workers at the BSW level and it is important to understand if they have different s and understanding of team regard, job satisfaction and turnover intention. The overall level of spiritual well-being and its influence with this group of social workers warrants in-depth examination.

This study focused on hospice social workers’ turnover intention. It would be valuable future research to explore why hospice social workers have left their hospice programs and/or the field altogether. Qualitative research would be of benefit to gain a rich understanding of not only the cause, but what led up to turnover, what could prevent it and possible reparative work that could be done to restore the individual to the field. While it would be a challenge to recruit participants it would not be impossible to do so. Initial participants could be recruited through various local and national social work associations and conferences. Association members and conference participants could be asked if they have worked in hospice at anytime during their career. This could be a starting point of identifying individuals for interviews. While not ideal, snowball sampling could be a helpful method in researching this population.
This study identified important elements that make up team regard. However, further research is needed to ensure that the concept is understood and fully developed. Also, future development of a tool that empirically examines the various factors of team regard could prove invaluable in creating and sustaining highly functional interdisciplinary teams and help foster a strong culture of respect.
APPENDIX A

AGHO REVISED CAUSAL MODEL OF JOB SATISFACTION
ENVIRONMENTAL VARIABLE
Opportunity -

JOB CHARACTERISTICS
Autonomy +
Role ambiguity -
Role conflict -
Role overload -
Distributive justice +
Supervisory support +
Internal labor market +
Task significance +
Integration +
Pay +
Routinization -

PERSONALITY VARIABLES
Work motivation +
Positive affectivity +
Negative affectivity -

Fig. 2. Path diagram of the Revised Causal Model of Job Satisfaction, as developed by Agho, Mueller and Price.
APPENDIX B

HOSPICE CONTACT DATA SHEET
Hospice Contact Data Sheet
Sampling Frame

Hospice Name: 
Provider #: 

Address: 
Agency Auspice: 
  community based, 
  hospital based 
  nursing home based 

Contact Number: 

Name of Contact: 

Director/Manager Support/SW Services: 

Direct Number: 

Describe the future study. 

How many Hospice Social Workers does your hospice employ (full-time, part-time, contractual, on-call)? 

Are there others, who hold different roles within the organization who have a BSW or MSW? If yes, is a BSW or MSW required for that position? Identify position and number of employees in that position. 

Request permission to send link to director and request to forward link. (Take direct emails if offered) 

Agency Tax Status: (for-profit, not-for-profit, govt, etc) 

Does your agency have other branches in the State of IL? 

Would you be able to give me the name and number of a contact person at that branch?
APPENDIX C

FIRST HOSPICE LEADER EMAIL
Hello (insert name here),

Thank you for speaking with me (insert appropriate time frame: today, last week) about my research study and the upcoming survey. I appreciate your willingness to help me get the word out to the social workers in your hospice program. As promised, I’ve attached an introductory letter about the survey and the request for contact information for you to forward to your staff.

I want to assure you the information provided by your staff will in no way be tied to any individual hospice program. In fact, there is no place on the survey for the staff to identify where they work. My plan is to provide an Executive Summary of the study to you upon its completion. It is hoped that the information from this study will help hospice social workers and leaders know what helps or hinders hospice social workers from developing and maintaining enriching careers in hospice. Turnover is expensive to organizations. Knowing what may aid social workers’ career longevity will benefit hospice patients, families and the organization itself.

I greatly appreciate your assistance. If you have any questions please do not hesitate to contact me. I can be reached by email, ksangster@luc.edu or by phone at 773-396-1519. Also, you may contact my dissertation chairperson, Dr. Holly Nelson-Becker, at hnelsonbecker@luc.edu if you have questions.

Thank you again,

Kim

Kim Sangster, MSW, MDiv, LCSW
Doctoral Candidate-Loyola University Chicago
Loyola University Chicago
Lewis Tower, 12th Floor
820 N. Michigan Avenue
Chicago, IL 60611
APPENDIX D

FIRST HOSPICE COLLEAGUE EMAIL
Dear Hospice Colleague,

My name is Kim Sangster, and I am a social work PhD candidate at Loyola University Chicago. Prior to beginning doctoral studies I worked in the health care field for 23 years. Seventeen of those years were directly in the area of hospice and palliative care. I am committed to the social work field and passionate about the provision of quality end-of-life-care, to which social workers are essential.

I am conducting a research study on the overall job satisfaction and turnover intentions of hospice social workers. I am interested in finding out what keeps social workers in hospice work and what makes them think about leaving. While turnover intentions of other disciplines have been extensively studied those of hospice social workers have not. This study will begin to remedy that situation. In addition to overall job satisfaction, I am looking at the understanding of two additional concepts: team regard and spiritual well-being and whether these influence social worker’s desire to continue in hospice work.

This study is designed to target those who fulfill the responsibilities of the hospice social worker on the interdisciplinary team or those with other job responsibilities within the hospice organization who possess a BSW or an MSW in the state of Illinois. I am hoping that you can help me get this survey out to all hospice social workers in the state of Illinois. This survey is computer based and will be launched within the next two weeks. To reach all hospice social workers I need your assistance.

1) Please send me your email address. This will allow me to send the survey directly to you. Your email address will not be shared with others. My email is ksangster@luc.edu. In the subject line of the email, please indicate “hospice study”. That way it will not get missed.

2) If you know hospice social workers in your hospice program or other programs please forward this letter on to them.

Those who participate will have the opportunity to win one of five, $50 Visa or Amazon.com gift cards. Chances of winning are good, as only Illinois hospice social workers are being asked to participate. The data from this study will not be connected to individual participants or hospice organizations. You will not be asked to identify yourself or your hospice program on the survey.

In March 2016 the general assembly of the Social Work Hospice and Palliative Care Network will be meeting in Chicago. I plan on attending the assembly. I would be happy to meet with other hospice social workers and discuss the results of the data collection with anyone who is interested.

