1994

Differences in Job Satisfaction Between Contract and Directly Employed Physical Therapists

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DIFFERENCES IN JOB SATISFACTION BETWEEN
CONTRACT AND DIRECTLY EMPLOYED PHYSICAL THERAPISTS

By

Valerie Stonehouse
Nicole Vanderberg

THESIS

Submitted to the Department of Physical Therapy
at Grand Valley State University
Allendale, Michigan
in partial fulfillment of the requirements
for the degree of

MASTER OF SCIENCE IN PHYSICAL THERAPY

1994
DIFFERENCES IN JOB SATISFACTION BETWEEN
CONTRACT AND DIRECTLY EMPLOYED PHYSICAL THERAPISTS

ABSTRACT

By
Valerie Stonehouse
Nicole Vanderberg

This research study explores the possible differences in general job satisfaction between contracted physical therapists and directly employed physical therapists. The Minnesota Satisfaction Questionnaire was sent to contract and directly employed therapists who fulfilled the following criteria: working in an acute care setting, working at that particular job for at least six months but no more than two years, and working in the profession for at least six months. A total of 200 surveys were mailed to therapists in the state of Michigan with 17 surveys being returned by contracted therapists and 34 from directly employed therapists, for a 25.5% return rate. For the statistical analysis of the data, the confidence level was set at an alpha of ≤ .05. A two-way analysis of variance comparing the general satisfaction score to the type of therapist and to the length of time on the job produced a p-value of .037. This demonstrates that the discovered lower level of job satisfaction found among the contract therapists in this study is statistically significant.
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CHAPTER ONE

INTRODUCTION

Currently, a shortage of health professionals, including physical therapists, is a growing concern of many hospital administrators and department managers. The demand for rehabilitation personnel is increasing linearly with the aging of America. As the rehabilitative needs of the entire population grow; the result of advanced technology, increased geriatric population size and elevated levels of quality care; the call for physical therapists flourishes. Due to the high demand for physical therapists, administrators are tapping all available resources for staffing their facilities. One source that appears to be establishing itself as ready, willing, and able to fulfill the needs of an organization are physical therapy contract companies.

In this study, a contract company is an outside firm that is contracted by an organization, such as a hospital, to provide the management of the department as well as the professional staff. The managing individuals of the department are under the control of the executives of the hiring organization. There are various reasons a hospital may offer for bringing in management and staff from another facility such as, economics, expertise and stability. Whether contract companies are brought in to provide staff for a hard-to-fill position, or to cover for staff leaves of absence or shortages, the ongoing need for these trained and licensed individuals is supporting the further development and utilization of companies that make employees available on a contract basis.

The existence of physical therapy contract companies creates another employment option for the job-seeking physical therapist. Current literature indicates that, on the
average, physical therapists change jobs every two years or on an even more frequent basis (Harkson, Unterreiner & Shepard, 1982). Therefore, recruitment, reduction of turnover rates, or retention and levels of job satisfaction are at the top of department administrators staffing objectives.

General job satisfaction is identified as a key factor that assists administrators in understanding both the likelihood and importance of job retention (Freda, 1992 and Gelmon & Williams, 1983). With a variety of employment options, as evidenced by the gap between supply and demand, and, more importantly, because it has been established that job satisfaction is directly related to the desire of a health professional to work and to contribute to the provision of quality health care (Tri, 1991), it is advisable for physical therapists to consider a prospective employers ability to provide for the achievement of a high level of work satisfaction.

To assist physical therapists in making an informed decision about possible job opportunities the investigators will address this research question:

Is there a decrease in job satisfaction, as measured by the Minnesota Satisfaction Questionnaire (MSQ), between contract physical therapists and directly employed physical therapists working in acute care hospitals?

A literature search reveals that there is limited information pertaining to the issues at hand. Due to the lack of related information, a need for research in this area is indicated.

Although it must be acknowledged that each individual has unique needs to fulfill in order to optimize their perceived level of job satisfaction, generalized underlying factors do exist. Job satisfaction components are clearly illustrated in numerous sources. Job facets such as, pay, promotional opportunities, working conditions, supervision, the work itself, and co-workers are cited, in most work satisfaction studies, as being important determinants of job satisfaction.

The literature suggests that there is a relationship between job satisfaction and the characteristics of ones practice setting (Quarstein, McAfee & Glassman, 1992 and Tri,
opportunities associated with high job satisfaction that are generally available to directly employed physical therapists, but are often missing for contract therapists, include: participation in policy making for the organization in which they are practicing, promotion within the facility, affiliation with co-workers and affiliation with members of the facilities hierarchy (DeFranco, 1987 and Harkson, Unterreiner & Shepard, 1982). The investigators hypothesize that the absence of such opportunities contributes to a lower level of job satisfaction among contract therapists.

PURPOSE/AIM

The purpose of this study is to determine whether there is a difference in general work satisfaction between contract and directly employed physical therapists. As rehabilitation facilities face increased staff retention and recruitment difficulties, a trend is projected toward the increased use of contract physical therapists (DeFranco, 1987 and Lumsdon, 1992). In order for physical therapists to consider working for a contract company, there needs to be evidence that job satisfaction is not compromised. Further, the investigators aim is to identify variant contributors to satisfaction and dissatisfaction between the two populations.

A secondary objective of this study is based on the premise that the consequences of job satisfaction are pertinent to an organization in terms of it's efficiency, productivity, employee relations, absenteeism and turnover (Quarstein, McAfee & Glassman, 1992). Through this study the investigators hope to establish possible areas of breakdown in job satisfaction that exist in contract companies. By identifying these areas, we may alert contract companies to their unattractive attributes, and, therefore, provide them with the opportunity to optimize their existence as a viable force in the health care system.
CHAPTER TWO

LITERATURE REVIEW

"If high quality patient care and economic efficiency are two goals of the health care system, a third must be the achievement of a high level of work satisfaction for those who deliver the service" (Gelman & Williams, 1983, p. 21). This statement reflects a necessity for both administrators and physical therapists to be aware of the influence that job satisfaction has on their respective positions. Employers should put information about job satisfaction to use when structuring or restructuring their departments. In addition, administrators should be using job satisfaction information to recruit and retain therapists. Physical therapists should be using job-related satisfaction information when considering employment options and when designing and climbing their proposed career pathways.

