

Community in the Workplace

A Proven Retention Strategy

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People yearn for a return to community, seeking a sense of connection with others. Community in the workplace is increasingly important, because many of us spend more time at work than we do anywhere else! The authors discuss community at work and the stages of formation that true communities experience. Practical helpful strategies for the nurse leader are shared.

Nurse leaders struggle to prioritize the many recruitment and retention strategies proposed in the literature, by professional organizations, and at conferences and workshops. Even organizations not experiencing a labor shortage understand that with the first wave of baby-boomers reaching retirement age, attaining and maintaining a vital and viable workforce is becoming a priority healthcare issue. What are the most effective retention strategies? Creating a sense of connection among workers and between employees and the organization is a proven strategy.¹

Commitment to the organization is strengthened when events and occurrences increase the employee's emotional connection with his or her work group and when there is strong group cohesiveness.^{2,3} Called affective commitment, it is built from strong healthy working relationships and a sense of community within the work group. These factors increase the emotional ties that bind employees to each other, as well as the community they form. The positive effect on turnover has been demonstrated.^{1,4}

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Community: Why Here? Why Now?

During the last 2 decades, the average American worker has added an extra month to his or her work year.⁵ Many of us spend more of our waking hours with our work than with our families or loved ones. Discretionary time is at an all-time low for many Americans, because we work these longer hours and bring more work home. Discretionary time is further reduced because in many families, all who can work are working wage earners. Thus, time away from work is often spent in home maintenance activities, running errands, getting groceries, and performing tasks that used to be performed by an "at-home partner." Today, a sense of community in the workplace has become increasingly important for many people, because it may be the only source of community in which they participate. Decreasing involvement in family, church, and neighborhood activities; increased geographic distances from family members and childhood communities; and extremely harried and full work lives have all combined to escalate a general feeling of isolation and disconnectedness from the typical communities of the past.

Less discretionary time has led to a decline in our involvement in other communities during recent years. Our longer working hours often lead to less inclination to "get to know our neighbors," and, besides, they're just going to move in a few years anyway! Active membership in our associations and professional and religious organizations is at an all-time low.⁶ "Besides the broad decline in church affiliation and attendance, there has also been a falloff in membership in other organizations—trade unions, parent-teacher associations, and fraternal clubs, such as the Elks, Shriners, and JayCees—and volunteering for groups, such as the Boy Scouts and Red Cross."^{4(p20)}

Social scientists explain the yearning for community as a reaction to decades of individualism, which peaked near the end of the last century. Americans have spent almost 2 centuries dismantling their roots and traditions in the pursuit of individual happiness, only to find that happiness comes from community, from connection to other people. All of these factors create a longing for a feeling of community in some aspect of our lives...and work is where many of us spend the majority of our waking alert time.

Many leadership experts believe creating community is an essential leadership skill. "The task for leadership in the coming century is to transform work organizations into viable attractive communities capable of attracting workers with needed skills and talents...A sense of community invigorates members' lives with a sense of purpose and a feeling of belonging to an integrated group that is doing something worthwhile."^{7(p151)} Understanding the definition of community can help the nurse leader understand ramifications for the workplace.

Defining Community

"Community" has become a buzzword during the past several years and as such can be overused and misused, reducing its influential power. According to Rousseau,⁸ community is a form of human association that binds people. It is far more than simply a group of people living or working together who share common interests and projects. It is "a psychological reality, an act of will that constructs a tie that really binds."^{8(p45)} Rousseau also believes that the tie that binds is altruistic love. This is love that puts the other first, that expects nothing in return, and that loves generously, openly, and without reservation or expectation.