Thank you for your help. I deeply appreciate it. If you have any questions or concerns regarding this study, please contact me at (773) 396-1519 or by email at ksangster@luc.edu.
ksangster@luc.edu. My dissertation chairperson is Dr. Holly Nelson-Becker, you may also contact her at hnelsonbecker@luc.edu if you questions about the study.

Thank you,

Kim

Kim Sangster, MSW, MDiv, LCSW
Doctoral Candidate-Loyola University Chicago
Loyola University Chicago
Lewis Tower, 12th Floor
820 N. Michigan Avenue
Chicago, IL 60611
APPENDIX E

SECOND HOSPICE LEADER EMAIL
Hello (insert name here)

I’m reaching out again to hospice leaders to ask for your help. We spoke the beginning of August about my research for my doctoral dissertation: Career Longevity and Turnover Intentions of Hospice Social Workers. I need 39 more hospice social workers to complete the survey to meet the required 100 respondents. As I do not have a complete list of hospice social workers in the state of Illinois I am asking for your help to reach as many hospice social workers as possible. **Would you please forward the attachment below** to your hospice social workers and anyone in your organization who may hold a BSW or an MSW degree. This attachment is different from the first one you forwarded to your staff. This **attachment has a direct link** to the Hospice SW Career Longevity Survey.

As noted in a previous email I assure you that the information provided by your staff will **in no way** be tied to any individual hospice program. All information provided is confidential and will be reported in the aggregate. Additionally, at completion of the study an Executive Summary will be provided to you.

I greatly appreciate your assistance. Thank you for your willingness to help me get the word out to hospice social workers. If you have any questions please do not hesitate to contact me. I can be reached by email, ksangster@luc.edu or by phone at 773-396-1519. Also, you may contact my dissertation chairperson, Dr. Holly Nelson-Becker, at hnelsonbecker@luc.edu if you have questions.

Thank you for your time and assistance,

Kim

Kim Sangster, MSW, MDiv, LCSW
Doctoral Candidate-Loyola University Chicago
Loyola University Chicago
Lewis Tower, 12th Floor
820 N. Michigan Avenue
Chicago, IL 60611
APPENDIX F

SECOND HOSPICE COLLEAGUE EMAIL
Hello (insert name here)

I’m reaching out again to hospice leaders to ask for your help. We spoke the beginning of August about my research for my doctoral dissertation: Career Longevity and Turnover Intentions of Hospice Social Workers. I need 39 more hospice social workers to complete the survey to meet the required 100 respondents. As I do not have a complete list of hospice social workers in the state of Illinois I am asking for your help to reach as many hospice social workers as possible. **Would you please forward the attachment below** to your hospice social workers and anyone in your organization who may hold a BSW or an MSW degree. This attachment is different from the first one you forwarded to your staff. This **attachment has a direct link** to the Hospice SW Career Longevity Survey.

As noted in a previous email I assure you that the information provided by your staff will **in no way** be tied to any individual hospice program. All information provided is confidential and will be reported in the aggregate. Additionally, at completion of the study an Executive Summary will be provided to you.

I greatly appreciate your assistance. Thank you for your willingness to help me get the word out to hospice social workers. If you have any questions please do not hesitate to contact me. I can be reached by email, ksangster@luc.edu or by phone at 773-396-1519. Also, you may contact my dissertation chairperson, Dr. Holly Nelson-Becker, at hnelsonbecker@luc.edu if you have questions.

Thank you for your time and assistance,

Kim

Kim Sangster, MSW, MDiv, LCSW
Doctoral Candidate-Loyola University Chicago
Loyola University Chicago
Lewis Tower, 12th Floor
820 N. Michigan Avenue
Chicago, IL 60611
APPENDIX G

INFORMED CONSENT
CONSENT TO PARTICIPATE IN RESEARCH

Project Title: Career Longevity and Turnover Intention of Hospice Social Workers: The Influence of Job Satisfaction, Team Regard and Spiritual Well-Being
Researcher(s): Kim Sangster, LCSW, M. Div., doctoral candidate
Faculty Sponsor: Holly Nelson-Becker, PhD, LCSW

Introduction:
You are being invited to take part in a research study being conducted by Kim Sangster for a doctoral dissertation under the supervision of Holly Nelson-Becker, PhD in the Department of Social Work at Loyola University of Chicago.

You are being invited to participate because you are currently working as a hospice social worker or you have a BSW or MSW and work in hospice program in a position other than a hospice social worker in a Medicare Certified hospice program in Illinois. Please read this form carefully before deciding whether to participate in the study.

Purpose:
The purpose of this study is to understand hospice social workers intention for staying in hospice work for the long-term, identify the current level of job satisfaction of hospice social workers, to explore a causal model turnover intention, which includes the influence of job satisfaction, team regard and spiritual well-being.

Procedures:
If you agree to be in the study, you will be asked to:
Complete an on-line survey. The survey asks specific questions regarding your level of job satisfaction, what influences your job satisfaction and your intentions for staying in hospice work. The majority of questions are in a Likert scale, ranking or yes/no format. Depending on your response to a particular question you may be asked to respond to an optional open-ended question. This open-ended question provides the opportunity for you to type your response in your own words. It can be as short or as long as you would like. It is expected that this survey will take approximately 15-20 minutes to complete.

Risks/Benefits:
There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life or a routine psychological examination. There will be specific questions about the job characteristics of your position as a hospice social
worker, your overall job satisfaction, holistic well-being, interdisciplinary team involvement, your intentions for staying in hospice work, as well as socio-demographic and agency information. You will not be asked to identify your agency.

There is no direct benefit to you from participation, but these results may benefit hospice social workers in the future. This study can potentially lead to understanding of what enhances job satisfaction and career longevity of hospice social workers and offer suggestions for use and implementation of results. It has the potential to impact organizational decision making and human resource management of psycho-social services and thereby ultimately influence the quality of hospice patient/family care.

Compensation:
There will be no direct compensation for participating in this survey. However, those who choose to participate will have the option of entering a drawing to win one of five, $50 Visa or Amazon.com gift cards.

