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UND Physical Therapy Alumni: Job Satisfaction Survey Results in 2004 and Over 10 Years

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UND PHYSICAL THERAPY ALUMNI: JOB SATISFACTION SURVEY RESULTS IN 2004 AND OVER 10 YEARS

by

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A Scholarly Project
Submitted to the Graduate Faculty of the
Department of Physical Therapy
School of Medicine
University of North Dakota
in partial fulfillment of the requirements
for the degree of Doctor of Physical Therapy

Grand Forks, North Dakota
May
2007
This Scholarly Project, submitted by Amber Entzel, Jill Ament Gibbon, and Laura Rasmusson Parent in partial fulfillment of the requirements for the Degree of Doctor of Physical Therapy from the University of North Dakota, has been read by the Advisor and Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

(Chairperson, Physical Therapy)
PERMISSION

Title
UND Physical Therapy Alumni: Job Satisfaction Survey Results in 2004 and Over 10 Years

Department
Physical Therapy

Degree
Doctor of Physical Therapy

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Date
12-15-06
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF FIGURES</th>
<th>vi</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>viii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>ix</td>
</tr>
</tbody>
</table>

#### CHAPTER

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II METHODS</td>
<td>7</td>
</tr>
<tr>
<td>III RESULTS</td>
<td>10</td>
</tr>
<tr>
<td>IV DISCUSSION</td>
<td>22</td>
</tr>
<tr>
<td>V CONCLUSION</td>
<td>28</td>
</tr>
</tbody>
</table>

#### APPENDICES

<table>
<thead>
<tr>
<th>APPENDICES</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 2004 Demographic Survey</td>
<td>30</td>
</tr>
<tr>
<td>B JDI/JIG Survey</td>
<td>35</td>
</tr>
<tr>
<td>C 1994 Survey IRB Approval Letter</td>
<td>40</td>
</tr>
<tr>
<td>D 1999 Survey IRB Approval Letter</td>
<td>42</td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS (page 2)

APPENDICES (continued)

E  2004 Survey IRB Approval Letter ............................................. 44
F  Current Project IRB Project Approval Letter ................................. 46

REFERENCES .................................................................................. 48
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Facility Compared to JDI/JIG Ratings</td>
<td>19</td>
</tr>
<tr>
<td>2.</td>
<td>Comparison of Median Scores of JDI and JIG between Survey Years</td>
<td>21</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Subject Profile 2004</td>
<td>11</td>
</tr>
<tr>
<td>2.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between Full-time and Part-time PTs in 2004</td>
<td>12</td>
</tr>
<tr>
<td>3.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between Genders in 2004</td>
<td>13</td>
</tr>
<tr>
<td>4.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between States of Practice in 2004</td>
<td>13</td>
</tr>
<tr>
<td>5.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between Entry-Level Degree in 2004</td>
<td>14</td>
</tr>
<tr>
<td>6.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between APTA Members and Non-members in 2004</td>
<td>14</td>
</tr>
<tr>
<td>7.</td>
<td>Comparison of Median Scores of JDI &amp; JIG with Differences in Direct Access in 2004</td>
<td>15</td>
</tr>
<tr>
<td>8.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between Positions of Work in 2004</td>
<td>18</td>
</tr>
<tr>
<td>9.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between Work Place Facility Types in 2004</td>
<td>18</td>
</tr>
<tr>
<td>10.</td>
<td>Subject Profile All Survey Years</td>
<td>20</td>
</tr>
<tr>
<td>11.</td>
<td>Comparison of Median Scores of JDI &amp; JIG Between Survey Years</td>
<td>21</td>
</tr>
</tbody>
</table>
ACKNOWLEDGEMENTS

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The other group of people with whom we wouldn’t be where we are today is our family and friends. We would like to thank them for their love, support and encouragement through our lengthy academic careers.
ABSTRACT

This study investigates University of North Dakota Department of Physical Therapy (UND PT) alumni job satisfaction. The field has evolved greatly with regards to educational requirements, autonomy of practice and utilization of skilled services. With these significant changes in the field, a look at job satisfaction of alumni was warranted.

Methods

The Job Descriptive Index (JDI), Job In General (JIG), and a demographic survey were sent out in 1994, 1999, and 2004 to all alumni of the University of North Dakota (UND) physical therapy program. Subjects were excluded if they were no longer practicing physical therapy, or if they were not employed as either a full-time or part-time therapist. Only the subjects from the 2004 survey were used when performing demographic comparisons.

Results

The results of the demographic comparisons from the 2004 surveys showed male PTs were more satisfied with promotion. They also indicated that American Physical Therapy Association (APTA) members were more satisfied in the areas of work, promotion, and JIG than non-members. Availability of direct access had no effect on PTs satisfaction in 2004. The private practice owners were more satisfied than clinical staff PTs in the areas of work, pay, promotion, and JIG. Finally, the 2004 surveys showed that outpatient facility employees and those in academia were more the most satisfied with work, promotion, and JIG.
Physical Therapists (PTs) were more satisfied with pay in 1994 than in 1999 or 2004. Satisfaction scores for promotion were the same in 1994 and 2004 and significantly higher than in 1999. PTs were the most satisfied with supervision in 2004. There was no significant difference in satisfaction scores of the work subscale between the years 1999 and 2004. Finally, PTs were significantly more satisfied with the JIG in 2004 and the least in 1999.

Conclusion

In 2004 there were significant differences amongst demographic profiles. In addition, there were significant differences when comparing JDI and JIG scores across the years 1994, 1999, and 2004. Satisfaction with co-workers and work remained high across all three years. Also, the overall job satisfaction for physical therapists as represented by UND PT alumni and measured by the JIG, is above average when compared to national norms of other professions.
CHAPTER I

INTRODUCTION

This study investigates University of North Dakota Department of Physical Therapy (UND PT) alumni job satisfaction. Brodski and Cook in 1978 found that job satisfaction for allied health professionals, including physical therapists, was less than 50%. The field of physical therapy (PT) has evolved greatly with regards to educational requirements, autonomy of practice and utilization of skilled services. With these significant changes in the field, another look at job satisfaction of alumni was warranted.

Purpose of Study

The job satisfaction and demographic surveys have been sent out by UND PT to all alumni of the program every 5 years since 1994. Earlier analyses have shown overall job satisfaction comparable to job satisfaction norms of other professionals. We will examine the individual job facets that contribute to job satisfaction. As mentioned above, these surveys have been administered during a period of significant changes in the profession, so we will also look at whether job satisfaction has changed over time, how, and in what specific areas.

Significance of Study

Because the majority of job satisfaction studies that have been done with health care workers have focused on the area of nursing, there is a need to identify job satisfaction within physical therapy. This is important because there has been little
research about job satisfaction within the growing field of physical therapy. It is our hope that the findings of this study will highlight areas of satisfaction and dissatisfaction within the profession of physical therapy.

The facets of the JDI found to indicate dissatisfaction may be used to highlight areas in need of improvement. Because of the close ties of this study with a physical therapy program, we feel that the results of this study could have an impact at a foundational level. Physical therapy students can use the results of this study to identify factors that are significant to job satisfaction when looking for employment.

Research Questions

The questions this study will address include: What is the level of job satisfaction among UND PT alumni? Has job satisfaction of UND PT alumni changed over 10 years? What individual subscales of the JDI are the strongest indicators of job satisfaction in this population? Do alumni demographics such as job setting, community size, position, and pay affect job satisfaction?

Hypotheses

Alternative Hypotheses

1) Job satisfaction of UND PT alumni has changed between 1994 and 2004.
2) The JIG and the JDI subscales that are the strongest indicators of job satisfaction have changed over time, parallel to the changes in the profession such as increase autonomy, managed care, and direct access/reimbursement.
3) Intrinsic rewards affect PT job satisfaction greater than extrinsic rewards. Intrinsic rewards using the JDI have been defined by other researchers as work performed and co-workers whereas extrinsic rewards have been defined as pay and promotion.3

Literature Review

Job satisfaction in the field of physical therapy as well as in other allied health professions has shown changes over time. This literature review is written with a chronological progression in order to demonstrate the satisfaction changes that have occurred over the last thirty years. Allied health workers, consisting of physical therapists (PTs), occupational therapists, respiratory therapists, and registered nurses are the focus of the review. The majority of published literature on job satisfaction amongst allied health workers has been focused in the area of nursing.

