

Comparison of Job Satisfaction in Occupational Therapy Settings

Jaya Dixit

Occupational Therapist, Sir Sunderlal Hospital, Banaras Hindu University, Varanasi, Uttar Pradesh, India

1. Introduction

Job satisfaction is defined as all the feelings that an individual has about his/her job (Spector, 1997). Adopted from the Hong Lu, Alison E. While, K. Louise Barribal (2006), the components of Job Satisfaction are Working conditions (Adamson et al., 1995; Nolan et al., 1995), Interactions with patients/co-workers/managers (Lee, 1998; Aiken et al., 2001), Work itself (Lundh, 1999; Adams and Bond, 2000), Remuneration (Price, 2002; Wang, 2002), Self-growth and promotion (Tzeng, 2002a, b), Praise and recognition (Nolan et al., 1995; Lundh, 1999), Control and responsibility (Lee, 1998; Price, 2002), Job security (Nolan et al., 1995, 1998), leadership styles and organizational policies (Lee, 1998; Tzeng, 2002a, b). The purpose of this study was to identify the elements/factors influencing job satisfaction of therapists, to analyze the impact of job satisfaction of therapists on their Service Quality and to identify the perception of rendered Service Quality by therapists as service Providers. The study follows the critical path of exploratory, descriptive and causal research. Information on the job satisfaction of occupational therapist can be helpful in determination of what energizes them for working. This study can do a great deal to get rid of demotivating factors by creating a work environment that promotes the retention of experienced staff. Traditional job theory has identified specific aspects of a job that lead to satisfaction, such as salary, working conditions, institutional policies, job security, interpersonal relationships, achievement, recognition, the nature of the work, and opportunity for advancement (Dunnette, Campbell, & Hakel, 1967; Hale, 1986; Holland, 1966; House & Wigdor, 1967; Osipow, 1983; Vroom, 1964; Wolf, 1970). Aspects of a job are measured by attitude questionnaires, and previous questionnaire research on job satisfaction serves as a guide to the development of items to be included in a questionnaire to measure satisfaction (Davis & Bordieri, 1988; Hale, 1986; Marsh & Stafford, 1967; Osipow, 1983; Vroom, 1964; Wolf, 1970). In measuring attitudes toward a job, we are measuring respondents' learned predisposition to respond either positively or negatively to certain situations or statements. Demographic information is necessary for any study of job satisfaction, because persons in similar jobs may differ in level of satisfaction due to different experiences, different expectations, and different levels of satisfaction thresholds, different localities, and different stages in their careers (House & Wigdor, 1967; Seybolt, 1980; Vroom, 1964). Although some job satisfaction research has been done for occupational therapists, but no research has been found that is directed at satisfaction level among occupational therapist in India. (Brollier, 1985; Davis & Bordieri, 1988; Florian, Sheffer, & Sachs, 1985).

Parham's (1987) study of 275 occupational therapy faculty members revealed that intrinsic types of rewards, such as environment, opportunities for autonomy, advancement, and contributions to the profession, were important satisfiers in terms of improving research productivity, but did not address clinical satisfaction of faculty. We expected the results of this study to indicate those occupational therapists were satisfied with clinical practice and that there were representative factors leading to satisfaction. We believe the results may be useful in the recruitment, retention, and socialization. Sources of job satisfaction and stress, salary, caseload, benefits, as well as other factors were examined in relation to clinical based and teaching based employment settings. Clinical based settings were collectively defined to be that of hospitals, nursing homes, own clinic, private practice, home health, and schools. The focus of these findings is to identify job satisfaction and job stress factors that may lead to easier recruitment and retention of occupational therapists in practice settings.

2. Methods

The adequacy of sample size and reliability of questionnaires is tested resulting in 0.616 cronbach's alphas which are considered to be reliable. Instrument validity was established by administering this survey to five occupational therapists of various practicing backgrounds. As shown in table 1. This questionnaire was sent by email to 145 professionals all working as an occupational therapist in India. This study was conducted in Sir Sunderlal Hospital, Banaras Hindu University Varanasi, Uttar Pradesh, India.

3. Procedure

The questionnaire was e mail to all the included professionals and reply to e mail was considered as consent to participate in study. 3 times reminder was given in case of no reply within a week. If no reply was given after 3 times reminder, participation was declined. An incomplete questionnaire was also accepted as a part of study. A self-administered, questionnaire was compiled to obtain information regarding the level of job satisfaction of occupational therapists in India. The survey was formulated with a questionnaire in the form of, item ranking, and one open-ended qualitative question. Occupational therapist were instructed to tick in the box to where they agree for the statements with (1- strongly disagree, 2-disagree, 3- neither agree nor disagree, 4- agree, 5- strongly agree) questions sought demographic information in addition to forced-choice statements. Data from the surveys were coded and entered into spss 9.0 for windows. Through the statistical program,

percentages, cross-tabulations and frequency results were calculated, analyzed, and interpreted.

