

Comparison of Job Satisfaction in Occupational Therapy Settings

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ABSTRACT

In recent years, there has been concern regarding the number of occupational therapists working in the Wisconsin public schools. Therefore, it is assumed that there is a link between perceived job satisfaction and the amount of occupational therapists working in school based settings. The purpose of this research was to explore job satisfaction factors related to those occupational therapists that work in school based and non-school based settings. A survey was developed and distributed to various Wisconsin occupational therapy practitioners. The data was analyzed resulting in factors of job satisfaction and job stress within school based and non-school based settings.

INTRODUCTION

The purpose of this study was to examine the difference in job satisfaction between groups of occupational therapists employed in school settings and non-school settings. Sources of job satisfaction and stress, salary, caseload, benefits, as well as other factors were examined in relation to school based and non-school based employment settings. Non-school based settings were collectively defined to be that of hospital, skilled nursing facility, mental health, private practice, home health, and early intervention practice settings. 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. Current literature has analyzed job satisfaction characteristics of the profession of occupational therapy as a whole, not specified by setting (Bailey, 1990; Freda, 1992; Grant, 1992).

As stated in the Department of Public Instruction bulletin (Pawlisch, 1997) the Wisconsin Educator Supply and Demand Project surveyed special education administrators to examine the impact of the shortage of school based therapists. Results reported that it took over six months to fill 18% of school occupational therapy positions and 29% of school physical therapy positions. Of these, 31% of occupational therapy positions and 61% of physical therapy positions had only one applicant (Pawlisch, 1997). These employment percentages support an employer's perception of a shortage of therapists in school settings.

A focus group was formed through the Department of Public Instruction, as a result of the identified shortage of school based therapists. This group considered possible reasons that may contribute to the lack of therapy personnel in school settings. Some of the reasons include: insufficient training in school based practice, noncompetitive salary and benefit packages, misconception of the purpose of occupational therapy in a school setting, inferior working conditions, and excessive caseloads. Additionally, it has been speculated that thera-

pists are educated and generally gain experience in the clinical model of practice, which is not consistent with the method of practice in school districts (Pawlisch, 1997). Published reasons such as these indicate a perception of reduced job satisfaction and/or increased job stress in school based practice.

There are significant differences between the clinical therapy and the educational therapy models of practice (Bober & Corbett, 1996). Clinical occupational therapy typically involves treatment to ameliorate a medical problem and enhance functional aspects of daily life in all settings or environments. The services provided in a clinical therapy model usually involve a variety of modalities that help to increase function. Under the educational model, school based therapy specifically refers to therapy that enhances the child's ability to function in academic and nonacademic activities only within the school environment (Bober & Corbett, 1996). Occupational therapy provided within the school setting is designed to enhance the student's abilities to participate in the educational process (Johnson, 1996).

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 caseload 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

different states and settings. This survey reported that Wisconsin's annual income for full-time occupational therapists was \$41,623, from a sample size of 30 therapists from Wisconsin. AOTA found the national average pay for urban, suburban, and rural school practitioners to be \$40,625, \$40,000, and \$39,000, respectively.

In summary, several possible reasons for the shortage of school based therapists were described (Pawlisch, 1997). 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 school and non-school based occupational therapy settings. The information gained from this research may be used to improve occupational therapy recruitment and retention.

METHODS

A self-administered, questionnaire was compiled to obtain information regarding the level of job satisfaction of Wisconsin occupational therapists. The survey was formulated with questions in the form of Likert scales, yes/no questions, multiple choice, item ranking, and one open-ended qualitative question at the end of the survey. Questions sought demographic information in addition to forced-choice statements. Examples of questions asked are: What is the highest earned academic degree?, What is your annual salary range?, What are your sources of job stress?, and What are your sources of job satisfaction?. Instrument validity was established by administering this survey to five occupational therapists of various practicing backgrounds, in the La Crosse community. The survey was revised to its final form and distributed at the Wisconsin Occupational Therapy Association Conference and the Wisconsin School Occupational Therapy Conference in fall of 1999. Surveys were completed and returned either directly at the conferences or later by mail. 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.