Job satisfaction can be described as “the feelings a worker has about his or her job experiences in relation to previous experiences, current expectations, or available alternatives.” 2 Job satisfaction can be thought of in two ways, a feeling associated with the whole job or feelings associated with individual facets of a job.4 This literature review, as well as the entire project, aim to look at both thoughts of job satisfaction.

Job satisfaction is typically assessed using survey instruments such as the Job Descriptive Index, Job in General Scale, Environmental Identity Scale, Self-Efficacy Scale, Position Identification Inventory, and the Vocational Preference Inventory.5 These scales were developed to measure and interpret job satisfaction because of the repercussions it can have for employers. Job satisfaction has been shown to influence turnover, productivity, absenteeism, and individual well-being.6 Due to the high costs of
employee training and work lost to absenteeism, an understanding in job satisfaction and providing a satisfying work experience is beneficial to employers. Also, employees examining a field of work or a particular employer may look for work that is satisfying to them.

Barnes and Crutchfield\(^7\) in 1977 researched job satisfaction amongst PTs in medical organizations and in private practice. Job satisfaction was measured using the responses from a sixteen question survey developed by the authors. Their results showed a level of significance for job satisfaction in areas of achievement, salary, and responsibility and dissatisfaction in policies and administration for PTs in medical organizations. Among PTs in private practice, job satisfaction was significant in achievement and responsibility.

In 1978 Brodski and Cook\(^1\) used the JDI to measure job satisfaction amongst allied health professions, including PTs, and found job satisfaction to be below the 50\(^{th}\) percentile compared to national norms. The promotion category had the biggest negative effect on job satisfaction, and professionals noted they felt there was little room for growth in their fields. This study also discussed that in 1978, allied health professionals were under-utilized and felt that they were over educated for the tasks that they were expected to perform. This study was performed before autonomy was a large part of the practice of allied health professionals.

Akroyd and Robertson\(^3\) performed a study in 1989 to examine the factors affecting job satisfaction, as measured by the JDI, among respiratory therapists. Findings
included that the type of work and satisfaction with supervision significantly contributed to overall job satisfaction.

Job satisfaction among nurses based on facility size and location was examined by Cowerd et al. They found that, in general, nurses in smaller hospitals (0-50 beds) had a higher overall job satisfaction than those in large urban hospitals. Nurses in small, rural hospitals reported the most positive attitudes about their professional status, the tasks they were required to do, the organizational policies in their work settings, and their autonomy. Juhl and colleagues looked at job satisfaction of nurses based on practice setting. It was found that public health nurses were more satisfied with their jobs than home health nurses. Both of these categories of nurses felt that salary provided the least satisfaction while professional status provided the most satisfaction.

In 1994, Akroyd et al investigated the predictive power of selected intrinsic and extrinsic job-related variables upon allied health practitioners' work satisfaction in ambulatory care and hospital settings in 3 southern states. The study found that the single most powerful predictor of therapists' work satisfaction in both settings was involvement in their profession. Involvement was also significantly correlated with autonomy. Overall the study shows that intrinsic rewards are a stronger predictor of job satisfaction amongst this population than extrinsic rewards.

Blau et al looked at changes in the physical therapy profession from 1998 to 2002. From interviewing physical therapists about their feelings towards the changes, four common trends were found, including loss of control, stress, discontent and disheartenment. However, all therapists mentioned the ability to find rewards within
themselves related to their work. Eker et al\textsuperscript{11} inquired about job satisfaction of physiotherapists in Turkey in 2004. They found no significant differences between genders or age groups, however there was a significant positive relationship between perceived quality of leadership and job satisfaction. The greatest areas of dissatisfaction were salary and advancement opportunities.

The American Physical Therapy Association (APTA) conducted an employment survey in 2005\textsuperscript{12}. This survey was issued to both members and nonmembers of the APTA and included employment information, pay and job satisfaction. Job satisfaction was assessed with general questions, rather than a standardized tool of measurement for job satisfaction. The results of this study found that smaller percentage of respondents reported a decrease in job satisfaction over a time-span of six months. This finding is much different than in previous annual surveys over the past five years when as many as 30\% of respondents stated that they had a decrease in job satisfaction in the past six months. This survey also showed that the largest quantity of respondents had either no change in job satisfaction or an increase in job satisfaction scores. Amongst the most satisfied with their job were employees in private outpatient offices of health and wellness facilities.
CHAPTER II
METHODS

The job satisfaction measurement tools used in this study were the Job Descriptive Index, Job In General, and a demographic survey. They were sent out in 1994, 1999, and 2004 to all alumni of the University of North Dakota (UND) physical therapy program. The responses to the surveys were analyzed using SPSS software.

Subjects

This study includes data from a survey sent to Physical Therapy (PT) alumni who graduated from the University of North Dakota (UND) with either a Bachelor of Science in Physical Therapy (BSPT) or a Master of Physical Therapy (MPT) degree. The Doctor of Physical Therapy (DPT) was not offered prior to 2004. Surveys were sent out in the years 1994, 1999, and 2004 to all UND PT alumni. Subjects were excluded if they had temporarily or permanently left the field of PT. Only the subjects from the 2004 survey were used when performing demographic comparisons. Subject responses from 1994, 1999, and 2004 were used to compare job satisfaction at those points in time.

Instrumentation

Subjects received the Job Descriptive Index (JDI), the Job in General Scale (JIG) and a demographic survey each survey year. The demographic survey was developed by the UND PT Department. It included questions pertaining to employment history,
professional involvement, educational history and general demographics (gender, age, and race) See Appendix A for the demographic survey used in 2004.

The JDI is a survey that measures how a person feels about his or her job. There are five different subsets of the JDI which include satisfaction with type of work performed, supervision, co-workers, pay, and opportunities for promotion. In this paper these subscales will be referred to as work, supervision, co-workers, pay and promotion, respectively. Survey participants answered yes, no or undecided as to whether several short descriptors described his or her job for each category. Kinicki, et al\textsuperscript{15} has shown The JDI has good internal consistency and test re-test reliability. Balzer, et al\textsuperscript{2} have shown the JDI to have significant discriminant and convergent validity within and across samples. The JIG is a scale that gives an overall representation of job satisfaction with a single scale score. Convergent and construct validity as well as reliability have been established by Balzer\textsuperscript{2} for the JIG. The JDI/JIG is presented in Appendix B.

Procedure

The surveys were all approved by the UND Institutional Review Board before being sent to participants. Project approval numbers and letters can be found in Appendices C, D and E. Appendix F provides the approval for the current study.

The surveys and cover letters were sent to the UND PT alumni. There were 706, 942, and 1170 surveys sent out in 1994, 1999, and 2004 respectively. Since all alumni were sent surveys all three times, if a person graduated before 1993 he or she was sent the
survey three times. If a person graduated between 1995 and 1998 he or she would have received the survey twice.

The cover letter explained the studies and that all data would be kept confidential and collected anonymously. The letter also noted that participation was voluntary and by returning a survey the person was implying his or her consent to participate.

All data was collected in an anonymous manner and, as a result, there is no way of tracking data from any given respondent for a comparison over time. To improve response rates, reminder postcards were sent to everyone shortly following the original mailing and again at a later date.

Data Analysis

Since the JDI and JIG measures are subjective ratings, the Kruskal-Wallis and Mann-Whitney U (MWU) non-parametric tests were used to analyze the data. For tests with three or more groups one-way ANOVAs were also utilized. When there was an agreement of significance between the MWU and the ANOVA, post-hoc results (Scheffe’s) were looked at to investigate pairwise comparison. Alpha level was set at 0.05.
CHAPTER III

RESULTS

The JDI and JIG subscale scores from the UND PT alumni surveys from 2004 were analyzed by full-time or part-time status, gender, state of residency, entry level degree, APTA membership, availability of direct access, position held, and facility. Within these categories, significant differences in physical therapy satisfaction scores were identified. The JDI and JIG survey scores were also compared between the years 1994, 1999, and 2004.

2004 Subject Profile

In 2004, 515 UND physical therapy (PT) alumni respondents were working as either a full or part-time physical therapists (PTs). Out of those 515 PTs, the majority were females and full-time employees. The entry-level degrees of respondents were a BSPT or MPT and the number of respondents in either category was nearly equal. Most respondents were employed by outpatient PT clinics and hospitals. Most respondents were employed as clinical PT staff. Subject profile information is shown in Table 1.