THEORETICAL BACKGROUND

JOB SATISFACTION

Job satisfaction has had several different definitions attached to it over time. Locke (1976) proposed that job satisfaction is a pleasurable or positive emotional state resulting from an appraisal of one's job or job experience. More objective is a definition based on Vroom's (1964) Multiplicative Model that states work satisfaction is the product of the relative importance or weighting of various work-related and personal needs. Similarly objective, Porter, Lawler, and Hackman's (1975) Discrepancy Model feels work satisfaction is measured as the difference between what an individual's needs are and the extent to which the work environment fulfills these needs. Vroom (1964), in his review of
literature, concluded that employee satisfaction, "is directly related to the extent to which their jobs provide them with such rewarding outcomes as pay, variety in stimulation, consideration from their supervisor, a high probability of promotion, close interaction with co-workers, an opportunity to influence decisions which have future effects on them and control over their pace of work" (p. 74). There seems to be consensus, among the numerous definitions, that work satisfaction involves the combination of several different facets of a job.

In studies that have been conducted to evaluate physical therapists work satisfaction, the different investigators have conducted their research based on the premise that job satisfaction is a multidimensional phenomenon that is comprised of feelings of satisfaction or dissatisfaction about various facets of the job. Gelmon and Williams (1983), after surveying by questionnaire 804 members of the Canadian Physiotherapy Association, determined that the overall level of work satisfaction within the profession was high but variation was present among professionals. In their study they found that the therapists with the lowest reported levels of satisfaction with their work and salary were young therapists working in the traditional hospital setting as staff or senior therapists. On the other hand, these authors concluded that the therapists with the highest level of satisfaction with their work and salary were working in administrative, educative, or private practice positions.

In a separate study, Barnes and Crutchfield (1977) compared 25 organizational therapists and 25 private practitioners. They used the Herzberg two-factor theory of job satisfaction-dissatisfaction as the model for their study. This two-factor theory stipulates that factors leading to job satisfaction and job dissatisfaction are not on the same continuum.

According to Herzberg, there are two unrelated categories of factors that pertain to work satisfaction. Hygiene, or job context-related factors, are negative attributes which
tend to lead to job dissatisfaction. Such attributes are: company policies, interpersonal relationships with peers, and pay. Motivational, or job content-related factors, are the positive elements that influence job satisfaction, such as, achievement, recognition, and responsibility. Under this dual continuum theory, in the event that hygiene factors are removed, job satisfaction is not necessarily produced and, on the same premise, if motivational factors are removed, job dissatisfaction is not necessarily created.

The authors of the study determined that both organizational therapists and private practitioners derived the highest degree of satisfaction from their job when events led to the experience of a sense of achievement and feelings of responsibility. In addition, both groups expressed degrees of dissatisfaction when they experienced unhappiness as a result of policies of the organization. Three factors found to be significant in satisfaction for both groups were achievement, salary, and responsibility. Policies and administration of the organization were the only significant factors in dissatisfaction for both groups.

Barnes and Crutchfield (1977) concluded that,

"If Herzberg job satisfaction-dissatisfaction theory is correct and relevant to physical therapists, physical therapy administrators and educators who teach management theory should become thoroughly aware of the factors which tend to increase the probability of their being successful and happy in their jobs" (p.40).

While Barnes and Crutchfield’s conclusion contains advice about the factors upon which physical therapy administrators and educators need to base their management theory, several reviews of various Herzberg-related literatures have cast serious doubt about the validity of his theory (House & Wigdor, 1967 and Waters & Waters, 1972).

The situational occurrences theory of job satisfaction is another theory that contends job satisfaction is determined by two factors (Quarstein, McAfee and Glassman, 1992). But upon comparison of Herzberg’s theory and the situational occurrences theory this is where the similarity ends. The situational occurrences theory argues that job
satisfaction is a function of both situational occurrences and situational characteristics and that any given factor can result in satisfaction or dissatisfaction. Situational characteristics are those facets of a job that individuals tend to evaluate prior to accepting a job, i.e.: pay, promotion, working conditions, company policies and supervision. These tend to be stable in nature and slow to change.

Situational occurrences are those facets that are transitory in nature and often occur unexpectedly. They can be positive or negative experiences and they tend to change rapidly. An example of a positive situational occurrence is a pizza party at lunch as a "thanks" from the boss, while a negative example would be a broken down copy machine. Due to their nature, situational occurrences are often difficult to assess and, therefore, are not pre-evaluated before employment. Most notably, Herzberg postulates that for job satisfaction, two different continua exist: the opposite of dissatisfaction is no dissatisfaction and the opposite of satisfaction is no satisfaction. While, according to the situational occurrences theory, the continuum involved is singular in nature: the opposite of satisfaction is dissatisfaction (Quarstein, McAfee & Glassman, 1992).

Quarstein, McAfee and Glassman (1992) conducted a two phase study to test the situational occurrences theory of job satisfaction in which they attempted to explain instances where: 1) individuals with seemingly excellent jobs, as far as traditional job facets go, report low satisfaction, 2) individuals with similar jobs, salaries, etc. report different degrees of job satisfaction and 3) individuals with job satisfaction levels change overtime when pay, etc. remains stable. To summarize their work, the first phase consisted of open-ended questions designed to determine specific situational characteristics and occurrences. The second stage used the findings from the first to construct a closed-ended survey. The investigators used fifty full-time and part-time students who worked as their participants in phase one. Phase two had 171 participants who were also students, but at a different university. Data collected was analyzed using
regression and content analysis techniques. In conclusion, the results found by the investigators provided support for the situational occurrence theory of job satisfaction.

