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Understanding Reports of Job Satisfaction of Licensed Occupational Therapists in Minnesota

Michelle J. Linz
St. Catherine University

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RUNNING HEAD: Job Satisfaction of Occupational Therapists

Understanding Reports of Job Satisfaction
of Licensed Occupational Therapists in Minnesota

Michelle J. Linz

A thesis submitted in partial fulfillment of the requirements for the degree of Masters of
Art in Occupational Therapy, St. Catherine University, St. Paul, MN

April, 2011

Thesis Advisor: Karen Sames, MBA, OTR/L, FAOTA
Thesis Readers: Barb Gilbertson, MS, OTR/L, CHT &
Marianne Christiansen, MA, OTR/L, FAOTA

St. Catherine University
Master of Arts in Occupational Therapy

Certification of Successful Thesis Defense

We, the undersigned, certify that

Michelle J. Linz

has successfully defended the thesis titled

Understanding Reports of Job Satisfaction of Licensed Occupational Therapists

Thesis Advisor and Chair of Thesis Committee

Date

Thesis Reader and Member of Thesis Committee

Date

Thesis Reader and Member of Thesis Committee

Date

Certification of Approval for Final Copy of Thesis

I, the undersigned, approve the final copy of the thesis by

Michelle J. Linz

Thesis Advisor and Chair of Thesis Committee

Date

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Abstract

Improving job satisfaction of occupational therapists can help reduce attrition rates and increase retention within the profession of occupational therapy. Using self-report questionnaires, this study seeks to gain a better understanding of how satisfied occupational therapists in Minnesota are with their jobs. In 2006, 3374 questionnaires were sent to licensed occupational therapy practitioners in the state of Minnesota. Data from the returned questionnaires indicated that occupational therapists in general were satisfied with their current jobs. Results also demonstrated that a larger percentage of participants with more years of experience agreed that non-OTs had a good understanding of what OT was and disagreed that there was adequate time for documentation compared to participants with fewer years of experience. This study will help to highlight certain factors that play a part in occupational therapists' job satisfaction, as well differences between subgroups. Knowledge of factors that contribute to occupational therapists' job satisfaction will help increase retention and keep positions filled, making occupational therapy services available to all who need them.

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Introduction

The purpose of this thesis is to analyze reports of job satisfaction of licensed occupational therapists in the state of Minnesota as well as to see if there is a difference in responses between occupational therapists with certain demographic characteristics. There is limited research on occupational therapists and job satisfaction, specifically in Minnesota (Freda, 1992; Moore, Cruickshank, & Haas, 2006). Although reports of job satisfaction may differ across practice settings, geographical areas, gender, or years of experience, improving job satisfaction is known to improve retention rates among occupational therapists (Moore et. al, 2006).

In the current study, questionnaires inquiring about practitioner's job satisfaction and specific demographic variables were sent out to all occupational therapy practitioners licensed by the state of Minnesota. Data from these questionnaires was analyzed by looking at frequency of responses and differences within demographic data. Results will provide information about how occupational therapists were feeling about their jobs at the time of the survey and differences of job satisfaction between certain demographic variables, such as salary, degree, worksite, and years of experience.

Improving job satisfaction within the profession of occupational therapy can decrease attrition rates and increase retention of occupational therapists which may cut down costs of training new employees and keep occupational therapy positions filled, making occupational services available to all who need them (Bailey, 1990b). Focusing on improving the factors that increase job satisfaction can also lead to better quality of

care provided by practitioners and received by their clients (Jacobs, 1994). Learning what those factors are through continued research on job satisfaction will help improve the health and well-being of all those involved.

Literature Review

What is Job Satisfaction and Why is it Important to Research?

Since 1919, job satisfaction has been widely studied and discussed in the disciplines of industrial organization, social psychology, organizational behavior, personnel and human resource management, and organizational management (Cranny, Smith, & Stone, 1992). More time and research has been dedicated to understanding job satisfaction than to any other organizational variable (Spector, 1997). Job satisfaction, in its most basic definition, is “the degree to which people like their jobs” (Spector, p. vii). A more complex definition is given by Locke which states that job satisfaction is “a positive emotional state that results from appraisal of one’s job and resulting experience” (as cited in Burley de Wesley & Clemson, 1992, p. 7). Positive attitudes toward a job are generally associated with job satisfaction, while negative attitudes toward a job are generally associated with job dissatisfaction (Vroom, 1964).

There are many different factors that affect an individual’s overall job satisfaction or dissatisfaction. It is often the case that an individual will be satisfied with certain aspects of their job, but dissatisfied with others (Spector, 1997). Facets of job satisfaction that are commonly assessed include appreciation, communication, co-workers, fringe benefits, job conditions, nature of the work itself, organization itself, organization’s policies and procedures, pay, personal growth, promotion opportunities, recognition, security, and supervision. There are also times when an organization will be interested in

other job satisfaction facets that are specific and unique to that particular organization (Spector).

Job satisfaction and attitudes toward a job are most commonly measured using interviews or questionnaires where workers are asked to state how much they like or dislike certain aspects of their job (Vroom, 1964). Questionnaires are used more often than interviews because they are less time consuming and expensive to conduct, and questionnaires are easier to standardize and quantify (Spector, 1997). There are a variety of different surveys and questionnaires that have typically been used in job satisfaction research. Some of these include the Job Satisfaction Survey (JSS), the Minnesota Satisfaction Questionnaire (MSQ), the Job Descriptive Index (JDI), the Job in General (JIG) scale, the Job Diagnostic Survey (JDS), and the Michigan Organizational Assessment Questionnaire Satisfaction Subscale (Spector).

The JDI is one of the most common and popular surveys used among researchers of job satisfaction (Spector, 1997). The survey consists of 72 descriptive phrases or adjectives that are divided into five sections (Jacobs, 1994). The different sections are type of work, pay, promotion opportunities, supervision, and co-workers (Jacobs). Revising the JDI in 1985 was completed in order to increase the internal consistency among scale items, create a greater discrimination between low and high scorers, and improve the score accuracy (Spector, 1997). The JDI and the revised JDI have both been found to be reliable and valid measures of job satisfaction (Spector).

There are many reasons why job satisfaction has been heavily studied by numerous organizations and researchers over the years. Based on a humanitarian perspective, job satisfaction is important because all people deserve to be treated fairly

and with respect. Being satisfied with a job is sometimes believed to reflect emotional well-being and psychological health (Spector, 1997). Based on a more utilitarian perspective, job satisfaction is important because employee's behaviors and actions can affect the organization and its functioning. If there is job dissatisfaction in a particular section of an organization it is often an indicator of a trouble area within the organization (Spector). Other articles have found that dissatisfaction with a job can lead to absenteeism, poor performance, and turnover and that job satisfaction often affects service provision, quality of patient care, and professional growth of an organization (Freda, 1992; Burley de Wesley & Clemson, 1992).

Cranny et al. (1992) say that most organizations measure job satisfaction because of its assumed relationship to cost reduction through increased staff productivity, reduction of absences, turnover, and errors. These authors also mention that when there is no assurance that this assumed relationship between satisfaction and productivity will be true every time, the interest of the organization usually decreases. Because this relationship cannot be guaranteed, organizations need to think about how to improve the components of job satisfaction instead of concentrating on the economic value of job satisfaction in order to ensure survival of their organization (Cranny et al.). Although focusing on the components of job satisfaction may be more beneficial for the worker, most people and organizations are interested in increasing job satisfaction because it is associated with increasing worker productivity and ultimately profitability (Jacobs, 1994).

Another reason why job satisfaction is important to research is because it is associated with withdrawal behaviors. Withdrawal behaviors include turnover or

retention issues and absenteeism and have been given more attention than any other variables in job satisfaction research (Spector, 1997). Vroom (1964) states that “The more satisfied the worker, the stronger the force on him to remain in his job and the less the probability of his leaving it voluntarily” (p. 175). When Vroom wrote his book in 1964, there were already seven studies that had researched the relationship between job satisfaction and turnover and all seven of the studies found a negative relationship between the two variables, meaning that as job satisfaction goes up, turnover goes down and vice versa.

More recent studies of turnover and job satisfaction have also shown a consistent correlation between job satisfaction and turnover. Research done by Crampton and Wagner (1994), and by Hulin, Roznowski, and Hachiya (1985) have also shown through longitudinal studies that job dissatisfaction leads to turnover and that this is a causal relationship (as cited in Spector, 1997). Absence is another withdrawal behavior and is considered by some to be correlated with turnover. Mitra, Jenkins, and Gupta (1992) found that “employees who quit a job were likely to have had higher levels of absence just prior to leaving the job than did employees who did not quit” (as cited in Spector, 1997, p. 59). The correlations between absence and job satisfaction, however, have been inconsistent and usually quite small. Research has also shown that other factors, such as having child care responsibilities, predicted absence much better than did job satisfaction (Spector).

Job satisfaction is also of interest to researchers of various disciplines because of its possible relation to job performance (Cranny et al., 1992). The idea that higher job satisfaction leads to better job performance is a controversial topic and one that seems to

be unresolved (Petty, McGee, & Cavender, 1984). In the 1950's, this relationship between job satisfaction and job performance was thought to be very weak, and many organizations promoted these factors as two different results by using different strategies to meet the goals for each (Cranny et al., 1992). Literature reviews of the job satisfaction and job performance relationship were conducted by Brayfield and Crockett in 1955 and Vroom in 1964. These studies found that there was a very low correlation between job satisfaction and job performance and the idea that these two factors were related was negated (Petty et al., 1984).

