

JOB SATISFACTIONS OF DIETARY WORKERS IN LARGE
AND SMALL HOSPITALS IN OKLAHOMA

By

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CHAPTER I

INTRODUCTION

It is a generally accepted premise that a satisfied worker is compatible with and valuable to an organization. For three decades managers have been concerned with providing a working environment which gives opportunity for on-the-job satisfaction (1). Management involves getting work done through people. Since people are the primary component of an organization, it is necessary to be aware of personal characteristics and sources of job satisfactions and dissatisfactions to keep an operation running smoothly.

Since 1935 substantial research has been conducted relative to job satisfactions of workers. However, only a minimal amount of this research has been done in the service industries; very little has been done concerning job satisfactions of hospital dietary workers. Harwood and Brown (2) indicate that further study is needed to determine the differences between large and small hospitals in relation to job satisfactions and labor turnover.

Workers who are so dissatisfied with a particular aspect of their work or work environment that they terminate a job are costing an organization much money. It has been estimated that labor turnover, even of nonskilled workers, costs about \$200 per employee (3). Average hospital turnover figures are in excess of 50 percent of the total work force each year. A realization and an understanding of factors involved

in labor turnover are necessary to labor cost control. The present study was undertaken with the hopes of determining what factors of an individual's employment contribute to job satisfactions and which factors cause job dissatisfactions. The study provides further insight into understanding why employees behave as they do.

Purposes of Research

The following study was directed toward achieving a more thorough comprehension of how hospital dietary employees in Oklahoma view their jobs and why they are satisfied or dissatisfied with them. The specific purposes of the study were:

1. to develop an instrument to assess the degree of job satisfactions of dietary employees in large and small hospitals.
2. to identify factors which contribute to job satisfactions and dissatisfactions of hospital dietary employees.
3. to determine the relationship between hospital size, in terms of bed capacity, and job satisfactions of hospital dietary employees.

Hypotheses of Research

The following hypotheses were examined:

1. There is no significant difference in degree of job satisfactions of dietary employees in large and small hospitals in Oklahoma.
2. There is no significant difference in degree of job satisfactions of dietary employees in large and small hospitals in Oklahoma according to:

- | | |
|---|---|
| (a) age | (g) pay |
| (b) sex | (h) training |
| (c) marital status | (i) work |
| (d) educational level | (j) working conditions |
| (e) length of service with
present organization | (k) relationship with fellow
employees, supervisor(s)
and dietitian |
| (f) spouse's feelings about
the individual's working | |

Limitations of Research

1. Only the employees' point of view was analyzed.
2. Data was collected from 14 hospitals instead of the anticipated 15 hospitals.
3. There were too few dietary employees in the small hospitals.
4. Only Oklahoma hospitals were studied.

Definition of Terms

Job satisfaction--a complementary relationship between an employee's work environment and fulfillment of his psychological needs, resulting in a favorable attitude toward the job.

Labor turnover--"the gross movement of employees into and out of the labor force" (2, p. 348).

Correctible labor turnover--"the percentage of total terminations, minus unavoidable separations (temporary employment, transfers, upward mobility, death, illness, marriage, pregnancy, relocation) in relation to the average work force" (2, p. 349).

Motivation--an employee's possession of incentives which stimulates desired activity and behavior.

On-the-job training--training which an employee receives by observing and working with other employees on a particular job.

Grievance procedure--"a series of steps through which succeedingly higher levels of authority are called upon to resolve an employee's expressions of discontent over his relationship with any element of his employment" (4, p. 58).

CHAPTER II

REVIEW OF LITERATURE

What is meant by the term "job satisfaction?" It is interpreted differently by different people, and thus, has been defined and measured in various ways. Dissimilar methods of measuring satisfaction of specific facets of a job have been used, as well as other approaches to combining data from facet satisfaction to measure overall job satisfaction. Porter (5) measured satisfaction in various need areas, while Smith, Kendall and Hulin (6) measured satisfaction with concrete job factors, such as pay and promotion. Dr. Edward K. Strong, Jr. (7, p. 342) has defined satisfaction as "fulfillment of a need or desire, a pleasant feeling or contentment, a relatively quiescent condition." He believes a man's satisfaction depends not only on what he wants and whether he has it now, but also on his idea of the chances of getting it in the future. Lofquist and Davis (8, p. 46) have defined satisfaction as a "correspondence between the reinforcer system of the work environment and an individual's needs." Ivanchevick and Donnelly (1) see job satisfaction as being the favorable viewpoint of workers toward the work role they presently occupy. Many researchers consider job satisfaction as a general concept analogous to "morale." Blum (9), however, insists that the concepts of morale and of job satisfaction are different and thus, the terms should not be used interchangeably. Hinricks (10) believes the concept of overall job satisfaction is

reflected as a composite of feelings about various aspects of the work environment and may be expressed as the sum of a series of attitude ratings.

Managers who are trying to learn more about job satisfactions of workers find difficulty in defining "satisfaction." Job satisfaction has no adequate definition; it is not a unidimensional attitude. According to Harwood and Brown (2, p. 349), there can be job satisfactions with:

1. the specific activities of the job, referred to as 'intrinsic job satisfaction,'
2. the place and working conditions under which the job is performed and
3. specific factors such as economic rewards, security or social prestige.

Job satisfaction is closely related to morales and attitudes. Guion (11) considered morale to be the extent to which the individual perceives satisfaction as stemming from his total situation. Attitudes are seen as the tendency of the individual to evaluate aspects of the environment as favorable or unfavorable.

Attitudes are ways of seeing and interpreting a given object, person, idea or situation and also represents ways people act (12). Attitudes will largely determine what use is made of what attributes an individual possesses (13). Attitudes on the job influence personal feelings toward fellow employees, the immediate supervisor, the dietitian, the pay and fringe benefits and the working conditions. Herzberg, et al. (14) maintained that job satisfactions are achieved through recognition, responsibility, achievement and other task and ego-oriented factors in the work environment. Salary, company policy, working conditions and supervision may reduce job dissatisfactions but do not

necessarily lead to job satisfactions. Argyris (15) and Likert (16) suggested that employee-centered supervision can help acquire job satisfactions. Ivanchevick and Donnelly (1) have reported that morale is high when employees start their job, declines during the next few years and remains at a relatively low level until the worker reaches his late twenties. Morale in the early thirties begins to increase and continues to rise for the remainder of the worker's life.

Labor Turnover in the Food Service Industry

A high rate of labor turnover has been found in the food service industry. A 300 percent per year labor turnover rate is evident (17). Hospitals have reported annual separation rates between 62 and 133 percent (18). Harwood and Brown (2) revealed that the average annual and monthly crude rates of labor turnover were considerably higher for the smaller than for the larger hospitals. The small hospitals showed a cumulative annual turnover of 71.5 percent, or a monthly rate of 5.96 percent. In their study rank correlation showed no significant relationship between size of hospital, based on bed capacity, and rate of correctible turnover in the dietary department.