RESULTS

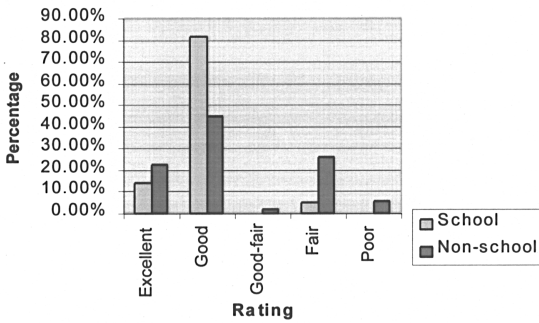
A total of 145 surveys were distributed and 54 were returned at the Wisconsin Occupational Therapy Association Conference, for a return rate of 37.2%. Occupational therapists returned 43 out of the 150 distributed surveys at the Wisconsin School Occupational Therapy Conference, for a return rate of 28.7%. Additionally, eleven survey respondents who reported that they worked in a school based setting were eliminated from the returned surveys, as a way to avoid duplicated responses from school based therapists attending both conferences. Of the total respondents, 44.3% were school based occupational therapists and 55.7% were non-school based occupational therapists. It is evident that occupational therapy is a female dominated profession as shown by the survey respondents consisting of 96 females and one male.

The intent of the survey was to compare employment setting to overall job satisfaction; the results are illustrated in **Table 1.1/Graph A**. To summarize the findings, 95.4% of school based occupational therapists and 66.6% of non-school therapists reported a rating of good or better for their perception of overall job satisfaction. On the other hand, 31.5% of non-school therapists reported a rating of fair and below, compared to 4.7% of school therapists.

Table 1.1
Setting vs. Overall Job Satisfaction

	<i>Excellent</i>	<i>Good</i>	<i>Good-Fair</i>	<i>Fair</i>	<i>Poor</i>
School	14.0%	81.4%	0.0%	4.7%	0.0%
Non-School	22.2%	44.4%	1.9%	25.9%	5.6%

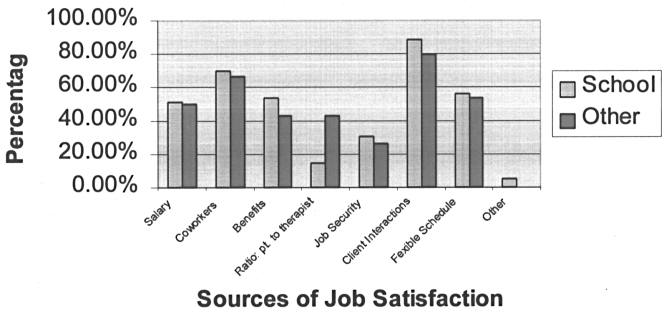
Graph A
Overall Job Satisfaction



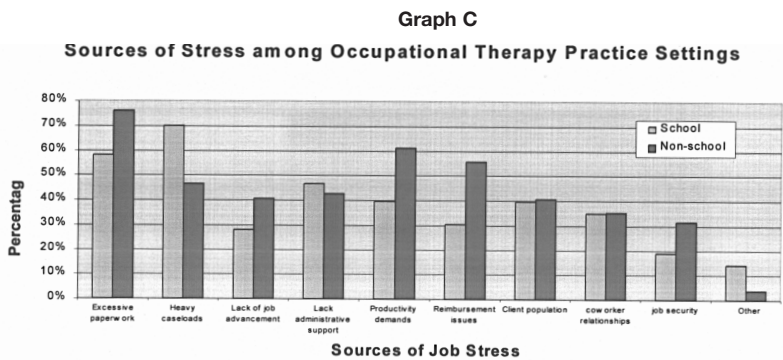
The sources of job satisfaction among occupational therapists in school and non-school based settings were quite similar (see Graph B). For both groups, client interactions were reported as the highest source of job satisfaction (school 88.4%, and non-school 79.6%). The second highest source of job satisfaction identified by both groups was interpersonal relationships with coworkers. This was identified by 69.8% of school therapists and 66.7% of non-school based therapists.

Non-school based therapists rated perceived satisfaction from patient to therapist ratio considerably higher than that of school therapists (non-school 42.6%, school 14%). There was also a noted difference in school and non-school based therapist's perception of benefits. Fifty-three point five percent of school based therapists ranked their perception of benefits as a source of job satisfaction, while 42.6% of non-school based therapists rated it as a satisfying factor.