Rousseau further believes that contractual relationships are incapable of producing community because they are inherently egocentric. They exist for the good of one or more of the parties and thus can only link people together in this external aspect. "Those who love contractually are seeking their own fulfillment as their end, looking to other people as the means to their own pleasure or utility, they forge no existential bonds with each other."^{8(p49)}

According to Rousseau, it would be highly unlikely that community could exist in the workplace. How much altruistic love do we experience in our business relationships? The primary nature of the relationship of employee to employer is contractual, as is, by extension, the relationship of em-

ployee to manager/leader. Clearly, the organization requires certain work to be accomplished and compensates the employee in accordance with completion of that work. Yet although the initial and underlying nature of the relationship is contractual, that may not be the entire essence of the relationship. In other words, the employment relationship is not merely contractual. Many employees are committed and feel quite connected to their work and can feel "in community," or in unity, with close coworkers.

"Community is a psychological reality, and our motives determine whether it happens or not."^{8(p51)} In other words, it is important to look beyond the initial nature of the relationship (the contract) to try to determine the motivation of the people involved. Rousseau notes that motivation, or the subjective intention of the person who decides and acts in a certain way, is the key factor for building community. It is difficult to impossible to ever truly know another's motivation, and, in some cases, even our own motivation. Rousseau suggests a way to think about this. "It is seldom easy to achieve purity of intention, and it is never easy to know that we have. One test of our sincerity, though, is the price we are willing to pay to appropriate the community of being in altruistic love. If communal actions cost us significant money, time, energy, or physical pain, and we conduct them anyway, we have a reliable sign of that purity of heart."^{8(p148)} A simple example in a workplace community can be seen when a staff member willingly experiences the inconvenience of a scheduling change to help out a colleague who needs to change his or her schedule.

Scott Peck has studied and helped facilitate the formation of many communities. He believes that lack of community is such a norm in our society that it is easy for us to believe that it is impossible to achieve. Community is more than simply the sum of its parts or its individual members. It is a group of individuals who have learned "to communicate honestly with each other, whose relationships go deeper than their masks of composure, and who have developed some significant commitment" to share life's deeper experiences.^{9(p59)}

How Do You Know You've Got It? Elements of Community

There are many facets to community, all of which are interconnected and interrelated. It is helpful to understand what various students of community have found when they closely examined the ele-

ments within a mature community. The aspects considered here are identified as essential, for example, if they are absent, it is unlikely that the group is a true community. These characteristics include inclusivity, commitment of the members, the ability to form consensus, a sense of realism, a contemplative nature, a sense of safety, and all members flowing in and out of leadership roles. These are presented only briefly to stimulate self-reflection and for the nurse leader to use as an evaluation mechanism for assessing the current state of community in their department.

Inclusivity

Community is inclusive in nature, meaning that the group is continually seeking ways to extend itself and include new members. Exclusivity is considered an enemy of community, because it can turn the potential community into nothing more than a clique, a group organized to protect against a feeling of community. However, inclusivity is not an absolute.⁹ There may be valid reasons a particular member can be excluded, for example, when the inclusion of the individual could damage the community as a whole. Excluding a potential member is considered with great care and concern. Community requires that diversity is welcomed and celebrated. A department with a strong sense of community is effective at bringing in and incorporating new members into the established community.

Commitment

Commitment is a second key aspect of community. Commitment has been defined as that which makes us continue a particular course of action even when more positive alternatives or potentially negative consequences attempt to persuade us to abandon the chosen course of action.¹⁰ This means that once committed to participation in the community, a person is obligated to follow through. One of the ways this is evidenced in a community is the accommodation of individual differences and the tendency of true community to actually encourage individualism.⁹ The individual's commitment is to the community as a whole, binding oneself to participation in the community. Commitment requires personal sacrifice, giving up something that is valued.^{2,8-10} In a patient care department, there are many occasions when individuals prefer to do things their own way but agree to subscribe to the team's approach of handling the situation, such as staffing coverage and requested time off work.

Consensus

Consensus is a way of reaching a decision about action to be taken in which all members agree to support the decision, even if they do not fully agree with it. Consensus is a process that works only in an open and trusting environment. It requires that all members have the opportunity to speak and be heard. In other words, ideas and opinions are shared openly and even if disagreement occurs, members seek to understand each other's viewpoints. Peck⁹ shares examples of true community where consensus almost magically occurs. Consensus is not the absence of conflict but the ability to work through the conflict. In fact, he calls true community "a group that can fight gracefully."^{9(p70)} Many groups that suppress or deal with conflicts covertly think the "absence of conflict" is a good sign, never realizing that they have only attained a level of pseudocommunity.