Prior to the 1950's, however, these two factors were reported as related, but the research used was all based on opinion and not considered as reliable (Cranny et al., 1992). More recently, it was thought that there are many variables besides just job satisfaction and job performance that affect the relationship between these two factors. There are a variety of different conditions that occur in the work place, and under some conditions, job satisfaction and job performance are positively related, while under other conditions the two are negatively related or not related at all. In the model of job satisfaction and job performance created by Cranny et al. the two factors that affect job performance the most are the effort that the worker invests in the performance and the worker's job satisfaction. This model suggests that there is indeed a relationship between job satisfaction and job performance and it is not necessary for organizations to promote one or the other but rather should figure out optimal conditions where high job satisfaction and performance goals can jointly be met (Cranny et al.).

One specific study that supported the relationship between job performance and job satisfaction was done by Petty et al. (1984). Results of this meta-analysis revealed

there was in fact a positive correlation between individual overall job satisfaction and individual job performance. There were, however, a larger number of managerial, supervisory, and professional employees included in these studies that were analyzed compared to previous meta-analysis. This may indicate that the relationship between individual job satisfaction and individual job performance is moderated by job level. Based on the results of this study, it was suggested that organizations concentrate more on developing effective human relations policies rather than just focusing on improving labor productivity (Petty et al.).

There is also evidence that supports the idea of an opposite correlation to the one mentioned above. This correlation is rather than job satisfaction leading to increased or better performance, job performance leads to increased job satisfaction (Spector, 1997). A hypothesis by Jacobs and Solomon (1977) stated that the relationship between job performance and job satisfaction would be higher in jobs where good performance was rewarded compared to jobs where performance was not rewarded. Results showed that correlations were stronger between job performance and job satisfaction in organizations that provided their workers with rewards for good performance (Jacobs & Solomon).

Other potential effects of individuals being satisfied with their job include increasing organizational citizenship behavior (OCB), decreasing burnout, increasing physical health and psychological well-being, and increasing life satisfaction (Spector, 1997). OCB is considered behavior that goes beyond the actual requirements of the job and consists of the voluntary things an individual does for coworkers or employers. Evidence supports the idea that job satisfaction leads to OCB because people who are

happier with their jobs are usually more willing to go beyond what is required of them compared to people who are unhappy with their jobs (Spector).

Spector (1997) defines burnout as “a distressed emotional/psychological state experienced on the job” (p.65), and says that it is an emotional response to the job. Burnout is significantly correlated with job satisfaction in that employees who are dissatisfied with their job report high levels of emotional burnout. High burnout levels have also been associated with other variables that are correlated to job satisfaction, such as low levels of life satisfaction, and high levels of intention of quitting and health symptoms (Spector).

Physical health and psychological health are also areas researchers have found to be associated with and affected by job satisfaction (Spector, 1997). Many studies have found a significant correlation between job satisfaction and physical and psychological symptoms such as headaches, upset stomachs, and anxiety. Most of these findings are based on self-report, and the correlations between job satisfaction and physical or psychological symptoms could be based on certain dispositions that have negative affectivity. This means that the results could be skewed due to the fact that people with a negative affect tend to be more dissatisfied with their jobs and report more frequent symptoms. There is still a concern, however, and it is likely that job experiences do affect health. What is causing the employee distress may be unknown, but many years of job dissatisfaction does have the potential to affect the physical and psychological health of an employee (Spector).

There are three main hypotheses that have been discussed concerning the relationship between job satisfaction and life satisfaction. The first is called the spillover

hypothesis, which predicts a positive relationship between job satisfaction and life satisfaction and says that feelings in one area of a person's life will affect feeling in other areas (Spector, 1997). The second is called the compensation hypothesis, which predicts a negative relationship between job satisfaction and life satisfaction and states that a person will compensate for dissatisfaction in one area of life by enhancing satisfaction in another. The third is called the segmentation hypothesis, which predicts no relationship between the two variables and states that a person will keep work and nonwork activities separate (Spector). Research has most often supported the spillover hypothesis and has found a positive correlation between job satisfaction and life satisfaction. This correlation, however, does not specify which factor might cause the other, so it is possible that job satisfaction causes life satisfaction or that life satisfaction causes job satisfaction (Spector).

Theories of Job Satisfaction

One of the most well known theories on job satisfaction was developed by Frederick Herzberg in 1959 and is called the motivation-hygiene theory or the two-factor theory (Brown, 1995). The motivation-hygiene theory, or the two-factor theory, is one of the most accepted models for studying job satisfaction and has undergone over 200 replications (Brown). This theory suggests that the factors causing job satisfaction are different and separate from factors causing job dissatisfaction. One of the major studies that tested this theory was done by Herzberg himself and he wrote about it in "The Motivation to Work" (Herzberg, Mausner, & Snyderman, 1959). The study interviewed 200 engineers and accountants from Pittsburg that represented a section of industry. Participants were asked to recall a time when they had felt remarkably good about their

jobs as well as a time they had negative feelings about their jobs (Herzberg, 1973). The five most common factors reported as strong determiners of job satisfaction included achievement, recognition, work itself, responsibility, and advancement. These factors are known as motivators. The major factors that led to job dissatisfaction included company policy and administration, supervision, salary, interpersonal relations, negative attributes of supervisors, job security, status, circumstances in personal life, and working conditions. These factors are known as hygiene factors (Herzberg).

The results of this study provided evidence for the motivation-hygiene theory by showing that “the factors involved in producing job satisfaction were separate and distinct from the factors that led to job dissatisfaction” (Herzberg, 1973, p. 95). Because different factors are involved in each, it means that the opposite of job satisfaction is not job dissatisfaction, but rather no job satisfaction. It also goes the other way, in that the opposite of job dissatisfaction is not job satisfaction, but rather no job dissatisfaction (Herzberg). The theory says that if the motivating factors were to be removed, it would not necessarily create job dissatisfaction, and the same goes for the hygiene factors; if they were removed, it would not necessarily produce job satisfaction because of the separation between these factors (Brown, 1995).

Another way to look at this idea is that if the hygiene factors are present in a positive way, it will not necessarily produce high job satisfaction, but will likely prevent job dissatisfaction. Herzberg says that “The presence of hygiene factors is a necessary but not sufficient condition for job satisfaction” (as cited in Davis & Bordieri, 1988, p. 592). A more recent study completed by Emener and Stephens that looked at factors affecting job satisfaction found that factors relating to the job itself was positively related to job

satisfaction, while hygiene factors, such as working conditions and agency policies, were more associated with job dissatisfaction (as cited in Davis & Bordieri, p.592). This study is just one of many that support Herzberg's motivation-hygiene theory.

Another explanation to account for the variation in job satisfaction between workers is the effects of the work role combined with difference in the personalities of individual workers (Vroom, 1964). Vroom discusses that much of the job satisfaction research completed before he wrote his book only focused on two factors, which were the characteristics of work role and job satisfaction. He suggests that by just focusing on environmental factors may oversimplify the variation in job satisfaction, and "does not do justice to the complexity of the phenomena with which it purports to deal" (Vroom, p. 160).

Researchers who wanted to look beyond environmental factors as determinants for job satisfaction turned their attention to personality variables among workers (Vroom, 1964). Some theories suggest that workers who are satisfied with their jobs are assumed to have systematically different personalities from the workers that are dissatisfied with their jobs (Vroom). Most of the research completed in this area has attempted to make a correlation between measures of adjustment or neuroticism and job satisfaction.

Herzberg, Mausner, Peterson, and Capwell have summarized this research by saying

The satisfied worker is, in general, a more flexible, better adjusted person who has come from a superior family environment, or who has the capacity to overcome the effects of an inferior environment. He is realistic about his own situation and about his goals. The worker dissatisfied with his job, in contrast, is often rigid,

inflexible, unrealistic in his choice of goals, unable to overcome environmental obstacles, generally unhappy and dissatisfied (as cited in Vroom, p.161).

Vroom (1964) believes that there is enough evidence to suggest that the prediction of job satisfaction can be enhanced if individual differences in personality and motivation are considered as well as differences in the work role.

Job Satisfaction in Health Care

Davis and Bordieri (1988) talked about the similarities between nurses, hospital support staff, occupational therapists, and rehabilitation professionals in that they identified social interaction, a hygiene factor in Herzberg's theory, as well as task requirements, a motivator factor in Herzberg's theory, as incentives in their work. This suggests that there are a number of variables interacting to create job satisfaction and motivator factors as well as hygiene factors are contributing to job satisfaction within healthcare professions (Davis & Bordieri). Although this information provides a glimpse into job satisfaction and the healthcare field, job satisfaction related to every profession needs to be looked at separately because each has its own unique demands and job descriptions. Because the world of healthcare is changing and will continue to change, knowing what promotes job satisfaction for various healthcare professionals will be essential for retaining employees and creating an environment that enhances the well-being of patients. Refer to the Expanded Literature Review: Job Satisfaction in Health Care in Appendix A for more information on this subject.

Occupational Therapists and Job Satisfaction

It has been reported that there is a decrease in job satisfaction in America as well as healthcare settings that is thought to be related to the stressful and high pressured work

experience, limited recognition and advancement, and lack of variety in the type of work completed (Jacobs, 1994). The profession of occupational therapy (OT) has also reported a decline in job satisfaction as shown by an increased attrition rate from various practice settings (Bailey, 1990a). Occupational therapists are healthcare professionals who assist patients with skills for everyday living and play a vital role in facilitating participation in meaningful activities which promotes optimal recovery (Gordon, 2009). As part of the healthcare team, they help to ensure that patients receive quality care and contribute a unique skill set and knowledge to every situation (Gordon).

