Perceived Autonomy and Job Satisfaction in Occupational Therapists

Gerald L. Davis, James E. Bordieri

Key Words: job satisfaction • organization and administration • personnel management

Perceived autonomy, overall job satisfaction, and specific work incentives and disincentives were surveyed in 249 occupational therapists. Respondents rated autonomy and job satisfaction moderately high. They perceived achievement, interpersonal relationships with co-workers, and the nature of the work itself as incentives. The lack of organizational support for training, opportunity for advancement, and working conditions were seen as job disincentives. Results also showed that perceived autonomy was positively related to overall job satisfaction and to each job satisfaction factor.

Autonomy is defined as “the right of self-government; independence” (Webster’s Dictionary, 1981, s.v. “autonomy”) and is considered one of the marks of a professional (Hopkins & Smith, 1978). It has been assumed that a professional functioning in an autonomous manner will experience satisfaction with his or her job (Grandjean, Aiken, & Bonjean, 1976; Kutner, 1984). Is this assumption true for occupational therapists? The occupational therapy literature has addressed the topics of job satisfaction and autonomy (Brollier 1985a; Brollier, 1985b; Florian, Sheffer, & Sachs, 1985; Lehmann, 1973), but it has not examined the relationship between the two variables. Given that a goal of occupational therapy managers is to enhance the job satisfaction of their staff members, the relationship between perceived job autonomy and job satisfaction needs to be empirically documented.

Review of the Literature

Autonomy and Job Satisfaction

Herzberg (1966, 1974) saw autonomy as the condition in which employees experience personal responsibility for work outcomes. Sarata (1984) saw autonomy as the freedom an individual has to decide how and when to undertake a work activity. Although a positive relationship between autonomy and job satisfaction has been well documented in the business literature (Hackman & Oldham, 1980), few empirical studies have examined this relationship for health care professionals. One explanation for this absence is offered by Sarata (1984), who claimed that direct comparisons between health care and business settings are difficult because of differences in the organizational tasks, goals, and structures of the two fields.

Among health care professionals, the relationship between autonomy and job satisfaction has been examined mostly with nurses. Kutner (1984) and Grandjean et al. (1976) reported that autonomy appears to be a major concern of younger nurses, but is most often realized among older, supervisory nurses. For nurses of any age, perceived autonomy was positively related to reported job satisfaction. Alexander, Weisman, and Chase (1982) reported that a logical first step in promoting job satisfaction among nurses was to increase autonomy. Similarly, Weisman, Alexander, and Chase (1981) concluded that the loss of perceived autonomy was the first step in a chain of events that led to staff turnover among nurses.

Four studies have attempted to examine perceived autonomy or job satisfaction in occupational therapists. Lehmann (1973) reported that 37% of therapists wanted to practice without a doctor's prescription and that 66% wanted to function more independently. This latter group was mainly young and single. Although job satisfaction was not assessed in his...
study, Lehmann concluded that occupational therapists endorsed greater autonomy only in a general way.

Brollier (1985a, 1985b) determined that the leadership styles of occupational therapy directors greatly affected their staff's levels of job satisfaction although the directors themselves were largely unaware of the importance and impact of their styles. In her first study, Brollier (1985a) found that the three measures of leadership that provided the highest correlation with job satisfaction were the director's ability to (a) integrate the department and its members, (b) use power for the benefit of staff development and to achieve organizational goals, and (c) use superior orientation, that is, influence hospital administration for the good of the staff. In her second study, Brollier (1985b) reported that therapists working in psychiatric settings were significantly less satisfied with their jobs than therapists involved primarily with other client populations. In summary, Brollier concluded that occupational therapists were most satisfied with their co-workers and their choice of work, and that they were least satisfied with their amount of work and their financial rewards.

Florian, Sheffer, and Sachs (1985) examined the workloads of occupational therapists in Israel and found that a great deal of time was spent on direct patient care to the neglect of other duties such as supervision and continuing education. They concluded that this imbalance could lead to lessened job satisfaction, greater frustration, and burnout. Although they did not determine levels of job satisfaction among therapists, Florian et al. (1985) implied that psychiatric occupational therapists reduced their stress levels by spending more time on professional activities in comparison with other occupational therapy specialists.