Realism

This refers to when the issues considered by a true community are addressed more realistically because of a broader treatment of issues and ideas. "Because a community includes members with many different points of view and the freedom to express them, it comes to appreciate the whole of a situation far better than an individual, couple, or ordinary group can."^{9(p65)} This is the power of synergy or interdependent working relationships. It is the $1 + 1 = 3$ phenomenon that is at work here. A classic example is from the world of nature. The properties of hydrogen ions and oxygen ions can be studied in the laboratory, and these properties may all be described scientifically. However, when these two elements are combined in a certain way, an entirely new characteristic, called wetness, is created. Neither the hydrogen nor the oxygen ions individually had this characteristic. Thus, together we are more than simply the collection of the parts. All clinical nurses have experienced a day at work when staffing seemed quite inadequate, perhaps resulting from the sickness of colleagues or an unanticipated high patient volume, and at the beginning of the shift, things looked hopeless. However, the combination of people was right, everyone pulled together, things just "clicked," and everyone had a great shift. This is synergy in action.

Contemplative

True communities continually examine themselves. They are self-aware and recognize their abilities and strengths, as well as their weak spots. This may start at the individual level, but it progresses to the collective level before long. No community can expect to

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be continually healthy and fully functioning. However, a genuine community, because of its contemplative nature "recognizes its ill health when it occurs and quickly takes appropriate action to heal itself."^{9(p66)} In the work world, this characteristic is more often referred to as accountability. Accountability is the retrospective review of results to see if the group is working effectively. Are we achieving desired outcomes? Is our work of high quality? Why are our decisions being overturned? Why are we dealing with the same problem we had last year at this time? A true community continually reviews and self-assesses, taking corrective action when needed.

Safety

Genuine community is a place where people feel safe to express themselves and to be themselves fully, without apology or explanation. The community offers acceptance. From sharing vulnerabilities, a sense of connection forms and strength grows. This takes a great deal of effort and energy for a group of people to reach the safety of true community. However, it is essential for the honest expression of ideas and feelings. It is also crucial in setting a climate that acknowledges mistake making as sometimes inevitable and a source of learning. This is one of the powerful benefits of community in the workplace. In times where both the internal and the external environments in our organizations are increasingly turbulent and uncertain, the security experienced within a community can provide a haven of safety for people in the workplace.

A Group of All Leaders

Finally, a true community is a group of people who are all leaders. This is often described as a decentralization of authority.⁹ Members who are used to leading often feel comfortable and safe NOT taking the leadership reins. Members who are more reserved and not used to leading also feel more comfortable in taking them, speaking out, and helping set a new direction. Peck found, "One of the most beautiful characteristics of community is what I have come to call the 'flow of leadership,'"^{9(p72)} This results in decisions being made more quickly and an increased likelihood that the individual gifts each member has are brought forward at the right time.

Phases of Community Building

In addition to these key characteristics of community, there are specific stages that communities go through in their development. Understanding these stages

helps a nurse leader appreciate both the dynamic and the developmental nature of community. Instant community is an illusion. Using the concept of creating community as a retention buzzword is inappropriate. Building a sense of community must be based on awareness that it is a developmental process and not the latest retention program. Although these stages vary from author to author, Shaffer and Anundsen¹¹ offer a model that is applicable and easy to understand. The stages are presented in Figure 1.

Excitement

Excitement is an enjoyable phase, much like the "honeymoon" phase of a marriage or relationship. The focus of the group is on the possibilities, with an emphasis on positive outcomes and a minimization of the problems that are likely to occur. The task for the group at this time is to create a shared purpose and vision. The purpose may not be a task to accomplish, such as a change to undertake. The purpose of the community may be to provide support to each other or to create a workplace where members can enjoy themselves. However, alignment with this purpose is important because it helps the members get over the rough spots ahead. It often takes strong leadership and someone willing to get the group started to move into and through this stage.