2004 Results

JDI and JIG Scored by Full-time and Part-time Physical Therapists

When comparing the JDI and JIG scores of full-time and part-time physical therapists, the only subscale score that was significantly different was the satisfaction with supervision as shown in Table 2. All other subscales on the JDI and the JIG were
Table 1. 2004 Subject Profile

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Respondents</td>
<td>515</td>
<td>100</td>
</tr>
<tr>
<td>Classification of Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>405</td>
<td>78.6</td>
</tr>
<tr>
<td>Part-time</td>
<td>110</td>
<td>21.4</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>343</td>
<td>69.3</td>
</tr>
<tr>
<td>Male</td>
<td>152</td>
<td>30.7</td>
</tr>
<tr>
<td>Entry Level Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSPT</td>
<td>283</td>
<td>57.4</td>
</tr>
<tr>
<td>MSPT</td>
<td>210</td>
<td>42.6</td>
</tr>
<tr>
<td>Facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>147</td>
<td>28.7</td>
</tr>
<tr>
<td>Rehab center</td>
<td>51</td>
<td>9.9</td>
</tr>
<tr>
<td>Out-patient PT</td>
<td>126</td>
<td>24.6</td>
</tr>
<tr>
<td>Extended care facility</td>
<td>45</td>
<td>8.8</td>
</tr>
<tr>
<td>Home health</td>
<td>38</td>
<td>7.4</td>
</tr>
<tr>
<td>School system</td>
<td>21</td>
<td>4.1</td>
</tr>
<tr>
<td>Academic institution*</td>
<td>17</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>68</td>
<td>13.3</td>
</tr>
<tr>
<td>Position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner/partner</td>
<td>63</td>
<td>12.9</td>
</tr>
<tr>
<td>Clinical administrator</td>
<td>46</td>
<td>9.4</td>
</tr>
<tr>
<td>Clinical supervisor</td>
<td>51</td>
<td>10.5</td>
</tr>
<tr>
<td>Clinical PT staff</td>
<td>319</td>
<td>65.4</td>
</tr>
<tr>
<td>Academic faculty*</td>
<td>9</td>
<td>1.8</td>
</tr>
</tbody>
</table>

*Number of respondents is varied between facility and position for academics. This may be due to PTs practicing in an academic facility rather than teaching.
not significantly different between full-time and part-time PTs. Because of the similarities between the two groups, a decision was made to analyze full and part-time PTs collectively.

Table 2. Comparison of Median Scores of JDI & JIG between Full-time and Part-time PTs in 2004.

<table>
<thead>
<tr>
<th></th>
<th>Full-time Score (n)</th>
<th>Part-time Score (n)</th>
<th>MWU-z</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>50 (371)</td>
<td>49 (105)</td>
<td>-.848</td>
<td>.397</td>
</tr>
<tr>
<td>Pay</td>
<td>44 (370)</td>
<td>44 (104)</td>
<td>-1.205</td>
<td>.228</td>
</tr>
<tr>
<td>Promotion</td>
<td>18 (361)</td>
<td>16 (103)</td>
<td>-.492</td>
<td>.623</td>
</tr>
<tr>
<td>Supervision</td>
<td>47 (352)</td>
<td>50 (102)</td>
<td>-2.055</td>
<td>.040</td>
</tr>
<tr>
<td>Co-workers</td>
<td>50 (369)</td>
<td>51 (104)</td>
<td>-1.028</td>
<td>.304</td>
</tr>
<tr>
<td>Job in general</td>
<td>49 (370)</td>
<td>48 (105)</td>
<td>-.777</td>
<td>.438</td>
</tr>
</tbody>
</table>

* p ≤ .05 is considered significant.

**JDI and JIG Scores by Gender**

Male PTs reported a significantly higher satisfaction with opportunities for promotion than female PTs (Table 3). This was the only subscale to show a significant difference between genders.

**JDI and JIG Scores by State**

The subscale scores for Minnesota (MN), North Dakota (ND), South Dakota (SD), and a fourth group of 23 other states representing all regions of the USA, were similar with the exception of promotion (Table 4). PTs in the other states were significantly more satisfied with opportunities for promotion than PTs in MN or ND.
Table 3. Comparison of Median Scores of JDI & JIG Between Genders in 2004.

<table>
<thead>
<tr>
<th>Score (n)</th>
<th>Score (n)</th>
<th>MWU-z</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work 49 (321)</td>
<td>49 (140)</td>
<td>-.062</td>
<td>.951</td>
</tr>
<tr>
<td>Pay 44 (320)</td>
<td>44 (140)</td>
<td>-.351</td>
<td>.726</td>
</tr>
<tr>
<td>Promotion 16 (314)</td>
<td>22 (136)</td>
<td>-2.824</td>
<td>.005</td>
</tr>
<tr>
<td>Supervision 48 (312)</td>
<td>47 (130)</td>
<td>-.425</td>
<td>.671</td>
</tr>
<tr>
<td>Co-workers 50 (319)</td>
<td>50 (139)</td>
<td>-1.072</td>
<td>.283</td>
</tr>
<tr>
<td>Job in general 49 (321)</td>
<td>48 (139)</td>
<td>-.596</td>
<td>.551</td>
</tr>
</tbody>
</table>

* p ≤ .05 is considered significant.

Table 4. Comparison of Median Scores of JDI & JIG Between States of Practice in 2004.

<table>
<thead>
<tr>
<th>Score (n)</th>
<th>Score (n)</th>
<th>Score (n)</th>
<th>Score (n)</th>
<th>Score (n)</th>
<th>K-W</th>
<th>p†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work 49 (112)</td>
<td>50 (124)</td>
<td>50 (43)</td>
<td>50 (196)</td>
<td>0.095</td>
<td>.992</td>
<td></td>
</tr>
<tr>
<td>Pay 42 (111)</td>
<td>44 (125)</td>
<td>48 (43)</td>
<td>44 (194)</td>
<td>5.818</td>
<td>.121</td>
<td></td>
</tr>
<tr>
<td>Promotion 16 (109)</td>
<td>13 (122)</td>
<td>18 (42)</td>
<td>18 (190)</td>
<td>16.248</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>Supervision 50 (108)</td>
<td>47 (123)</td>
<td>51 (41)</td>
<td>46 (181)</td>
<td>6.598</td>
<td>.086</td>
<td></td>
</tr>
<tr>
<td>Co-workers 50 (109)</td>
<td>50 (125)</td>
<td>50 (43)</td>
<td>50 (195)</td>
<td>0.740</td>
<td>.864</td>
<td></td>
</tr>
<tr>
<td>Job in general 48 (110)</td>
<td>48 (125)</td>
<td>50 (43)</td>
<td>49 (196)</td>
<td>1.997</td>
<td>.573</td>
<td></td>
</tr>
</tbody>
</table>

*Other includes respondents from 23 states representing all regions of the USA.  
† p ≤ .05 is considered significant.

**JDI and JIG Scores by Entry Level Degree**

In 2004, those with a BSPT entry level degree reported a significantly higher satisfaction with work, pay, and JIG when compared to those with an MPT entry level degree (Table 5). No difference was noted between groups in the other subscales.
Table 5. Comparison of Median Scores of JDI & JIG Between Entry Level Degrees in 2004.

<table>
<thead>
<tr>
<th></th>
<th>BSPT Score (n)</th>
<th>MSPT Score (n)</th>
<th>MWU-z</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>51 (263)</td>
<td>48 (196)</td>
<td>-3.610</td>
<td>.000</td>
</tr>
<tr>
<td>Pay</td>
<td>48 (262)</td>
<td>42 (196)</td>
<td>-2.997</td>
<td>.003</td>
</tr>
<tr>
<td>Promotion</td>
<td>18 (253)</td>
<td>18 (195)</td>
<td>-.943</td>
<td>.346</td>
</tr>
<tr>
<td>Supervision</td>
<td>48 (248)</td>
<td>46 (192)</td>
<td>-1.738</td>
<td>.082</td>
</tr>
<tr>
<td>Co-workers</td>
<td>51 (261)</td>
<td>50 (195)</td>
<td>-1.639</td>
<td>.101</td>
</tr>
<tr>
<td>Job in general</td>
<td>50 (263)</td>
<td>47 (195)</td>
<td>-3.061</td>
<td>.000</td>
</tr>
</tbody>
</table>

*p ≤ .05 is considered significant.