Labor costs constitute 60 to 70 percent of a hospital's budget; thus management has the responsibility to acquire, organize and develop a stable, loyal work force (19). Both indirect and direct costs of labor turnover are high. Indirect costs of labor turnover are high in terms of loss of goodwill, lowered employee morale, production losses, greater food wastage, increased breakage of expensive equipment and supplies and decreased quality of food. The entire work unit is disrupted by a continuous flow of new employees. High efficiency is

seldom achieved with a constant change in the working force (20).

Harwood and Brown (2) state that the serious effect of high labor turnover is reflected in internal unrest, poor employee relations, lowered job efficiency, job dissatisfactions and a high degree of absenteeism.

Direct costs of labor turnover include the time, effort and salaries expended in recruiting, interviewing, reference checking, processing and training new employees. In 1965 Gray and Donaldson (18) found that the total direct cost of labor turnover for one kitchen service employee ranged from \$113 to \$165. In 1967, replacement of the lowest paid food service employee was estimated conservatively to cost an employer \$300 (17). These costs would be proportionately higher at present salary rates. However, Kotschevar (21) says food service employees have a turnover rate of 6.6 percent, with food service supervisors having a rate of 4.6 percent.

In a study conducted by Mote and Gehring (22) of the dietary department at Methodist Hospital in Indianapolis, the dietary department turnover was broken down into turnover by various major job categories to see if the turnover was centralized in any one job category or a group of job categories. The results of this breakdown are shown in Table I. This study illustrated that the problem job categories were dish room personnel, porters, meat cooks and dietitians. An analysis was made of the terminations of employees in these high turnover job categories as shown in Table II.

In 1968 Tuchi and Carr (23) studied number of terminations and turnover costs by job classification of two non-federal, short-term general hospitals in an eastern metropolitan area. It was found that

the dietary job classification was a significant contributor to total labor turnover costs.

TABLE I
 TURNOVER PERCENTAGE FOR MAJOR JOB CATEGORIES, 1961-62
 AND STABILITY RATE, 1962

	1961	1962	
	Turnover Percentage*	Turnover Percentage	Stability Rate
Entire dietary department	43%	43%	70%
Dish room	40	73	47
Diet maids	45	45	55
Supervisors and work leaders	27	20	80
Kitchen helper, cafeteria maid, etc.	33	29	73
Porters	86	57	50
Meat cooks	57	70	43
Dietitians	21	50	50

* $\frac{\text{Number of terminations}}{\text{Average number of employees}} \times 100 = \text{Turnover percentage.}$

Stability rate is the percentage of employees who were in the department and in the designated job grouping for the entire year.

Source: John R. Mote and Mary Gehring, "Remedies for excessive turnover in the dietary department," Hospitals (1963).

Jolin and McKinley (24) found in their research that the problems most frequently cited by hospital food service managers were general labor problems and procuring workers. Manpower appears to be a big factor still out of control, as costs are not in proportion to production. Finding adequate labor and controlling its costs remain a major

TABLE II

ANALYSIS OF TERMINATION OF DIETARY EMPLOYEES IN
HIGH TURNOVER JOB CATEGORIES, 1962

Job Category	Length of Employment		Age	Sex	Reason for Leaving
	Years	Months			
Dish room	0	7	20	M	Absent without leave
	0	2	24	M	Violation of rules
	2	1	23	M	Violation of rules
	0	1	23	M	Dishonest
	0	9	20	M	Better pay
	0	6	19	M	Better pay
	0	1	25	M	Better pay
	0	5	20	M	Better pay
	2	6	22	M	Ill health
	3	4	21	M	Hours
	19	0	54	F	Ill health
Porters	0	1	22	M	Fellow employee
	0	11	21	M	Military service
	0	2	17	M	Type work
	0	1	22	M	Better pay
	0	1	26	M	Better pay
	0	9	22	M	Absenteeism
	0	7	19	M	Dishonest
	0	1	22	M	Undependable
Meat cooks	3	2	30	M	Hours
	0	7	34	M	Home problem
	2	0	31	M	Drinking on duty
	1	9	26	M	Supervisor
	0	3	27	M	Absent without leave
Dietitians	0	6	25	F	Leaving city
	1	6	25	F	Ill health
	4	6	29	F	Better future
	0	9	23	F	Inefficient
	4	1	29	F	Pregnant
	3	7	29	F	Marriage
	1	7	43	F	New experience

Source: John R. Mote and Mary Gehring, "Remedies for excessive turnover in the dietary department," Hospitals (1963).

problem of dietary management. Management must constantly evaluate the value of its combination of men, money and materials. As health care facilities gain in number and size, the shortage of food service workers increases (21). The situation could be improved with better selection and training of workers, delineation of tasks, scheduling and supervision and better design of equipment and facilities.

The food service worker is the core of a food service operation. Because food service employees seemingly require very little skill and training, they are often a low paid group with low productivity and seldom have incentive to do better. Frelander and Pickle (25) surveyed six types of industries and found that the food store and food service workers achieved the least satisfaction from their jobs. Causes of job dissatisfactions in the food service industry as found by Avery (26) include:

1. differences between what the worker perceives the job to be and what it really is,
2. better jobs available elsewhere,
3. a feeling of job inferiority,
4. poor working conditions,
5. boredom,
6. work that is too hard,
7. a mental demand that is inversely proportional to challenge and
8. the lack of formal communication, recognition, good standing with supervisors and praise for a good job.

There is general dissatisfaction among food service employees with their career opportunities. Workers need a visible ladder to promotion, better salary and more consideration from supervisors. A sound, visible

career ladder program is necessary for proper manpower investment. Lack of career opportunities within food service operations results in high personnel turnover (27). Employees should be encouraged to apply for vacancies within an organization and everyone should know about promotions. Some individuals, however, are happy to remain on the same job level and not advance; they are afraid of change and responsibility. Promotional opportunity is one of the strongest incentives to long tenure within the dietary department (22). Various studies have indicated the main elements of job satisfaction as being:

1. economic and personal job security,
2. adequate pay and benefits,
3. promotional opportunities,
4. group acceptance,
5. satisfactory relationship with supervisors, and
6. sense of achievement.

An employee's first days on a new job are a time of social adjustment and are quite crucial and difficult. A new employee forms permanent attitudes quickly about his job, supervisor(s) and the hospital. Often these attitudes are irreversible. A sound induction and orientation program can help the new employee become better acquainted with his new surroundings and new people, and to reinforce his self-confidence. Induction and orientation begin as soon as the new employee has any contact with a company or institution. The general objectives of an induction and orientation program according to Metzger (28) are:

1. to reinforce the employee's confidence in his ability to cope with the work assignment,
2. to communicate complete and detailed conditions of the person's

employment,

3. to inform the individual of the rules and regulations and
4. to instill in the employee a feeling of pride in the hospital.

A good induction and orientation program should include some form of follow-up to determine if an employee has been placed satisfactorily, and a transfer procedure to prevent turnover caused by faulty placement (29).

According to Krantz (29), some control devices which can be used to reduce quick turnover are:

1. capable supervision,
2. good working conditions,
3. opportunities for advancement,
4. proper compensation plans,
5. use of exit interviews,
6. pleasant initial employment contact,
7. honest recruiting information,
8. integration of turnover control with employee selection,
9. indoctrination of new employees,
10. establishment of realistic hiring rates and
11. improvement of personnel planning.