Job Satisfaction Defined

Herzberg's (1966, 1974) theory of job satisfaction and motivation has been extensively examined in business and industry (e.g., Dunnette, Campbell, & Hakel, 1967; Gruneberg, 1979). Using the "critical incident" technique, Herzberg had workers elaborate on the positive and negative aspects of their jobs. He found that certain aspects ("motivator factors") of jobs were associated with job satisfaction, whereas other aspects ("hygiene factors") were more likely to be associated with job dissatisfaction. Herzberg (1966) categorized motivator factors as variables related to the content of the job, such as "achievement, recognition, work itself, responsibility, and advancement" (p. 72-73). Hygiene factors were variables related to the context of the job and included "company policy and administration, supervision, working conditions, interpersonal relations, and salary" (p. 10). According to Herzberg, the presence of motivator factors leads to high job satisfaction, but their absence does not necessarily lead to job dissatisfaction. In contrast, the presence of hygiene factors does not result in high job satisfaction, but tends to prevent dissatisfaction. The presence of hygiene factors is a necessary but not sufficient condition for job satisfaction.

Many researchers have attempted to verify Herzberg's theory in business and industry and most agree that the motivator factors are more closely related to job satisfaction than the hygiene factors (Dunnette et al., 1967; Gruneberg, 1979). More recently, Emener and Stephens (1982) examined factors affecting job satisfaction in state vocational rehabilitation personnel. By categorizing workers' statements relating to their jobs, these authors determined that factors such as interpersonal relations and the nature of the work itself were positively related to job satisfaction and were thus seen as incentives by these workers. In contrast, primarily hygiene factors (e.g., working conditions, agency policies) were associated with job dissatisfaction and were thus seen as disincentives.

The Present Study

The purpose of the present study is to determine the degree of perceived autonomy and job satisfaction in occupational therapists and document the relationship between these two variables. The study uses Herzberg's model of job satisfaction to permit a more detailed examination of the incentives and disincentives that therapists find in their jobs. From a management perspective, this study intends to answer the following question: Is perceived autonomy a job characteristic that is positively related to the staff therapist's job satisfaction? If so, enhancing jobs with heightened levels of autonomy may help attract and retain therapists and ultimately improve productivity and quality of treatment.

Method

Procedure and Sample

Four hundred registered occupational therapists in six midwestern states (Ohio, Illinois, Indiana, Wisconsin, Minnesota, and Michigan) were selected randomly from the American Occupational Therapy Association's 1982 Member Data Survey (AOTA, 1984). Only individuals primarily employed in direct patient care were chosen as potential participants. Therapists who were managers or educators were excluded from the study, but no differentiation was made for work setting or between full-time and part-time workers. Participation in the study was solicited by a letter that
explained the purpose of the project and requested anonymity of response.

**Instrument**

The instrument used was a four-page questionnaire, consisting of three parts, that measured perceived autonomy, job satisfaction, and specific work incentives and disincentives. Part 1 consisted of 40 statements directed at different components of a given job and was used to measure job satisfaction. No fewer than 3 statements were directed at each of Herzberg’s (1966) motivator and hygiene factors. The motivators were advancement, recognition, responsibility, achievement, and the work itself. Hygiene factors were facility policies and administration, salary, working conditions, quality of supervision, and interpersonal relations. In addition, 2 statements were directed at the therapist’s perceptions of organizational support for staff training (cf. Florian et al., 1985). All 40 statements were anchored by a 5-point scale ranging from strongly agree to strongly disagree. Each item was scored in the direction of positivity and averaged to yield a single measure for each of the 11 factors. A pilot study established high test–retest reliability, \( r(15) = .92, p < .01 \), for the instrument.

Part 2 of the questionnaire solicited demographic data regarding gender, age, years of experience as a nonsupervisory therapist, and tenure at the present facility.