4. Results

A total of 145 surveys were distributed and 54 were returned, for a return rate of 37.2%. Of the total respondents, 44.3% were working in academics as occupational therapists and 55.7% were working in clinical based occupational therapy setting. It is evident that occupational therapy is a female dominated profession as shown by the survey respondents consisting of 35 females and 19 male. Table 2 shows the descriptive characteristics. The intent of the survey was to compare employment setting to overall job satisfaction; the results are illustrated in the Table 3. To summarize the findings, 95.4% of clinical occupational therapists and 66.6% of academics based occupational therapists reported a rating of good or better for their perception of overall job satisfaction. On the other hand, 31.5% of academician occupational therapists reported a rating of fair and below, as compared to 4.7% of clinical occupational therapists. The sources of job satisfaction among occupational therapists in academics and clinical based settings were quite similar. For both groups, client interactions were reported as the highest source of job satisfaction (clinical 88.4%, and academics 79.6%). The second highest source of job satisfaction identified by both groups was interpersonal relationships with coworkers. This was identified by 69.8% of clinical occupational therapists and 66.7% of academic based therapists. Clinical based therapists' rated perceived satisfaction from patient to therapist ratio, considerably higher than that of academic based occupational therapists (clinical 42.6%, academic 14%). There was also a noted difference in clinical and academic based therapist's perception of benefits. Fifty-three point five percent of academic based therapists ranked their perception of benefits as a source of job satisfaction, while 42.6% of clinical based therapists rated it as a satisfying factor. Differing sources of job stress were identified among occupational therapists based on .Practice setting academics based therapists reported excessive paperwork, academics demands and money issues as higher sources of job stress, by approximately 20% in each category, than that of clinical occupational therapists distinguished their three major sources of job stress in descending order as being: heavy caseload (69.8%), excessive paperwork (58.1%), and lack of administrative support (46.5%). The largest percentage of teaching based occupational therapists reported 0-10 years experience in their current work setting, 0-5 years (30.2%) and 6-10 years (23.3%). The two most common ranges for years worked in their current area of work for clinical based therapists were 0-5 (31.5%), and 16-20 years (25.9%). The length of calendar year differed between the two settings, whereas the length of work week was similar in both settings. In regards to the length of calendar year worked by occupational therapists, 81.4% of teaching based therapists reported working nine months, and 96.3% of clinical therapists worked twelve months. Results indicate some differences in salary between teaching based and clinical based therapists. Eighty-six percent of occupational therapists with master's degrees did not earn more than 5 lakhs per year. In contrast, clinical based occupational therapists reported a salary of up

to 9 lakhs with a bachelor's degree. Differences in salary were identified between urban and rural locations. In clinical based settings, forty-nine occupational therapists (50.5%), indicated working in a rural setting, compared to forty-eight (49.5%) in an urban setting. Teaching based therapists reported travelling as part of their job and adequate reimbursement for continuing education, compared to 58.1% of clinical therapists. A caseload of 4-7 clients per work day was reported by the academic based occupational therapist where as clinical therapist reported excessive work load.

5. Discussion

Some of the reasons include: insufficient training for practice with different types of cases, noncompetitive salary and benefit packages, and misconception of the purpose of occupational therapy in hospital settings, inferior working conditions, and excessive caseloads. Published reasons such as these indicate a perception of reduced job satisfaction and/or increased job stress in occupational therapy jobs. A study completed in 1992, found years of experience an occupational therapist has will affect which aspects of their job are valued (Freda, 1992). As years of experience increase, retention factors may vary accordingly. Warnecke and Freda (1992) studied retention of occupational therapists in various job settings. Occupational therapists reasons for accepting a job offer were salary, type of facility, work schedule, emotional environment, potential for advancement, and available benefit package. Reasons an occupational therapist stayed at a job included the aforementioned reasons, as well as managerial support, and a reasonable patient-therapist ratio (Warnecke and Freda, 1992). Grant (1992) studied factors promoting job satisfaction. Recommendations from Grant's study included; work should be stimulating and challenging, as well as an area where intrinsic value can be developed. Personnel should develop interpersonal relationships and should be able to work autonomously. Workload should be reasonable and manageable, supervision should be of high quality, and workers should have job security and equitable pay. Bailey (1990) identified reasons for leaving an occupational therapy position by administering a survey to 696 female therapists. The factors were analyzed to determine why occupational therapists were leaving their positions. Forty-five percent of the women left their jobs to raise children. Of the women who later wanted to re-enter the workforce, 37.5% felt that their knowledge was outdated leading to reluctance to return to work. Approximately forty-one percent of the female therapists also reported leaving the field because they could not find jobs within a specific geographic location. Administrative factors such as excessive paperwork, bureaucracy, lack of pay and lack of advancement opportunities were also highlighted as reasons for leaving the profession. High caseloads, job stress, feeling overwhelmed by caseloads were additional reasons that therapists left the field. Twenty-five percent of the therapists felt disillusioned by the field of occupational therapy (Bailey, 1990). This type of disillusionment took the form of occupational therapists not finding pleasure with their present positions because it was not consistent with therapists' expectations or professional level of training (Bailey, 1990). This same study analyzed reasons given by occupational therapists for pediatric case load stress. Thirty