The new employee should be given a fair description of the job and future opportunities. A good employee selection program can find and place individuals on a job according to abilities, interests and qualifications. Walker (30) believes that orientation is more successful when a personnel policy manual is in use. There is then less chance of misunderstanding of policies, and the employee has a greater sense of security.

The food service industry has improved salaries, fringe benefits, training and working conditions, but has not greatly reduced labor turnover or aided in securing an adequate number of qualified workers. Perhaps attention should be focused more on providing workers with opportunities to satisfy their social and psychological needs as well as their economic needs.

Labor Turnover in Other Industries

Other industries with similar high rates of labor turnover have studied this problem and have found a negative relationship between job satisfactions of the workers and labor turnover; in other words, the lower the job satisfactions, the higher the labor turnover (31). Vroom (32) states that job satisfaction is inversely related to turnover and absenteeism rates. Also, he says there is no simple relationship between overall job satisfaction and job performance.

In 1954 a study was conducted by Melcher (33) at a laboratory for the development of underwater ordnance. In this research, the peak of separations from the company was about the third year of employment for all employees. Resignations for the professional employees began after the first year, reached a maximum after two and one-half years and dropped abruptly after three years. After a two-year pause they rose again and remained fairly steady. In the non-professional group of employees, separations became numerous after two years, remained quite steady for one to two years, and then dropped to a low level. The "official" reasons given for leaving the laboratory jobs differed between the professional and non-professional employees (Table III).

TABLE III
ANALYSIS OF TURNOVER

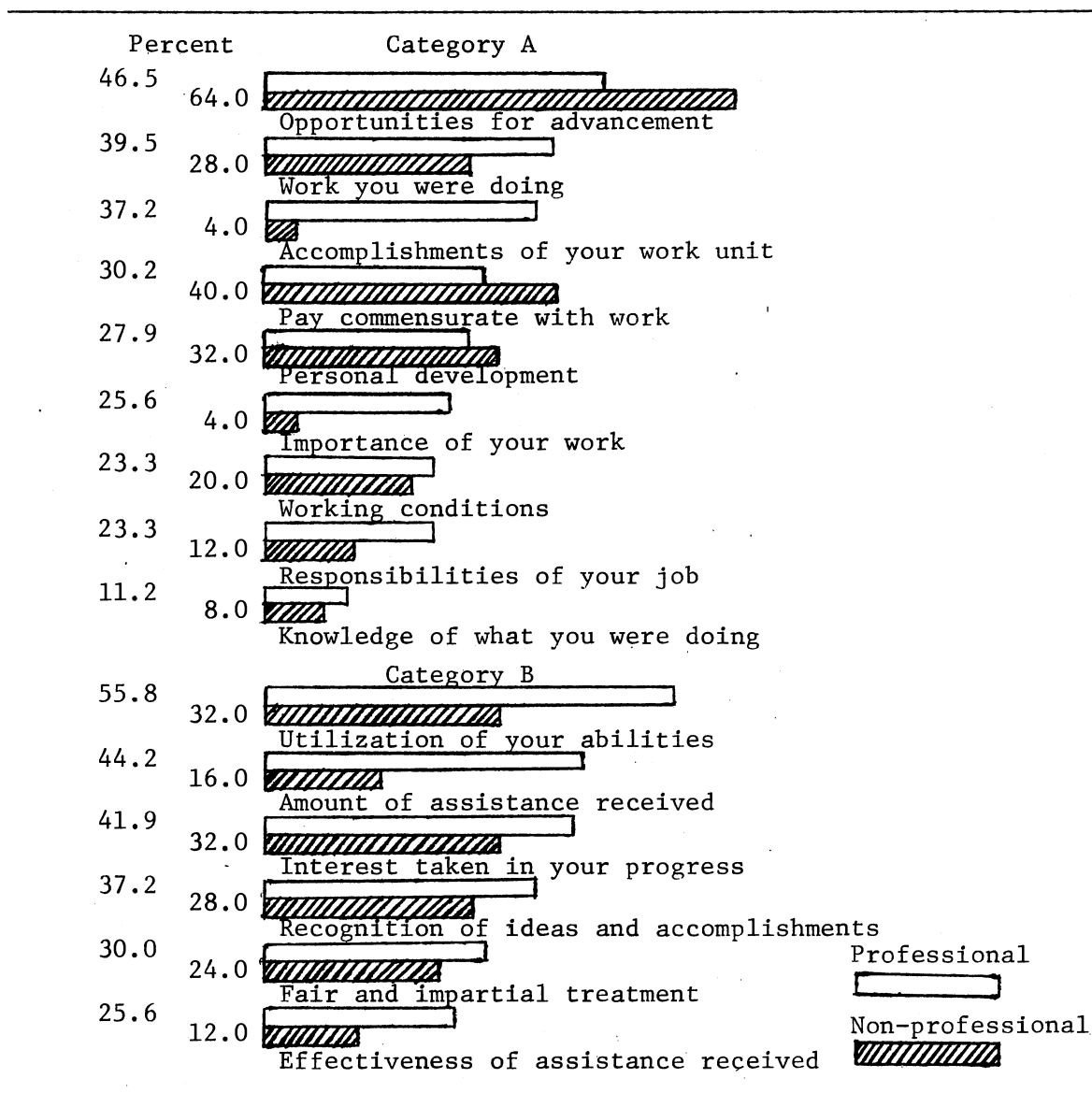
	Non-professional				Professional				All Classifications
	Shop	Clerical-Administrative	Sub-professional	Total	Over \$7,000/yr	\$5,000-7,000/yr	\$3,400-5,000/yr	Total	
Reason for leaving:									
Other job	7	6	6	19	15	11	3	29	48
Advancement	1	4	4	9	3	7	1	11	20
Moving, health, personal, etc.	6	24	6	36	3	6	-	9	45
Insecurity	-	1	1	2	-	1	-	1	3
Dissatisfaction	2	1	1	4	2	3	-	5	9
Pay in new job (those who have job when leaving):									
More	4	7	7	18	13	17	2	31	49
Same	2	2	6	9	3	9	2	15	24
Less	3	4	-	7	3	1	-	4	11

Source: Robert D. Melcher, "Getting the facts on employee resignations," Personnel (1955).

"Confidential" reasons for leaving were divided into Categories A and B. Category A indicated factors concerned with general working conditions, while Category B showed factors entirely within the control of supervision. Professionals and non-professionals differed significantly in the emphasis placed on reasons for job dissatisfactions (Table IV). In Table IV, Category A, the major sources of dissatisfactions of the professional group as indicated by Melcher (33), were lack of opportunities for advancement (46.5 percent) and the work they were doing (39.5 percent). The non-professional group, on the other hand, was concerned with lack of opportunities for advancement (64 percent) and pay not appropriate with work performed (40 percent). In Category B, the professionals' job dissatisfactions of most concern were utilization of their abilities (55.8 percent) and the amount of assistance received (44.2 percent). In this category the non-professionals were primarily concerned with utilization of their abilities (32 percent) and the interest taken in their progress (32 percent). The professionals expressed a higher degree of job dissatisfactions (55.8 percent) and indicated that inadequate supervision was the major cause of it.