Part 3 was Quinn and Shepard’s (1974) perceived autonomy scale. This instrument has four items anchored by a 4-point scale ranging from a lot to not at all. The instrument measures an employee’s perceptions of his or her ability to make decisions relating to work and has been used in a variety of settings, including hospitals. The internal reliability of Quinn and Shepard’s scale has been rated satisfactory (Cronbach’s alpha = .75).

**Results**

**Response Rate**

Four hundred questionnaires were sent and 290 were returned, a 73% response rate. Of these, 41 were rejected from the study for one of three reasons: (a) Extensive data were missing; (b) the respondent functioned in a capacity other than as a direct care provider (i.e., as a supervisor or educator); or (c) the respondent owned his or her own practice. Consequently, 249 surveys were used in the study, resulting in a response rate of 62%.

**Demographic Characteristics of Respondents**

Two hundred and thirty-six (95.2%) of the 249 respondents were female with the majority of all respondents (80.6%) under 40 years old. Most (78.2%) reported 10 or fewer years of experience as an occupational therapist, and 65.7% had been employed in their present organization for 6 or fewer years.

The demographic characteristics of our respondents are consistent with those reported by the American Occupational Therapy Association’s 1986 Member Data Survey, Interim Report No. 1 (AOTA, 1986). This survey identified 94.9% of all occupational therapists as female and 74.7% as under 39 years of age. Comparable data between studies were not available for years of experience as an occupational therapist or for years of experience with one employer.

**Job Satisfaction and Perceived Autonomy**

The job satisfaction factors based on Herzberg’s (1966) theory, a sample survey item, and the alpha value (i.e., the degree to which the items formed an internally consistent scale) are presented in Table 1. The factor for perceived organizational support for staff training is also contained in Table 1.

Table 2 presents the median ranking, mean, and standard deviation of each job satisfaction factor. Overall job satisfaction was moderately high (median = 3.76). A repeated measures analysis of variance revealed, however, that the participants perceived

<table>
<thead>
<tr>
<th>Factor</th>
<th>Sample Survey Statement</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motivator</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Achievement</td>
<td>My job makes me feel competent about myself.</td>
<td>.83</td>
</tr>
<tr>
<td>Work itself</td>
<td>My job provides me with the satisfaction that I am helping others.</td>
<td>.84</td>
</tr>
<tr>
<td>Recognition</td>
<td>I get recognition from management for being a productive worker.</td>
<td>.75</td>
</tr>
<tr>
<td>Advancement</td>
<td>In my job, I have a good chance for promotion.</td>
<td>.69</td>
</tr>
<tr>
<td>Responsibility</td>
<td>In my job, I receive challenging assignments.</td>
<td>.80</td>
</tr>
<tr>
<td><strong>Hygiene</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td>I feel my job allows me to make friends.</td>
<td>.63</td>
</tr>
<tr>
<td>Quality of supervision</td>
<td>I am working under a supervisor who really knows his/her job.</td>
<td>.85</td>
</tr>
<tr>
<td>Policies and administration</td>
<td>There is a formal procedure for employees to air complaints.</td>
<td>.67</td>
</tr>
<tr>
<td>Working conditions</td>
<td>This facility is physically comfortable to work in.</td>
<td>.87</td>
</tr>
<tr>
<td>Salary</td>
<td>I feel my salary is fair compared with the salary of those in similar jobs.</td>
<td>.72</td>
</tr>
</tbody>
</table>

Support for Training

|                      | New employees are given enough orientation to enable them to do their job.             | .91  |

---

The American Journal of Occupational Therapy

593
Table 2
Median Ranking, Mean, Standard Deviation, and Correlation With Perceived Autonomy for Each Job Satisfaction Factor