Confidentiality:
Confidentiality will be maintained to the degree permitted by the technology used. Your participation in this on-line survey involves risks similar to a person’s everyday use of the Internet. All data will be coded so that no names appear on any surveys. You will not be asked your name (except in the option of participating in a drawing or willingness to participate in a future interview) or the name or location of the hospice program in which you work. The survey is being distributed using Qualtrics platform. Qualtrics has advanced security features of password protection, secure connections and firewalls.

Voluntary Participation:
Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Simply delete the survey from your email.

Contacts and Questions:
If you have questions about this research study, please feel free to contact Kim Sangster at ksangster@luc.edu or the faculty sponsor, Holly Nelson-Becker, PhD, at hnelsonbecker@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent:
Please select "yes" if you agree to participate in the research and select "no" if you choose not to participate in the research.
APPENDIX H

VARIABLES AND INDICATORS
Variables and Indicators in Model

Job Satisfaction:
1. I find real enjoyment in my job. (STAR uses “pleasure”)
2. I like my job better than the average health care worker. (S)
3. I am seldom bored with my job. (S)
4. I would not consider taking another job in health care. (S)
5. Most days I am enthusiastic about my job. (STAR uses “passionate”)
6. I feel quite satisfied with my job. (S)

Turnover Intention Index:
1. Presently, I am actively searching for another job with a different hospice organization.
2. Presently, I am actively searching for another social work job outside of the hospice field.
3. I intend to leave this hospice organization in the near future.

External Opportunity:
1. It would be easy for me to find a job with another employer.
2. It would be easy for me to find a job with another employer as good as the job I have now.
3. It would be easy for me to find a job with another employer that is better than the job I have now.
4. It would be easy for me to find a job with another employer that is much better than the job I have now.

Economic Factors: (Pay and Benefit Satisfaction)
1. I am being paid fairly for the work I do. (S)
2. I am satisfied with my pay. (Lambert)
3. I believe my vacation time is adequate. (S)
4. Overall, I am satisfied with my employee benefits.

Team Regard Index:
1. The physician(s) I work with respect the contribution of social work.
2. The nurses(s) I work with respect the contribution of social work.
3. The chaplain(s) I work with respect the contribution of social work.
4. My supervisor respects the contribution of social work to the organization.
5. The physicians I work with respect me as an individual.
6. The nurse(s) I work with respect me as an individual.
7. The chaplain(s) I work with respect me as an individual.
8. My supervisor respects me as an individual.
9. The social work field has a good reputation within this hospice organization.
10. I have a good reputation as a social worker among the interdisciplinary team.
11. My team members believe that my contributions are important.
12. I have a good working relationship with my team members.
13. I have a good relationship with the person(s) who I report to.

**Spiritual Well-Being (SHALOM)**

Lived Experience: All 4 sub-scales

How do you feel ______ reflects your personal experience most of the time?

**Personal domain**: wherein one intra-relates with oneself with regards to meaning, purpose and values in life. The human spirit employs self-awareness in its search for self worth and identity.

1. … developing a sense of identity.
2. … developing self-awareness.
3. … developing joy in life.
4. … developing inner peace.
5. … developing meaning in life.

**Communal domain**: as expressed in the quality and depth of interpersonal relationships between self and others relating to morality, culture and religion. These are expressed in love, forgiveness, trust, hope and faith in humanity.

1. … developing a love of other people.
2. … developing forgiveness towards others.
3. … developing trust between individuals.
4. … developing respect for others.
5. … developing kindness toward other people.

**Environmental domain**: moving beyond care and nurture for the physical and biological to a sense of awe and wonder; for some people it is the notion of unity with the environment.

1. … developing connection with nature.
2. … developing awe at a breathtaking view.
3. … developing oneness with nature.
4. … developing harmony with the environment.
5. … developing sense of ‘magic’ in the environment.

**Transcendental domain**: the relationship of self with something or some-One beyond the human level (i.e., ultimate concern, cosmic force, transcendent reality or God. This involves faith toward, adoration and worship of, the source of mystery of the universe (Fisher, 2010)

1. … developing personal relationship with the Divine/God or the Transcendent.
2. … developing worship of the Creator or the Transcendent.
3. … developing oneness with God or the Transcendent.
4. … developing peace with God.
5. … developing prayer life/meditation
Personal Characteristics

Age- Actual chronological age (in years) of respondent calculated from year of birth

Tenure-(In years and months)

1) How long have you worked for this hospice?
APPENDIX I

SURVEY INSTRUMENT
Job Satisfaction & Turnover Intentions of Hospice Social Workers

Q1 Please read the following consent form. If you choose to participate in the survey select &quot;yes&quot; at the bottom of the page. If you choose not to participate in the survey please select &quot;no&quot; at the bottom of the page. (This research project has been approved by the Institutional Review Board of Loyola University Chicago)

CONSENT TO PARTICIPATE IN RESEARCH

Project Title: Career Longevity and Turnover Intention of Hospice Social Workers: The Influence of Job Satisfaction, Team Regard and Spiritual Well-Being Researcher(s): Kim Sangster, LCSW, M. Div., doctoral candidate Faculty Sponsor: Holly Nelson-Becker, PhD, LCSW

Introduction: You are being asked to take part in a research study being conducted by Kim Sangster for a doctoral dissertation under the supervision of Holly Nelson-Becker, PhD in the Department of Social Work at Loyola University of Chicago.

You are being asked to participate because you are currently working as a hospice social worker or you have a BSW or MSW and work in hospice program in a position other than a hospice social worker in a Medicare Certified hospice program in Illinois.

Please read this form carefully before deciding whether to participate in the study.

Purpose: The purpose of this study is to understand hospice social workers intention for staying in hospice work for the long-term, identify the current level of job satisfaction of hospice social workers, to explore a causal model turnover intention, which includes the influence of job satisfaction, team regard and spiritual well-being.