Ross and Zander (34) conducted a study at the University of Michigan in which they were trying to determine the relationship of satisfaction of certain psychological needs of a work situation and labor turnover. This study was specifically concerned with the personal needs of affiliation, achievement, autonomy, recognition and fair evaluation. Organizations generally give their members two kinds of need satisfactions--monetary payments and participation in the social system of the organization. The results of this study illustrated that the degree of satisfaction of certain personal needs, supplied by

TABLE IV
REASONS FOR DISSATISFACTION



Source: Robert D. Melcher, "Getting the facts on employee resignations," Personnel (1955).

an individual's place of employment, has a direct relationship to his continuing to work for a company. Anxiety may be exhibited by those employees whose needs for autonomy and fair evaluation are not satisfied. The study also revealed that an individual's job which interferes with family and community satisfactions is a cause of turnover. However, these outside influences are not related to feelings of dissatisfactions on the job. Often excessive turnover is attributed to external influences, such as the labor market, low wages paid, and so forth. Ross and Zander state that these factors may well contribute to job dissatisfactions, but there are also causative factors, controllable by management.

Employee turnover can be solved, reduced or controlled only when the real causes are known. A worker seldom quits for one particular reason; usually there are several contributing elements. Workers who terminate their jobs tend to offer an acceptable reason(s) for quitting rather than the real one(s). Often the sources of dissatisfactions are cumulative, and the worker may not be consciously aware of all these frustrations.

According to the National Restaurant Association (35) the degree of satisfaction or dissatisfaction a worker feels towards his job depends upon an individual's reaction to the kind of work he is doing, the work community as a social community, the boss, working conditions, pay, mental and emotional satisfaction provided by the total work environment. Ferguson (36) feels that, in general, the greatest satisfaction and strongest motivation is derived from achievement, responsibility, growth, advancement, the work itself and recognition.

In comparison to Gray and Donaldson's (18) figures on employee turnover costs, Nation's Business (37) reports that in one large industrial firm, the cost of losing a common laborer was estimated at \$126.42. While excessive labor turnover in a company or institution is costly and undesirable, they say some turnover is healthy. It brings in new blood and ideas and prevents stagnation of the organization. Also it allows for advancement of qualified workers. When an organization approaches maximum utilization of available talent, it is approaching the optimum turnover rate.

Motivational Theories

Several motivational theories have been developed which attempt to explain worker behavior. The path-goal theory suggests that persons will behave in a manner which will lead to the attainment of a goal which they value and which they expect to be able to achieve (38). The theory identifies goal availability, goal value and perceived effort-reward probability as important criteria in the motivational process. It stresses the importance of the linkage between motivation, performance and goal attainment.

Maslow (39) has described the basic need satisfaction of an individual as: physiological; safety; love, affection and belongingness; self-esteem; and self-actualization or self-fulfillment. He suggests that these needs are related to one another in the form of an orderly hierarchy in which one category of needs becomes activated only after the lower level is relatively satisfied (Maslow's Need Hierarchy). Even though all persons are motivated by these five basic needs, they differ in their perception of satisfaction of the needs. Personality

and environment determine the strength of the need for the individual as well as the way the individual seeks to satisfy his needs or overcome his frustrations to fulfilling his needs (40). Davis (41) has proposed two basic classifications of an individual's needs that parallel Maslow's. They are primary (basic physiological) needs and secondary (social and psychological) needs. The secondary needs can cause problems to managers in their motivational efforts, since any managerial action taken will affect the secondary needs. Davis believes that it is management's duty to identify and activate an employee's motives constructively toward task performance.

The dissatisfaction of workers is a result of organizations concentrating too much upon physiological and safety needs, according to McGregor (42). He felt that concentration on the higher level needs (social and psychological) in which most workers were interested had not been satisfied. McGregor saw the solution to job dissatisfaction as the integration of the goals of the organization and the needs of individual workers. Establishment of good working conditions would encourage individuals to develop and utilize voluntarily their capacities, knowledge, skill and ingenuity by directing their efforts toward achieving the goals of the organization.

Likert (16) developed this concept of integration of the goals of the organization and the needs of the individual. He stressed that such integration must ensure the worker's sense of personal importance and worth. The worker, in light of his background, experience and values will view the relationship and interactions with the organization as supportive.

A theory of motivation called the two-factor theory was developed by Herzberg (14). The central hypothesis of this theory was that the perceived determinants of job satisfactions are different from the perceived determinants of job dissatisfactions. He theorized that man has two sets of needs which are essentially independent of one another and which operate in opposing directions. He made a distinction between these factors, labeling them "hygiene factors" (dissatisfiers) and "motivators" (satisfiers). Hygiene factors are related to the conditions under which a task is to be performed. They are job-context variables and are not an intrinsic part of a task. These factors include pay, fringe benefits, working conditions, company policy and administration and behavior of supervision. Hygiene factors can prevent job dissatisfactions but cannot create true job satisfactions.

Motivators, on the other hand, are job-content variables and include achievement, responsibility, recognition, advancement and the work itself. These factors, according to Herzberg, lead to positive job attitudes, but their absence will not lead to job dissatisfactions. The theory proposes that hygiene factors are more important than motivators as determinants of job dissatisfactions, and that motivators are more important than hygiene factors as determinants of job satisfactions (43).

Herzberg's two-factor theory has been criticized by other writers. Ewen (44) criticized the theory on the basis of the results of research, which showed certain dissatisfiers (salary, supervisor's interest in employees) acted like satisfiers and dissatisfiers. Ewen also described deficiencies in the execution of the Herzberg study. First, the narrow range of jobs investigated (engineers and accountants) did not represent

an adequate test of the theory. Second, only one measure of job attitude, the semi-structured interview, was used. This single measurement raised questions as to the generality and validity of the findings. Also, there were no validity and reliability data offered by Herzberg and no measure of overall job satisfactions. Ewen concluded that there is no justification for generalizing the results of the Herzberg study beyond the situation in which they were obtained.

Ewen (45) has drawn a parallel between Maslow's theory applied to job satisfactions and Herzberg's two-factor theory. He believes that the functioning of the extrinsic variables may depend on the satisfaction with the intrinsic variables. Bloom and Barry (46) have stated that hygiene needs must be met before motivational needs become effective. When the basic needs are fulfilled, the higher order needs, which are related to the intrinsic job factors will emerge. Herzberg's extrinsic factors relate directly to Maslow's lower order needs and the intrinsic factors correlate closer with the higher order needs.

Although the Herzberg theory has been a source of controversy since its appearance in 1959, the majority of literature supports it. Whitsett and Winslow (47) and Bockman (48), in their examination of the literature, concluded that basically the research studies in conflict with the Herzberg theory were subject to methodology errors, misinterpreted results, faulty extrapolation or a misunderstanding of the basic implications of the theory. Whitsett and Winslow believe the theory has retained its utility and viability.