Graph B
Sources of Job Satisfaction among Occupational Therapy Practice Settings



Differing sources of job stress were identified among occupational therapists based on practice setting (see **Graph C**). Non-school based therapists reported excessive paperwork, productivity demands, and reimbursement issues as higher sources of job stress, by approximately 20% in each category, than that of school therapists. School based 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%). Non-school based therapists identified their three primary sources of job stress as excessive paperwork (75.9%), productivity demands (61.1%), and reimbursement issues (55.6%). Considerably more school therapists identified heavy caseloads as a source of job stress (school 69.8%, non-school 46.3%).



The employer for 67.4% of occupational therapists in school settings was independent school districts. Employer was defined as the source of payment. The other employers were CESAs, private practice groups, rehabilitation agencies and other. Approximately 65% of school based occupational therapists reported being paid according to a teacher’s salary schedule, while the remaining therapists were paid by union contracts, rehabilitation agencies and independent sources.

The largest percentage of school based occupational therapists reported 0-10 years experience in their current practice 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 practice for non-school 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 workweek was similar in both settings. In regards to the length of calendar year worked by occupational therapists, 81.4% of school therapists reported working nine months, and 96.3% of non-school therapists worked twelve months. The bulk of therapists in both settings reported a workweek of forty to forty-nine hours (school 46.5% and non-school 35.2%).

Results indicate some differences in salary between non-school based and school based therapists. Eighty-six percent of occupational therapists with associate degrees did not earn more than \$30,000 per year. School based occupational therapists with a bachelor’s degree earned \$45,000 or less per year. In contrast, non-school based occupational therapists reported a salary of up to \$60,000 with a bachelor’s degree. Fifty-six percent of responding school therapists with a master’s degree indicated a salary of more than \$45,000.

Numerous differences in salary were identified between urban and rural locations. In both school and non-school based settings, forty-nine occupational therapists (50.5%), indicated working in a rural setting, compared to forty-eight (49.5%) in an urban setting. All school

based therapists in rural settings reported a salary less than \$45,000. However, school and non-school based therapists in urban settings reported earnings up to \$60,000. Of therapists in an urban setting, 31.4% indicated a salary of more than \$45,000 (see **Table 1.2**).

Table 1.2
Salary in Urban vs. Rural Settings

	<u>Rural (school)</u>	<u>Urban (school)</u>	<u>Rural (non-school)</u>	<u>Urban (non-school)</u>
<i>Salary < \$45,000</i>	100%	68.8%	85.7%	78.8%
<i>Salary > \$45,000</i>	0.0%	31.2%	14.3%	21.2%

*Urban was defined as being a population greater than 25,000.

More school based therapists reported driving as part of their job and higher caseloads, whereas similar perceptions were reported from both settings for continuing education reimbursement. Occupational therapists (74.4%) employed in school settings reported driving 0-20% of their workweek, while 25.9% of non-school therapists identified driving the same percentage of time a week. A typical caseload of 8-11 clients per workday was indicated by 62.8% of school therapists. The highest percentage of non-school based therapists (38.9%) indicated a caseload of 4-7 clients per workday. Therapists' rating of reimbursement for continuing education was comparable for both settings. Sixty-three percent of non-school therapists reported being adequately reimbursed for continuing education, compared to 58.1% of school therapists.

DISCUSSION

The results of this study indicated a difference in job satisfaction between school based and non-school based occupational therapists. More non-school based therapists reported lower job satisfaction compared to school based therapists. In the past few years there has 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. According to the American Occupational Therapy Association's statement to the U.S. House of Representatives Committee on Ways and Means' Subcommittee on Health (Metzler, 1999), Medicare's prospective payment system for skilled nursing facilities has greatly affected the occupational therapy profession. Reported effects include: employment status, economic status, challenges of their professional standards and ethics, and compromised provision of adequate, appropriate, and required services to Medicare patients (Metzler, 1999). In contrast, school based settings have not been grossly affected by the recent managed care trends. These changes may be a reason for the reflected difference in job satisfaction results reported by occupational therapists.