Procedures: If you agree to be in the study, you will be asked to: Complete an on-line survey. The survey asks specific questions regarding your level of job satisfaction, what influences your job satisfaction and your intentions for staying in hospice work. The majority of questions are in a Likert scale, ranking or yes/no format. Depending on your response to a particular question you may be asked to respond to an optional open-ended question. This open-ended question provides the opportunity for you to type your response in your own words. It can be as short or as long as you would like. It is expected that this survey will take approximately 15-20 minutes to complete.

Risks/Benefits: There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life or a routine psychological examination. There will be specific questions about the job characteristics of your position as a hospice social worker, your overall job satisfaction, holistic well-being, interdisciplinary team involvement, your intentions for staying in hospice work, as well as socio-demographic and agency information. You will not be asked to identify your agency. There is no direct benefit to you from participation, but these results may benefit hospice social workers in the future. This study can potentially lead to understanding of what enhances job satisfaction and career longevity of hospice social workers and offer suggestions for use and implementation of results. It has the potential to impact organizational decision making and human resource management of psycho-social services and thereby ultimately influence the quality of hospice patient/family care.

Compensation: There will be no direct compensation for participating in this survey. However, those who choose to participate will have the option of entering a drawing to win one of five, $50 Visa gift cards.
Confidentiality: Confidentiality will be maintained to the degree permitted by the technology used. Your participation in this on-line survey involves risks similar to a person’s everyday use of the Internet. All data will be coded so that no names appear on any surveys. You will not be asked your name (except in the option of participating in a drawing or willingness to participate in a future interview) or the name or location of the hospice program in which you work. The survey is being distributed using Qualtrics platform. Qualtrics has advanced security features of password protection, secure connections and firewalls. Voluntary Participation: Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Simply delete the survey from your email.

Contacts and Questions: If you have questions about this research study, please feel free to contact Kim Sangster at ksangster@luc.edu or the faculty sponsor, Holly Nelson-Becker, PhD, at hnelsonbecker@luc.edu.

If you have questions about your rights as a research participant, you may contact the Loyola University Office of Research Services at (773) 508-2689.

Statement of Consent: Please select "yes" if you agree to participate in the research and select "no" if you choose not to participate in the research.
□ YES (1)
□ NO (2)

If NO Is Selected, Then Skip To End of Survey

Q2 I work in a Medicare certified hospice program in the state of Illinois.
□ Yes (1)
□ No (2)

If No Is Selected, Then Skip To End of Survey

Q3 Which title below most closely identifies your current position?
□ Hospice Social Worker (1)
□ Director of Social Work Services (2)
□ Bereavement Counselor (3)
□ Volunteer Coordinator (4)
□ Director of Support Services (5)
□ Other (Please specify) (6)

Q4 Approximately what percentage of your position is allocated to direct patient care and related activities (i.e. interdisciplinary team meetings, driving to patient/family location, medical record charting, etc.)?
□ 100% of my time (1)
□ About 75% of my time (2)
□ About 50% of my time (3)
□ About 25% of my time (4)
□ Less than 25% of my time (5)
Q5 Have you earned a degree from an accredited school of social work?
☐ Yes, a BSW (1)
☐ Yes, an MSW (2)
☐ No (3)

Answer If Have you earned a degree from an accredited school of social work? No Is Selected

Q6 What is your degree?
☐ BA/BS Psychology (1)
☐ BA/BS Sociology (2)
☐ BA/BS Human Services or related degree (3)
☐ ME/Counseling (4)
☐ MS Counseling Psychology or related degree (5)
☐ Other (Please specify) (6)

Answer If Have&nbs you have earned a degree from an accredited school of social work? No Is
Selected

Q7 Are you supervised by a person who has an MSW?
☐ Yes (1)
☐ No (2)

Q8 How long have you worked for this hospice? (Please approximate the years and months.)

Q9 Have you previously worked for another hospice organization?
☐ Yes (1)
☐ No (2)

Answer If Have you previously worked for another hospice organization? Yes Is Selected

Q10 What is the total length of time you have worked in the hospice field?
☐ Less than 6 months (1)
☐ 6 months -1 year (2)
☐ 1-2 years (3)
☐ 3-5 years (4)
☐ 6-10 years (5)
☐ 11-15 years (6)
☐ More than 15 years (7)

Q11 Overall Job Satisfaction & Your Role

Q12 I find real enjoyment in my job.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)
Q13 I like my job better than the average health care worker.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q14 I am seldom bored with my job.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q15 I would not consider taking another job in health care.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Somewhat Disagree (3)
☐ Somewhat Agree (4)
☐ Agree (5)
☐ Strongly Agree (6)

Q16 Most days I am enthusiastic about my job.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q17 I feel quite satisfied with my job.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q18 I have autonomy to do my work well.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)
Q19 I have enough time to complete my work.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q20 I have to work very hard just to keep up with my work.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q21 My daily work hours are reasonable.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q22 I have enough flexibility during work hours to attend to my personal needs.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q23 I have a manageable workload.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q24 I am often overwhelmed by the paperwork I have to do.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)
Q25 My work is really important and worthwhile.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q26 My job enhances my personal life.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q27 I am being paid fairly for the work I do.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q28 I am satisfied with my pay.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q29 I believe that my vacation time is adequate.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q30 Overall, I am satisfied with my employee benefits.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q31 Team Relationships
Q32 The physician(s) I work with respect the contribution of social work.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q33 The nurse(s) I work with respect the contribution of social work.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q34 The chaplain(s) I work with respect the contribution of social work.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q35 My supervisor respects the contribution of social work to the organization.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q36 The physician(s) I work with respect me as an individual.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q37 The nurse(s) I work with respect me as an individual.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)
Q38 The chaplain(s) I work with respect me as an individual.
  □ Strongly Disagree (1)
  □ Disagree (2)
  □ Neither Agree nor Disagree (3)
  □ Agree (4)
  □ Strongly Agree (5)

Q39 My supervisor respects me as an individual.
  □ Strongly Disagree (1)
  □ Disagree (2)
  □ Neither Agree nor Disagree (3)
  □ Agree (4)
  □ Strongly Agree (5)