**JOB SATISFACTION AND PERFORMANCE**

The simple fact that the majority of us has heard the phrase, "a happy worker is a productive worker", supports the notion that there is a positively correlated relationship between an individual's degree of work satisfaction and his/her motivation to perform while at work. This concept however, lies at the center of the decades long debate about the correlation that may or may not exist between job satisfaction and performance. The relationship between job satisfaction and performance has been considered in more than 30 studies.

In the 1930s and 1940s much of the research on job satisfaction came about because of its assumed relationship to job performance (Brayfield & Crockett, 1955 and Lawler & Porter, 1991). Literature contains statements such as: "morale is not abstraction, rather it is concrete in the sense that it directly affects the quality and quantity of an individual's output" and "Employee morale - reduces turnover - cuts down absenteeism and tardiness: lifts production" (Organ, 1991, p. 95). Such beliefs offer support to social psychologists, who have found that, "If the attitude is sufficiently specific (not general or vague) and not linked to powerful opposing attitudes, and if the behavior is not constrained by other forces, there may be a reasonably close correspondence between attitudes and behavior" (Organ, 1991, p. 6). In other words they feel that certain job factors, established to be related to job satisfaction, can be specifically related to levels of performance.

However, literature from the early 1950s fails to find a significant satisfaction-performance relationship (Lawler & Porter, 1991). This goes along with the views of some organizational behaviorists that, "Satisfaction with one's job is a type of attitude; productivity is a type of behavior" (Organ, 1991, p. 5). They imply that attitudes have
little to do with actual behavior because they are caused by different factors, and that ultimately, job satisfaction and performance are not closely correlated.

Then in the 1960s Vroom (1964) conducted a review of literature in which numerous studies indicated that there was an average of a +.14 correlation between "satisfaction" and "performance" variables. While this correlation is not large in and of itself, the consistency of a positive correlation direction was quite notable. Of the 23 determined correlations cited by Vroom 20 were positive.

After all the documented findings, it still is not explicitly clear what relationship exists between job satisfaction and performance. Based on the literature, there is at least a small positive correlation that exists between these two variables. If one were to consider the motivational theory, which postulates that rewards cause satisfaction, and that in some cases performance produces rewards, then it is feasible that a relationship between job satisfaction and performance comes through the introduction of a third variable, that being rewards (Lawler & Porter, 1991).

In summary, the possibility of rewards as a third variable in the job satisfaction-performance relationship is reasonable to hypothesize. In other words, high performance may bring rewards which in turn elevate the degree of satisfaction. Therefore, the previous notion that there is a relationship between job satisfaction and performance is theoretically justified, but it is actually that the relationship is an inverted form of the originally proposed relationship; performance leads to satisfaction, as opposed to the previous idea that job satisfaction leads to performance.

Overall, it would be helpful to organizational success for administrators to accept that a relationship does exist between high job satisfaction and motivation to perform at higher levels. Otherwise, failure of administrators to address job satisfaction levels could lead to desirable productivity, efficiency and financial success being jeopardized.
JOB SATISFACTION, ABSENTEEISM, AND TURNOVER

Studies do show a strong correlation between job satisfaction and absenteeism and turnover. Job turnover is defined as the change by an individual from one job setting to another within the same profession (Harkson, Unterreiner & Shepard, 1982). Turnover is costly to a physical therapy organization financially and in terms of co-worker relationships and morale (Smith, 1989). The relationship between turnover and the loss of knowledge, skills and experience, along with the consequential increased demands placed on remaining therapists, leads to unsettling results.

Administrators need to understand the cause of turnover in order to decrease turnover rates and to avoid the associated affects it has on the remaining staff. A study by Harkson and colleagues (1982) revealed that facilities which offer expanded professional opportunities (i.e., continuing education and research), may have higher retention success. Other experiences that physical therapists seek include: increased independence, increased promotional opportunities, salaries representative of their education and experience and policy making opportunities. Harkson’s results were determined by surveying, 820 licensed members of the American Physical Therapy Association, on personal, job setting and job-related attitudes and needs.

A Canadian study examined members of the Canadian Physiotherapy Association and had them choose, from a list of reasons for changing jobs, items that applied to their situation (Gelmon & Williams, 1983). It was determined that the top seven reasons for changing jobs among this population, in descending order, were: family, advancement, discontent, education, travel, salary and the ability to perform research.

Friedman and colleagues (1985), upon completion of a census survey to determine the supply/demand status of allied health professionals in New York state, determined that the primary reason professionals gave for stability in a setting for longer than three years was role satisfaction. Immediately following role satisfaction, were attractive salaries and...
desirable work atmospheres as reasons for retention in a site longer than the typical duration.

Georgopoulos, Mahoney, & Jones (1955); Vroom (1964); and Lawler & Porter (1967) have all identified the path-goal theory as the basis of the relationship that exists between job satisfaction, absenteeism, and turnover. The path-goal theory states that people are motivated to do things which they feel have a high probability of leading to rewards which they value. If a worker states he is satisfied with his work, it is actually that he is able to satisfy his needs with what his job provides him with, or that essentially he is motivated to go to work because that is where his needs get satisfied.

According to Maslow (1954), there is a hierarchy of need theory. In hierarchical order Maslow arranges five human needs. Physiological and security needs being the lowest level needs; social and esteem needs next; and autonomy and self-actualization needs as the highest level. He associates organizationally controlled (extrinsic) rewards with lower level needs such as, pay, promotion, status and security. Individually dictated (intrinsic) rewards, such as feelings of accomplishment of something worthwhile, are associated with higher level needs. Maslow proposed that each identified level meets a need for an individual and that the lower levels must be fulfilled before progression to the next level is possible.