JDI and JIG Scores by APTA Membership

APTA members reported significantly higher satisfaction scores than non APTA members. The members had significantly higher satisfaction in the areas of work, promotion, and JIG as shown in Table 6.

Table 6. Comparison of Median Scores of JDI & JIG Between APTA Members and Non-members in 2004.

<table>
<thead>
<tr>
<th></th>
<th>Member Score (n)</th>
<th>Non-member Score (n)</th>
<th>MWU-z</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>51 (243)</td>
<td>48 (219)</td>
<td>-2.641</td>
<td>.008</td>
</tr>
<tr>
<td>Pay</td>
<td>44 (242)</td>
<td>42 (219)</td>
<td>-1.364</td>
<td>.172</td>
</tr>
<tr>
<td>Promotion</td>
<td>18 (233)</td>
<td>14 (218)</td>
<td>-3.094</td>
<td>.002</td>
</tr>
<tr>
<td>Supervision</td>
<td>48 (228)</td>
<td>48 (214)</td>
<td>-.082</td>
<td>.935</td>
</tr>
<tr>
<td>Co-workers</td>
<td>50 (240)</td>
<td>50 (219)</td>
<td>-.319</td>
<td>.750</td>
</tr>
<tr>
<td>Job in general</td>
<td>50 (240)</td>
<td>48 (221)</td>
<td>-2.048</td>
<td>.041</td>
</tr>
</tbody>
</table>

*p ≤ .05 is considered significant.
JDI and JIG Scores by Differences in Direct Access

In 2004, availability of direct access had no impact on the satisfaction scores reported for any subscale. The results are shown in Table 7.

Table 7. Comparison of Median Scores of JDI & JIG with Differences in Direct Access in 2004.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Evaluation &amp; Intervention</th>
<th>Neither</th>
<th>K-W</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Score (n)</td>
<td>Score (n)</td>
<td>Score (n)</td>
<td>(\chi^2)</td>
</tr>
<tr>
<td>Work</td>
<td>51 (84)</td>
<td>50 (317)</td>
<td>48 (53)</td>
<td>1.143</td>
</tr>
<tr>
<td>Pay</td>
<td>44 (84)</td>
<td>44 (316)</td>
<td>44 (53)</td>
<td>.188</td>
</tr>
<tr>
<td>Promotion</td>
<td>17 (82)</td>
<td>18 (308)</td>
<td>18 (53)</td>
<td>.488</td>
</tr>
<tr>
<td>Supervision</td>
<td>48 (78)</td>
<td>47 (305)</td>
<td>48 (53)</td>
<td>.612</td>
</tr>
<tr>
<td>Co-workers</td>
<td>51 (84)</td>
<td>50 (316)</td>
<td>48 (52)</td>
<td>3.707</td>
</tr>
<tr>
<td>Job in general</td>
<td>51 (84)</td>
<td>48 (317)</td>
<td>48 (52)</td>
<td>4.604</td>
</tr>
</tbody>
</table>

*p \leq .05 is considered significant.

JDI and JIG Scores by Position

The PT positions were grouped into five categories: owners of a private practice, clinical administrators, clinical supervisors, clinical PT staff, and academic faculty or administrators. Position had a significant affect on the satisfaction scores reported in the work, pay, promotion, co-workers, and JIG subscales (Table 8).

Owners of a private practice reported significantly higher satisfaction scores in the areas of work, pay, promotion, and the JIG than clinical PT staff, and were also more satisfied with opportunities for promotion than clinical supervisors. Clinical PT staff reported significantly lower levels of satisfaction with opportunities for promotion than owners of a private practice, clinical administrators, and physical therapists in academia.
JDI and JIG Scores by Facility Type

Physical therapists working in outpatient settings and academic settings were significantly most satisfied in the areas of work, promotion, and job in general. In comparison with these PTs, those working in an extended care facility were the least satisfied with work, and those working in a hospital were the least satisfied with the job in general (Table 9, Figure 1). The PTs that responded with significantly less satisfaction with their opportunities for promotion were employed in home health, hospitals, rehabilitation centers, extended care facilities, and the school systems.

1994, 1999, and 2004 Subject Profile

When comparing between survey years the JDI, JIG, and demographics questionnaires were sent out to all UND PT alumni each survey year and therefore the cohort of each survey year may have included the same respondents. This cohort study examines points in time rather than repeated measures as in a longitudinal study.

In 1994 there were 508 respondents that were employed as either full or part-time physical therapists, and 532 and 515 respondents in 1999 and 2004 respectively. In all three survey years, more than half of the respondents held full-time positions and were female. In 1994 all respondents held an entry-level BSPT degree, as a masters degree wasn’t offered at UND until that year. Respondents in 1999 and 2004 held either a BSPT or an MPT entry level degree. The BSPT entry-level degree holders were the majority in the field in 1999 but only comprised about half of the respondents in 2004. The most frequent position held was by far clinical PT staff, and the most common facility type for
employment was a hospital for all three survey years. Subject profile information is shown in Table 10.

**JDI and JIG Scores by Survey Year**

PTs were more satisfied with pay in 1994 than in 1999 or 2004. Satisfaction scores for promotion were the same in 1994 and 2004 and significantly higher than in 1999. PTs were significantly most satisfied with supervision in 2004. The work subscale was revised between 1994 and 1999, so the Mann-Whitney test was done to compare the work subscale between 1999 and 2004. There was no significant difference between the two years in work satisfaction; also there were no significant differences between all three years' scores for co-worker satisfaction. Finally, PTs were significantly more satisfied with the JIG in 2004 than in either 1999 or 1994. Across years data is shown in Table 11 and Figure 1.

Even though there were significant differences between years, the subscales of work and co-workers remained the highest scoring subscales. Promotion was by far the lowest scoring subscale in all of the survey years. In fact promotion was the only subscale where PTs ranked below national norms for job satisfaction (2).
Table 8. Comparison of Median Scores of JDI & JIG Between Positions of Work in 2004.

<table>
<thead>
<tr>
<th>Position</th>
<th>Owner Score (n)</th>
<th>Admin. Score (n)</th>
<th>Supervisor Score (n)</th>
<th>Staff Score (n)</th>
<th>Academic Score (n)</th>
<th>K-W $\chi^2$</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>52 (55)</td>
<td>51 (44)</td>
<td>50 (48)</td>
<td>48 (295)</td>
<td>51 (8)</td>
<td>20.972</td>
<td>.000</td>
</tr>
<tr>
<td>Pay</td>
<td>50 (54)</td>
<td>48 (44)</td>
<td>43 (48)</td>
<td>42 (295)</td>
<td>49 (8)</td>
<td>33.177</td>
<td>.000</td>
</tr>
<tr>
<td>Promotion</td>
<td>29 (46)</td>
<td>24 (44)</td>
<td>18 (48)</td>
<td>14 (293)</td>
<td>36 (8)</td>
<td>52.501</td>
<td>.000</td>
</tr>
<tr>
<td>Supervision</td>
<td>50 (35)</td>
<td>48 (43)</td>
<td>48 (47)</td>
<td>47 (296)</td>
<td>51 (8)</td>
<td>8.055</td>
<td>.090</td>
</tr>
<tr>
<td>Co-workers</td>
<td>52 (53)</td>
<td>50 (44)</td>
<td>49 (48)</td>
<td>50 (294)</td>
<td>51 (8)</td>
<td>16.265</td>
<td>.003</td>
</tr>
<tr>
<td>Job in general</td>
<td>54 (53)</td>
<td>48 (44)</td>
<td>48 (49)</td>
<td>48 (295)</td>
<td>54 (8)</td>
<td>35.631</td>
<td>.000</td>
</tr>
</tbody>
</table>

*p ≤ .05 is considered significant.