Q40 The social work field has a good reputation within this hospice organization.
  □ Strongly Disagree (1)
  □ Disagree (2)
  □ Neither Agree nor Disagree (3)
  □ Agree (4)
  □ Strongly Agree (5)

Q41 I have a good reputation as a social worker among the interdisciplinary team.
  □ Strongly Disagree (1)
  □ Disagree (2)
  □ Neither Agree nor Disagree (3)
  □ Agree (4)
  □ Strongly Agree (5)

Q42 My team members believe that my contributions are important.
  □ Strongly Disagree (1)
  □ Disagree (2)
  □ Neither Agree nor Disagree (3)
  □ Agree (4)
  □ Strongly Agree (5)

Q43 I have a good working relationship with my team members.
  □ Strongly Disagree (1)
  □ Disagree (2)
  □ Neither Agree nor Disagree (3)
  □ Agree (4)
  □ Strongly Agree (5)
Q44 My team members care about my emotional well-being.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q45 I have a good relationship with person(s) who I report to.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q46 Plans for Continued Work In Hospice

Q47 Presently, I am actively searching for another job with a different hospice organization.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Q48 Presently, I am actively searching for another social work job outside of the hospice field.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)

Answer If Presently, I am actively searching for another social work job outside of the hospice field. Agree Is Selected And Presently, I am actively searching for another social work job outside of the hospice field. Strongly Agree Is Selected
Q49 Please briefly comment on why you are leaving the hospice field.

Answer If Presently, I am actively searching for another social work job outside of the hospice field. Strongly Disagree Is Selected And Presently, I am actively searching for another social work job outside of the hospice field. Disagree Is Selected And Presently, I am actively searching for another social work job outside of the hospice field. Neither Agree nor Disagree Is Selected
Q50 Please briefly comment on why you choose to stay working in the hospice field.

Q51 I intend to leave this hospice organization in the near future.
☐ Strongly Disagree (1)
☐ Disagree (2)
☐ Neither Agree nor Disagree (3)
☐ Agree (4)
☐ Strongly Agree (5)
Q52 I plan on retiring within the next 12 months.
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q53 I intend to leave the social work field altogether
- Strongly Disagree (1)
- Disagree (2)
- Neither Agree nor Disagree (3)
- Agree (4)
- Strongly Agree (5)

Q54 Well-being
Q55 Total well-being is an important concept in hospice care. Some philosophers have proposed that at our core, or heart level, we humans are spiritual beings. Spirituality can be described as that which lies at the heart of a person being human. Spiritual health can be seen as a measure of how good you feel and how well you relate to those aspects of the world around you which are important to you. Please GIVE THREE RESPONSES to each of the following 20 items, by selecting the numbers in each of the three columns, to show:  
Column One: how you feel each item reflects your personal experience most of the time, AND  
Column Two: how important you think each area is for an ideal state of spiritual health, AND  
Column Three: how much help you give clients to develop these aspects of life. Response options are: 1=Very Low 2=Low 3=Moderate 4=High 5=Very High
Do not spend too much time on any one item. It is best to record your first thoughts.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>How you feel</th>
<th>Ideal for Spiritual Health</th>
<th>Help you give clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing a love of other people (1)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
<td>☐ 4 (4)</td>
</tr>
<tr>
<td>Developing a personal relationship with the Divine/God (2)</td>
<td>☐ 3 (3)</td>
<td>☐ 4 (4)</td>
<td>☐ 5 (5)</td>
</tr>
<tr>
<td>Developing forgiveness toward others (3)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
<td>☐ 4 (4)</td>
</tr>
<tr>
<td>Developing connection with nature (4)</td>
<td>☐ 1 (1)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
</tr>
<tr>
<td>Developing a sense of Identity (5)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
<td>☐ 4 (4)</td>
</tr>
<tr>
<td>Developing worship of the Creator or Transcendent (6)</td>
<td>☐ 3 (3)</td>
<td>☐ 4 (4)</td>
<td>☐ 5 (5)</td>
</tr>
<tr>
<td>Developing awe at a breathtaking view (7)</td>
<td>☐ 1 (1)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
</tr>
<tr>
<td>Developing trust between individuals (8)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
<td>☐ 4 (4)</td>
</tr>
<tr>
<td>Developing self-awareness (9)</td>
<td>☐ 1 (1)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
</tr>
<tr>
<td>Developing oneness with nature (10)</td>
<td>☐ 2 (2)</td>
<td>☐ 3 (3)</td>
<td>☐ 4 (4)</td>
</tr>
<tr>
<td>Developing oneness with the Transcendent/God (11)</td>
<td></td>
<td></td>
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<tr>
<td>Developing harmony with the environment (12)</td>
<td></td>
<td></td>
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<tr>
<td>Developing peace with the Transcendent/God (13)</td>
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<tr>
<td>Developing joy in life (14)</td>
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<td>Developing prayer life/meditation (15)</td>
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<tr>
<td>Developing inner peace (16)</td>
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<tr>
<td>Developing respect for others (17)</td>
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<tr>
<td>Developing meaning in life (18)</td>
<td></td>
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<tr>
<td>Developing kindness towards other people (19)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Developing a sense of 'magic' in the environment (20)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q56 Please indicate how important religion is in your life.
○ Not at all Important (1)
○ Very Unimportant (2)
○ Neither Important nor Unimportant (3)
○ Very Important (4)
○ Extremely Important (5)

Q57 Please indicate how important spirituality is in your life.
○ Not at all Important (1)
○ Very Unimportant (2)
○ Neither Important nor Unimportant (3)
○ Very Important (4)
○ Extremely Important (5)

Q58 The Job Market

Q59 It would be easy for me to find a job with another employer.
○ Strongly Disagree (1)
○ Disagree (2)
○ Neither Agree nor Disagree (3)
○ Agree (4)
○ Strongly Agree (5)