Whether or not a relationship exists between job satisfaction and absenteeism and turnover is not debated in the literature as is the job satisfaction-performance relationship. It is generally accepted that higher levels of job satisfaction lead to lower levels of absenteeism and decreased turnover rates. This needs to be a major consideration for physical therapy administrators, be they contract or otherwise in nature, when they are reviewing job satisfaction information about their employees.
RESEARCH IN THE FIELD OF OCCUPATIONAL THERAPY AND NURSING HAS DONE MUCH TOWARD THE RECOGNITION OF DETERMINANTS THAT AFFECT JOB SATISFACTION FOR HEALTH CARE PROFESSIONALS IN A BROAD SENSE. FREDA (1992) NOTED THE PROBLEMS OF RETENTION AMONG OCCUPATIONAL THERAPY FACILITIES. THIS AUTHOR CONDUCTED A DESCRIPTIVE STUDY TO IDENTIFY FACTORS THAT OCCUPATIONAL THERAPISTS PERCEIVED AS IMPORTANT TO PRACTICING IN RELATION TO RETAINING THEM IN THEIR CURRENT POSITIONS.

The survey this author used consisted of both forced-choice questions and Likert scale items. For the most part, respondents were instructed to rate the importance of specific issues relating to a decision to leave a current job. Salary and promotional opportunity were the most frequently chosen responses for what could lure a therapist away from their current job. Direct patient care was consistently identified as the most rewarding aspect of the therapists' current jobs. Paperwork was identified overwhelmingly as the most stressful aspect of the respondents' current job. Because paperwork has also been identified as a major source of dissatisfaction for nurses as well (Huey & Hartley, 1988), administrators need to assess the paperwork demands on their staff as part of an overall satisfaction and retention strategy.

TRI (1991) CONDUCTED A STUDY TO DESCRIBE INDIVIDUAL AND SITUATIONAL FACTORS THAT CONTRIBUTE TO JOB SATISFACTION AND DISSATISFACTION AMONG NURSE PRACTITIONERS. THE RESULTS OBTAINED BY TRI SUGGEST THAT AUTONOMY, SENSE OF ACCOMPLISHMENT AND TIME SPENT IN PATIENT CARE RANKED AS THE TOP THREE FACTORS CONTRIBUTING TO JOB SATISFACTION. THE HIGHEST RANKED DISSATISFACTION FACTOR REPORTED WAS SALARY. IT WAS DETERMINED THAT DIFFERENCES IN JOB SATISFACTION EXISTED ACCORDING TO SEVERAL PRACTICE SETTING CHARACTERISTICS. THE DATA FOR THIS STUDY WAS COLLECTED BY HAVING 373 NURSE PRACTITIONERS OF ALL DIFFERENT SPECIALTIES, WHO WERE CURRENTLY ACTIVE IN CLINICAL PRACTICE, FILL OUT A SURVEY ABOUT THEIR JOB SATISFACTION USING A LIKERT SCALE.
Seymour and Buscherhof (1991) had members of the American Nursing Association complete a 22 page questionnaire entitled 'Careers in Nursing: A survey of attitudes, choices and achievement'. They determined that many of the unpleasant structural problems that lead to dissatisfaction were the result of colleagues being faced with high workloads, exhaustion, and unsafe working conditions. Nurses in this study ranked good feelings about their work, opportunities for professional development, and material rewards as the top three pleasure sources in their line of work.

**TYPES OF CONTRACT SERVICES**

In addition to focusing on retention and recruitment, it is extremely imperative that administrators establish good relationships with contract services upon which they can depend. The success of these relationships will be influenced by whether or not managers are selecting the best type of contract company for the services they seek. There are several types of contract companies from which to choose. Following is a summary of the various types of contract companies currently available as outlined by Hathorne (1992).

One type of contract firm is known as a local temporary agency. This is similar to other "temp" services. Arrangements are made for qualified individuals to come into the work setting on a temporary basis. Typically cancellation of the services can be as short as 24 hours if the need for the worker is no longer present.

Traveling therapy agencies are another variety of contract company. Traveling therapists are usually placed in organizations, with which the agency has a contract to supply staff, for 13 weeks. The agency provides the therapists with allowances for housing and relocation in addition to the pay rates. Typically, hard to staff locations are the basis for utilization of this organizational format.

Long-term temporary agencies are yet another type of contract company. They will supply organizations in need with professional staff for one year. These therapists
often make a "home" at their assignments. The therapists that work for this type of agency are often less expensive for an organization to use since relocation costs are not as high.

Lastly, contract arrangements can be made where a firm is contracted to completely manage a department. Most often, this managerial role is in addition to supplying the professional staff for the department. This is the type of contract arrangement upon which this study focuses.

PHYSICAL THERAPY CONTRACT MANAGEMENT

The investigators of this study are studying physical therapists who are employed by contract management firms that have been hired by hospitals to run their rehabilitation departments. Literature about contract physical therapy companies, who take over the management and staffing of departments within organizations, lends some insight into the problem areas created by the use of contracted services.

Fitting in, with co-workers, as well as with the members of the facilities hierarchy, is a critical challenge contractors face (Souhrada, 1991). "An important aspect of the contract process is making sure the contractor becomes integrated with the hospital organization" (Shourada, 1991, p. 54). Often the feeling that employees from the outside organization are not operating under the same guidelines or rules exists where contracting is used. Communication, cooperation and a common set of goals are also identified by this author as key areas that must be free of obstacles for the use of contract management to be successful.