Table 9. Comparison of Median Scores of JDI & JIG Between Workplace Facility Types in 2004.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Hospital Score (n)</th>
<th>Rehab Score (n)</th>
<th>OP PT Score (n)</th>
<th>ECF Score (n)</th>
<th>Home Hlth Score (n)</th>
<th>School Score (n)</th>
<th>Academic Score (n)</th>
<th>K-W $\chi^2$</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>49 (139)</td>
<td>49 (45)</td>
<td>51 (116)</td>
<td>46 (44)</td>
<td>50 (31)</td>
<td>48 (19)</td>
<td>51 (15)</td>
<td>27.424</td>
<td>.000</td>
</tr>
<tr>
<td>Pay</td>
<td>43 (138)</td>
<td>40 (46)</td>
<td>48 (115)</td>
<td>44 (44)</td>
<td>48 (31)</td>
<td>42 (19)</td>
<td>48 (15)</td>
<td>9.109</td>
<td>.168</td>
</tr>
<tr>
<td>Promotion</td>
<td>18 (137)</td>
<td>12 (46)</td>
<td>26 (106)</td>
<td>17 (44)</td>
<td>12 (31)</td>
<td>12 (19)</td>
<td>42 (15)</td>
<td>60.906</td>
<td>.000</td>
</tr>
<tr>
<td>Supervision</td>
<td>47 (139)</td>
<td>48 (46)</td>
<td>48 (95)</td>
<td>48 (41)</td>
<td>51 (30)</td>
<td>41 (20)</td>
<td>52 (16)</td>
<td>13.681</td>
<td>.033</td>
</tr>
<tr>
<td>Co-workers</td>
<td>50 (137)</td>
<td>50 (46)</td>
<td>51 (115)</td>
<td>50 (43)</td>
<td>49 (31)</td>
<td>45 (20)</td>
<td>51 (15)</td>
<td>19.337</td>
<td>.004</td>
</tr>
<tr>
<td>Job in general</td>
<td>47 (138)</td>
<td>48 (46)</td>
<td>51 (115)</td>
<td>46 (44)</td>
<td>48 (31)</td>
<td>46 (20)</td>
<td>54 (15)</td>
<td>37.443</td>
<td>.000</td>
</tr>
</tbody>
</table>

*p ≤ .05 is considered significant.
Figure 1. Facility Compared to JDI/JIG Ratings.
Table 10. All Survey Years Subject Profile.

<table>
<thead>
<tr>
<th></th>
<th>1994</th>
<th>1999</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Total # of Respondents</td>
<td>508</td>
<td>532</td>
<td>515</td>
</tr>
<tr>
<td>Classification of Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>410</td>
<td>80.7</td>
<td>442</td>
</tr>
<tr>
<td>Part-time</td>
<td>98</td>
<td>19.3</td>
<td>90</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>351</td>
<td>70.3</td>
<td>362</td>
</tr>
<tr>
<td>Male</td>
<td>148</td>
<td>29.7</td>
<td>155</td>
</tr>
<tr>
<td>Entry Level Degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSPT</td>
<td>508</td>
<td>100</td>
<td>352</td>
</tr>
<tr>
<td>MSPT*</td>
<td>154</td>
<td>30.4</td>
<td>210</td>
</tr>
<tr>
<td>Facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>207</td>
<td>41.2</td>
<td>199</td>
</tr>
<tr>
<td>Rehab center</td>
<td>60</td>
<td>12.2</td>
<td>53</td>
</tr>
<tr>
<td>Out-patient PT</td>
<td>77</td>
<td>15.3</td>
<td>141</td>
</tr>
<tr>
<td>Extended care facility</td>
<td>38</td>
<td>7.5</td>
<td>39</td>
</tr>
<tr>
<td>Home health</td>
<td>29</td>
<td>5.8</td>
<td>34</td>
</tr>
<tr>
<td>School system</td>
<td>32</td>
<td>6.4</td>
<td>23</td>
</tr>
<tr>
<td>Academic institution†</td>
<td>11</td>
<td>2.2</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>49</td>
<td>9.7</td>
<td>18</td>
</tr>
<tr>
<td>Position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner/partner</td>
<td>45</td>
<td>9.7</td>
<td>45</td>
</tr>
<tr>
<td>Clinical administrator</td>
<td>57</td>
<td>12.3</td>
<td>52</td>
</tr>
<tr>
<td>Clinical supervisor</td>
<td>66</td>
<td>14.3</td>
<td>57</td>
</tr>
<tr>
<td>Clinical PT staff</td>
<td>283</td>
<td>61.1</td>
<td>319</td>
</tr>
<tr>
<td>Academic faculty†</td>
<td>12</td>
<td>2.6</td>
<td>21</td>
</tr>
</tbody>
</table>

*There were no entry level MSPT alumni respondents in 1994
† Number of respondents is varied between facility and position for academics. This may be due to PTs practicing in an academic facility rather than teaching.
Table 11. Comparison of Median Scores of JDI and JIG between Survey Years.

<table>
<thead>
<tr>
<th></th>
<th>1994 Score (n)</th>
<th>1999 Score (n)</th>
<th>2004 Score (n)</th>
<th>K-W $\chi^2$</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work†</td>
<td>49 (509)</td>
<td>49 (476)</td>
<td></td>
<td>-1.713†</td>
<td>.087†</td>
</tr>
<tr>
<td>Pay</td>
<td>48 (500)</td>
<td>44 (510)</td>
<td>44 (474)</td>
<td>26.029</td>
<td>.000</td>
</tr>
<tr>
<td>Promotion</td>
<td>18 (487)</td>
<td>14 (501)</td>
<td>18 (464)</td>
<td>15.942</td>
<td>.000</td>
</tr>
<tr>
<td>Supervision</td>
<td>45 (474)</td>
<td>45 (485)</td>
<td>48 (454)</td>
<td>30.746</td>
<td>.000</td>
</tr>
<tr>
<td>Co-workers</td>
<td>50 (490)</td>
<td>50 (505)</td>
<td>50 (473)</td>
<td>.492</td>
<td>.807</td>
</tr>
<tr>
<td>Job in general</td>
<td>47 (502)</td>
<td>46 (505)</td>
<td>48 (475)</td>
<td>13.859</td>
<td>.001</td>
</tr>
</tbody>
</table>

* p ≤ .05 is considered significant.
† The work subscale changed from 1994 to 1999, so 1994 cannot be compared to 1999 or 2004. A Mann-Whitney U test was done to compare 1999 to 2004.

Figure 2. Comparison of Median Scores of JDI and JIG between Survey Years.

* The work subscale changed from 1994 to 1999, so the 1994 scores were not compared.
CHAPTER IV
DISCUSSION

The APTA collected demographic information from its national members in 2004.\textsuperscript{16} Nationally the percent of APTA member PTs currently employed in the field who worked full time was 82.6\% and those who worked part-time was 17.4\%; member female to male ratio was approximately 7:3.\textsuperscript{26} This then suggests that the survey respondents in this study are a decent representation of PTs nationwide.

Significant differences were found in JID and JIG satisfaction subscales when comparing UND PT alumni demographic categories in the 2004 survey year, and also when comparing differences in the JDI and JIG subscale scores across the 10 year time frame. Possible explanations for the demographic differences or similarities, and differences or similarities across years are addressed.

Gender in 2004

The only significant differences found with respect to gender were opportunities for promotion. More men work full time than women, and they are also less likely to leave the field of PT to raise children.\textsuperscript{17} Therefore, men are perhaps in a better position to take advantage of promotion opportunities and are more satisfied with their opportunities for promotion.
State in 2004

Promotion is the only subscale that had a significant difference between states. The group of other states was significantly more satisfied with promotion when compared to ND and MN. In general, ND and MN have large areas of rural population. This may lead to smaller health centers with fewer opportunities for promotion. A possible explanation is that, depending on therapist location and city size, one may have lower expectations for promotion, and so even though opportunities between states may be similar, satisfaction may not be.

Entry Level Degree in 2004

For entry level degree, BSPTs had significantly higher satisfaction for work, pay, and the JIG compared to the MPTs. In 2004, those with an MPT entry level degree were new to the field of physical therapy, while those with a BSPT entry level degree had been in the field longer and had more years to build up pay raises and other benefits such as paid time off. Also, MPTs, being new graduates, may have had higher expectations for starting wages to pay off student loans and cover moving expenses. These two factors may account for higher satisfaction for the PTs with an entry level BSPT degree. Also, with the BSPTs being typically older than the MPT degree holders, age may be a factor of satisfaction. In a study by Murphy\textsuperscript{18}, which surveyed nursing administrators using the JDI and JIG, the older individuals reported higher overall satisfaction. A possible explanation for this is that older individuals have likely been in the field longer, and are accustomed to the good and bad. It may be then that their expectations are more likely to be in line with reality.
APT A Membership in 2004

The finding that APTA members are more satisfied than non-members in the areas of work, promotion, as well as overall job satisfaction may be attributed to APTA members’ higher level of participation and investment into their profession. This is supported by Akroyd, et al\textsuperscript{3} who found that involvement in one’s profession is a big predictor of therapists’ work satisfaction.