Q60 It would be easy for me to find a job with another employer as good as the job I have now.
○ Strongly Disagree (1)
○ Disagree (2)
○ Neither Agree nor Disagree (3)
○ Agree (4)
○ Strongly Agree (5)

Q61 It would be easy for me to find a job with another employer that is better than the job I have now.
○ Strongly Disagree (1)
○ Disagree (2)
○ Neither Agree nor Disagree (3)
○ Agree (4)
○ Strongly Agree (5)

Q62 It would be easy for me to find a job with another employer that is much better than the job I have now.
○ Strongly Disagree (1)
○ Disagree (2)
○ Neither Agree nor Disagree (3)
○ Agree (4)
○ Strongly Agree (5)

Q63 Your Hospice Agency/Organization
Q64 What type of agency is the hospice?
- Free Standing/Independent Hospice (1)
- Part of a Hospital System (2)
- Part of a Home Health Agency (3)
- Part of a Nursing Home (4)

Q65 What is the tax status of your hospice?
- Not-for-profit (1)
- For-profit (privately owned) (2)
- For-profit (publicly owned) (3)
- Government (4)

Q66 Approximately, what is the average daily census of your hospice agency?
- Less than 30 (1)
- 31-50 (2)
- 51-99 (3)
- 100-130 (4)
- 131-151 (5)
- 152-200 (6)
- Over 200 (7)

Q67 About You

Q68 What year were you born?
- 2000 (1)
- 1999 (2)
- 1998 (3)
- 1997 (4)
- 1996 (5)
- 1995 (6)
- 1994 (7)
- 1993 (8)
- 1992 (9)
- 1991 (10)
- 1990 (11)
- 1989 (12)
- 1988 (13)
- 1987 (14)
- 1986 (15)
- 1985 (16)
- 1984 (17)
- 1983 (18)
- 1982 (19)
- 1981 (20)
- 1980 (21)
Q69 What is your gender?

- Male (1)
- Female (2)
- Transgender (3)
Q70 With which of the following racial/ethnic backgrounds do you most identify?
- American Indian or Alaska Native (1)
- Asian or Asian American (2)
- Black or African American (3)
- Latina/o or Hispanic (4)
- Middle Eastern (5)
- White or Caucasian (6)
- Other (Please Specify) (7) ______________________

Q71 What is your current relationship status?
- Now married/partnered (1)
- Single, never married (2)
- Divorced (3)
- Separated (4)
- Widowed (5)

Q72 What is your sexual orientation?
- Bisexual (1)
- Gay (2)
- Heterosexual (3)
- Lesbian (4)
- Queer (5)
- Other (Please Specify) (6) ______________________

Q73 Please identify your religious or spiritual affiliation.
- Buddhist (1)
- Catholic (2)
- Hindu (3)
- Jewish (4)
- Muslim (5)
- Orthodox (6)
- Protestant/Evangelical (7)
- Protestant/Mainline (8)
- No religious/spiritual affiliation (9)
- Other (Please specify) (10) ______________________

Q74 On average, how many hours per week do you usually work for this organization?
- Less than 20 (1)
- 20-29 (2)
- 30-39 (3)
- 40-49 (4)
- 50-59 (5)
- Over 60 (6)
Q75 What is your work category?
- Full-time regular employee (1)
- Part-time regular employee (2)
- On-Call employee (3)
- Other (Please specify) (4)

Q76 What is your annual income range?
- Below $20,000 (1)
- $20,000 - $29,999 (2)
- $30,000 - $39,999 (3)
- $40,000 - $49,999 (4)
- $50,000 - $59,999 (5)
- $60,000 - $69,999 (6)
- $70,000 - $79,999 (7)
- $80,000 - $89,999 (7)
- $90,000 or more (8)

Q77 Would you like to be included in the drawing for one of five, $50 Visa gift cards?
- YES (1)
- NO (2)

Answer if you would like to be included in the drawing for one of five, $50 Visa gift cards? The winners will be randomly selected after the close of the survey and will be contacted using the information provided. YES is Selected

Q78 Please provide your contact information below. The winners will be randomly selected after the close of the survey and will be contacted using the information provided. The contact information you provide will be kept separate from your survey responses and cannot be linked with your answers.
- Name (1)
- Email Address (2)
- Phone (3)

Q79 Would you be willing to participate in a telephone or in person interview regarding your career hopes and plans and how those are impacted by some of the topics covered in this survey? The interview will take approximately 20-30 minutes. If you are randomly selected you will:
1) Have the option to change your mind when contacted to set up the interview AND
2) Receive $25 for participating in the interview.
- YES (1)
- NO (2)

Answer if you would be willing to participate in a telephone or in person interview regarding your career hopes and plans and how those are impacted by some of the topics covered in this survey? The interview... YES is Selected

Q80 Please provide your contact information. This information will only be used if you are randomly selected for an individual interview.
- Name (1)
- Email Address (2)
- Phone Number (3)
APPENDIX J

INDIVIDUAL INTERVIEW GUIDE
1. Could you tell me how you got into hospice work?

2. Overall, what is most important to you in a job? Prompt: Anything else?

3. What do you enjoy most about your work in hospice?

4. What is the least favorite aspect of work in hospice? Prompt: Anything else?

5. For you, what 2-3 factors most influence your level of job satisfaction?

6. When you think of the word “respect”, what does that mean to you? How would you define it?

7. When a colleague is behaving respectfully toward you, what does that behavior look like? (If concrete answer: We don’t need to go into detail about this but have you ever had that experience with your hospice team?)

8. When a colleague is behaving disrespectfully toward you, what does that behavior look like? (If concrete answer: We don’t need to go into detail about this but have you ever had that experience with your hospice team?)

9. Overall, would you rate your interdisciplinary team as high, medium or low in respect toward social work? (Seek clarification: What makes you rate your team that way? Why?)

10. Do you feel respected as an interdisciplinary team member? (Please explain, clarify)

11. Does the level of respect you experience from your team members influence your job satisfaction? (Please explain/clarify)

12. Does the level of respect that you experience from your team members influence whether you will continue working at hospice?