Jacobs (1994) states that “retaining occupational therapy practitioners is critical to meeting and increasing the unprecedented demand for health care services” (p. 989). Jacobs also talks about the importance of understanding what makes occupational therapists satisfied or unsatisfied with their jobs because it may affect productivity and quality of care. There is a variety of research that looks into the factors that affect job satisfaction in occupational therapists and what may contribute to improved job satisfaction, productivity, and retention of practitioners.

Bailey (1990a) surveyed approximately 700 occupational therapists that had left the profession either permanently or temporarily. One third of the occupational therapists surveyed said that the thing they liked least about their job did contribute to their leaving the job. The items listed for what they liked least about their jobs included the lack of respect received by other professionals, the lack of understanding of occupational therapy by other professionals, excessive paperwork, limited advancement, stress and the difficulty of balancing a job and family, dealing with patient illnesses that were chronic and severe, having to continually justify OT for reimbursement, being the only OT in a

setting, the role conflict with physical therapy, and the long hours and long commute to work (Bailey, 1990a).

The top reasons expressed for leaving the profession of OT included that participants wanted to stay home and care for their children or wanted part time work to match with their family's schedules, they were disillusioned with OT and felt the profession was outdated, they wanted more money and more status, they wanted to return to school, they could not find a job in the area they desired, and they felt that OT was undervalued (Bailey, 1990a). A follow-up article by Bailey (1990b) about the results of this study gave suggestions and specific recommendations for retaining occupational therapists. For women who want part-time or more flexible work, one suggestion included using flextime, which allows employees to select their own hours, or job sharing, which allows two employees to share a full time position (Bailey, 1990b). Another recommendation for those who struggled to find a job in a specific geographic area included educating others on the benefits of occupational therapy to create positions in non-traditional settings. Although there were many other suggestions concerning ways to retain OTs, one other idea to ensure that the profession stayed up to date was to have re-entry education programs for therapists who take a break and want to come back to the workforce (Bailey, 1990b). It is possible that if these strategies are utilized, job satisfaction may be improved and retention rates increased.

Other articles that looked at surveys of job satisfaction and which factors increased or decreased job satisfaction in occupational therapists each found similar results. Davis and Bordieri (1988) discovered that occupational therapists rated their job satisfaction as relatively high and reported that achievement, interpersonal relationships

with co-workers, and the nature of the work itself were all job incentives. Davis and Bordieri used Herzberg's two-factor theory as a basis for his work and actually found that interpersonal relationships, which was thought by Herzberg (1973) to be a hygiene factor and not primarily responsible for job satisfaction, in fact contributed to job satisfaction and was a motivator for occupational therapists. Burley de Wesley and Clemson (1992) also reported similar findings within a group of Australian occupational therapists. In this study, job satisfaction was strongly associated with the work itself, working with co-workers, and helping others (Burley de Wesley & Clemson).

A more recent study completed in Australia by Moore et al., (2006) found that the main source of job satisfaction for occupational therapists who participated in the study was the sense of achievement gained when they learned their clinical intervention was beneficial for the patient. Making a difference in the lives of patients was the number one reason reported for enjoying the job of occupational therapy. Other sources of job satisfaction included clinical autonomy and job diversity (Moore et al., 2006). This finding supports the previous findings in Davis and Bordieri (1988) where occupational therapists rated autonomy as being an important part of job satisfaction.

The primary source of job dissatisfaction reported by respondents in Moore et al. (2006) was the low status of the profession due to the fact that the role of occupational therapy was not well understood by co-workers and clients. These results are similar to the study mentioned above by Bailey (1990a) where occupational therapists expressed they felt the profession was undervalued and contributed to them leaving the profession. The lack of recognition and understanding of occupational therapy has been consistently identified as a source of job satisfaction in numerous studies throughout the years (Moore

et al.). Other disincentives reported for job satisfaction included organizational support for training, the opportunity for advancement, and working conditions (Davis & Bordieri, 1988).

Flow and autonomy are two factors that have been found to promote job satisfaction in occupational therapists. Flow is described as “a positive feeling that occurs when there is a balance between perceived challenges and one’s skills” (Jacobs, 1994, p. 989). Flow was experienced most often when therapists were with a patient performing interventions and feelings reported during this time included feeling happy, creative, excited, proud, and positive (Jacobs). Although there was no significant correlation found between the number of flow experiences and job satisfaction in this study, other studies have shown that understanding and promoting the optimal flow experience may assist in retaining occupational therapists and improving productivity as well as quality of interventions (Davis & Bordieri, 1988).

Autonomy refers to “the right of self-government; independence” and creates a situation where employees experience personal responsibility for the outcomes their work produces (Davis & Bordieri, 1988, p. 591). Davis and Bordieri conducted research to determine whether or not perceived autonomy was associated with job satisfaction and results were consistent with previous research in that job satisfaction was positively related to perceived autonomy. Feelings of autonomy were positively related to all aspects of job satisfaction (Davis & Bordieri).

Research on job satisfaction and occupational therapists has also been conducted in settings where there have typically been high turnover rates or difficulty recruiting and retaining occupational therapists. One of these settings includes psychiatric or mental

health settings. An article that looked into job satisfaction in the mental health setting was conducted in Australia and found that the majority of participants rated their job satisfaction as very satisfied or somewhat satisfied (Hayes, Bull, Hargreaves, & Shakespeare, 2008). Participants identified positive aspects of the job as having a good social or emotional environment, working in the area of practice or with challenging client groups, and using occupational therapy skills. The major constraints or negative aspects of the job were identified as having insufficient time and a high workload, as well as the generic nature of the work. The social or emotional environment was listed as both a positive and negative aspect of the participants job (Hayes et al., 2008).

Eklund and Hallberg (2000) also completed research on job satisfaction and occupational therapists working in psychiatric settings. Factors that scored the highest on job satisfaction surveys are similar to those found by Hayes et al. (2008) and included general satisfaction with work and communication and cooperation among team members. This article also showed that “those who received team-orientated supervision experienced higher job satisfaction on communication and cooperation, than those who did not” (Eklund & Hallberg, p. 167). These two studies demonstrate that the social or emotional environment which includes communication and cooperation between co-workers is vital to job satisfaction for occupational therapists working in a mental health setting.

The job satisfaction of occupational therapists has also been studied in other settings such as rural settings, physical acute care settings, and rehabilitation settings. Occupational therapists working in rural settings identified incentives to remain in the rural setting as development of professional skills, autonomy and independence, good

working relationships, friendships, and lifestyle (Mills & Millsted, 2002). The incentives to leave working in this setting were lack of professional development, little professional support or recognition, pay and conditions, family-related factors and homesickness (Mills & Millsted,).

In the physical acute care setting factors positively influencing participant's job satisfaction included support from the occupational therapy team, support from their supervisor, and working with a supportive multidisciplinary team (Shiri, 2006). Factors that hindered participant's job satisfaction included lack of knowledge about their role by some multidisciplinary team members, lack of professional status, and poor communication between occupational therapists and doctors (Shiri). The aspect that was chosen as the most rewarding for occupational therapists in a rehabilitation setting was direct patient care, while the most stressful aspect chosen was paperwork (Freda, 1992). Factors identified for leaving a job in this setting were similar to those found in Bailey (1990a) and included excessive paperwork, opportunities for promotion, and salary increases (Freda).

Freda (1992) also discussed job satisfaction in terms of years of experience of occupational therapists. Results of the study showed that the number of years worked in the profession affects what is important to the therapists and what factors influence their job satisfaction. When considering possible reasons for leaving, participants who had 1 to 3 years of experience seemed to be most affected by the clinical issues listed, such as increased paperwork and productivity expectations, while participants who had 7 to 10 years of experience seemed to be more affected by the interpersonal and management

issues listed. Participants who had 4 to 6 years of experience were affected by both the clinical issues and the management issues (Freda).

Other differences included participant's responses to what they felt was the most important item on the survey. Professional growth opportunities, salary, and peer relationships were chosen to be most important by participants who had less than one year of experience (Freda, 1992). Participants with 1 to 3 years of experience chose professional growth, choice of where to work in the department, and the size of the caseload as most important. Professional growth was also chosen as most important by the 4 to 6 years of experience group, as well as teamwork and the relationship with the department director. Participants in the 7 to 10 years of experience group chose a variety of different factors with opportunities for professional growth as the most dominant (Freda). Other results showed that patient care is seen as one of the most rewarding aspects of a therapist's job for the novice and for those with up to 3 years of experience (92%). As the therapist gains experience and begins to accept new responsibilities (4-to-6-year group), program development becomes important and rewarding (72%), as does direct patient care (67%). Management responsibilities are not seen as rewarding aspects of the job until the 7-to-10-year range of experience (Freda). These results show that as the occupational therapist develops and gains more experience, different factors can influence job satisfaction.

Because the profession of occupational therapy is dominated by women and there is a high attrition rate for male occupational therapists, research into why this is happening is important to maintain the diversity of the profession (Brown, 1995). Brown (1995) conducted a study using the JDI that identified work related factors that had an

impact on the job satisfaction of male occupational therapists. Results of this study showed that male occupational therapists as a whole reported low levels of job satisfaction and were dissatisfied with their work, pay, co-workers, supervisors, and promotional opportunities. Participants also reported, however, that aspects of their physical work environments and autonomy contributed to satisfaction with their jobs (Brown).