This phase does not last; in fact, if it continues indefinitely, the group more likely fits the description of pseudocommunity, where community exists only in pretense. Peck points out, "In pseudo-community, a group attempts to purchase community cheaply by pretense...It is an unconscious, gentle process whereby people who want to be loving attempt to be so by telling little white lies, by withholding some of the truth about themselves and their feelings in order to avoid conflict."^{9(p88)}

Autonomy

Autonomy is the focus of the second phase. This stage is often what makes or breaks a community. During this phase, the illusion of unity is shattered and members are often disappointed with each other, feeling angry and disillusioned. This phase passes only when members give up the fantasy of harmony without struggle. Although unpleasant, this struggle is critical for the community's developmental task, and the phase is considered successful when the group survives and remains whole. Members assert themselves as individuals and are able to differentiate their needs from the needs of others, yet remain committed to the needs of the whole, the community. The members consciously choose to act and work inter-

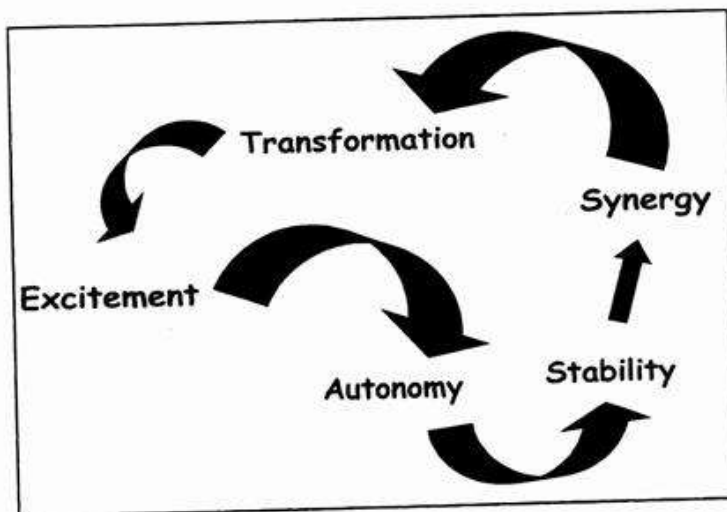


Figure 1. The stages of community.¹¹

dependently. The need for safety is paramount during this stage. If members do not feel safe within the community, its tasks are not accomplished.

Stability

During this third stage, the community members settle into their roles and the structure. At this point, the community is still intact, and this serves to reaffirm the members' caring for each other and their commitment to a shared purpose. Members know they are respected as individuals, and yet they know the "rules of the game," which they have helped establish. This frees up energy to focus on the common tasks required. A major pitfall of this stage is that members can become too settled in their roles, and the same member may continue to serve as the leader (developing agendas and leading meetings) or the resident critic (bringing up opposing viewpoints). Allowing one person or one small group to carry one role alone too long can lead to burnout and stagnation. It can be especially difficult to embrace new leadership.

Synergy

Synergy, the fourth stage, is exciting and paradoxical. At this stage, members are acutely aware of their individualism and yet are more interconnected than ever before. Although aware of his or her own contributions and needs, each member is also committed to the needs of the community. In fact, what is good for the individual is also good for the community. A characteristic of this stage is that roles reverse more comfortably with leaders and members

flowing in and out of roles. Synergy, the excitement of our combined abilities, talents, and strengths, is apparent at this stage. The illusion here is that the work is done. It is easy to believe that once you achieve synergy, it will remain and stay the same. However, all systems are continually in flux, and this community is no different.

Transformation

This is the final phase of the cycle, when the community undergoes a death and possibly a rebirth of sorts. The community expands its boundaries or identity, breaks into smaller groups, or may disband completely. Even the most successful communities reach a natural ending point, a time at which members' lives are destined to move into new directions.