CONCLUSION

Trends in the health care system towards the increased use of contract companies for health services, are creating additional job opportunities for physical therapists. When considering these opportunities, job satisfaction should be strongly considered before
accepting a position. Job satisfaction has been described as the collective feelings one has about several different job facets including: pay, opportunity for promotion, interaction with co-workers and supervisors, and participation in policy making. Because contract physical therapists often are not provided with several of these job satisfaction experiences, the investigators in this study hypothesize that there is a lower level of job satisfaction among contract therapists as opposed to directly employed therapists. The null hypotheses, therefore, are either 1) there is no job satisfaction difference between directly employed and contract therapists or 2) that job satisfaction levels are higher among contract therapists when compared to directly employed therapists.
CHAPTER THREE

METHODOLOGY

The focus of our study was to assess the possible difference between levels of job satisfaction based on employment status, contracted or directly employed by the hospital. Levels of job satisfaction were measured by administering the Minnesota Satisfaction Questionnaire (MSQ). The MSQ is a well-regarded measure of job satisfaction (Muchinsky, 1983) and has been used in numerous studies. Developed by Weiss, Dawis, England & Lofquist (1967), the questionnaire considers both intrinsic and extrinsic variables comprising job satisfaction and comes in a long form and a short form. For a more accurate measurement, the investigators utilized the long form of the tool. Randomly sampled physical therapists working in an acute care hospital setting received the questionnaires. A letter explaining our purpose of intent and a consent form were also given with each questionnaire. Those choosing to participate in our study were asked to return the questionnaire and letter of consent in the enclosed stamped envelope. Therapists choosing not to participate were also asked to mail back the questionnaire booklet since it is copyright protected. Individuals who indicated a desire to receive the results of this study were sent a summary of our findings.

To our knowledge, there has never been a study performed assessing degrees of job satisfaction between contract physical therapists and directly employed physical therapists proving a need for such research. Our study was of an exploratory nature involving a survey in which gathered data was used to prove or disprove our proposed
hypothesis. As with most survey research, we anticipated the possibility of a low return rate. To ensure ourselves enough gathered data to make the study valid, the investigators sent out 100 questionnaires to each of the study groups. Remittance of the completed questionnaire was encouraged by offering a summary of our results to the participants.

HUMAN RESEARCH REVIEW

A summary of our project, 'Differences in Job Satisfaction between Contracted and Directly Employed Physical Therapists', was sent to the Grand Valley State University Human Research Review Committee. Approval of our study in the category of exemption was requested since our only contact with the participants would be through the questionnaire. The proposal outlined the research project explaining that data collection would be through the survey only, and that the information gathered would be used for research only. Approval from the Human Research Review Board was granted on August 10, 1993 for our study.

POPULATION AND SAMPLE

Our sample population consisted of two different types of physical therapists, those directly employed by a hospital and those employed by a contract company. The population criteria included the following: (1) practicing physical therapist for at least six months, (2) working in an acute care hospital setting, (3) working at the hospital for at least six months but no longer than two years. Sampling was done through randomization. Contract companies in the state of Michigan that contract therapists to an acute care hospital were the ones from which the researchers selected. Directly employed therapists were randomly chosen from a list of acute care hospitals obtained through the Michigan Hospital Association (MHA). Geographical location and bed size of the hospital were used to narrow the number of hospital from which to select. The agreed upon bed size for the acute care hospital population was between 100-400.
INSTRUMENT

The measurement tool was the MSQ. "...a paper and pencil inventory of the degree to which vocational needs and values are satisfied on a job" (University of Minnesota, 1993, p. 24). The tool was developed in 1957 through the research study known as the Work Adjustment Project performed by the Vocational Psychology Research Department at the University of Minnesota. This instrument, which measures job satisfaction with several different aspects of work and work environment, takes only 15-20 minutes to administer, reads at the fifth grade level, and was copyrighted in 1967. The questionnaire was revised in 1977 to change the answering system from a numerical scale of one to five, to a Likert scale of very dissatisfied to very satisfied. It is the revised 1977 long form questionnaire that we administered in this study.

The long form of the MSQ consists of 100 questions. Within the 100 questions are 20 different scales each consisting of five questions. Scales comprising the questionnaire include: ability utilization, achievement, activity, advancement, authority, company policies and practices, compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social services, social status, supervision—human relations, supervision—technical, variety, and working conditions. A general satisfaction scale can also be scored and it is this scale that we concentrated on. This scale is made up of 20 questions, one question from each of the twenty scales. From the raw scores obtained by analyzing any of the 21 scales, percentile scores can be determined by using the appropriate tables of normative data provided in the manual. The investigators used the employed non-disabled normative data since no normative group for physical therapists has been developed.

This tool meets the accepted standards for reliability and shows evidence of validity (Weiss, Dawis, England, & Lofquist, 1967). The internal consistency reliability has been estimated by using Hoyt's analysis-of-variance method. On the general
satisfaction scale, the coefficients ranged from .95 to .82 with a median of .88. Data on
stability has also been collected at time intervals of one week and one year. For the
general satisfaction scale, the retest correlation coefficients were .89 and .70 respectively.
Evidence of validity has been derived mostly through its performance according to
theoretical expectations implying a construct validity. With the general satisfaction scale,
construct validity came from other construct validation studies based on the theory of
work adjustment (Weiss et al., 1967). "This theory uses the correspondence (or lack of it)
between the work personality and the work environment as the principal reason or
explanation for observed work adjustment outcomes" (Weiss et al., 1967, p. v). Through
the studies it was found that the MSQ measured job satisfaction in accordance with its
expectations to the theory of work adjustment.

The MSQ long form booklet, a cover letter, and a form of consent were distributed
to both contract physical therapists and directly employed physical therapists working in
acute care hospitals through a supervisor. It was asked that all booklets be returned, if
participating or not, to help protect the copyright. Once the finished questionnaire forms,
were received, the investigators concentrated on the general satisfaction scale questions to
determine if there was a difference on levels of job satisfaction. If a difference was
discovered, further analysis would be done to find the area or areas of decreased
satisfaction.