Prior to Malinovsky and Barry's (49) study in 1965 of blue-collar semi-skilled and unskilled workers, all research directly related to the Herzberg motivator-hygiene theory had been focused primarily upon the

work attitudes of professional and white-collar workers. Their study revealed that blue-collar employees had low salaries, had not attained a very high level of education and had experienced relatively slow advancement in their organizations. These workers frequently had a strong need for good supervision and group relations, and placed much importance on being able to rely on others. According to Malinovsky and Barry, blue-collar workers, in general, are probably more preoccupied with fulfilling basic needs than are workers in higher occupational levels. Only when these basic needs are satisfied do they become interested in the personal growth aspects of the work environment. Among higher level occupational groups, on the other hand, these basic needs usually are already satisfied; thus, they are concerned with those aspects of the work setting which contribute to their personal development.

Need gratification theory has been proposed by Wolf (50) as an alternative to the two-factor theory of job satisfaction. Need gratification introduces the consideration of the individual's psychological needs and their influence on the relationship between job elements and satisfaction. Neeley (51) conducted a test of the need gratification theory of job satisfaction and concluded that differences in psychological needs were not associated with differences in the kind of job elements that were satisfying or dissatisfying.

Blum and Naylor (52) believe that in order to understand employees effectively, one must start with the knowledge of complexity of motivations and the ways in which motives differ for different people. Such personal characteristics as age, marital status, and so on influence the meaning that incentives hold for each employee.

Supervision in Food Service

The failure of the food service industry to establish and maintain adequate and effective supervision appears to be a major contributor to its excessive labor turnover rate. Berke (53) describes supervision as the process by which a designated individual or group of individuals oversee the work of others and establish controls and procedures to improve that work. Supervision is accomplished either through the development of the worker and working group or through alteration of the conditions under which the work takes place. The need for supervision varies with different institutions and situations. It is determined by the nature of the work being undertaken, the level of quality at which the work must be maintained, and the number of employees performing a given task. Since the employee is the determining variable in deciding the need for supervision, Berke states that the supervisor must know about an employee's educational level, native ability and emotional balance, motivation and past work history. Past work history is perhaps the best factor in determining an employee's supervisory needs.

The food service supervisor has greater influence on an employee and his attitude toward the company or institution (especially in the first weeks on the job) than anyone else in the organization (54). Coffey (55) delineates that supervision may be employee-centered or production-centered. An employee-centered supervisor is as interested or more so in the employees' feelings, aspirations, problems and growth, as in meeting production goals. He is interested in the employees as human beings and offers a friendly, supportive relationship. The

production-centered supervisor, on the other hand, is primarily concerned with production costs, time schedules, controls, rules and regulations. He views employees as one of the means for achieving the organization's production goals and assumes that they are paid to do a job and should do it regardless of how the work affects them as human beings.

Stogdill (56) states that workers tend to be better satisfied and more productive when they work under supervisors who are considerate of their comfort and welfare and allow them considerable freedom in their work. Employee satisfaction and productivity were found to suffer under supervisors who pushed for production and who disregarded employee comfort. Likert (16) found in his research that generally (though not always) groups supervised by employee-centered supervisors achieved higher productivity, lower costs, less waste losses and had higher morale than did groups supervised by production-centered supervisors.

Balance is necessary between the push for production and the need for employee satisfaction. An overbalance of either can lead to undesirable results. However, frequently the conditions which lead to efficiency conflict with those conditions which stimulate employee satisfaction and growth. In order for effective supervisor-subordinate relations to exist, there must be a mutual understanding between the supervisor and the employee of their respective roles and responsibilities. The supervisor will feel more at ease when he understands clearly his position and duties. Likewise, employees feel more comfortable when they know what is expected of them.

Employees will react differently to a supervisor. The characteristics of a supervisor that appeal to some employees will not appeal to

others. Coffey (55) lists some traits often associated with successful supervisors as:

1. providing general, in contrast to very close supervision,
2. supervising a group rather than each individual within the group,
3. designating clear goals and standards for employees,
4. expressing enthusiasm,
5. allowing employees to participate in decisions that affect them,
6. delegating duties to employees,
7. communicating effectively--listening as well as telling and
8. motivating employees.

Richard Meehan, training coordinator for the Dallas, Texas Power and Light Company says that among the expectations employees have of supervisors are:

1. an understanding of employee problems,
2. clear directions,
3. adequate pay,
4. an opportunity to learn,
5. recognition,
6. friendly, but firm and fair treatment,
7. dependable supervision and
8. consideration of the employee as an individual and as a member of a family (27).

Motivation and Productivity

Providing supervision that can aid workers in the attainment of satisfaction of needs, other than purely economic ones, may be

beneficial. It is important to become aware of each individual and help him in his pursuit of growth and satisfactions in an attempt to motivate the employee. According to Coffey (55), people have the following kinds of needs to be satisfied:

1. association--belonging to a group in which they can express and receive love and respect,
2. achievement--having the opportunity to express their abilities,
3. autonomy--having some control over themselves and their environment,
4. justice--being assessed and treated fairly,
5. security--economic and psychological,
6. learning and
7. new experience.

As a need is partially satisfied it will no longer motivate an employee. Supervisors often tend to overemphasize money and working conditions as motivators and to underemphasize psychological needs of their workers. Supporting Coffey, Otterson and Stephenson (57, p. 36) say: "If management treats its employees as honest human beings who take pride in their work, they will respond accordingly and be motivated to do their best--to put more into the company than just an eight-hour day."

Ackerman (58) maintains that one cannot "motivate" another. The major assumption of this approach is that "motive" is internalized and not something that one gives to another. He says each individual has a multiplicity of psychological and physiological needs which are frequently changing in priority, strength and duration as he interacts with his environment. Thus, Ackerman defines motivation as a function of

need; i.e., strength and relative values of a variety of possible satisfiers. Also to be considered is the time and effort that must be expended by the individual in fulfilling his need in choosing a particular satisfier. Karl (50, p. 63) says: "You can motivate others to change, but you cannot change them." Motivation is a continuing process of encouraging, listening, understanding and adaptation.

Janes (60) in a study of unskilled production work groups has concluded that the unskilled workers derive little, if any, real satisfaction from their jobs. From this study he developed ten suggestions for motivating the unskilled worker. These suggestions include:

1. Treat each employee with respect. If a man is treated as he should be, he will act accordingly.
2. Explain the job to the individual in detail. A demonstration may be helpful.
3. Explain why the job must be accomplished on time and why quality standards are necessary.
4. Give some type of recognition for superior work or work accomplished with the aid of others.
5. Allow reasonable status symbols.
6. Provide the opportunity for employees to participate in training and/or retraining programs.
7. Be consistent and equitable in all disciplinary actions and keep your promise to employees.
8. Call each employee by his name.
9. Emphasize the importance of the job and how the job relates to the organization.
10. Supervisors should be trained to understand the employees'

attitudes and how to deal with them.

An organization may strive to minimize the variables influencing low motivation and to maximize the variables stimulating the employee to high motivation.

Several methods of motivating employees have been developed and are being utilized. At the Methodist Hospital in Indianapolis, a strong inservice education program tied to opportunities for advancement has been found to be one of the best remedies for excessive turnover of dietary employees (61). The inservice program consists of.