percent of the respondents who worked with clients aged birth to three, and 18% of respondents working with clients aged four to twenty-one years reported that they found their work to be depressing, primarily due to repeated sad situations (Bailey, 1990). An occupational therapist typically sees small, gradual gains with a pediatric population. Therefore, it is presumed that job dissatisfaction may be on the rise in this practice area. The 1997 member compensation survey, distributed and published by the American occupational therapy association (Aota, 1998) indicated varied average salaries among comparison of job satisfaction in occupational therapy settings 295 different states and settings. Factors were identified for accepting a job, staying at a job, and promoting job satisfaction (Grant, 1992; Warnecke and Freda, 1992). Bailey (1990) reported rationale for leaving a job and reasons for pediatric caseload stress. According to the American occupational therapy association (1998), average occupational therapy salaries vary with location and setting, which also may affect therapists' job satisfaction. This research was completed to better understand the differences in job satisfaction and stress factors between teaching and clinical based occupational therapy settings. The information gained from this research may be used to improve occupational therapy recruitment and retention. The results of this study indicated a difference in job satisfaction between teaching and clinical based occupational therapists. More clinical based therapists reported lower job satisfaction compared to teaching based occupational therapists. In the past few years there have been tremendous changes in managed health care policies. These changes have affected facilities within the traditional medical model. Such facilities include hospital, skilled nursing facility, mental health, private practice, home health, and early intervention practice settings. Now a day's payment system for skilled nursing facilities has greatly affected the occupational therapy profession this effects employment status, economic status, challenges of their professional standards and ethics, and compromised provision of adequate, appropriate, and required services to the patients (Metzler, 1999). In contrast, teaching based settings have not been grossly affected by the recent trends. These changes may be a reason for the reflected difference in job satisfaction results reported by occupational therapists. Teaching based occupational therapists reported their highest stress sources as excessive paperwork, research demands, and money issues. Bailey (1990) stated that excessive paperwork was frequently indicated as major source of stress correlated with leaving a teaching occupational therapy position. This survey indicated similar results, as teaching based therapists identified research work as their highest source of stress and clinical based therapists identified excessive case load as their second highest source of stress. These are reflective of the health care system change of focus on cost effectiveness.

References

- [1] American Journal of Occupational Therapy. (1998). AOTA 1997 Member Compensation Survey: Summary Report and Tables. American Journal of Occupational Therapy, Inc.
- [2] Bailey, D. (1990). Ways to retain or reactivate occupational therapists. *American Journal of Occupational Therapy*, 44 (1), 31-37.
- [3] Metzler, C. (1999). Summary statement on management of the Medicare program, <http://www.aota.org/nonmembers/area1/links/link12.asp> (March 2, 2000)
- [4] Brollier, C. (1985). Managerial leadership an staff OTR job satisfaction. *Occupational Therapy Journal of Research*, 5 (3), 170-184.
- [5] Grant, H. (1992). Job satisfaction: whose responsibility? *Occupaitonal Therapy Practice*, 72-78.
- [6] Warnecke. P., & Freda, M. (1992) Recruitment and retention: A congruence model.
- [7] Administration & Management Special Interest Section Newsletter, 4-6
- [8] Freda, M. (1992). Retaining occupational therapists in rehabilitation settings: influential factors. *American Journal of Occupational Therapy*, 46 240-245.
- [9] Hale, C. (1986), Measuring job satisfaction, *Nursing Times*, 82, 43-46, Holland, J. L. (1966), *The psychology of vocational choices: A theory of careers*, Waltham, MA: Blaisdell.
- [10] House, R. }, & Wigdor, L. A. (1967) Herzberg's dual factor theory of job satisfaction and motivation, *Personnel Psychology*, 20, 369-389
- [11] Dunnette, M, D, Campbell, ./' P" & Hakel, M, D, (1967), Factors contributing to job satisfaction and joh dissatisfaction in six occupational therapy groups, *Organizational Behavior and Human Performance*, 2, 87-94,
- [12] Osipow, S, H, (1983), *Theories of career development*, Englewood Cliffs, NJ Prentice-Hall.
- [13] Vroom, V, H. (1964) *Work and motivation*. New York: Wilev. Wolf, M, G, (1970), *Need gratification theory: A theoretical reformation of joh satisfaction/dissatisfaction and job motivation journal of Applied Psychology*, 54, 87-94
- [14] Davis, G 1, & Bordieri, J. E (1988) Perceived autonomy and job satisfaction in occupational therapists, *American journal of Occupational Therapy*, 42,591-595.
- [15] Marsh, .I, F" & Stafford, F P (1967). The effects of values on pecuniary behavior: The case of academicians, *American Sociology Review*, 32, 740-754
- [16] Osipow, S, H, (1983), *Theories of career development*, Englewood Cliffs, NJ Prentice-Hall.
- [17] Vroom, V, H. (1964) *Work and motivation*. New York: Wilev. Wolf, M, G, (1970), *Need gratification theory: A theoretical reformation of joh satisfaction/dissatisfaction and job motivation journal of Applied Psychology*, 54, 87-94
- [18] House, R. }, & Wigdor, L. A. (1967) Herzberg's dual factor theory of job satisfaction and motivation, *Personnel Psychology*, 20, 369-389
- [19] Seybolt, W S, (980) *The impact of work role design on career satisfaction_ In B, Derr (Ed.), Work, family and the career (pp, 51-74), New York: Praeger.*
- [20] Vroom, V, H. (1964) *Work and motivation*. New York: Wilev. Florian, V" Sheffer, M, & Sachs, D, (1985)_ *Time allocation patterns of occupational therapists in Israel: Implications for job satisfaction, American journal of Occupational Therapy*, 39, 392-396