Direct Access in 2004

There were no significant differences between any of the subscales with respect to the availability of direct access. Physical therapists may not have been seeing a large number of direct access patients. This could be attributed the fact that direct access was a relatively new concept in the field of physical therapy, patients may not have been aware of the opportunity to see a physical therapist without a physician referral. In some states that do allow direct access, certain facilities do not allow it due to liability or other issues. Also, some states did not have direct reimbursement, so physical therapy services could not be reimbursed by insurance companies without a referral. It is felt this is why the availability of direct access did not have a large impact on PT job satisfaction in 2004.

Position in 2004

Owners of PT practice were the most satisfied in the areas work, pay, and JIG; clinical PT staff members were the least satisfied in these areas. This could be attributed to clinical staff members having less say in their work roles or the administration practices of the businesses for which they work, in comparison to owners.
Facility Type in 2004

PTs in outpatient and academic settings were more significantly satisfied with the subscales of work, promotion, and JIG. PTs in extended care facilities were least satisfied with the work subscale, and PTs working in hospitals were least satisfied with their job in general.

PTs in outpatient facilities typically see more high functioning patients who generally progress more quickly than patients in extended care or inpatient facilities. Because of this, physical therapists may experience less stress when working with a patient who is less involved and progresses quicker. PTs in outpatient settings have established hours and do not regularly work nights or weekends. While PTs in academia work many hours, including nights and weekends, outside of scheduled lecture times they have highly flexible schedules and are able to work at home. This allows for a greater ability to meet family demands. Another thing to note is that PTs in academia often have the opportunity to specialize in an area of their choice. It might be for these reasons that PTs in academic settings and outpatient settings have higher satisfaction with work and JIG. Academic settings have an established promotion schedule with opportunities for tenure. This may be why there is a high satisfaction with promotion in this setting.

Visser et al\textsuperscript{19} found that perceived working conditions influenced job satisfaction by up to 34\% in a health care setting. Outpatient and academic settings had the highest overall JIG subscale scores for job satisfaction. This perhaps can be attributed to the working conditions provided in those environments. These environments tend to be
more quiet, aesthetically pleasing, and open. On the other hand, inpatient and extended care facilities tend to be a more sterile environment.

There is a high demand for PTs in hospitals. Because of this, many PTs accept positions in this type of facility not because it is an area of interest but because the position is available. This may contribute to the lower level of satisfaction in one's job in general. This is consistent with Lopopolo et al\textsuperscript{20} findings that hospital employee satisfaction was higher if that employee was working in an area of interest.

**Across Survey Years**

Respondents were significantly more satisfied with pay in 1994 than either 1999 or 2004. Ries\textsuperscript{21}, reported that national median income for PTs declined 15.5\% from 1996-1998; then between the years of 1999 and 2002 it increased 12.7\%. This decline in income could account for the dissatisfaction with pay in survey year 1999. A possible explanation for this is that, as the profession of PT has evolved, therapists have had to take on greater responsibilities. In addition, with direct access, they have become part of the front line of care. With these transitions to a doctoring profession there may have been expectations for increased wages.

PTs were significantly more satisfied with supervision in 2004 compared to 1994 and 1999. This could be due to the fact that the national association has advocated for a decrease in the number of physical therapy service providers owned by physicians. With this, an increasing amount of clinics are owned and operated by PTs, who have worked in the field. For these individuals their feelings towards supervision may be more positive as they are working closely with other PTs. Also with the increasing educational
requirements and higher levels of autonomy, PTs have become more independent practitioners. With staff members being responsible for daily decision making, there is less need for micro-managing. This could be a possible explanation for improved feelings of staff toward those in supervisory positions.

Our findings show that across the survey years respondents in 1999 scored the lowest in the subscales of promotion and JIG. This could be due to the fact that around this period of time, the field of PT was undergoing changes due to the restructuring of many practices due to managed care. Goldstein, reported that in 1999 the unemployment rates among physical therapists were at an all-time high, and the number of employees reporting having their hours involuntarily cut back was also at an all-time high of 21%.

The results show that across all survey years PTs found the most satisfaction in the subscales of work and co-workers. Akroyd and Robertson described these subscales as intrinsic rewards. These rewards are seen as the type of values that are related to internal rewards such as pride in one's work or feelings of accomplishment. In general PT is a field where employee work stations are together, fostering teamwork and good working relationships. Also, if one communicates well and gets along with the people he or she works with, it can create a more pleasant working environment and increased job satisfaction.

These same authors describe the subscales of pay and promotion as extrinsic rewards. Across years promotion was the lowest scoring subscale, and in 1999 and 2004 pay was the second lowest scoring subscale. Even though these scores for the
extrinsic subscales were low, PTs’ overall job satisfaction, as measured by the JIG, was comparable to the other subscales. This indicates that the low extrinsic subscale scores did not weigh heavily on PTs’ overall satisfaction with their jobs.

A limitation of our study was that it only included physical therapy alumni from the University of North Dakota. It would be interesting to compare our findings to other universities’ PT alumni outside of the mid-west. Another limitation is that the respondents who had left the field of PT often did not provide a reason why and were unable to complete the survey in its entirety. Therefore, these subjects were excluded from our study. If the format of the survey had allowed for these individuals to complete the survey, their results could have been included and may have affected the overall levels of job satisfaction.
CHAPTER V

CONCLUSION

A physical therapist’s gender, state of residency, entry level degree, APTA membership status, position held, and facility of employment can all significantly impact a physical therapist’s satisfaction with his or her occupation. The results of the demographic comparisons from the 2004 surveys showed male PTs were more satisfied with promotion than females. They also indicated that APTA members were more satisfied in the areas of work, promotion, and JIG than non-members. In addition, private practice owners were more satisfied than clinical staff PTs in the areas of work, pay, promotion, and JIG. Finally, the 2004 surveys showed that outpatient facility employees and those in academia were the most satisfied with work, promotion, and JIG.

Significant differences were also found when comparing across the years 1994, 1999, and 2004. The scores for satisfaction with co-workers and work performed were highest across all three years. Also, the overall job satisfaction for UND PT alumni across the USA, as measured by the JIG, is above average when compared to national norms of other professions.
APPENDIX A
Physical Therapy Alumni Survey
1167 Graduates!
1970 - 2003

Physical Therapy Department
University of North Dakota
School of Medicine & Health Sciences
501 N. Columbia Rd.
P.O. Box 9037
Grand Forks, ND 58202-9037

Renee Mabey, Ph.D., P.T.
(701) 777-4854
rmabey@medicine.nodak.edu

October, 2004
Please answer each question. Some items will require an X; others will require that you circle the desired response. Some questions will require a written response.

**EMPLOYMENT HISTORY**

Indicate the state in which you do all or most of your work. (Indicate your state of residence if retired or unemployed.)