1. orientation classes for all newly hired personnel,
2. basic classes for all employees,
3. basic classes for beginning supervisors,
4. workshops for advanced supervisors,
5. instruction on care and use of equipment for all supervisors,
and
6. staff meetings for dietitians and supervisors.

Thus, there is educational training at each level of employment in the hospital, which is very desirable.

At the Abington Memorial Hospital in Pennsylvania satisfactory answers have been found to motivating employees, increasing productivity and reducing employee turnover through the use of an organizational development program (62). This is a process of planned change says Markowich. Instead of resisting change, the organization actually promotes the planning and employment of procedures that assist it in adapting to needed changes on a day-to-day basis.

Another technique used in motivating workers is an employee motivation program. According to Ward (63), three assumptions are made in

developing a program of this type: (1) that certain minimum conditions must exist in the work environment, (2) that top management is sincerely concerned with employee welfare and is interested in taking steps that will benefit employees as well as the company and (3) that top management will actively support an employee motivation program. Ward continues that the following elements may serve as a guideline in establishing a motivation program or as the basis for evaluating a current one:

1. Participation--allow employees to participate as much as possible in making decisions affecting their work.
2. Performance management--together with knowledge of results and recognition, performance measurement operates to stimulate motivation.
3. Knowledge of results--let the employee know how well he is doing.
4. Recognition--recognize superior performance. The most effective ways are through merit salary increases, promotions and increased responsibility.
5. Attitude measurement--measure employees' attitudes objectively, systematically and periodically.
6. Communication--establish communication channels between top management and employees to supplement formal organizational channels.
7. Publicity--motivation to work toward company goals is influenced by the employee's image of the company, which is affected by publicity.

8. Work assignment--establish a system which insures that the employee's capabilities match the skills required by his work.
9. Work research--study working procedures and environment.
10. Supervisor motivation training--educate the supervisor in the factors and practices which enhance employee motivation.

Greater motivation of employees should result in higher productivity. Productivity, as defined by Ostenso and Donaldson (64) is the labor minutes utilized per meal served. Brunstetter (65) concluded that productivity, or behavior of an individual at a given time, is a function of two separate factors. The first is the skills, abilities, attitudes, emotions and value system of the employee himself, and the second is the environment in which the work is to be performed.

In the food service industry labor is productive 47 percent of the time; a more normal productivity rate is 80 to 85 percent (21). Kotschevar states that the number of meals produced per labor hour in hospitals is slightly less than 3; in nursing homes and related facilities, it is about 5; clubs and hotels, about 1 3/4; restaurants from 3 to 5; school food service, about 13; dormitories in colleges and universities, 11; and cafeterias, about 6. He suggests increasing productivity through the use of the new market forms of foods, better planning of work areas and training workers to improve their work methods and job techniques. Top management and supervisors must take the initiative and responsibility of developing conditions which will help employees increase their productivity.

In 1966 Ostenso and Donaldson (64) reported research on labor time in the dietary departments of ten Wisconsin hospitals. These were non-federal, short-term hospitals with a range of 750 to 1,350 total patient

and personnel meals served daily. Centralized food systems were utilized in all of the hospitals, and a qualified dietitian was in charge of the dietary department. Data concerning labor time expended in dietary department functions were collected using a work sampling technique along with output measures of meals per day to provide a model of total department productivity. Work activities were divided into categories and a percentage distribution of total labor time and mean minutes per meal were calculated according to work category and productivity index (Table V). No direct relationship was found between total labor hours utilized per week and total meals served per week. Variations in total minutes per meal expended each day were not significant, and indicated that as output demands fluctuated, labor time was adjusted proportionately.

Financial and statistical data gathered by the Hospital Administrative Services from 355 hospitals in the United States indicated that there is a tendency for labor efficiency, as measured by meals prepared per dietary man-hour, to increase as hospital size increases (66). Dietary expenses, illustrated in Table VI make up about 11 percent of total hospital operating expense; approximately the same amount is spent for labor as for food and supplies.

Job Enrichment

Many behavioralists believe job enrichment is an answer to today's problems in productivity and worker alienation. Traditional industrial engineers, however, insist that the new theories and strategies are not needed, but rather it is necessary to do a better job of what we already

TABLE V

PERCENTAGE DISTRIBUTION OF TOTAL LABOR TIME AND MEAN MINUTES PER MEAL CLASSIFIED
ACCORDING TO WORK CATEGORY AND PRODUCTIVITY INDEX (PI)

Work Category	Low PI = 18.51 Hospitals 3, 7, 9, 10		High PI = 13.49 Hospitals 2, 4, 5, 6, 8		Total PI = 15.72 Hospitals 2-10		Total
	Mean minutes/meal		Mean minutes/meal		Mean minutes/meal		Labor Time Percent
Processing	2.16		2.20		2.18		13.87
Prepreparation		1.33		1.33		1.23	7.83
Preparation		.83		.83		.95	6.04
Service	3.71		2.47		3.02		19.21
Transportation	4.02		2.56		3.21		20.42
Food		.90		.50		.68	4.33
Equipment		1.62		1.07		1.31	8.33
Trays to patients		---		(.19)*		(.19)*	
Trays from patients		---		(.26)		(.26)	
Empty		1.50		.90		1.17	7.44
Clerical (Routine)	1.27		.72		.97		6.17
Cleaning	3.39		3.20		3.28		20.87
Pot washing		.48		.50		.49	3.12
Dishwashing		1.68		1.77		1.73	11.01
Housekeeping		1.23		.93		1.06	6.74
Receiving	.04		.04		.04		0.25
Total Direct Work	14.59		11.19		12.70		80.79

TABLE V (Continued)

Work Category	Low PI = 18.51	High PI = 13.49	Total PI = 15.72	Total
	Hospitals 3, 7, 9, 10	Hospitals 2, 4, 5, 6, 8	Hospitals 2-10	Labor Time
	Mean minutes/meal	Mean minutes/meal	Mean minutes/meal	Percent
Instruction	1.00	.64	.80	5.09
Appraisal	.19	.15	.17	1.08
Conference	.02	.03	.03	0.19
Clerical (Original)	.37	.21	.28	1.78
Total Indirect Work	1.58	1.03	1.28	8.14
Forced Delay	.95	.67	.80	5.09
Personal and Idle	1.39	.60	.94	5.98
Personal delay		.83	.48	4.01
Idle time		.56	.12	1.97
Total Delays	2.34	1.27	1.74	11.07
Grand Total	18.51	13.49	15.72	100.00

*Data from one hospital.

Source: Grace L. Ostenso, Ph.D. and Beatrice Donaldson, Ph.D., "Effective use of hospital dietary labor resources," Hospitals (1966).