[21] Parham, D. (1987), Faculty perceptions of rewards in occupational therapy education: Implications for improving research productivity, *Occupational Therapy journal of Research*, 7, 195-207

[22] Bober, p. & Corbett, s. (1996). Occupational therapy and physical therapy: a resource and planning guide. madison, wi; wisconsin department of public instruction.

[23] Brollier, c. (1985). Managerial leadership an staff otr job satisfaction. *Occupational therapy journal of research*, 5 (3), 170-184.

[24] Freda, m. (1992). retaining occupational therapists in rehabilitation settings: infulential factors. *american journal of occupational therapy*, 46 240-245.

[25] Grant, h. (1992). Job satisfaction: whose responsibility? *Occupational therapy practice*, 3 72-78.

[26] Johnson, j. (1996). School-based occupational therapy. in case-smith, j., Allen, a., and pratt, p. (eds.) occupational therapy for children. St. Louis, mo: Mosby-year book

[27] Metzler, c. (1999). summary statement on management of the Medicare program, <http://www.aota.org/nonmembers/area1/links/link12.asp> (march 2, 2000)

[28] Pawlisch, j. (1997). learning support/equity and advocacy information update no. 97.7, <http://www.dpi.state.wi.us/dpi/een/bul97-07.html> (March 25, 1999)

[29] Warnecke. p., & Freda, m. (1992) recruitment and retention: a congruence model. *Administration & management special interest section newsletter*, 4-6.

[30] Spector P. (1997) job satisfaction: Application, assessment, causes and consequences. Thousand oaks', CA.sage publication.

[31] Vroom VH 1964 work and motivation new York:wiley,1964.331P.(Carnegie institute of technology Pittsburgh ,PA)

[32] Monica lee 1998 Human Resource Development Quarterly/Volume 9 Issue 3 Human Resource Development in the United King Dom.

Illustrations

Table 1: Reliability statistics for questionnaire

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.729	.831	49

Table 2: Occupational Therapist Profile

Survey Item	Range (in years)	M	SD
Age	26-64	4198	8.16
Years of experience	0-34	8.33	6.72
Age began practicing	23-55	32.98	8.07
Years in clinical practice	1-27	857	4.60
Years in acute care facility	1-19	4.34	3.24
Years in clinic administration position	1-24	5.00	3.87

Table 2: Descriptive Statistics

	Gender	Age	Marital status	Spouse Profession	Education source	Occupation history
Mean	.78	3.00	.89	1.98	1.79	1.96
Median	1.00	3.00	1.00	2.00	1.00	2
Mode	1	2	1	1	1	2
Std. Deviation	.612	1.140	.570	1.118	1.021	.558
Variance	.375	1.300	.325	1.249	1.043	.311
Skewness	.161	.571	-.015	.876	1.159	.426

Table 3: Level of job satisfaction

Group	excellent	good	Good-fair	fair	poor
academician	14.0%	81.4%	0.0%	4.7%	0.0%
clinical	22.2%	44.4%	1.9%	25.9%	5.6%