Indicate your state of residency as a student in the entry level program:

Indicate the state in which you were first employed as a PT:

Indicate the number of practice settings in which you have been employed since graduation:

Indicate the longest time, in months, you have remained in a given practice setting:

Indicate the time, in months, you have been in your current practice setting:

Indicate your current physical therapy employment status:
1. Salaried
2. Self-employed
3. Both salaried and self-employed
4. Unemployed
5. Retired

Indicate your employment classification:
1. Full time (>32 hrs/week)
2. Part time (<32 hrs/week)
3. Full time, with secondary contracts
4. More than one part time contract
5. Retired
6. Temporarily not employed in PT
   Reason: ________________________________
   How long do you foresee this temporary leave lasting? _______
7. Have left the field of PT
   Reason: ________________________________
   How long did you practice in PT prior to leaving the field? _______

Indicate the population of the city or community in which you do all or most of your work:

Indicate your current PT annual income, to the nearest $5,000:

Indicate which one of the following best describes the type of facility or institution in which you do all or most of your work:
1. Hospital
2. Rehab center with inpatient beds
3. Rehab center without inpatient beds
4. Private PT office
5. Physician's office
6. Extended care facility/nursing home
7. Home health agency
8. School system
   (preschool/primary/secondary)
9. Academic institution
10. Prepaid health care organization
    (HMO/PPO)
11. Research center
12. Other: ________________________________
13. Not applicable

Does your practice fit the criteria for a minority or disadvantaged clientele setting?
Yes No Don't know

Using the 'Guide to Physical Therapy Practice' terminology, please circle your primary clientele.
Musculoskeletal
Neurological
Cardiopulmonary
Integumentary
Circle which of the following best describes your current (primary) position:

1. Sole owner of PT practice or business
2. Clinical administrator or director of PT
3. Clinical supervisor or coordinator of PT
4. Clinical PT staff
5. Partner in PT practice or business
6. Academic administrator or director of PT/PTA education program
7. DCE/ACCE
8. Academic faculty
9. Other: ______________________
10. Not applicable

Do you work in a state that has direct access?
___ Yes, for Evaluation
___ Yes, for Evaluation and Intervention
___ No, neither Evaluation or Intervention are allowed

If your state has direct access, is there direct reimbursement for PT services?
___ Yes
___ No
___ Don’t Know

If your state has direct access, does the facility in which you work allow you to provide PT services without physician’s referral?
___ Yes, for Evaluation
___ Yes, for Evaluation and Intervention
___ No, a physician’s referral is needed for all patient/client interactions

What changes do you foresee in your facility in the next five years? ______________________

What changes do you foresee in your role as PT in the next five years? ______________________

What changes do you foresee for the PT profession in the next five years? ______________________

PROFESSIONAL INVOLVEMENT

Are you presently a member of the APTA?
___ Yes
___ No

If a present or past member of the APTA, indicate all levels of involvement:

1. Attendance at continuing ed
2. State Committee or Task Force member
3. Member, State Board of Directors
4. State Officer
5. National Committee or Task Force member
6. Member, National Board of Directors
7. National Officer

Indicate the number of continuing education seminars you have presented during your career.
Local _____ State _____ National _____

Please list any other activities in which you have participated which have promoted the profession (career fairs, wellness talks, newspaper columns, etc.). ______________________

Indicate the number of poster presentations you have given.
Local _____ State _____ National _____

Indicate the number of research articles you have published in professional magazines or journals: ________________

Indicate the number of chapters you have published in edited volumes: ________________

Indicate the number of books, manuals, or monographs you have written or edited, alone or in collaboration: ________________

Indicate the number of position statements, editorials, abstracts, or book reviews you have published: ________________

Indicate the number of grants you have received: ________________

What is the total amount of that funding? ________________
Indicate all professional honors and awards you have received: __________________________

EDUCATIONAL HISTORY

Indicate the year you graduated from PT school (entry level degree): ____________

What is your entry-level PT degree? 
BSPT MPT

Circle your highest earned academic degree:
1. Bachelor’s
2. Master’s
3. DPT, D Sci, D H Sci, etc.
4. Ed D
5. Ph D
6. MD
7. JD
8. Other _______________

Indicate the year the highest degree was completed: __________________________

In what field is your highest degree? __________

List any APTA specialty certifications you may hold: __________________________

List any certifications you may hold in other areas (FCA, ACSM, Cyriax, etc.) __________________________

Indicate the number of continuing education contact hours you accumulated last year. __________________________

Indicate your future educational plans: __________________________

DEMOGRAPHIC INFORMATION

Gender: Male Female

Birth month and year: __________________________

Racial/ethnic group: __________________________

CURRICULUM EVALUATION

Please complete this section ONLY if you are, or have had close professional contact with a 2002 OR 2003 UND-PT graduate.

For students interested in a physical therapy career, I would recommend UND-PT.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

The overall quality of the graduate’s preparation for physical therapy practice is:
5. Excellent
4. Good
3. Adequate
2. Fair
1. Poor

I am completing the PT Curriculum Evaluation portion of the survey as:

a. a 2002 or 2003 graduate of UND-PT 

b. a clinical instructor of a recent UND-PT graduate 

c. a supervisor of a recent UND-PT graduate 

d. a colleague of a recent UND-PT graduate 

e. other __________________________

If the on-line transitional DPT were to be offered at UND a second time (beginning in January 2006), would you be interested in enrolling?

__ No, I am currently enrolled in the t-DPT at UND.

__ No, I am pursuing a doctorate at another institution.

__ No, I am not interested in an advanced doctorate at this time.

__ Yes! I will be contacting UND-PT for further information.
THE
JOB DESCRIPTIVE

INDEX

including
The Job in General Scale
(1997 Revision)
### Work on Present Job

Think of the work you do at present. How well does each of the following words or phrases describe your work? In the blank beside each word or phrase below, write:

- **Y** for “Yes” if it describes your work
- **N** for “No” if it does not describe it
- **?** for “?” if you cannot decide

<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fascinating</td>
<td></td>
</tr>
<tr>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>Satisfying</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Gives sense of accomplishment</td>
<td></td>
</tr>
<tr>
<td>Respected</td>
<td></td>
</tr>
<tr>
<td>Uncomfortable</td>
<td></td>
</tr>
<tr>
<td>Pleasant</td>
<td></td>
</tr>
<tr>
<td>Useful</td>
<td></td>
</tr>
<tr>
<td>Challenging</td>
<td></td>
</tr>
<tr>
<td>Simple</td>
<td></td>
</tr>
<tr>
<td>Repetitive</td>
<td></td>
</tr>
<tr>
<td>Creative</td>
<td></td>
</tr>
<tr>
<td>Dull</td>
<td></td>
</tr>
<tr>
<td>Uninteresting</td>
<td></td>
</tr>
<tr>
<td>Can see results</td>
<td></td>
</tr>
<tr>
<td>Uses my abilities</td>
<td></td>
</tr>
</tbody>
</table>

### Pay

Think of the pay you get now. How well does each of the following words or phrases describe your present pay? In the blank beside each word or phrase below, write:

- **Y** for “Yes” if it describes your pay
- **N** for “No” if it does not describe it
- **?** for “?” if you cannot decide

<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income adequate for normal expenses</td>
<td></td>
</tr>
<tr>
<td>Fair</td>
<td></td>
</tr>
<tr>
<td>Barely live on income</td>
<td></td>
</tr>
<tr>
<td>Bad</td>
<td></td>
</tr>
<tr>
<td>Income provides luxuries</td>
<td></td>
</tr>
<tr>
<td>Less than I deserve</td>
<td></td>
</tr>
<tr>
<td>Well paid</td>
<td></td>
</tr>
<tr>
<td>Insecure</td>
<td></td>
</tr>
<tr>
<td>Underpaid</td>
<td></td>
</tr>
</tbody>
</table>
### Opportunities for Promotion

Think of the opportunities for promotion that you have now. How well does each of the following words or phrases describe these? In the blank beside each word or phrase below, write

- **Y** for "Yes" if it describes your opportunities for promotion
- **N** for "No" if it does not describe them
- **?** for "?" if you cannot decide

<table>
<thead>
<tr>
<th>Good opportunities for promotion</th>
<th>Opportunities somewhat limited</th>
<th>Promotion on ability</th>
<th>Dead-end job</th>
<th>Good chance for promotion</th>
<th>Unfair promotion policy</th>
<th>Infrequent promotions</th>
<th>Regular promotions</th>
<th>Fairly good chance for promotion</th>
</tr>
</thead>
</table>

### Supervision

Think of the kind of supervision that you get on your job. How well does each of the following words or phrases describe this? In the blank beside each word or phrase below, write

- **Y** for "Yes" if it describes the supervision you get on the job
- **N** for "No" if it does not describe it
- **?** for "?" if you cannot decide

<table>
<thead>
<tr>
<th>Ask my advice</th>
<th>Hard to please</th>
<th>Impolite</th>
<th>Praises good work</th>
<th>Tactful</th>
<th>Influential</th>
<th>Up-to-date</th>
<th>Doesn't supervise enough</th>
<th>Has favorites</th>
<th>Tells me where I stand</th>
<th>Annoying</th>
<th>Stubborn</th>
<th>Knows job well</th>
<th>Bad</th>
<th>Intelligent</th>
<th>Poor planner</th>
<th>Around when needed</th>
<th>Lazy</th>
</tr>
</thead>
</table>
### People on Your Present Job