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factor</th>
<th>Median</th>
<th>M</th>
<th>SD</th>
<th>( r ) With Autonomy (( df = 245 ))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Achievement</td>
<td>4.22</td>
<td>4.17</td>
<td>.74</td>
<td>.24*</td>
</tr>
<tr>
<td>2</td>
<td>Work itself</td>
<td>4.18</td>
<td>4.16</td>
<td>.61</td>
<td>.31**</td>
</tr>
<tr>
<td>3</td>
<td>Interpersonal relations</td>
<td>4.16</td>
<td>4.10</td>
<td>.54</td>
<td>.12</td>
</tr>
<tr>
<td>4</td>
<td>Responsibility</td>
<td>3.89</td>
<td>3.86</td>
<td>.85</td>
<td>.44**</td>
</tr>
<tr>
<td>5</td>
<td>Policies and administration</td>
<td>3.77</td>
<td>3.73</td>
<td>.79</td>
<td>.36**</td>
</tr>
<tr>
<td>6</td>
<td>Quality of supervision</td>
<td>3.75</td>
<td>3.70</td>
<td>.88</td>
<td>.47**</td>
</tr>
<tr>
<td>7</td>
<td>Salary</td>
<td>3.69</td>
<td>3.68</td>
<td>.85</td>
<td>.20*</td>
</tr>
<tr>
<td>8</td>
<td>Recognition</td>
<td>3.64</td>
<td>3.61</td>
<td>.86</td>
<td>.46**</td>
</tr>
<tr>
<td>9</td>
<td>Working conditions</td>
<td>3.22</td>
<td>3.20</td>
<td>.91</td>
<td>.29**</td>
</tr>
<tr>
<td>10</td>
<td>Advancement</td>
<td>2.95</td>
<td>3.01</td>
<td>.76</td>
<td>.35**</td>
</tr>
<tr>
<td>11</td>
<td>Support for training</td>
<td>2.90</td>
<td>2.92</td>
<td>1.09</td>
<td>.17</td>
</tr>
<tr>
<td></td>
<td>Total motivator</td>
<td>3.81</td>
<td>3.76</td>
<td>.58</td>
<td>.48**</td>
</tr>
<tr>
<td></td>
<td>Total hygiene</td>
<td>3.71</td>
<td>3.68</td>
<td>.49</td>
<td>.51**</td>
</tr>
<tr>
<td></td>
<td>Overall job satisfaction</td>
<td>3.76</td>
<td>3.72</td>
<td>.48</td>
<td>.57**</td>
</tr>
</tbody>
</table>

\* \( p < .05 \), \** \( p < .01 \).

...sistent with those reported in the occupational therapy literature (Brollier, 1985a, 1985b; Florian et al., 1985) and in studies of other health care professions (Jayaratne & Chess, 1984). The finding that job satisfaction was positively related to the degree of perceived autonomy is consistent with the belief that autonomy is a key factor in job satisfaction for nurses (Alexander et al., 1982) and case workers for troubled youths (Sarata, 1984).

Herzberg (1966) emphasized that strategies to improve job satisfaction should be directed at motivator rather than hygiene factors. Similar to the subjects of Emener and Stephens's (1982) investigation of state vocational rehabilitation personnel, however, the respondents in the present study rated both motivator (i.e., achievement, the work itself) and hygiene (i.e., interpersonal relations) factors as work incentives. Stamps, Piedmont, Slavitt, and Haase (1978) also identified both hygiene (i.e., social interaction) and motivator (i.e., task requirements) factors as work incentives for nurses and hospital support staff. It appears that occupational therapists, nurses, hospital support staff, and rehabilitation personnel find similar incentives in their work, and that these incentives are not exclusively motivator factors (cf. Gruneberg, 1979).

Although information regarding the location and conditions of the respondent's work setting was not solicited, it appears that work environment affects the job satisfaction of occupational therapists negatively. The interpretation of this information can only be speculative, but many occupational therapists may be working under poor conditions relative to their professional standing. In addition, the identification by respondents of opportunity for advancement and support for training as job disincentives is consistent with Christiansen's (1970) observation that (male) therapists may leave the field because of the lack of opportunities for career growth.