The Nurse Leader's Role in Creating Community

What can nurse leaders do to develop a sense of community within their scope of responsibility? Unfortunately, it is not as easy as understanding the elements of community and the stages healthy communities experience as they mature. There is no guaranteed process an individual leader can use that is certain to result in the development of a healthy community. Instead, the interventions are more general and foundational, and a sense of community develops if the chemistry and efforts of the members determine it will be so. However, there are specific recommendations based on the authors' observations and experiences.

Hold a Clear Vision of the Possibility

Vision was such a buzzword of the last decade that many managers have become somewhat cynical about being told to "have a vision." Yet vision is hope for the future. It is the ability to see something different than what currently exists. Vision is the ability to actively use one's imagination. Using words and pictures to paint a picture of community helps staff see and feel the direction in which you are heading. People don't jump onto a train unless they know where it is going. Creating and sharing a vision of community is the first and foremost important task of the nurse leader. It requires continually upholding what is possible—holding the best idea of each individual and, therefore, the department as a whole.

When the nurse leader holds a vision of possibility for the department that includes a strong sense of community, this vision can actually guide day-to-day decisions and actions. Coupled with an intellectual understanding of community, interventions can be deliberate and supportive of the future vision. For example, consider the inclusive nature of community. Thomas Moore believes that one of the greatest needs of the soul is belonging. He recommends that people must be welcomed into a group.¹² Therefore, a new employee who has been hired or transferred into a unit does not necessarily belong until invited. This invitation can be extended by the nurse leader sharing his or her vision, making a strong initial connection during the interview process, and monitoring the new employee's progress closely to ensure that he or she is assimilating into the group. Look for connections and create opportunities for your staff to connect on a personal rather than just a technical or professional level.

Nurture Relationships

The second leadership intervention is to nurture the development of healthy relationships. Rousseau⁸ quite firmly states that community is based on altruistic love. This means authentically caring for and about the members of the community. It extends beyond the staff to include physicians, patients, and other colleagues. As a nurse leader, you can measure your effectiveness by the quality of your relationships. The strength of a community lies within these bonds. Forming strong affective relationships requires honesty, authenticity, and the capacity for intimacy. As in any relationship, it is important to realize that "putting yourself out there" is taking a risk. However, the energy, support, and depth of meaning that come from working in a group of people who genuinely care for

each other are profoundly rewarding. Only when we can see each individual as a gift and value his or her unique contribution can we develop the elements of synergy and realism that characterize community. A nonjudgmental attitude fosters feelings of safety. This is perhaps the greatest gift that a leader can model for staff as it demonstrates the tolerance for differences that is unique to community.

Genuinely caring for others is at the heart of this authenticity. Pretense does not work. Although our focus in patient care has shifted to seeing the needs of the "whole" person, management sometimes lags behind in seeing the "whole" employee. A dichotomy between work and home no longer exists because our lives are so much more complex, with the relationships between these two aspects of our lives interwoven and intricate. Although 10 or 20 years ago a personal question would be intrusive, today, asking about family and being aware of your employee's personal challenges serves to enhance and build quality relationships. A leader who arrives in the department (or at a meeting) and immediately begins rapid-fire questions about the project or tasks to be completed is often perceived by staff as caring more about work than the person. "We are re-focusing on the deep longings we have for community, meaning, dignity, purpose, and love in our organizational lives. We are beginning to look at the strong emotions of being human, rather than segmenting ourselves by believing that love doesn't belong at work, or that feelings are irrelevant in the organization."^{13(p14)}

Provide Support for Community Formation

Understanding the typical phases or stages of community formation is essential for the savvy nurse leader. For example, knowing that in early stages a more involved strong leadership presence may be required as opposed to the rotating leadership seen in later stages of community formation is crucial. Otherwise, a leader may inadvertently continue a strong hands-on leadership role beyond the point at which it is healthy for the group.

Support may be needed in protecting the time community members have to spend together. The immense pressure to increase productivity also decreases the amount of free time that staff spend together. For example, a physician remarked that ever since the hospital converted to bedside charting, he rarely talked with the nurses. The intention in this case was to streamline the documentation process, but precious time for human interactions had been lost. In economics, this "time together" is called so-

cial capital, and it is vitally important, because it produces "trust, cooperation, mutual support, bonding and...loyalty."⁶ Balancing the need for productivity with the need for creating community is a significant challenge for any nurse leader.