PROCEDURE

Subject recruitment was done as stated in the population and sample portion of
this chapter. Before mailing out the questionnaires to the prospective participants, the
booklets were numbered 1-200. These were then divided into two groups; contract
physical therapists received booklets 1-100 and directly employed physical therapist
received booklets 101-200. This allowed the investigators to know what type of physical
therapist the respondent was without having to ask them to answer an extra question. It also served as a method to determine if all the booklets had been returned as requested.

As the completed questionnaires were received by the researchers in the mail, they were opened and divided into two subsets -- one for contract therapists and one for directly employed therapists. The returned consent forms were also divided into two subsets -- those requesting a summary of the results and those not. The questionnaires were scored on the 20 questions comprising the general satisfaction scales. Scoring was done according to the following: very dissatisfied (1), dissatisfied (2), neither (3), satisfied (4), very satisfied (5). Raw scores were calculated for the general satisfaction scale and then a median score was determined for each of the two groups. It was the median scores that the investigators compared to verify or negate the research hypothesis. The median scores were then converted to percentile scores using the MSQ's normative data tables to determine the degrees of job satisfaction for each group.

Participants in this study are to remain anonymous and in no way do their employer's have access to their actual answers. These facts are clearly stated in the consent form that was to be signed by all participants. A statement of confidentiality and a statement of no extraneous use of information was also included in the consent form. The researchers anticipate no potential hazards to the participants in this investigation due to its nature.
CHAPTER FOUR

RESULTS AND DATA ANALYSIS

The investigators method of data acquisition was solely through the use of the Minnesota Satisfaction Questionnaire (MSQ). Surveys were sent to Physical Therapy department managers of the randomly selected hospitals after telephone contact had been made to explain the study and what their role was to be in the study. The investigators asked the department managers to dispense the surveys to all the therapists in their department that met our criteria for participation. Those therapists choosing to complete the surveys and mail them back compromised the directly employed therapist population. The contract therapist population was made up of therapists who returned the survey that they received from their manager. Contract managers received the packet of surveys from the person in charge of special projects for their company. Three major contract companies in Michigan were selected to participate in this study as well as several smaller companies.

Return rate of the surveys was very low in this study even though an incentive to participate was offered. This low return rate gave the investigators a small population to work with for data analysis. For the purpose of statistical analysis of the questionnaire data, the investigators set the confidence level at an alpha of \( \leq .05 \).

HYPOTHESIS AND RESEARCH QUESTION

The hypothesis of the investigators was that: general job satisfaction is lower among contract physical therapists when compared to directly employed physical

21
therapists. Job satisfaction is based on collective feelings one has on many facets of his job such as pay, opportunity for promotion, participation in policy making, and interaction with co-workers. Since contract physical therapists often miss out on several of these job satisfaction factors, the investigators felt that a lower level of general job satisfaction may be seen in this population.

TECHNIQUES

DATA ANALYSIS

The data collected from the returned MSQ forms was analyzed using descriptive statistics. Data entered into the computer for analysis included: type of therapist, sex, age, education level, length of time on the job, length of time in the profession, and answers to all 100 questions. Type of therapist, length of time on the job, and the 20 questions comprising the general satisfaction scale was the data that the investigators concentrated on in order to support the hypothesis. The statistical computer program SPSS/PC+ was utilized for generation of mean values, p-values, F-values and to run analysis of variance tests on the collected data.

Mean values were calculated on each population type for the general satisfaction scale. Length of time on the job and its influence on general job satisfaction also had mean calculations performed on the data. A one-way analysis of variance was run to compare the general satisfaction level with the type of therapist. To relate general satisfaction means to both the type of therapist and the length of time on the job, a two-way analysis of variance was computed. These analyses of variance were used to determine if there was a significant difference between the means of each population type.

CHARACTERISTICS OF SUBJECTS

The survey was mailed to 100 contract physical therapists and 100 directly employed physical therapists working in acute care hospitals in the state of Michigan. Seventeen surveys were returned by contract therapists giving them a return rate of 17%
while directly employed therapist returned thirty-four surveys giving them a return rate of 34%. This gave the investigators an overall return rate of only 25.5%.

Females comprised the majority of the respondents, 76.5% overall; 65% of all contract therapists and 82% of all directly employed therapists. Participants ranged in age from 23 years old to 51 years old. The mean age for this study was 30.98 years with a standard deviation ($SD$) of 6.96. Educational grade levels completed by the participants were between grade sixteen and grade twenty with an average grade level of 16.98. Therapists had to be working in their current setting for at least six months but no longer than 24 months to be eligible for participation in this study. The mean length of time on the job for the contract group was 17.35 months with a standard deviation of 6.57 while the directly employed group had a mean of 14.38 months with a standard deviation of 5.84. Length of time in the profession of physical therapy for the subjects ranged between six months and 31 years with a mean value of 72.49 months or approximately six years.

RESULTS

The majority of physical therapists who responded to the questionnaire indicated a fair to moderate level of satisfaction with their jobs. As one collective population, the mean score on the general satisfaction scale was 77.59 ($SD$ 8.64) which is equivalent to a percentile score of forty-eight. A percentile score of 75 or higher represents a high degree of satisfaction; a percentile score of 25 or less represents a low level of satisfaction; and scores in between indicate an average level of satisfaction according to the MSQ manual. When the two population types are separated, a median score for the general satisfaction scale is found to be 76.41 ($SD$ 9.35) for the contract group and 78.18 ($SD$ 8.34) for the directly employed group. These values lead to percentile scores of 45 and 50 respectively projecting average levels of job satisfaction for both groups when compared to the normative data in the MSQ manual (Weiss, et al., 1967).
When a one-way analysis of variance was run comparing the general satisfaction means by the type of therapist, a p-value of .497 was found. This p-value established the difference between the means to be insignificant. A two-way analysis of variance performed comparing the general satisfaction score to the type of therapist and to the length of time on the job did however produce notable results. The p-value for the main effects on the type of therapist was .031 and for the main effects on the length of time on the job was .064 (Table 1). This is explained by the two-way interaction p-value of .037. Since this p-value is less than or equal to the set p-value of .05, a significant difference between the means of general satisfaction is found. Therefore, computation of this two-way interaction p-value allows the investigators to state that a decrease in general job satisfaction is seen for the contract physical therapist population when the length of time on the job is also factored in to the study's sample.