TABLE VI

MEDIAN VALUES FOR DIETARY DEPARTMENT STATISTICS IN 355 HOSPITALS

	49 beds and under	50-74 beds	75-99 beds	100-149 beds	150-199 beds	200-299 beds	300-399 beds	400 beds and over
Number of Hospitals	78	63	29	65	33	45	25	17
Dietary--percent of total operating expense	11.5	10.9	10.7	11.0	9.9	11.0	10.8	10.5
Labor, food, and supply cost per meal	\$0.76	\$0.83	\$0.82	\$0.89	\$0.88	\$0.83	\$0.83	\$0.98
Food and supply cost per meal	\$0.39	\$0.43	\$0.41	\$0.43	\$0.47	\$0.44	\$0.45	\$0.52
Labor cost per meal	\$0.37	\$0.40	\$0.41	\$0.46	\$0.41	\$0.39	\$0.38	\$0.46
Meals prepared per dietary man-hour*	2.9 (2.1-3.9)	2.9 (2.1-4.3)	2.9 (2.2-3.9)	2.8 (2.1-3.7)	3.0 (2.1-4.1)	3.1 (2.3-4.2)	3.4 (2.1-4.2)	3.1 (2.6-3.6)
Labor time per meal (minutes)	2.07 min.	20.7	20.7	21.4	20.0	19.3	17.6	19.3

*Figures in parentheses indicate minimum and maximum values reported.

Source: Cecilia A. Coffey, Doris Spragg, Elizabeth McCune and Ruth Gordon, "Continuous time study shows how scheduled time is spent," Hospitals (1964).

know how to do (work simplification, standards) (67). Hallowell describes job enrichment as the creative molding and reshaping of work and work flow to produce more meaningful job content. He explains that job enrichment is not principally a human happiness scheme, and that it is not simply paying people more or improving working conditions, equipment or status. There must be an impact on job content for enrichment to occur. He believes job enrichment will have the best results if those managing the particular area to be enriched basically agree with a leadership style which is reasonably participative and that there is a healthy dissatisfaction with the way things are. As a first step when considering the use of job enrichment, one must look for pain in the environment in the form of missed deadlines, errors, high cost areas, turnover and absenteeism.

Unionization in the Food Service Industry

Unionization in hospitals has come into increased focus during the past few years. Hospital employee unions, from their first appearance 50 years ago, have developed quite slowly. In recent years, unionization has been increasingly rapid. Now that unionization of industrial workers has peaked and is beginning to decline, unions are entering other fields (68). Milliken and Milliken state that the magnitude of the non-union labor force in the hospital industry has been one of the factors attracting union organizers in recent years. On the other hand, the dispersion and relatively small size of hospitals, together with the great variety of professional, semiprofessional, skilled and semi-skilled hospital personnel have inhibited unionization.

The American Hospital Association conducted surveys in 1961 and 1967, concerning collective bargaining activities by hospitals and employee organizations. It was found that twice as many nonfederal hospitals had formal collective bargaining agreements in 1967 than they did in 1961 (Table VII) (69). There was a significant increase in collective bargaining recognition, especially in the larger hospitals. As an organization grows and becomes more formal, the psychological and attitudinal distance between the employee and management increases (68). It is then that inept procedures for personnel grievances give rise to discontent. Milliken and Milliken explain that unions are more likely to attempt large-unit organizations. The decision by a union to attempt to organize a group of workers is based on (1) the probability of organizational and recognition success and (2) an evaluation of the number of members added to the union compared to the resources expended in gaining recognition. Larger units with more employees are more likely to obtain organizing assistance from the national unions (69).

The results of the 1961 and 1967 surveys suggested that the rate of expansion of collective bargaining was high, but the extent of it was relatively small. Milliken and Milliken (68) believe that as older workers retire and hospitals replace them with younger employees who have different social and economic aspirations, there will be greater receptivity to unionism. Personnel relations in hospitals have often been inadequate. These inadequacies in personnel relations have been especially noticeable in the area of grievance procedures, an oversight which is likely to stimulate interest in unions. Grievance procedures are essential to upward communication with management. Donna Kinne (70)

believes that if hospitals stayed ahead of the unions and provided what employees need and want, there would be no need for unions.

TABLE VII
COLLECTIVE BARGAINING CONTRACTS

	1961	1967
All Hospitals	3.2	6.8
Bed size		
6- 99	1.5	3.6
100-199	5.8	8.5
200-299	6.2	12.3
300-399	6.6	14.5
400-499	6.3	12.5
500 plus	3.1	11.8
Control		
Nongovernmental nonprofit	4.3	8.2
Nongovernmental for-profit	4.3	4.9
Governmental (nonfederal)	1.0	5.4

Note: Cell entries represent percentage of hospitals in each group that have signed contracts. Since percentage base differs with each cell, percentage will not total 100.

Source: Jon D. Miller and Stephen M. Shortell, "Hospital unionization: A study of the trends," Hospitals (1969).

McVittie (71) states that a tailor-made hospital suggestion plan provides an organized method by which employees can submit constructive ideas and gain an impartial investigation and a prompt reply. Under this plan employees are encouraged to make suggestions for improvement of the hospital. A fair and impartial investigation must be given to

every suggestion, and then management either accepts or rejects it. If an idea is accepted, the employee(s) submitting it may receive an award. Thus, the employees are given incentive to participate in the general affairs of the hospital.

Demographic Data

Individual characteristics and the job environment influence the job satisfactions of food service employees. The following individual characteristics appear to be most important in affecting employee job satisfactions: age, sex, marital status, educational level, length of service with the present organization, pay and training.

Although young workers in general have high morale, they tend to have a high percentage of turnover (72). It has been found that job satisfaction increases with age (73, 74, 75, 76). Pelto and Sweatt (77) discovered in a study covering all types of hospital dietary personnel, that the fewest terminations occurred in the 28 to 40 year age group. However, Turner (78) and Johnson (79) found that morale decreases in the older employees. There is controversy over what effect sex has on job satisfactions. It has generally been concluded that women are less satisfied with their jobs than men (80, 81, 82). In contrast, Habbe (83), Rachman and Kemp (84) and Hansen (85) have reported that women are usually more satisfied with their jobs than men. Marital status appears to affect needs. Blum and Russ (86) determined that married men placed more emphasis on security and less emphasis on advancement than did single men. Shorter working hours were more important to married women than to single women or married men. Marriage did not seem to affect attitudes toward salary.

Vollmer and Kinney (87) found that younger workers and those workers with a higher education tended to be more frequently dissatisfied with their jobs than older or less educated workers. Sinha and Sarma (88) found no relationship between job satisfaction and educational level, and Ash (89) reported no relationship between intelligence and job satisfaction. Jurgensen (90) stated that advancement became more important and security less important as educational level increased. It is expected that job satisfactions increase as length of service increases since greater job satisfaction is indicated by older workers in many cases (52). Rachman and Kemp (84) and Form and Geschwender (91) have reported that job satisfactions increase with tenure. Pelto and Sweatt (77) concluded that among hospital personnel, the employees with three to six months' service had the greatest number of terminations. According to Wright's (92) study of hospital personnel, the greatest period of terminations was during the first and second years of employment.

According to Fournet et al. (31), income is not ranked by employees as the most important factor contributing to job satisfactions. The importance of pay varies from one job to another. Training is also believed to influence employee job satisfactions. Jernigan (93) says inservice training, or on-the-job training is a necessity in a food service department if the department is to be efficient, if it is to provide high quality food and service and if it is to operate within a reasonable budget.