The extent to which the present findings generalize to other occupational therapists is still unknown. For those occupational therapists who chose not to respond to the survey, it may be argued that they have done so because of weak attachment to the job and low satisfaction. On the other hand, they may not have responded because they were so busy and committed to their jobs that they did not find time to complete the survey. In either case, the job attitudes of nonrespondents are not reflected in the data. Research using different methodologies (e.g., telephone survey or structured interview) may solve this problem. Although the demographic characteristics of the respondents in the present study are similar to those reported at the national level (AOTA, 1986), replication needs to be confirmed in other geographic areas as well.

Discussion

This investigation has determined that occupational therapists rated their overall job satisfaction moderately high, reporting achievement, interpersonal relationships with co-workers, and the nature of the work itself as work incentives. On the other hand, organizational support for training, the opportunity for advancement, and working conditions were seen as disincentives to job satisfaction. These findings are consistent with those reported in the occupational therapy literature (Brollier, 1985a, 1985b; Florian et al., 1985) and in studies of other health care professions (Jayaratne & Chess, 1984). The finding that job satisfaction was positively related to the degree of perceived autonomy is consistent with the belief that autonomy is a key factor in job satisfaction for nurses (Alexander et al., 1982) and case workers for troubled youths (Sarata, 1984).

Herzberg (1966) emphasized that strategies to improve job satisfaction should be directed at motivator rather than hygiene factors. Similar to the subjects of Emener and Stephens's (1982) investigation of state vocational rehabilitation personnel, however, the respondents in the present study rated both motivator (i.e., achievement, the work itself) and hygiene (i.e., interpersonal relations) factors as work incentives. Stamps, Piedmont, Slavitt, and Haase (1978) also identified both hygiene (i.e., social interaction) and motivator (i.e., task requirements) factors as work incentives for nurses and hospital support staff. It appears that occupational therapists, nurses, hospital support staff, and rehabilitation personnel find similar incentives in their work, and that these incentives are not exclusively motivator factors (cf. Gruneberg, 1979).

Although information regarding the location and conditions of the respondent's work setting was not solicited, it appears that work environment affects the job satisfaction of occupational therapists negatively. The interpretation of this information can only be speculative, but many occupational therapists may be working under poor conditions relative to their professional standing. In addition, the identification by respondents of opportunity for advancement and support for training as job disincentives is consistent with Christiansen's (1970) observation that (male) therapists may leave the field because of the lack of opportunities for career growth.

The extent to which the present findings generalize to other occupational therapists is still unknown. For those occupational therapists who chose not to respond to the survey, it may be argued that they have done so because of weak attachment to the job and low satisfaction. On the other hand, they may not have responded because they were so busy and committed to their jobs that they did not find time to complete the survey. In either case, the job attitudes of nonrespondents are not reflected in the data. Research using different methodologies (e.g., telephone survey or structured interview) may solve this problem. Although the demographic characteristics of the respondents in the present study are similar to those reported at the national level (AOTA, 1986), replication needs to be confirmed in other geographic areas as well.
Kutner’s (1984) findings that older workers tend to be in positions of greater autonomy and experience higher job satisfaction was not supported by the present study. This is probably because young therapists (under age 25) just beginning their careers were not included in this study because they were not on the mailing list used to generate the sample. The generalizability of our findings needs to be replicated with these younger occupational therapists.

One may speculate that had our study been done at the time of Lehmann’s (1973) study of autonomy of occupational therapists, the results might have been different. If anything, therapists appear to be more politically active than ever before (Bing, 1984). The American Occupational Therapy Association’s lobbying efforts have increased the autonomy of therapists by expanding their areas of practice and the degree to which they can function independently.

Summary

In summary, this study has determined that occupational therapists hold moderately favorable attitudes about their jobs and perceived autonomy. Achievement, interpersonal relationships with co-workers, and the nature of the work itself were viewed as work incentives, whereas organizational support for staff training, the opportunity for advancement, and working conditions were rated as disincentives. Autonomy was positively related to all measures of job satisfaction. If replication can be achieved by future investigations, the next research step would be to identify strategies that foster perceived autonomy and that combat the disincentives reported by occupational therapists. This line of research would be invaluable to occupational therapy managers in today’s competitive market who are seeking to attract, retain, and professionally motivate their staff members, and thus ensure the highest possible level of patient care.

References