Another study completed by Meade, Brown, and Trevan-Hawke (2005) looked at the differences of job satisfaction between male and female occupational therapists and discovered that both male and female occupational therapists were very satisfied with work on the job, supervision, co-workers, and the job in general. Female therapists, however, were significantly more dissatisfied than male therapists with the opportunities for promotion and male therapists were more dissatisfied with pay. Sixty percent of all occupational therapists, both male and female, reported that they would leave the profession in the next 10 years (Meade et al.). These results differ from Brown (1995) in that Meade et al. showed male occupational therapists are moderately or highly satisfied with their job and feel that more than just the physical work environment contributes to their satisfaction.

Although a variety of factors were identified as influencing job satisfaction in occupational therapists and they may be different based on a specific setting, years of experience, or gender, suggestions have been made to improve job satisfaction based on the findings of some of the previous studies mentioned. Some of these recommendations include fundraising for conferences and training to promote professional growth, using unique assessment and treatment approaches to clarify the role and educate others on the

benefits of occupational therapy, and taking a proactive approach towards educating the multidisciplinary team and patients to enhance the status of occupational therapy (Shiri, 2006; Moore et. al, 2006; Burley de Wesley & Clemson, 1992).

Methods

Question

A non-experimental design study was conducted using self-administered questionnaires in order to examine the job satisfaction of occupational therapy practitioners in Minnesota. This research used existing data gathered in 2006.

Participants

Participants for the original study included all occupational therapy practitioners who were licensed in the state of Minnesota during the time the questionnaire was distributed. The Minnesota Department of Health provided a list of these practitioners for a small monetary charge (Reams, 2007). This included 2,564 occupational therapists (OT) and 810 occupational therapy assistants (OTA). 835 occupational therapists and 234 occupational therapy assistants returned the questionnaire. This study focused on only the data collected from the 405 occupational therapists who returned the questionnaire with the job satisfaction related section completed.

Measures

Two questionnaires were developed by professor Karen Sames, MBA, OTR/L, Megan Reams, OTS, and Nicole Deling, OTS in 2006 that examined various facets of the occupational therapy practice in Minnesota. For the purpose of this study, only the OT questionnaire will be discussed and analyzed. The questionnaire is a combination of Likert scale, multiple choice, and open-ended questions that attempts to gather information about the occupational therapist, how satisfied they are with their work, and

different aspects of their job. The questionnaire also includes a cover letter that explains the purpose of the survey, voluntary participation, the risks and benefits to the participant, and who to contact with questions. While creating the questionnaire, Gail Fisher, MPA, OTR/L from the University of Illinois Midwest Center for Health Workforce Studies and professor Nancy Flinn, PhD, OTR/L from the College of St. Catherine were contacted to assist with developing the design, content, and wording of the questionnaire (Reams, 2007).

Before the questionnaire was sent to the participants, members of the board of directors from the Minnesota Occupational Therapy Association (MOTA) were asked to fill out the questionnaire for a pilot run (Reams, 2007). Board members were also asked to provide feedback regarding the length of the survey, the clarity of the survey, and the different types of questions used in the survey. This feedback was used to improve the quality of the questionnaire before the final printing and distribution to participants in the study. There were five out of eight piloted questionnaires returned from board members and no identifying information was asked in order to provide anonymity (Reams).

Procedure

Approval for the current study was obtained from the St. Catherine University¹ Institutional Review Board (IRB) in 2009. Initial approval for this research was granted by the Institutional Review Board (IRB) of the College of St. Catherine in 2006 (Reams, 2007). The approved questionnaires were then denoted proofed for a final time and sent to the in-house printing service press to be photocopied. The next step included sending the photocopies to a mailing house where envelopes were stuffed with the questionnaire and a postage paid return envelope that was mailed to all licensed OTs and OTAs in

¹ In 2009, the College of St. Catherine changed its name to St. Catherine University

Minnesota (Reams, 2007). Funding for this research came from grants from St. Catherine University and the Minnesota Occupational Therapy Association.

A total of 3,374 surveys were mailed. Of these, 2,564 were mailed to licensed OTs and 835 returned the questionnaire to St. Catherine University with a total return rate of 32.6%. All returned questionnaires were secured in Professor Karen Sames' office. Participants were encouraged to make a copy of the consent letter on the front page of the questionnaire for their records.

Just after questionnaires were mailed out to participants, an error in the photocopying process was discovered. There was a page from the OT questionnaire that was copied into the OTA questionnaire as well as the other way around. Immediate action was taken to notify as many of the participants as possible of the error by emailing the Minnesota Occupational Therapy Association listserv as well as emailing directors of large OT programs directly in 3 hospitals and 2 school systems. Investigators in charge of the research project also attempted to make the error known by alerting all practitioners they knew. More than 40 phone calls and a handful of emails were received and responded to by Professor Karen Sames who informed participants to cross out OT and put OTA if they were an OTA or to cross out OTA and put OT if they were an OT. They were told to complete the rest of the survey accordingly. A copy of the OT questionnaire can be found in Appendix B. Raw scores for the Likert scale or job satisfaction section can be found in Appendix C.

Data Analysis

The quantitative data gathered from the returned questionnaires was entered into Microsoft Access to simplify the process of analyzing data. Data was then exported to

SPSS 19 for further analysis. As mentioned earlier, only the OT questionnaire will be analyzed in this study. Also, not every question from the survey was selected for analysis. Questions selected for this study included:

1. I believe that my work is important to the clients
2. I am allowed to use my own judgment in various situations
3. I believe that I am adequately compensated for the work that I do
4. I regularly receive adequate feedback on my job performance
5. I believe my co-workers think I am a valuable team member
6. I feel my job duties have a satisfying amount of variety
7. I get my documentation done during normal work hours
8. I have the equipment and supplies necessary to perform my job
9. I am pleased with my professional relationship with most physicians
10. I am pleased with my relationships with other professionals (nurses, PTs, SLPs, teachers)
11. I am pleased with my relationship with my supervisor
12. The non-OTs I work with have a good understanding of what OT is.

For the purpose of this study, descriptive statistics, such as frequency and percent, as well as chi square tests were used to analyze and compare the selected questions from the questionnaire. These analyses were used to gather information about how occupational therapists were feeling about their jobs at the time of the questionnaire. Frequency and percent were figured for certain Likert scale questions regarding job satisfaction, while a chi square test was performed for other Likert scale questions

comparing difference within the demographics of worksite, number of years in practice, age, gender, level of education, and salary.

Questions that did not have sufficient variety of responses, such as all participants responded mildly agree or strongly agree, were analyzed by reporting frequency and percent for each subgroup within the demographics listed above. Frequency and percent was reported for each response category which included strongly disagree, mildly disagree, mildly agree, strongly agree and no opinion. Questions that did have sufficient variety of response were analyzed by performing a Pearson chi-square test. The responses of strongly disagree and mildly disagree were grouped together as were responses of strongly agree and mildly agree in order to complete the chi square tests. Combing strongly and mildly agree responses reduced variability of responses and sensitivity to degree of agreement but was necessary in order to analyze results using chi square tests.

Two to three demographics that related the most to the question being analyzed were selected in order to find out if there was any difference in responses between the subgroups of each demographic. For example, when looking at the question “I believe that I am adequately compensated for the work that I do”, the demographics of salary, worksite location (metro and greater MN) and years of experience were selected based on relevance to the question. If there was a significant difference found within demographics that had 3 or more subgroups, follow-up 2 x 2 chi square tests were performed in order to determine what specific subgroups had significantly different responses.

The sample sizes for much of the data were decreased due to the photocopying error of the questionnaires. Many respondents completed pages 7-8 of the questionnaire which included demographic information, but left pages 2-6 blank. Approximately half of

the returned surveys completed the Likert questions section, and the total number of participants who filled in that section represent about 10-15% of all OTs in the state at the time of the survey. Smaller sample sizes may factor in when analyzing differences between data.

Results

Based on data analysis, a large percentage of respondents mildly or strongly agreed with the questions:

1. "I believe that my work is important to the clients"
2. "I am allowed to use my own judgment in various situations"
3. "I believe my co-workers think I am a valuable team member"
4. "I feel my job duties have a satisfying amount of variety"
5. "I am pleased with my relationships with other professionals (nurses, PTs, SLPs, teachers).

This can be seen in Tables 1 through 5 which display the frequency or number of participants who responded strongly disagree, mildly disagree, mildly agree, and strongly agree for each of the above questions. Chi square tests were not performed for comparison of differences within the demographics of age, salary, type of degree, gender, years of experience, or worksite due to the lack of variety of responses for these questions. The total percentage of respondents who reported mildly agree or strongly agree was 96% or greater for each of these questions.

Zero respondents strongly disagreed with the questions "I am allowed to use my own judgment in various situations", "I believe my co-workers think I am a valuable team member", and "I am pleased with my relationships with other professionals (nurses, PTs, SLPs, teachers). The greatest amount of variety was found in responses to the question "I feel my job duties have a satisfying amount of variety" (Table 4), although

there was still not enough response to complete a chi-square test to find significant differences. Groups that had the highest percentage of respondents reporting mildly disagree to this question include OTs age 31-40, OTs with 5 or less years of experience, and OTs who work in Greater MN. Refer to Table 13 in Appendix C for additional raw data on responses to all Likert scale items on the OT questionnaire.