Non-school based occupational therapists reported their highest stress sources as excessive paperwork, productivity demands, and reimbursement issues. Bailey (1990) stated that excessive paperwork was frequently indicated as major source of stress correlated with leaving an occupational therapy position. This survey indicated similar results, as non-school based therapists identified excessive paperwork as their highest source of stress and school based therapists identified excessive paperwork as their second highest source of stress. These are reflective of the health care system change of focus on cost effectiveness. These sources of

stress and health care system changes could be indicative of lower overall job satisfaction of non-school based therapists.

The differences in the calendar work year between school based and non-school based settings may contribute to variance in job satisfaction. Occupational therapy has traditionally been a female dominated profession as shown by the survey respondents consisting of 96 females and one male. The survey identified 81.4% of school based therapists worked nine months out of a calendar year. School based therapists also reported an overall higher job satisfaction, which may be reflective of their shorter calendar work-year. Bailey (1990) reports 45% of the women left their jobs to raise children. By working a shorter calendar year, school based therapists may have more time to spend with their families. School based therapy may better enable women to remain in the workforce while raising a family.

School based therapists reported caseload as their highest source of job stress. Six out of the twenty-two school based therapists made narrative comments that identified caseload as a major stress factor of their job. One therapist commented,

I would like to work more hands on with the kids. I spend a lot of time doing paperwork, meetings, and testing. High caseloads = more paperwork = more meetings. I feel by decreasing the number of kids on caseload could help decrease amount of paperwork, meetings, etc.

Comments similar to this infer that high caseloads promote job stress. This is supported by Grant's study in 1992, which stated that workload should be reasonable and manageable to promote job satisfaction. Additionally, Brollier (1985), found that heavy workload was a factor with which occupational therapists were least satisfied. Large caseloads and feeling overwhelmed by caseloads have also been identified as reasons for therapists to leave the field of occupational therapy (Bailey, 1990).

Client interactions were reported as the highest source of job satisfaction among school and non-school based therapists. In a study by Freda (1992), patient care was found to be the most rewarding part of an occupational therapist's job. The second highest source of job satisfaction for both school and non-school based occupational therapists was interpersonal relationships with co-workers. In the 1992 study by Grant, it was found that the development of interpersonal relationships promoted job satisfaction. In this survey, ten out of the forty-five respondents that provided comments stated they desired more collaboration time to improve patient care. The following statements were made by therapists in response to the question, "What would you change about your job?" One therapist stated, "To improve the ability to work with students and multiple team members for effective direct and indirect therapy". Another stated, "improved collaboration among co-workers/disciplines". Client interactions and interpersonal relationships were perceived as very important aspects of the profession.

The results depicted a relationship among school based therapists with masters degrees, a salary above \$45,000, calendar year of 9 months, and employment in an urban setting. Although the percentage of respondents reporting this trend was approximately 12%, there were distinct similarities among this group. As with any profession, various factors weigh into the determination of the salary. Factors such as: degree, years of practice, hours worked, setting, experience level, and geographical location determine salary range. Additionally, employment benefits are a factor that must be considered when comparing salary ranges. These factors made it difficult to conclude reasons for salary differences.

LIMITATIONS

The location of both conferences and demographics of the attendees may reflect a nonrandom sample of survey respondents. It is possible that only a select group of therapists attend conferences resulting in a sample not representative of all practicing therapists.

A survey question asked therapists to report years of experience within their current practice setting. It was unclear whether the therapists filled out the number of years in their current practice setting or if they filled out the total number of years of practice. Therefore, it was assumed and analyzed as if therapists reported years of experience in their current practice setting.

As with any self-administered survey, respondents interpret questions differently. This created highly variable answers, often differing from what was anticipated by the survey developers. As a result, some methods of data analysis were modified in order to include all the responses. In order to gain descriptive information from the surveys, percentages and cross tabulations were used instead of advanced statistical analysis.

Literature that reflects job satisfaction of occupational therapists is limited. No literature was found describing job satisfaction and job stress factors relating to each occupational therapy setting. This survey was developed based on the need for current research in this area. The study reflected a difference in job satisfaction, which presumably will change due to the rapidly evolving health care market and managed care issues. This justifies the need for ongoing research in this area. The factors identified in this study, supported with further research, will be beneficial for occupational therapy recruitment and retention in various practice settings.

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