Seek Opportunities to Strengthen the Sense of Connection

There are endless opportunities for actions that strengthen the sense of connection people in the workplace feel toward each other. Simply being aware and looking for these opportunities is a powerful leadership strategy. Take the example of the new nurse manager who was faced with the completion of 70 performance evaluations shortly after her appointment. Although this could be seen as a tremendous burden, she chose to look at this as an opportunity to hear from each of her staff members and to begin building a relationship. It was clear that a major problem existed in the relationship between physicians and nurses.

She went to the group of physicians with this message. "I have identified my major challenge as recruitment and retention. But after listening to our staff, I understand that we have a significant problem. Nurses who have worked here for 15 years complain that you *do not even know their names!* How do you expect me to recruit and keep nurses if you do not even know their names?"

The manager decided to remedy this situation and made a commitment to attend the physician section meeting every Friday. Each time she "highlighted" a particular staff member. This required extensive research on her part. She presented three interesting things about the individual, for example, the nurse loved to garden, was a ballroom dancer, and was a Hell's Angel! The manager then proceeded to hold up an 8-x-10 picture and announce his or her name! The physicians looked forward to these vignettes about the staff, and the little things that they now knew about the nursing staff members helped to bridge the professional gap. In addition, the nurses were each given the task of learning *something* about a physician—hobby, children, and interesting fact—and this goal was written into performance evaluations. Relationships began to form that were in the spirit of community.

In the same department, the nurse manager placed a community bulletin board at the front station to increase visibility to physicians, nurses, and auxiliary staff. This was a space and place community members could post items that were of interest to others, such as offering a bicycle or snow tires for sale

or a special achievement to be shared. It increased the sense of camaraderie and open communication.

Instead of writing their names on nametags, physicians and nurses were asked at a holiday gathering to write down their favorite vacation spot or hobby on their tags. This simple idea elicited many conversations that staff would have never initiated. It helped everyone to step outside his or her "comfort zone." Conversations are like threads that weave a group of people together and strengthen the bonds between individuals, and therefore the unit as a whole. Any activity that creates personal connections or stimulates conversation potentiates the formation of community. Our challenge as leaders is to constantly see and capitalize on the opportunities that exist.

When the atmosphere in the department is one of community, it has a powerful effect on the patients as well. In this same department, even the patients begin to feel like they are in a community. Ruth was 82 years old when admitted to this orthopedic unit with a hip fracture. Because she had no relatives and a legal guardian had not been established, her stay was extended from 1 week to 2 months. During this time, she became part of the department community. It was impossible not to fall in love with this pleasant and tender woman. She ate every meal at the nurses' station, and the staff eagerly devised recreational plans for her.

At the end of October, Ruth was finally discharged to an adult family home with 3 other residents. She was confused with the change of surroundings but eventually settled into her new home. Two days before Thanksgiving the nurses received a telephone call from the owner of the home. The owner said that all of the other residents were going home for Thanksgiving to their families, and Ruth wanted to come home too. On Thanksgiving Day, Ruth took her seat once again at the nurses' station so that she could eat her turkey dinner with her "family." The need for community is universal.

Beyond the Department Walls

These suggested leader interventions apply to the development of nursing community at all levels. For instance, the implementation of a nursing shared governance structure enhances a sense of connection among nurses throughout a system. When the elements of community are apparent within the structure, there is the capability of creating nursing community within a system. In one large multihospital system, there was deliberate and conscious action taken to create a community of nursing leaders

to encourage sharing of best practices and collegial support within the regional system. In another example, if we thought globally and functioned as a worldwide nursing community, some common practices, such as recruiting foreign nurses from countries already experiencing their own nursing shortage, would be reconsidered.