Mean scores of general satisfaction, according to the type of therapist and the length of time on the job, are shown in Table 2. For the contract sample group, the highest level of job satisfaction occurred at 22 months and by month 24, it had decreased by almost 18 points. Directly employed therapist's highest score occurred at month 18 and decreased by 15 points at month 24. With the limited sample size of this study's population groups, inferences can only be made that directly employed physical therapists have a higher level of general job satisfaction after 24 months on the job.

Since a significant difference between the means of general job satisfaction was found, the investigators probed the remaining scales to look for other areas of difference. Of the remaining twenty scales, only one was found to have a meaningful difference between the means. That scale was the supervision--technical and gave a p-value of .031 with directly employed therapists being more satisfied. This scale is defined in the MSQ manual as dealing with the competence of one's supervisor in making decisions (Weiss, et al., 1967).
The investigators are able to support their hypothesis that contract physical therapists have a lower level of general job satisfaction when compared to directly employed physical therapist when the length of time on the job is factored in due to the calculated p-value being \( \leq .05 \). However, because of the small sample size the investigators had to work with, the validity of the study is questionable. It is for this reason that the investigators can only make inferences when applying the statistical data to broader populations.
CHAPTER FIVE

DISCUSSION

There is currently a demand for physical therapists in the rehabilitation field. With this shortage, hospitals are having to utilize all of their alternatives for staffing purposes. One of these alternatives that is quickly becoming widely implemented is contract employment. Of obvious concern to the employers is whether or not their facility is attractive to prospective physical therapists. To assist employers and to inform job seeking physical therapists, the investigators attempted to show, by comparison, the differences in job satisfaction levels between contract and directly employed therapists. The results of the research shows that job satisfaction is lower among individuals who are employed by contract companies.

The tool used for data collection enabled the authors of this study to analyze several different factors that contribute to one's overall level of satisfaction with his job. The only characteristic of employment that was determined to significantly influence satisfaction levels among the therapists in this study was the length of time they had been working in their current position. In the population used, job satisfaction was 20% higher among directly employed therapists during their twenty-fourth month on the job when compared to the contract group.

A possible explanation for this discovered difference is the perks of seniority that are available to a directly employed physical therapist and limited to contract therapists. Included in these perks are the increased opportunity for participation or development of
departmental policies and procedures. Many studies have identified this activity as an important contributing factor in one's general job satisfaction. There is also the title advancement or promotions that go along with the extended amount of time one works for a facility. Directly employed therapists have a greater opportunity to climb the career ladder within the department as well as within the hospital, something which is often not available to contract therapists. With this ascent, therapists will inevitably find that they have an increase in job responsibilities and receive a greater level of respect among their peers. All of which further contribute to a higher level of job satisfaction.

In addition, directly employed therapists will have a more vested interest and involvement in the facility that employs them. The longer a therapist works for a direct employer, the more they are inclined to assist in the development of a more productive department. Due to the nature of contract companies, unless the contracted therapist is also a partner of the company, they most likely will have a diminished interest in the associations affairs.

**IMPLICATIONS FOR PHYSICAL THERAPISTS**

With the many job opportunities available to physical therapists, one must consider all the facets of the job that comprise job satisfaction to assure happiness with his final decision. Through this research study, the authors hope to increase the knowledge and awareness of job seeking physical therapists regarding the different levels of general job satisfaction depending on employment type. The data collection of this investigation shows that if one wishes to climb the career ladder and receive the many perks of seniority, both of which contribute to the maintenance of a higher level of job satisfaction, one should focus more on directly employed job opportunities. If the job characteristics of mobility and increased variety of settings is more important, contract employment should be considered. Choosing a place of employment can be difficult for physical therapists and
the investigators are hopeful that they have provided some insight that can be applied by an individual when attempting to narrow his job options.

IMPLICATIONS FOR CONTRACT COMPANIES

Contract companies are now becoming a viable force in the health care system, however they have yet to optimize their existence. The authors of this study wish to alert contract companies to their unattractive attributes uncovered during this investigation. The largest area of discontent among the contract physical therapists in this study occurred on the satisfaction scale of supervision-technical. This denotes that the therapists were unhappy with the competency of their supervisor in making decisions which may stem from the inability of the contract therapist to aid in the decision making process. A decreased level of job satisfaction occurred over time as a consequence of this unattractive feature found in contract companies. The investigators intentions of providing this information are for contract companies to acknowledge this area of breakdown and address its effects on their employees lower level of job satisfaction.

LIMITATIONS OF THE STUDY

This study is only the start to the investigation of whether job satisfaction is diminished in the contract therapist population. A small population, such as the one used here, limits the ability to draw generalizations from this investigation and therefore only inferences can be made. The low return rate may have been due to the length of the survey (100 questions) and to the fact that with the shortage of qualified help, physical therapists are usually very busy. Another possible reason for the small sample size, particularly among the contract therapist population, may be accounted for in the structural base on which contract companies are built. Contract companies are generally privately owned corporations that are interested in making a profit to remain productive. More often than not, going out of the way for others outside the group, and devoting time
to nonprofitable issues are not traits that are common place among contract groups. For example, from one contract company the investigators received one survey out of the thirty sent out. When an inquiry was made to that company about the minimal return rate and possible encouragement of the staff to boast the return rate, it proved to be a futile attempt.