Table 1

Responses to “I Believe that My Work is Important to the Clients”

Demographics	Strongly Disagree		Mildly Disagree		Mildly Agree		Strongly Agree		N
	n	%	n	%	n	%	n	%	
Age of OT									
21-30	0	0	0	0	5	8.6	53	91.4	58
31-40	0	0	0	0	10	9.8	92	90.2	102
41-50	0	0	0	0	8	8.2	90	91.8	98
51-60	1	1.2	0	0	4	4.8	79	94.0	84
60+	0	0	0	0	1	10.0	9	90.0	10
Total	1	0.3	0	0	28	8.0	323	91.8	352
Salary									
<40,000	0	0	0	0	13	10.8	107	89.2	120
40,001-60,000	1	0.5	0	0	12	6.3	178	93.2	191
60,001+	0	0	0	0	2	4.4	43	95.6	45
Total	1	0.3	0	0	27	7.6	328	92.1	356
Years of Experience									

5 or less	0	0	0	0	6	10.0	54	90.0	60
6-15	0	0	0	0	11	8.5	118	91.5	129
16+	1	0.6	0	0	11	6.3	162	93.1	174
Total	1	0.3	0	0	28	7.7	334	92.0	363
Worksite									
Metro	0	0	0	0	18	7.2	232	92.8	250
Greater	1	0.9	0	0	10	8.8	103	90.4	114
MN									
Total	1	0.3	0	0	28	7.7	335	92.0	364
Gender									
Female	1	0.3	0	0	25	7.1	325	92.6	351
Male	0	0	0	0	3	27.3	8	72.7	11
Total	1	0.3	0	0	28	7.7	333	92.0	362
Degree									
BA or BS	1	0.4	0	0	16	6.8	220	92.8	237
Grad	0	0	0	0	12	10.0	108	90.0	120
Total	1	0.3	0	0	28	7.8	328	91.9	357

Table 2

Responses to “I am allowed to use my own judgment in various situations”

Demographics	Strongly Disagree		Mildly Disagree		Mildly Agree		Strongly Agree		N	
	n	%	n	%	n	%	n	%		
Age of OT										
21-30	0	0	0	0.0	6	10.3	52	89.7	58	
31-40	0	0	0	0.0	8	7.8	94	92.2	102	
41-50	0	0	0	0.0	7	7.1	91	92.9	98	
51-60	0	0	1	1.2	5	6.1	76	92.7	82	
60+	0	0	0	0.0	1	10.0	9	90.0	10	
Total	0	0	1	0.3	27	7.7	322	92.0	350	
Salary										
<40,000	0	0	0	0.0	10	8.4	109	91.6	119	
40,001-60,000	0	0	1	0.5	14	7.3	176	92.1	191	
60,001+	0	0	0	0.0	2	4.5	42	95.5	44	
Total	0	0	1	0.3	26	7.3	327	92.4	354	
Years of Experience										

5 or less	0	0	0	0.0	7	11.5	54	88.5	61
6-15	0	0	1	0.8	12	9.4	115	89.8	128
16+	0	0	0	0.0	8	4.7	164	95.3	172
Total	0	0	1	0.3	27	7.5	333	92.2	361

Worksite

Metro	0	0	0	0.0	17	6.9	230	93.1	247
Greater	0	0	1	0.9	10	8.7	104	90.4	115
MN									
Total	0	0	1	0.3	27	7.5	334	92.3	362

Gender

Female	0	0	1	0.3	27	7.7	321	92.0	349
Male	0	0	0	0.0	0	0.0	11	100.0	11
Total	0	0	1	0.3	27	7.5	332	92.2	360

Degree

BA or BS	0	0	1	0.4	19	8.1	216	91.5	236
Grad	0	0	0	0.0	7	5.9	112	94.1	119
Total	0	0	1	0.3	26	7.3	328	92.4	355

Table 3

Responses to “I believe my co-workers think I am a valuable team member”

Demographics	Strongly Disagree		Mildly Disagree		Mildly Agree		Strongly Agree		N	
	n	%	n	%	n	%	n	%		
Age of OT										
21-30	0	0	1	1.7	7	12.1	50	86.2	58	
31-40	0	0	0	0.0	24	24.0	76	76.0	100	
41-50	0	0	1	1.0	16	16.3	81	82.7	98	
51-60	0	0	0	0.0	15	18.3	67	81.7	82	
60+	0	0	0	0.0	2	22.2	7	77.8	9	
Total	0	0	2	0.6	64	18.4	281	81.0	347	
Salary										
<40,000	0	0	1	0.9	28	24.3	86	74.8	115	
40,001-60,000	0	0	1	0.5	30	15.6	161	83.9	192	
60,001+	0	0	0	0.0	6	13.6	38	86.4	44	
Total	0	0	2	0.6	64	18.2	285	81.2	351	
Years of Experience										

5 or less	0	0	1	1.6	12	19.7	48	78.7	61
6-15	0	0	0	0.0	24	18.9	103	81.1	127
16+	0	0	1	0.6	30	17.6	139	81.8	170
Total	0	0	2	0.6	66	18.4	290	81.0	358
Worksite									
Metro	0	0	1	0.4	42	17.4	199	82.2	242
Greater	0	0	1	0.9	23	19.7	93	79.5	117
MN									
Total	0	0	2	0.6	65	18.1	292	81.3	359
Gender									
Female	0	0	2	0.6	63	18.2	281	81.2	346
Male	0	0	0	0.0	2	18.2	9	81.8	11
Total	0	0	2	0.6	65	18.2	290	81.2	357
Degree									
BA or BS	0	0	0	0.0	38	16.2	197	83.8	235
Grad	0	0	2	1.7	26	22.2	89	76.1	117
Total	0	0	2	0.6	64	18.2	286	81.3	352

Table 4

Responses to “I feel my job duties have a satisfying amount of variety”

Demographic	Strongly Disagree		Mildly Disagree		Mildly Agree		Strongly Agree		N	
	n	%	n	%	n	%	n	%		
Age of OT										
21-30	0	0.0	2	2.9	18	26.1	49	71.0	69	
31-40	1	0.9	6	5.4	26	23.2	79	70.5	112	
41-50	0	0.0	2	1.9	21	19.4	85	78.7	108	
51-60	2	2.3	1	1.1	14	16.1	70	80.5	87	
60+	0	0.0	0	0.0	2	20.0	8	80.0	10	
Total	3	0.8	11	2.8	81	21.0	291	75.4	386	
Salary										
<40,000	0	0.0	5	3.9	30	23.3	94	72.9	129	
40,001-60,000	3	1.4	6	2.8	44	20.9	158	74.9	211	
60,001+	0	0.0	1	2.1	5	10.6	41	87.2	47	
Total	3	0.8	12	3.1	79	20.4	293	75.7	387	
Years of Experience										

5 or less	0	0.0	5	7.1	20	28.6	45	64.3	70
6-15	2	1.4	5	3.4	31	21.1	109	74.1	147
16+	1	0.6	2	1.1	32	17.7	146	80.7	181
Total	3	0.8	12	3.0	83	20.9	300	75.4	398
Worksite									
Metro	2	0.7	7	2.6	61	22.3	203	74.4	273
Greater	1	0.8	5	4.0	22	17.5	98	77.8	126
MN									
Total	3	0.8	12	3.0	83	20.8	301	75.4	399
Gender									
Female	3	0.8	12	3.1	80	20.9	288	75.2	383
Male	0	0.0	0	0.0	3	23.1	10	76.9	13
Total	3	0.8	12	3.0	83	21.0	298	75.3	396
Degree									
BA or BS	1	0.4	8	3.1	60	23.3	189	73.3	258
Grad	1	0.8	4	3.0	21	15.9	106	80.3	132
Total	2	0.5	12	3.1	81	20.8	295	75.6	390

Table 5

Responses to “I am pleased with my relationships with other professionals”

	Strongly Disagree		Mildly Disagree		Mildly Agree		Strongly Agree		N	
	n	%	n	%	n	%	n	%		
Demographics										
Age of OT										
21-30	0	0	2	2.9	12	17.6	54	79.4	68	
31-40	0	0	0	0.0	24	21.6	87	78.4	111	
41-50	0	0	2	1.9	23	21.5	82	76.6	107	
51-60	0	0	0	0.0	14	16.7	70	83.3	84	
60+	0	0	0	0.0	1	11.1	8	88.9	9	
Total	0	0	4	1.1	74	19.5	301	79.4	379	
Salary										
<40,000	0	0	2	1.6	25	19.8	99	78.6	126	
40,001-60,000	0	0	2	1.0	45	21.6	161	77.4	208	
60,001+	0	0	0	0.0	6	13.0	40	87.0	46	
Total	0	0	4	1.1	76	20.0	300	78.9	380	
Years of Experience										

5 or less	0	0	1	1.5	16	23.5	51	75.0	68
6-15	0	0	0	0.0	22	15.1	124	84.9	146
16+	0	0	3	1.7	38	21.5	136	76.8	177
Total	0	0	4	1.0	76	19.4	311	79.5	391
Worksite									
Metro	0	0	2	0.7	55	20.5	211	78.7	268
Greater	0	0	2	1.6	21	16.9	101	81.5	124
MN									
Total	0	0	4	1.0	76	19.4	312	79.6	392
Gender									
Female	0	0	4	1.1	73	19.4	300	79.6	377
Male	0	0	0	0.0	3	23.1	10	76.9	13
Total	0	0	4	1.0	76	19.5	310	79.5	390
Degree									
BA or BS	0	0	2	0.8	47	18.5	205	80.7	254
Grad	0	0	2	1.6	28	21.7	99	76.7	129
Total	0	0	4	1.0	75	19.6	304	79.4	383

The questions that the most participants reported they mildly disagreed or strongly disagreed with were:

1. "I believe that I am adequately compensated for the work that I do"

2. "I regularly receive adequate feedback on my job performance"
3. "I get my documentation done during normal work hours"
4. "I have the equipment and supplies necessary to perform my job"
5. "I am pleased with my professional relationship with most physicians"
6. "I am pleased with my relationship with my supervisor"
7. "The non-OTs I work with have a good understanding of what OT is"

Pearson chi-square tests were completed for each of these questions to test significant differences in responses within subgroups of demographic variables, such as years of experience, age, or worksite, as seen in Tables 6 through 12.