13. What do you hope you are doing in your career 2 years from now?

14. What do you hope you are doing in your career 5 years from now?

15. Has working in hospice enriched your life in any way? (Please explain, clarify)

16. Has working in hospice diminished you in any way? (Please explain, clarify)
17. Is there anything else I haven’t asked about this topic that might be important for me to know?

Thanks for your time. This is very helpful to the study!

Do you have any questions for me?

Additional Questions: #1-Asked of HSW 5-9; #2-Asked of HSW 7-9

1) NAME, do you have any words of wisdom for a new hospice social worker?
2) If I had an opportunity to speak with other disciplines working in hospice, what would you want me to tell about social work?
APPENDIX K

MISSING DATA
Missing Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wk in a Medicare Cert hospice program</td>
<td>1.9%</td>
</tr>
<tr>
<td>How long have you worked for this hospice?</td>
<td>1.8%</td>
</tr>
<tr>
<td>I find real enjoyment in my job.</td>
<td>9%</td>
</tr>
<tr>
<td>I like my job better than the average healthcare worker.</td>
<td>9%</td>
</tr>
<tr>
<td>I am quite satisfied with my job.</td>
<td>4.5%</td>
</tr>
<tr>
<td>I have autonomy to do my work well.</td>
<td>3.6%</td>
</tr>
<tr>
<td>I have enough time to complete my work.</td>
<td>2.7%</td>
</tr>
<tr>
<td>I have to work very hard just to keep up with my work.</td>
<td>9%</td>
</tr>
<tr>
<td>My daily work hours are reasonable.</td>
<td>9%</td>
</tr>
<tr>
<td>I have enough flexibility during work hours to attend to my personal needs.</td>
<td>9%</td>
</tr>
<tr>
<td>The physician(s) I work with respect the contribution of social work.</td>
<td>9%</td>
</tr>
<tr>
<td>The chaplain(s) I work with respect the contribution of social work.</td>
<td>1.8%</td>
</tr>
<tr>
<td>The physician(s) I work with respect me as an individual.</td>
<td>9%</td>
</tr>
<tr>
<td>The nurse(s) I work with respect me as an individual.</td>
<td>9%</td>
</tr>
<tr>
<td>The chaplain(s) I work with respect me as an individual.</td>
<td>9%</td>
</tr>
<tr>
<td>My supervisor respects me as an individual.</td>
<td>9%</td>
</tr>
<tr>
<td>The social work field has a good reputation within this hospice organization.</td>
<td>9%</td>
</tr>
<tr>
<td>I have a good reputation as a social worker among the interdisciplinary team.</td>
<td>9%</td>
</tr>
<tr>
<td>My team members believe that my contributions are important.</td>
<td>9%</td>
</tr>
<tr>
<td>I have a good working relationship with my team members.</td>
<td>9%</td>
</tr>
<tr>
<td>My team members care about my emotional well-being.</td>
<td>9%</td>
</tr>
<tr>
<td>I have a good relationship with the person(s) I report to.</td>
<td>9%</td>
</tr>
<tr>
<td>I plan on retiring within the next 12 months.</td>
<td>9%</td>
</tr>
<tr>
<td>It would be easy for me to find a job with another employer.</td>
<td>9%</td>
</tr>
<tr>
<td>It would be easy for me to find a job with another employer that is much better than the job I have now.</td>
<td>9%</td>
</tr>
<tr>
<td>Age</td>
<td>9%</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>9%</td>
</tr>
<tr>
<td>Work Category</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

**Spiritual Well-Being Scale**

Six respondents had one item missing in one sub-scale.
One respondent had one item missing in two separate sub-scales.
APPENDIX L

PROCESS OUTPUT: SPIRITUAL WELL-BEING, JOB SATISFACTION, AND TURNOVER INTENTION
## PROCESS Output SWB Independent Variable

Run MATRIX procedure:

```
************** PROCESS Procedure for SPSS Release 2.15
**************

Written by Andrew F. Hayes, Ph.D.       www.afhayes.com
```

### Model 4

```
Model = 4
Y = TOITS2
X = SWB_TSLE
M = JobSat
```

Sample size

111

### Outcome: JobSat

#### Model Summary

<table>
<thead>
<tr>
<th>R</th>
<th>R-sq</th>
<th>MSE</th>
<th>F</th>
<th>df1</th>
<th>df2</th>
</tr>
</thead>
<tbody>
<tr>
<td>.3633</td>
<td>.1320</td>
<td>9.6675</td>
<td>22.9101</td>
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<td>109.0000</td>
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<tr>
<td>.0000</td>
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</tbody>
</table>

#### Model

<table>
<thead>
<tr>
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<th>se</th>
<th>t</th>
<th>p</th>
<th>LLCI</th>
<th>ULCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>constant</td>
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<td>.0590</td>
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### Outcome: TOITS2

#### Model Summary

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<th>df2</th>
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<tbody>
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<td>.4911</td>
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<td>108.0000</td>
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<tr>
<td>.0000</td>
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</tr>
</tbody>
</table>

#### Model

<table>
<thead>
<tr>
<th>coeff</th>
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<th>t</th>
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<th>LLCI</th>
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</thead>
<tbody>
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### Model Summary

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<thead>
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<th>df2</th>
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<td>109.0000</td>
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</table>

### Model coefficients

<table>
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<th>p</th>
<th>LLCI</th>
<th>ULCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>constant</td>
<td>8.1259</td>
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<td>.1497</td>
<td>-.0726</td>
<td>.0112</td>
</tr>
</tbody>
</table>

### Total, Direct, and Indirect Effects

#### Total effect of X on Y

<table>
<thead>
<tr>
<th>Effect</th>
<th>SE</th>
<th>t</th>
<th>p</th>
<th>LLCI</th>
<th>ULCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>-.0307</td>
<td>.0212</td>
<td>-1.4509</td>
<td>.1497</td>
<td>-.0726</td>
<td>.0112</td>
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</tbody>
</table>