Think of the majority of people with whom you work or meet in connection with your work. How well does each of the following words or phrases describe these people? In the blank beside each word or phrase below, write

- **Y** for "Yes" if it describes the people with whom you work
- **N** for "No" if it does not describe them
- **?** for "?" if you cannot decide

<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Stimulating</th>
<th>Boring</th>
<th>Slow</th>
<th>Helpful</th>
<th>Stupid</th>
<th>Responsible</th>
<th>Fast</th>
<th>Intelligent</th>
<th>Easy to make enemies</th>
<th>Talk too much</th>
<th>Smart</th>
<th>Lazy</th>
<th>Unpleasant</th>
<th>Gossipy</th>
<th>Active</th>
<th>Narrow interests</th>
<th>Loyal</th>
<th>Stubborn</th>
</tr>
</thead>
</table>
| Y for "Yes" if it describes the people with whom you work
| N for "No" if it does not describe them
| ? for "?" if you cannot decide

### Job in General

Think of your job in general. All in all, what is it like most of the time? In the blank beside each word or phrase below, write

- **Y** for "Yes" if it describes your job
- **N** for "No" if it does not describe it
- **?** for "?" if you cannot decide

<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Pleasant</th>
<th>Bad</th>
<th>Ideal</th>
<th>Waste of time</th>
<th>Good</th>
<th>Undesirable</th>
<th>Worthwhile</th>
<th>Worse than most</th>
<th>Acceptable</th>
<th>Superior</th>
<th>Better than most</th>
<th>Disagreeable</th>
<th>Makes me content</th>
<th>Inadequate</th>
<th>Excellent</th>
<th>Rotten</th>
<th>Enjoyable</th>
<th>Poor</th>
</tr>
</thead>
</table>
| Y for "Yes" if it describes your job
| N for "No" if it does not describe it
| ? for "?" if you cannot decide

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The Job Descriptive Index
(© Bowling Green State University 1975, 1985, 1997)

The Job In General Scale
(© Bowling Green State University 1987, 1985)
APPENDIX C
UNIVERSITY OF NORTH DAKOTA'S
INSTITUTIONAL REVIEW BOARD

DATE: January 25, 1994

NAME: Renee Mabey DEPARTMENT/COLLEGE Physical Therapy

PROJECT TITLE: Outcomes Assessment of the University of North Dakota Physical Therapy Graduates

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on 1/27/94 and the following action was taken:

☐ Project approved. EXPEDITED REVIEW NO. ___.
Next scheduled review is on _________________________.

☐ Project approved. EXEMPT CATEGORY NO. 2. No periodic review scheduled unless so stated in REMARKS SECTION.

☐ Project approved PENDING receipt of corrections/additions in ORPD and approval by the IRB. This study may NOT be started UNTIL IRB approval has been received. (See REMARKS SECTION for further information.)

☐ Project approval deferred. This study may not be started until IRB approval has been received. (See REMARKS SECTION for further information.)

☐ Project denied. (See REMARKS SECTION for further information.)

REMARKS: Any changes in protocol or adverse occurrences in the course of the research project must be reported immediately to the IRB Chairman or ORPD.

cc: R. Landry, Adviser
Dean, Medical School

Signature of Chairperson or designated IRB Member
UND's Institutional Review Board

Date

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 596 Form may be required. Contact ORPD to obtain the required documents. (7/93)
APPENDIX D
REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW
University of North Dakota Institutional Review Board

Date: November 13, 2000
Project Number: IRB-200011-104

Name: Laurie Holte
Department/College: Physical Therapy
Project Title: University of North Dakota Physical Therapy Alumni Survey: A Five Year Update

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on November 21, 2000 and the following action was taken:

☐ Project approved. EXPEDITED REVIEW Category No. 
Next scheduled review is on: 

☐ Project approved. EXEMPT REVIEW Category No. 2
This approval is valid until May 10, 2001 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.

☐ Project approved PENDING receipt of corrections/additions. These corrections/additions should be submitted to ORPD for review and approval. This study may NOT be started until final IRB approval has been received. (See Remarks Section for further information.)

☐ Project approval deferred. This study may not be started until final IRB approval has been received. (See Remarks Section for further information.)

☐ Project denied. (See Remarks Section for further information.)

REMARKS: Any changes in protocol or adverse occurrences in the course of the research project must be reported immediately to the IRB Chairperson or ORPD.

PLEASE NOTE: Requested revisions for student proposals MUST include adviser's signature.

dating of Designated IRB Member
Date
cc: Renee Mabey, Adviser
Chair, Department of Physical Therapy
Dean, School of Medicine

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.

(6/2000)
REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW
University of North Dakota Institutional Review Board

Date: 10/7/2004                      Project Number: IRB-200410-082

Principal Investigator: Mabey, Renee L.

Department: Physical Therapy

Project Title: Results of the UND Physical Therapy Alumni Survey, 2004

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on October 11, 2004 and the following action was taken:

- Project approved. Expedited Review Category No. ________________ .
- Next scheduled review must be before: _________________________ .
- Copies of the attached consent form with the IRB approval stamp dated ________________ must be used in obtaining consent for this study.

- Project approved. Exempt Review Category No. 2
- This approval is valid until November 30, 2005 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.
- Copies of the attached consent form with the IRB approval stamp dated ________________ must be used in obtaining consent for this study.

- Minor modifications required. The required corrections/additions must be submitted to ORPD for review and approval. This study may NOT BE started UNTIL final IRB approval has been received.
(See Remarks Section for further information.)

- Project approval deferred. This study may not be started until final IRB approval has been received.
(See Remarks Section for further information.)

Remarks: Any unanticipated problem or adverse occurrence in the course of the research project must be reported within 72 hours to the IRB Chairperson or ORPD by submitting an Unanticipated Problem/Adverse Event Form.

Any changes in protocol or Consent Forms must receive IRB approval prior to being implemented. You must submit a Protocol Change Form with all revised research documents to include changes to protocol, consent forms, or supportive materials, with the appropriate signatures, to the Office of Research and Program Development for review and approval.

Please Note: Requested revisions for student proposals MUST include adviser’s signature. All revisions MUST be highlighted.

Education Requirements Completed. (Project cannot be started until IRB education requirements are met.)

cc: Chair, Physical Therapy; Dean, School of Medicine

Signature of Designated IRB Member
UND's Institutional Review Board

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.

(Revised 07/2004)
APPENDIX F
REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW
University of North Dakota Institutional Review Board

Date: 5/12/2006

Principal Investigator: Mabey, Renee; Ament, Jill; Entzel, Amber; Rasmusson, Laura

Department: Physical Therapy

Project Number:

Project Title: UND Physical Therapy Alumni: Job Satisfaction Survey Results Over 10 Years

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on May 25, 2006, and the following action was taken:

Project approved. Expedited Review Category No.

Next scheduled review must be before:

□ Copies of the attached consent form with the IRB approval stamp dated must be used in obtaining consent for this study.

Project approved. Exempt Review Category No.

This approval is valid until July 31, 2007, as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.

□ Copies of the attached consent form with the IRB approval stamp dated must be used in obtaining consent for this study.

Minor modifications required. The required corrections/additions must be submitted to RDC for review and approval. This study may NOT be started UNTIL final IRB approval has been received.

(See Remarks Section for further information.)

□ Project approval deferred. This study may not be started until final IRB approval has been received.

(See Remarks Section for further information.)

REMARKS: Any unanticipated problem or adverse occurrence in the course of the research project must be reported within 5 days to the IRB Chairperson or RDC by submitting an Unanticipated Problem/Adverse Event Form.

Any changes to the Protocol or Consent Forms must receive IRB approval prior to being implemented (except where necessary to eliminate apparent immediate hazards to the subjects or others).

PLEASE NOTE: Requested revisions for student proposals MUST include advisor's signature. All revisions MUST be highlighted.

Education Requirements Completed. (Project cannot be started until IRB education requirements are met.)

Chair, Physical Therapy

Signature of Designated IRB Member

Date

(Revised 07/2004)
REFERENCES