No significant difference in responses between subgroups of specified demographics was found for the questions "I regularly receive adequate feedback on my job performance", "I have the equipment and supplies necessary to perform my job", "I am pleased with my professional relationship with most physicians", and "I am pleased with my relationship with my supervisor" (Table 6). A large percentage of participants in each subgroup mildly or strongly agreed with the above questions, which is most likely why a significant difference within subgroups for each demographic was not found.

Table 6

Difference of Responses within "I regularly receive adequate feedback on my job performance"

Demographic	Strongly Agree/ Mildly Agree		Strongly Disagree/ Mildly Disagree		X ²
	n	%	n	%	
Years of experience					
5 or less	38	62.3	23	37.7	.710
6-15	86	68.3	40	31.7	
16+	116	67.4	56	32.6	

Note. *p<.05

Table 7

Difference of Responses within “I have the equipment and supplies necessary to perform my job”

Demographic	Strongly Agree/ Mildly Agree		Strongly Disagree/ Mildly Disagree		X ²
	n	%	n	%	
Worksite					
Metro	211	77.3	62	22.7	.684
Greater MN	102	81	24	19	

Note. *p<.05

Table 8

Difference of Responses within “I am pleased with my professional relationship with most physicians”

Demographic	Strongly Agree/ Mildly Agree		Strongly Disagree/ Mildly Disagree		X ²
	n	%	n	%	
Years of exp					
5 or less	56	86.2	9	13.8	1.740
6-15	114	91.9	10	8.1	
16+	131	91	13	9	
Worksite					
Metro	202	91.4	19	8.6	.775
Greater MN	99	88.4	13	11.6	

Note. *p<.05

Table 9

Difference of Responses within “I am pleased with my relationship with my supervisor”

Demographic	Strongly Agree/ Mildly Agree		Strongly Disagree/ Mildly Disagree		X ²
	n	%	n	%	
Years of exp					
5 or less	66	95.7	3	4.3	1.336
6-15	129	92.1	11	7.9	
16+	353	92.4	29	7.6	
Worksite					
Metro	240	91.6	22	8.4	.807
Greater MN	114	94.2	7	5.8	
Degree					
BA or BS	229	92.7	18	7.3	.042
Grad	117	92.1	10	7.9	

Note. * $p < .05$

For the question “I believe that I am adequately compensated for the work that I do” a significant difference in responses was found in the salary demographic, $X^2 (2, N = 355) = 11.913, p < .05$ (Table 10). Follow-up chi square tests showed there was a significant difference between participants who made \$40,000-60,000 and participants who made 60,000+, $X^2 (1, N = 235) = 10.740, p < .05$ as well as participants who made <\$40,000 and those who made \$60,000+, $X^2 (1, N = 164) = 11.718, p < .05$. There was a

significantly greater percentage of participants in the <\$40,000 and the \$40,0001-60,000 subgroup who mildly or strongly disagreed with the question about compensation compared to the 60,000+ subgroup. Follow-up tests showed there was no difference in responses between participants who made <\$40,000 and participants who made \$40,000-60,001, $X^2(1, N = 311) = .183, p = .669$. No significant difference was found within the worksite demographic, $X^2(1, N = 363) = 2.130, p = .144$ or the years of experience demographic $X^2(2, N = 362) = .449, p = .108$ for this question.

Table 10

Difference of Responses within “I believe that I am adequately compensated for the work that I do”

Demographic	Strongly Agree/ Mildly Agree		Strongly Disagree/ Mildly Disagree		X ²
	n	%	n	%	
Years of exp					
5 or less	39	65	21	35	4.449
6-15	95	73.6	34	26.4	
16+	136	78.6	37	21.4	
Worksite					
Metro	178	72.4	68	27.6	2.130
Greater MN	93	79.5	24	20.5	
Salary					
<40,000	84	70	36	30	11.913*
40,001- 60,000	138	72.3	53	27.7	
60,001+	42	95.5	2	4.5	

Note. *p<.05

When looking at the question “I get my documentation done during normal work hours”, a significant difference in responses was found within the years of experience demographic, $X^2(2, N = 396) = 16.105, p < .05$ (Table 11). After performing follow-up chi square tests, a significant difference was found between participants with 6-15 years of

experience and those with 16+ years of experience, $X^2(1, N = 326) = 6.319, p < .05$. A significant difference was also found between participants with 5 or less years of experience and participants with 16+ years of experience, $X^2(1, N = 250) = 13.898, p < .05$. These results demonstrate a significantly greater percentage of participants with 16+ years of experience mildly or strongly disagreed with the question about completing documentation during work hours compared to those who had 5 or less years of experience and those with 6-15 years of experience. No difference was found in responses between participants with 5 or less years experience and participants with 6-15 years of experience, $X^2(1, N = 216) = 3.410, p = .065$. There also was not a significant difference within the salary demographic, $X^2(2, N = 385) = 1.016, p = .602$ or the worksite demographic $X^2(1, N = 397) = .082, p = .774$.

Table 11

Difference of Responses within “I get my documentation done during normal work hours”

Demographic	Strongly Agree/ Mildly Agree		Strongly Disagree/ Mildly Disagree		X ²
	n	%	n	%	
Years of exp					
5 or less	58	82.9	12	17.1	16.105*
6-15	104	71.2	42	28.8	
16+	104	57.8	76	42.2	
Worksite					
Metro	181	66.5	91	33.5	.082
Greater MN	85	68	40	32	
Salary					
<40,000	89	69	40	31	1.016
40,001- 60,000	141	67.1	69	32.9	
60,001+	28	60.9	18	39.1	

Note. * $p < .05$

A significant difference was found within the years of experience demographic, $X^2(2, N = 392) = 11.637, p < .05$ for the question “The non-OTs I work with have a good understanding of what OT is” (Table 12). Follow-up chi square tests again revealed a significant difference between participants with 6-15 years of experience and participants

with 16+ years of experience, $X^2(1, N = 322) = 5.288, p < .05$, as well as those with 5 or less years of experience and those with 16+ years of experience, $X^2(1, N = 247) = 10.971, p < .05$. A significantly greater percentage of participants in the 6-15 years of experience mildly or strongly disagreed with the question about other professionals understanding OT compared to participants with 16+ years of experience. Also, a significantly greater percentage of participants with 16+ years of experience mildly or strongly agreed with the question about other professionals understanding OT compared to participants in the 5 or less years of experience subgroup. No difference in response was found between participants with 5 or less years of experience and those with 6-15 years of experience, $X^2(1, N = 215) = 1.756, p = .185$. There was also no significant difference in responses within the academic degree demographic for this question, $X^2(1, N = 384) = .808, p = .369$.

Table 12

Difference of Responses within “The non-OTs I work with have a good understanding of what OT is”

Demographic	Strongly Agree/ Mildly Agree		Strongly Disagree/ Mildly Disagree		X ²
	n	%	n	%	
Years of exp					
5 or less	45	64.3	25	35.7	11.637*
6-15	105	73.1	39	26.9	
16+	148	83.5	29	16.4	
Degree					
BA or BS	198	78.0	56	22.0	.808
Grad	96	73.8	34	26.2	

Note. *p<.05

Discussion

This study showed that most participants mildly agreed or strongly agreed with the majority of questions on the questionnaire. These results demonstrate that at the time participants filled out the questionnaire, they viewed most aspects of their job positively. Most studies that have researched job satisfaction in occupational therapists have also found that occupational therapists are satisfied with their current job and have rated their job satisfaction as relatively high (Burley de Wesley & Clemson, 1992; Moore et al., 2006; Davis & Bordieri, 1988; Randolph, 2005; Meade et al., 2005).

Even though participants seemed to be generally satisfied with their job, there were certain questions that had a greater number of mildly or strongly disagree responses. One of those questions was “The non-OTs I work with have a good understanding of what OT is”. Questions similar to this were found to be a source of job dissatisfaction in other studies as well. Moore et al. (2006) found that the main source of job dissatisfaction among occupational therapists in urban Australia was that the role of occupational therapists was not well understood by co-workers or clients. Bailey (1990a) also found that one of the main reasons people left the profession of occupational therapy was because of the lack of understanding of OT by other professionals.

There was also a difference between subgroups in the years of experience demographic for this question. A larger percentage of participants with more years of experience agreed that non-OTs had a good understanding of what OT was compared to participants with fewer years of experience. Perhaps participants who had worked in the

profession longer were better able to articulate the role of occupational therapy to others, so therefore felt others were able to understand the profession of OT.

Another question that participants reported mildly or strongly disagree to was “I get my documentation done during normal work hours”. Multiple job satisfaction studies have found that this is a main source of job dissatisfaction or reason for leaving the profession for occupational therapists. More specifically, excessive paperwork was one of the most common reasons found for leaving the profession of occupational therapy (Bailey, 1990a). Freda (1992) states “Paperwork was consistently chosen as the most stressful aspect of the respondents’ current jobs across all experience levels” (p. 243). The results of the current study and of past studies show that having time to complete documentation and excessive paperwork is a primary factor that is affecting job satisfaction among occupational therapists.

Differences in responses between subgroups for the years of experience demographic were also found for this question. A larger percentage of participants with more years of experience disagreed with this question compared to participants with fewer years of experience, which is contrary to what one might think. Occupational therapists with fewer years of experience are generally thought to be more concerned about getting documentation during work hours due to learning, time management, and efficiency with a new job. Perhaps the more recent emphasis on productivity is unfamiliar to therapists who have worked in the profession for more than 15 years, placing extra stress on these therapists. With a shift to electronic documentation, older therapists may also have been more unfamiliar around computers than younger OTs, making it harder

for therapists with more years of experience to complete documentation in a timely manner.