#### Direct effect of X on Y

<table>
<thead>
<tr>
<th>Effect</th>
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<th>LLCI</th>
<th>ULCI</th>
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</thead>
<tbody>
<tr>
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<td>.0514</td>
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</table>

#### Indirect effect of X on Y

<table>
<thead>
<tr>
<th>Effect</th>
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<th>BootULCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>JobSat</td>
<td>-.0400</td>
<td>-.0624</td>
<td>-.0228</td>
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</tbody>
</table>

#### Partially standardized indirect effect of X on Y

<table>
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<th>Effect</th>
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<th>BootULCI</th>
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</thead>
<tbody>
<tr>
<td>JobSat</td>
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#### Completely standardized indirect effect of X on Y

<table>
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<th>BootULCI</th>
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<tr>
<td>JobSat</td>
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</table>

#### Ratio of indirect to total effect of X on Y

<table>
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<th>BootULCI</th>
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</thead>
<tbody>
<tr>
<td>JobSat</td>
<td>1.3044</td>
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</table>

#### Ratio of indirect to direct effect of X on Y

<table>
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<th>BootULCI</th>
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</thead>
<tbody>
<tr>
<td>JobSat</td>
<td>-4.2852</td>
<td>253.6739</td>
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</table>
R-squared mediation effect size (R-sq_med)

<table>
<thead>
<tr>
<th>Effect</th>
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<th>BootULCI</th>
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<tr>
<td>JobSat</td>
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</table>

Preacher and Kelley (2011) Kappa-squared

<table>
<thead>
<tr>
<th>Effect</th>
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<th>BootLLCI</th>
<th>BootULCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>JobSat</td>
<td>.1852</td>
<td>.0465</td>
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</table>

Normal theory tests for indirect effect

<table>
<thead>
<tr>
<th>Effect</th>
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<th>p</th>
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<td></td>
<td>-.0400</td>
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<td>.0005</td>
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</table>

**************************** ANALYSIS NOTES AND WARNINGS

Number of bootstrap samples for bias corrected bootstrap confidence intervals:

10000

Level of confidence for all confidence intervals in output:

95.00

NOTE: All standard errors for continuous outcome models are based on the HC3 estimator

------ END MATRIX ------
APPENDIX M

PROCESS OUTPUT: TEAM REGARD, JOB SATISFACTION, AND TURNOVER INTENTION
PROCESS Output – Team Regard Independent Variable

Run MATRIX procedure:

************** PROCESS Procedure for SPSS Release 2.15
**************

Written by Andrew F. Hayes, Ph.D.       www.afhayes.com

***
Model = 4
Y = TOITS2
X = TRegdTS
M = JobSat

Sample size
111

***
Outcome: JobSat

Model Summary

<table>
<thead>
<tr>
<th>R</th>
<th>R-sq</th>
<th>MSE</th>
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<th>df1</th>
<th>df2</th>
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Model

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***
Outcome: TOITS2

Model Summary

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Model

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**JobSat**

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<th>ULCI</th>
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</thead>
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<tr>
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**TRegdTS**

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<th>ULCI</th>
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<tbody>
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**TOTAL EFFECT MODEL**

Outcome: TOITS2

**Model Summary**

<table>
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<tr>
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<th>df2</th>
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**Model**

<table>
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<tr>
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<th>p</th>
<th>LLCI</th>
<th>ULCI</th>
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**TOTAL, DIRECT, AND INDIRECT EFFECTS**

**Total effect of X on Y**

<table>
<thead>
<tr>
<th>Effect</th>
<th>SE</th>
<th>t</th>
<th>p</th>
<th>LLCI</th>
<th>ULCI</th>
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<tbody>
<tr>
<td>-.2178</td>
<td>.0354</td>
<td>-6.1446</td>
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<td>-.2881</td>
<td>-.1476</td>
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**Direct effect of X on Y**

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<th>ULCI</th>
</tr>
</thead>
<tbody>
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<td>.0443</td>
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<td>.0010</td>
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**Indirect effect of X on Y**

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**Partially standardized indirect effect of X on Y**

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**Completely standardized indirect effect of X on Y**

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**Ratio of indirect to total effect of X on Y**

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**Ratio of indirect to direct effect of X on Y**

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<th>BootULCI</th>
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</thead>
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<td>JobSat</td>
<td>.4481</td>
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R-squared mediation effect size (R-sq_med)

<table>
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<th>BootULCI</th>
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<td>JobSat</td>
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</table>

Preacher and Kelley (2011) Kappa-squared

<table>
<thead>
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<th>BootULCI</th>
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<tr>
<td>JobSat</td>
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Normal theory tests for indirect effect

<table>
<thead>
<tr>
<th>Effect</th>
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<tbody>
<tr>
<td></td>
<td>-.0674</td>
<td>-2.5171</td>
<td>.0118</td>
</tr>
</tbody>
</table>

*************** ANALYSIS NOTES AND WARNINGS

Number of bootstrap samples for bias corrected bootstrap confidence intervals:

10000

Level of confidence for all confidence intervals in output:

95.00

NOTE: All standard errors for continuous outcome models are based on the HC3 estimator

------- END MATRIX ------
REFERENCE LIST


Fisher, J. (2010). Development and application of a spiritual well-being questionnaire called SHALOM. *Religions, 1*, 105-121.


National Hospice and Palliative Care Organization (NHPCO). Retrieved April 19, 2015, from: http://www.nhpco.org/history-hospice-care


VITA

Kimberly L. Sangster, Ph.D., MSW, M.Div, LCSW, is originally from Michigan and has over 15 years leadership experience in hospice care. She earned her Ph.D. from Loyola University Chicago (LUC), a Masters in Social Work from Loyola University Chicago, and a Masters of Divinity from North Park University and Theological Seminary. She later worked as the director of academic services at the seminary. Kim completed a year-long clinical chaplaincy residency at Rush University Medical Center, Chicago. Following this she spent three years as a neonatal social worker before taking up her doctoral studies. She resides in Berwyn, IL.