FURTHER RESEARCH

Since this is the first study done on this particular subject, there is ample room for further research. This study could be done outside the state of Michigan and/or with a different measurement tool. Other types of contract companies such as traveling companies should also be analyzed. Settings other than acute care hospitals deserve to be examined as well. Further research would be a great asset to the profession of physical therapy by aiding therapists in making educated employment decisions and by informing contract companies of their areas requiring improvement to make them a more viable force in the health care system.
REFERENCES


Table 1

Analysis of Variance to Compare General Satisfaction by the Type of Therapist (type) and the Length of Time on the Job (joblen).

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Mean Square</th>
<th>F Value</th>
<th>Signif. of F</th>
</tr>
</thead>
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<td>Main Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type</td>
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<td>18</td>
<td>89.940</td>
<td>1.889</td>
<td>.073</td>
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<tr>
<td>Joblen</td>
<td>1583.622</td>
<td>17</td>
<td>93.15</td>
<td>41.957</td>
<td>.064</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>2-Way Interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td>248.419</td>
<td>1</td>
<td>248.419</td>
<td>5.219</td>
<td>.031</td>
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<td>Joblen</td>
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<td>121.121</td>
<td>2.544</td>
<td>.037</td>
</tr>
<tr>
<td>Explained</td>
<td>2587.886</td>
<td>26</td>
<td>99.534</td>
<td>2.091</td>
<td>.037</td>
</tr>
<tr>
<td>Residual</td>
<td>1142.467</td>
<td>24</td>
<td>47.603</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3730.353</td>
<td>50</td>
<td>74.607</td>
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Table 2

Mean Scores of General Satisfaction Relative to Length of Time on the Job (in months).

<table>
<thead>
<tr>
<th>Time on the Job</th>
<th>Contracted</th>
<th>Directly Employed</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>82.50</td>
<td>----</td>
</tr>
<tr>
<td>7</td>
<td>----</td>
<td>78.00</td>
</tr>
<tr>
<td>8</td>
<td>81.00</td>
<td>----</td>
</tr>
<tr>
<td>9</td>
<td>----</td>
<td>79.00</td>
</tr>
<tr>
<td>10</td>
<td>----</td>
<td>78.00</td>
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<tr>
<td>11</td>
<td>----</td>
<td>76.00</td>
</tr>
<tr>
<td>12</td>
<td>60.00</td>
<td>80.00</td>
</tr>
<tr>
<td>13</td>
<td>78.50</td>
<td>81.00</td>
</tr>
<tr>
<td>14</td>
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<td>63.00</td>
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<td>15</td>
<td>----</td>
<td>83.00</td>
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<td>16</td>
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<tr>
<td>20</td>
<td>----</td>
<td>51.00</td>
</tr>
<tr>
<td>21</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>22</td>
<td>92.00</td>
<td>78.00</td>
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<tr>
<td>23</td>
<td>83.00</td>
<td>81.50</td>
</tr>
<tr>
<td>24</td>
<td>74.80</td>
<td>79.50</td>
</tr>
</tbody>
</table>
Dear Therapist,

We are students from Grand Valley State University in Allendale, Michigan, pursuing our Master of Science in Physical Therapy. In order to fulfill the degree requirements, we are conducting a survey to compare degrees of job satisfaction between contract physical therapists and directly employed physical therapists, both practicing in acute care hospital settings, as indicated by the Minnesota Satisfaction Questionnaire (MSQ). Therapists participating in this study have been practicing in the Physical Therapy field for at least six months and have been in their current acute setting for at least six months but not longer than two years. You have been randomly selected from a population of physical therapists to participate in this study. We greatly appreciate your voluntary participation in this research project.

As a participant, you will need to complete the MSQ form which will require approximately 15-20 minutes of your time. The instructions for completing the MSQ are located on page 3 of the MSQ booklet. Please read the instructions carefully and thoroughly. Your answers are completely confidential and will be coded so that identification of individual participants will not be possible. A summary of the research results will be mailed to you upon your request.

Please return the MSQ booklet and the signed consent form in the enclosed addressed stamped envelope. The MSQ form is copyright protected and is meant to be used and interpreted only by individuals who are qualified to administer and interpret the MSQ. The booklet must not be copied or distributed. Should you choose not to participate in this study, please return the booklet in the enclosed envelope.

If you have any questions, please feel free to contact us at (616) 453-2887. Thank you for your prompt completion and return of the enclosed materials.

Sincerely,

Valerie Stonehouse, SPT
Nicole Vanderberg, SPT
APPENDIX B
I have read the preceding information and fully understand the following:

1) My participation is completely voluntary.
2) My individual answers are strictly confidential.
3) The MSQ booklet answers I provide will in no way be accessible to my employer, and are intended for use in the research based development of general job satisfaction variances between contract and directly employed Physical Therapists.
4) The MSQ booklet is copyrighted and must be returned to the researchers.
5) If I have any questions, a phone number has been provided so that I may contact the researchers.

Please return this consent form along with the MSQ materials.

______________________________
(Participant Signature)    (Date)

If you wish to receive the results of this study please provide your mailing address below (please print):

Name: __________________________________________

Address: ________________________________________

___________________________________________
Sep. 20, 1993

Nicole Vanderberg
GVSU PR
1355 Hillcrest NW
Grand Rapids, MI 49504

Dear Nicole Vanderberg:

We are pleased to grant you permission to use the Minnesota Satisfaction Questionnaire long form for use in your research. We acknowledge receipt of payment for 200 copies of the instrument.

Vocational Psychology Research is currently in the process of revising the MSQ manual and it is very important that we receive copies of your research study results in order to construct new norm tables. Therefore, we would appreciate receiving a copy of your results including 1) demographic data of respondents, including age, education level, occupation and job tenure; and 2) response statistics including scale means, standard deviations, reliability coefficients, and standard errors of measurement. If your tests are scored by us, we will already have the information detailed in item #2.

Your providing this information will be an important and valuable contribution to the new MSQ manual. If you have any questions concerning this request, please feel free to call us at 612-625-1367.

Sincerely,

Dr. David J. Weiss, Director
Vocational Psychology Research