Another question that revealed differences in responses was “I believe that I am adequately compensated for the work that I do”. Differences were found between subgroups in the salary demographic. Participants who made more money tended to agree more often that they were adequately compensated than those who made less money. These results make sense in that those who made over \$60,000 felt they were adequately compensated for the work that they did, whereas those who were making less than that for similar job responsibilities did not. Although Burley de Wesley & Clemson (1992) did not compare participants who made different amounts of money and job satisfaction, the study did show that in general, therapists did not feel that their salary was comparable to training or job responsibilities.

Other results of this study that match previous research includes sources of job satisfaction for occupational therapists. A very large percentage of participants in the current study mildly or strongly agreed with the question “I believe that my work is important to the clients”. Past research studies show that interaction and direct patient care was considered to be one of them most satisfying aspects of an OTs job. Feeling as though their work was important to the client and benefiting the client in some way led to increased job satisfaction for occupational therapists (Moore, et al., 2006; Burley de Wesley & Clemson, 1992; Davis & Bordieri, 1988). Most occupational therapists entered the profession in order to work with patients and improve their quality of life in some way. Allowing therapists adequate time with their patients and placing the emphasis on patient care seems to be one way to influence OT’s job satisfaction.

This study along with past research is important to consider when attempting to improve job satisfaction in order to decrease attrition rates and increase retention within the profession of occupational therapy. This will help to keep occupational therapy positions filled, which will in turn make occupational therapy services available to all who need them. Considering what factors contribute to job satisfaction as well as job dissatisfaction and addressing these factors may help to improve the quality of care occupational therapists provide and clients receive.

Limitations

Due to the small sample size of numerous subgroups of the certain demographics, this study could not analyze the difference in responses of those demographics, such as gender or race. Also, the ability to generalize the results of this study is limited due to participants being from a specific geographical region.

The error in the photocopying of the questionnaires mentioned earlier is another limitation of the study. Although attempts at correcting the error were made, it was clear that participants were confused with the questionnaire and many did not answer multiple questions. Participants were also confused with other aspects of the questionnaire, such as clarifying what was included in the 7 county metro area versus Greater MN. Clarifying work status as to what was meant by full time compared to part time may have provided more accurate responses and data analysis. Also, more explanation was needed for the practice setting question because participants were inconsistent with their answers throughout the questionnaire about what setting they practiced in and their current job title.

Recommendations for future research

Because the questionnaire used in this study collected a variety of information there are many more ways to research the data obtained by these questionnaires. Looking at differences of job satisfaction between practice settings would be very interesting, especially since there has been previous research completed in this area. Also looking at differences of job satisfaction between genders would be beneficial if information could be gathered from more male therapists. Addressing responses to all questions on the survey, rather than just looking at a selection of them like the current study, is also an option for future research. Questions could be grouped into categories such as those pertaining to work environment, relationships, or service and job satisfaction could be analyzed based on responses to questions within these categories.

Future research could focus on the results of the OTA questionnaire since the current study focused only on the results of the OT questionnaire. Differences in job satisfaction between OTs and OTAs could also be compared in general or by demographics. Other possibilities for future research includes looking at job satisfaction within different regions of the state, or gathering information on job satisfaction from therapists who are not licensed in order to see if there is a difference in responses.

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Appendix A: Expanded Review of Literature: Job Satisfaction and Health Care

Job satisfaction of healthcare professionals is important for a variety of reasons because it influences recruitment, retention, cost-effectiveness, productivity, quality of life of the healthcare provider, and quality of patient care (Anderko, Robertson, & Lewis, 1999; Faris, Douglas, Maples, Berg, & Thrailkill, 2010). Most of the research completed in this area are studies that look at job satisfaction in nurses, doctors, social workers, and rehabilitation professionals. Various studies on job satisfaction and healthcare professionals also utilize Herzberg's dual factor theory as a way to interpret results and facilitate discussion (Collins, Jones, McDonnell, Read, Jones, & Cameron, 2000; Faris, et al.; Randolph, 2005).

Job satisfaction in nurses has been heavily studied due to the fact that nurses are the first line of patient care and work directly with patients. Nursing work is often stressful and challenging because of specialization, complexity, and the requirement to handle emergency situations (Chen, Lin, Wang, & Hou, 2009). "Stress has a cost for individuals in terms of health, well-being and job dissatisfaction, as well as for organizations in terms of absenteeism and turnover, which in turn may impact upon the quality of patient care" (Nakakis, & Ouzouni, 2008, p. 185). Therefore finding out what factors are positively correlated with job satisfaction and improving them may in turn affect patient care. Several factors that have been found to affect the job satisfaction of nurses include challenge of work and autonomy, relationships with peers, recognition from peers, role clarity, work load, hours, salary, involvement in decision making,

fairness, locus of control, communication with supervisor, work location, and management style (Anderko et al., 1999; Collins et al., 2000; Ward & Cowman, 2007).

A 3 year longitudinal study completed by Anderko et al., (1999) found that a high level of satisfaction existed at a nursing center that used a differentiated practice model. This model is defined as “a philosophical construct that takes into account the multiple levels of educational preparation among nurses to produce a multilevel conceptual framework for nursing practice” (p.51). Most participants indicated that in this setting, they were satisfied with their salary, relationships with co-workers, the healthcare delivery model being utilized, the praise, recognition, encouragement, the work environment, and their involvement in decision making (Anderko et al.).

Another study by Collins et al. (2000) looked at how the job satisfaction of nurses and other allied healthcare professionals was affected when innovative or non-traditional roles were undertaken. Of the professionals who took on an innovative or untraditional role, 22% said that their innovative or non-traditional role improved their job satisfaction due to a variety of reasons such as managing their own caseload, increased freedom and autonomy, and increased responsibility. Faris et al. (2010) also found that advanced practice nurses were most satisfied with the autonomy that was provided by their jobs.

Other findings by Collins et al. (2000) included that having clearly defined protocols within their role and receiving training to prepare them for the role were significantly associated with job satisfaction (Collins et al.). Factors that contributed to practitioner’s job dissatisfaction included time constraints, inadequate resources, poor management and communication, and relationships with staff (Collins et al.). All of the studies mentioned indicate a need for new and creative ways of providing care that

promote autonomy and responsibility in order to also increase job satisfaction and ultimately quality of patient care.

Work environment and work location are also factors that are thought to affect job satisfaction in healthcare professionals, especially nurses (Ward & Cowman, 2007). More specifically, nurses working in psychiatric units have been reported to have high stress and low job satisfaction, which may have an impact on the quality of patient care (Nakakis & Ouzouni, 2008). Some of the biggest factors nurses in this type of setting expressed as being sources of stress and contributing to low job satisfaction were poor communication between physicians and lack of collaboration between professionals (Nakakis, & Ouzouni, 2008; Ward & Cowman, 2007). The research review completed by Nakakis and Ouzouni, however, showed that not very many variables had a straightforward association with job satisfaction and more research related to job satisfaction in mental health settings is necessary.

Research has also been completed on physicians and job satisfaction. One study looked at the association between health maintenance organizations (HMOs), time pressure, and job satisfaction (Linzer et al., 2000). The study compared job satisfaction of HMO physicians to physicians working in other practice areas, such as private practice or academia. The results showed that time pressure negatively influenced job satisfaction and 83% of HMO physicians expressed the need for more time than was allotted to see new patients. HMO physicians were also generally less satisfied with their job compared to physicians in other settings and were twice as likely to have intentions to leave their practices (Linzer, et al.).

Another article that looked into physicians and job satisfaction attempted to identify sources of job stress associated with high levels of job dissatisfaction (Cooper, Rout, & Faragher, 1989). Results of this study revealed that there were four job stressors that predicted high levels of job satisfaction. These factors included demands of the job and patients' expectations, interference with family life, constant interruptions at work and home, and practice administration. Women tended to be more affected by the job interfering with family life, whereas men tended to be more affected by the job demands and practice administration. The study also showed that women physicians had higher job satisfaction than male physicians who had higher anxiety, consumed more alcohol, and had lower levels of job satisfaction compared to women. This article did stress, however, that in general, physicians have high intrinsic job satisfaction because of the autonomy and freedom they have while working and their health and well-being is quite good compared to the population as a whole (Cooper, et al.).

Rehabilitation professionals are another aspect of the healthcare field and include occupational therapists, physical therapists, and speech-language pathologists. Physical therapists have identified feeling satisfied with their job when they have freedom on the job and can develop their skills (Randolph, 2005). Major determinants of retention for physical therapists include pay and benefits, as well as opportunities for development (Randolph). In a study that looked at what extrinsic and intrinsic factors of job satisfaction were most predictive of career satisfaction and desire to stay on the job for rehabilitation professionals found that factors such as professional growth and being in a work environment in line with personal values (intrinsic) were more influential than pay and continuing education (extrinsic). Based on these results, it seems that focusing on the

intrinsic factors of job satisfaction, such as professional growth, environments that are in line with values, and recognition for achievements, would be just as beneficial to improving job satisfaction in rehabilitation professionals as focusing on extrinsic factors, such as pay, continuing education, and clinical ladders (Randolph, 2005). A more in depth discussion of occupational therapy and job satisfaction took place earlier in this thesis.