Conclusion

Do we need to develop a sense of community in our workplace? Arie de Geus of Royal Dutch/Shell argues that for "companies to endure they have to create a feeling of community, where workers think of themselves as members rather than employees. They belong to the organization."^{4(p21)} Paradoxically, although a sense of community can help to create a sense of joy and connection in our work environment, it is also most difficult to attain, given the current events that are occurring in our contemporary workplaces. Reengineering, work redesign, downsizing, rightsizing, layoffs, mergers, and acquisitions have become common, almost universal, experiences in our work life. These initiatives are successful only when employees and employers work together in an atmosphere of trust and mutual collaboration. Yet trust and collaboration are the elements often destroyed during these initiatives.

There are other obstacles to community in the workplace as well. The increased use of per diem and temporary staff creates a continual flux in the workplace. Another factor is the essence of our free enterprise capitalistic system that promotes individualism and results in subordinating the interests of community to those of the individual. Alienation, distrust, and competition are obviously major barriers to cre-

ating community. If the person's real agenda is increased personal power and meeting personal needs rather than the well-being of the community, the group will not remain a community for very long.¹⁴

It is precisely because of our experiences in the "leaner and meaner" workplace that we are seeing an increased interest in spirituality in the organization. "We humans hunger for genuine community and will work hard to maintain it precisely because it is the way to live most fully, most vibrantly."^{9(p137)} The absence of community is keenly felt. Yet rather than rushing out to create community at work, it is important for nurse leaders to consider their interventions carefully, after full consideration of their motivation. Otherwise, an effort to increase community in the workplace can backfire, leaving employees even more cynical. In his article entitled, *The Call to Community*, Zemke says that we have 2 options in the workplace. First, community can be considered nostalgic claptrap, a psychological retreat from what's happening in the real world. Or, as some proponents suggest, it may be an attempt to create a new more civil code of workplace conduct, a code that accepts the realities of the modern world but holds that we can both cope with the insecurities and create openness and closeness with each other that facilitates our work and our humanity. Which assessment is correct? Will we trivialize the notion of community, or will we use it as a springboard for changing our behavior and our outlook on the world of work?¹⁵

Although community is a proven workforce retention strategy, it cannot be the motivation for building community. The motivation and commitment must be the desire to create, support, and nurture a group of people whom you genuinely value.

References

1. Health Care Advisory Board. *Hardwiring Right Retention: Best Practices for Retaining a High Performance Workforce*. Washington, DC: The Advisory Board Company; 2001.
2. Kanter RM. *Commitment and Community: Communes and Utopias in Sociological Perspective*. Cambridge, Mass: Harvard University Press; 1972.
3. Meyer JP, Allen NJ. Testing the "side-bet theory" of organizational commitment: some methodological considerations. *J Appl Psychol*. 1984;69: 372-378.
4. Iverson R, Buttigieg D. Affective, normative and continuance commitment: can the "right kind" of commitment be managed? *J Manage Stud*. 1999;36:307-333.
5. Vogl A. Soul searching: looking for meaning in the workplace. *Across Board*. 1997;34:16-24.
6. Putnam R. *Bowling Alone*. New York: Simon & Schuster; 2000.
7. Fairholm G. *Perspectives on Leadership: From the Science of Management to Its Spiritual Heart*. Westport, Conn: Quorum Books; 1998.
8. Rousseau M. *Community: The Tie That Binds*. New York: University Press of America; 1991.
9. Peck MS. *The Different Drum: Community Making and Peace*. New York: Simon & Schuster; 1987.
10. Brickman P, with Wortman CB, Sorrentino R, eds. *Commitment, Conflict, and Caring*. Englewood Cliffs, NJ: Prentice-Hall; 1987.
11. Shaffer C, Anundsen K. *Creating Community Anywhere: Finding Support and Connection in a Fragmented World*. New York: Jeremy P. Tarcher; 1993.
12. Moore T. *Care of the Soul*. New York: Harper Perennial; 1994.
13. Wheatley M. *Leadership and the New Science*. San Francisco: Berrett-Koehler; 1999.
14. Naylor T. The search for community in the workplace. *Bus Soc Rev*. 1996;97:42-48.
15. Zemke R. The call of community. *Training*. 1996;3:24-30.