Appendix B: OT Questionnaire

August, 2006

Dear Occupational Therapist,

You are invited to participate in a research study investigating the current state of occupational therapy practice in Minnesota. This study is being conducted by Karen Sames, a faculty member in the Department of Occupational Science and Occupational Therapy, with the assistance of Megan Reams and Nicole Deling, graduate students in the Occupational Therapy program at the College of St. Catherine.

The purpose of this research project is to assess the current state of occupational therapy in Minnesota. You have been selected to participate in this study because you have been identified as an occupational therapy practitioner licensed in Minnesota. The survey was sent to all 3400 OTs and OTAs licensed by the MN Department of Health. Your participation will be limited to completion of this survey only, which will take approximately 10-15 minutes.

This letter is a request that you complete the enclosed survey. A stamped envelope is enclosed for your convenience. **Please return the survey within the next week.**

There are no risks associated with participation in this study. Your survey will not contain any information that could help identify you. The benefit to participation is helping occupational therapy professionals in Minnesota better understand their profession. There is no direct benefit to you. Results of this survey will be shared with the Minnesota Occupational Therapy Association.

Participation in this study is voluntary, you are not obligated to complete the survey and may discontinue at any time. By sending us your completed survey, you are consenting to participate in this study. Your decision whether or not to participate will not affect any future relations with the College of St. Catherine in any way.

If you have any questions please feel free to contact Karen Sames, MBA, OTR/L at the College of St. Catherine 1-800-945-4599 x8805 or (651) 690-8805. If you have other questions regarding this study and would like to talk to someone other than the researchers, you may contact Dr. Kurt Olson, the co-chair of the Institutional Review Board Committee at the College of St. Catherine (651) 690-6529.

Thank you in advance for your participation in this important research. You may make a copy of this form for your records.

Megan Reams, OTS

Nicole Deling, OTS

Karen Sames, MBA, OTR/L

Are you currently working as an OT? If yes please continue with the questionnaire, if no, please go to page 7.

Please answer the following questions by circling the answer that best fits your response. If you do not have an opinion on the question you may circle no opinion.

At the end of my work day, I feel that I have provided each client with excellent service.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I believe that my work is important to the clients.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I see myself working as an OT until retirement.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I am confident in my leadership abilities.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I wish I could spend more time with each client on an average day	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I am allowed to use my own judgment in various situations.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I believe that I am adequately compensated for the work that I do.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I regularly receive adequate feedback on my job performance.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I believe my co-workers think I am a valuable team member.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion

I feel my job duties have a satisfying amount of variety.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I am expected to perform duties outside my job description.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I get my documentation done during normal work hours.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I have the equipment and supplies necessary to perform my job.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I am pleased with my professional relationship with most physicians.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I am pleased with my relationships with other professionals (nurses, PTs, SLPs, teachers).	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I am pleased with my relationship with my supervisor	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
I believe my work days are too long.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion
The non-OTs I work with have a good understanding of what OT is.	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Opinion

Please check as many as apply:**Current Practice Setting(s):**

- Academic
- Behavioral health facility/program
- Home health agency
- Hospital acute
- Hospital rehabilitation
- Hospital outpatient
- Skilled nursing/long-term care
- Outpatient clinic – general
- Outpatient clinic – hands
- Outpatient clinic – industrial
- Outpatient clinic - peds
- School system/EI
- Other: _____

Current client diagnostic area(s):

- Addictions
- Autism spectrum
- Burns
- Cardiac conditions
- Cognitive dysfunction
- Developmental disabilities
- Feeding/swallowing disorders
- Hand dysfunction
- Learning disabilities
- Lifestyle imbalance
- Lymphedema
- Mental illness
- Mental retardation
- Neurological conditions
- Open wounds
- Orthopedic conditions
- Developmental disorder
- Pain
- Sensory processing
- Spinal Cord Injury
- Stroke
- Traumatic Brain Injury
- Visual deficits
- Work/sports injury
- Other: _____

Current Age Range(s) of Clients:

- Infants and toddlers (0-2)
- Preschoolers (3-5)
- School-age (6-12)
- Teens (13-19)
- Young adults (20-35)
- Middle adults (36-55)
- Older adult (56-75)
- Geriatric (76+)

Interventions**(check all that represent at least 10% of your practice):**

- ADLs
- Alternative/complementary
- Animal assisted therapy
- Assistive technology
- Cardiac rehab
- CIMT
- Cognitive training/retraining
- Community integration
- Consultation
- Driving rehab
- Family education
- Feeding/swallowing
- Health/lifestyle education
- IADLs
- Listening therapies (AIT, SOMONAS, etc)
- Lymphedema management
- Motor training/retraining
- NDT
- Pain management
- PAMs
- Psychosocial skills
- SI
- Splinting
- Vision rehab
- Work hardening
- Wound care
- Other: _____

Check all that represent at least 10% of the clients you see:

- Medicare A Medicare B Private insurance companies
 Medical Assistance Managed care Out of pocket by client
 Other (please specify): _____

Is there an OT aide or rehabilitation aide in your facility? Yes No

In my current facility, treatments are mainly: One on one Group

Productivity requirements (15 minute units/day):

- 10 – 15 16 – 20 21 – 25 26 – 30 > 30

Average number of clients seen per day:

- 1 – 2 3 – 5 6 – 10 11 – 15 > 15

Average number of hours worked per day:

- 1-4 5-7 8-9 10 > 10

Average length on an intervention:

- < 1 week < 1 month < 6 months < 1 year > 1 year

Average number of minutes per client per day:

- 15 30 45 60 > 60

Are there OTAs in your facility? Yes No

Do you supervise any OTAs? Yes No

If yes, how many? 1 2 3 4 or more

How often do you meet with the OTAs you supervise?

- Daily Weekly Bi-weekly Monthly Bi-monthly

Other (please specify): _____

Are your meetings documented?

Yes No

If yes, where? Log sheet Client's chart Daily schedule
 Other (please specify): _____

Current job title:

- Staff OT
 Lead or Senior OT
 Supervisor
 Manager/Director
 Fieldwork Supervisor/Coordinator
 Faculty
 Other: _____

Location of current work site:

- 7-county Metro Greater MN Outside MN

Zip code of primary work site: _____

Primary function in current role at this work site:

- Direct client service
 Consultant
 Management/Administration
 Faculty
 Other: _____

Average journey per day to primary work site in minutes:

- < 15 min/day 15-30 min/day 31-45 min/day
 46-60 min/day > 60 min/day

Length of service to current employer (or years self employed):

- < 1 year 1-2 years 3-5 years 6-10 years 10+ years

Number of years you have practiced as an OT:

- < 1 year 1-2 years 3-5 years 6-10 years 11-15 years
 16-20 years 21-25 years 26-30 years 31+years

Number of OT jobs held since in practice:

- 1 2 3 4 5 or more

Are you currently certified by NBCOT?

- Yes No I don't know

Why or why not?

Do you currently belong to MOTA?

- Yes No Plan to join in the future

Why or why not?

Do you currently belong to AOTA?

Yes No Plan to join in the future

Why or why not?

Did you receive your OT degree in Minnesota? Yes No

If no, in what state did you receive your OT degree? _____

Did you do your last level II fieldwork in Minnesota? Yes No

If no, in what state did you do your last level II fieldwork? _____

Tell us about yourself:**Age:** _____**Gender:** Male Female**Marital Status** Married Single Partner Divorced/Widowed**Are you a member of an under-represented group? (check as many as apply)** Disabled Immigrant GLBT**Race:** Caucasian African-American Asian/Pacific Island Native American Multi-racial Other _____**Ethnicity:** Hispanic Other _____**Location of current residence:** 7-county metro area Greater MN WI ND SD IA**Zip code of current residence:** _____**Highest academic degree:** Associate Baccalaureate Graduate PhD, EdD or equivalent OTD**Estimated Current Annual Salary:** < \$10,000 \$10,001-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001-\$50,000 \$50,001-\$60,000 \$60,001-\$70,000 \$70,001-\$80,000 \$80,001+**Currently I work:** Full-time Part-time _____ hours/week On-call Retired Not working at all Not working as an OT

Do you plan to return to work as a OT?

 Yes If yes, when? _____ No

Appendix C: Raw Data on Full Likert Scale Items

Table 13

Number of Responses to Likert Scale Questions in OT Survey

Question	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree	No Response	N
At the end of my work day, I feel that I have provided each client with excellent service.	1	5	64	207	128	277
I believe that my work is important to the clients.	1	0	28	337	39	366
I see myself working as an OT until retirement.	7	35	92	187	84	321
I am confident in my leadership abilities.	2	11	132	217	43	362
I wish I could spend more time with each client on an average day	21	62	144	122	56	349
I am allowed to use my own	0	1	27	336	41	364

judgment in various situations.

I believe that I am adequately compensated for the work that I do.	26	66	142	131	40	365
I regularly receive adequate feedback on my job performance.	25	95	140	102	43	362
I believe my co-workers think I am a valuable team member.	0	2	66	293	44	361
I feel my job duties have a satisfying amount of variety.	3	12	83	303	4	401
I am expected to perform duties outside my job description.	78	94	142	72	19	386
I get my documentation done during normal work hours.	59	72	131	137	6	399
I have the equipment and supplies necessary to perform my	13	73	151	164	4	401

job.

I am pleased with my professional relationship with most physicians.	9	23	137	166	70	335
I am pleased with my relationships with other professionals (nurses, PTs, SLPs, teachers).	0	4	76	314	11	394
I am pleased with my relationship with my supervisor	5	24	105	250	21	384
I believe my work days are too long.	73	137	125	39	31	374
The non-OTs I work with have a good understanding of what OT is.	39	125	137	73	31	374

Note. Questions in bold are analyzed in this study.