CHAPTER III

PROCEDURE

This study was conducted to measure job satisfactions of dietary employees in large and small hospitals in Oklahoma.

Following formulation of the research idea, a letter was sent to the American Hospital Association, the Oklahoma Hospital Association and Miss Elizabeth Hensler of the Oklahoma State Department of Health (Appendix A) to obtain lists of all Oklahoma hospitals and their sizes. It was necessary to determine how each agency distinguished "large" and "small" hospitals in terms of bed capacity. According to the Oklahoma Hospital Association, hospitals with less than 100 beds would be described as small; hospitals with more than 200 beds would be described as large. Using the Oklahoma Hospital Association Directory, it was found that there are 111 small hospitals and 23 large hospitals in Oklahoma.

A statistician was consulted to determine how the hospitals for the study would be selected. It was decided to take the two groupings-- large and small, and to number each hospital within each grouping separately. From the two groupings of Oklahoma hospitals, a random sample was drawn consisting of 10 large hospitals and 20 small hospitals (Appendix B). The random sample was obtained by drawing ballots out of a hat.

The administrators of each of the 10 large and 20 small hospitals

were contacted by letter (Appendix A) to determine whether the hospitals would participate in the study. A post card was enclosed in the letters for the administrators' easy response. For ease in contact, a space was provided on the card for the dietitian's name and the hospital's name. Some of the post cards were returned by the hospital administrators and some were returned by the dietitians. From the responses a final sample was obtained (Appendix B). The desired final sample size was 15 (5 large and 10 small). The dietitians of the 15 hospitals were contacted by telephone to set up appropriate times to collect the data. The subjects of the study were male and female dietary employees of large and small hospitals in Oklahoma. This included all full-time employees in the dietary departments from dish washers to food service supervisors. These individuals comprised a random sample of dietary employees.

A questionnaire was developed which was designed to assess the job satisfactions of dietary employees in hospitals (Appendix C). A five point Lickert type scale was utilized in one part of the instrument. A scale was used in the questionnaire to determine the degree of employee job satisfactions as illustrated below:

<u>9</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Completely satisfied	More satisfied than dissatis- fied	About half and half	About half and half	About half and half	More dissatis- fied than satisfied	More dissatis- fied than satisfied	More dissatis- fied than satisfied	Completely dissatisfied

The questionnaire was presented to a research methods class at Oklahoma State University, the thesis adviser and the thesis committee, who evaluated the material in terms of the following:

- (a) Is the item clear?
- (b) Are job satisfactions of dietary employees measured?
- (c) Is the question specific?

(d) Is the material significant?

Modifications of the questionnaire were made in view of the recommendations of the above groups. In addition, the modified questionnaire was administered to two young women who have been full-time dietary employees at Stillwater Municipal Hospital. This gave the researcher an estimation of the amount of time (30 minutes) for completion of the instrument. Scheduling of time required for travel was based on this data.

At each hospital the dietitian arranged for all dietary employees to assemble at one time; usually this was 9:30 a.m. or 1:30 p.m. The researcher administered the instrument, which involved explaining the purpose for the research and giving any special directions. All questionnaires were completed by the employees, although the researcher was present to answer questions. In one hospital the researcher was requested by the dietitian to hand out the questionnaires to the employees and to read, to the group, each question or statement and the possible responses. The participants then indicated their responses by checking the appropriate answer.

The employees were not required to sign the questionnaires, and a ballot box was provided in which the completed questionnaires were placed, thus ensuring that the employees remained anonymous. The ballot box was opened and the questionnaires removed and coded after the researcher returned to Stillwater.

Analysis of Data

The relationship between job satisfactions and the selected variables--age, sex, marital status, educational level, length of

service with present organization, spouse's feelings about the individual's working, pay, training--was determined. A chi square test was used to test the effect of pay, training and hospital size on employee job satisfactions. An analysis of variance was used to test the effect of hospital size on the factors of work, working conditions and relationship with fellow employees, supervisor(s) and dietitian.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of the present research was to measure job satisfactions of dietary workers in large and small hospitals in Oklahoma. To do this a questionnaire was developed to assess the job satisfactions. There were 15 hospitals (5 large and 10 small) in the sample, however, only 14 actually participated in the study because the consultant dietitian in charge of one of the small hospitals could not be reached. There were a total of 189 questionnaires (Appendix C) completed by the dietary employees of the 14 hospitals. Thirteen questionnaires were discarded for various reasons, so the data presented in this chapter represents the 176 valid questionnaires.

The hospitals which participated in this study were located over a wide area throughout Oklahoma. Two of the hospitals were not characteristic of the others, one being a civil service hospital and the second a medicenter. The civil service hospital employees were receiving higher wages, and the employees of the medicenter were working with older Americans instead of different age groups.

The following hypotheses were tested:

1. There is no significant difference in degree of job satisfactions of dietary employees in large and small hospitals in Oklahoma.
2. There is no significant difference in degree of job

satisfactions of dietary employees in large and small hospitals in Oklahoma according to:

- | | |
|--|---|
| (a) age | (g) pay |
| (b) sex | (h) training |
| (c) marital status | (i) work |
| (d) educational level | (j) working conditions |
| (e) length of service with present organization | (k) relationship with fellow employees, supervisor(s) and dietitian |
| (f) spouse's feelings about the individual's working | |

The first hypothesis was rejected because dietary employees in large and small hospitals differed in their degree of job satisfactions. The second hypothesis was partially accepted, as dietary employees in large and small hospitals did not differ in their degree of job satisfactions on the basis of age, sex, marital status, educational level, employment time, pay, on-the-job training and special training. However, dietary employees in large and small hospitals differed significantly in the amount of formal classroom training received, working conditions, the work itself and supervisor-employee relationships. The dietary employees of the small hospitals appeared to be more favorable toward these variables than the dietary employees of the large hospitals.

difference of large hosp. employees

The statistician recommended collapsing the scale utilized in the questionnaire (questionnaire scale) (Question 41, Appendix C) into four major categories because of the small number of individual responses in satisfaction levels 1, 2, 4, 6 and 8. Therefore, the following classifications were used for ease in discussing results:

3--more dissatisfied than satisfied

5--half satisfied and half dissatisfied

7--more satisfied than dissatisfied

9--completely satisfied

The above classifications are used as a key for all figures and tables in this study. The job satisfaction scale utilized in the questionnaire and the collapsed job satisfaction scale are illustrated below.

Questionnaire Scale		Collapsed Scale	
Degree of Satisfactions	Number of Responses	Degree of Satisfactions	Number of Responses
9--Completely satisfied	54	9--Completely satisfied	63
8	9		
7--More satisfied than dissatisfied	55	7--More satisfied than dissatisfied	57
6	2		
5--Half satisfied and half dissatisfied	43	5--Half satisfied and half dissatisfied	43
4	0		
3--More dissatisfied than satisfied	11	3--More dissatisfied than satisfied	13
2	0		
1--Completely dissatisfied	2		

The frequencies of the answers obtained from the questionnaire concerning the relationship between employee job satisfactions and the variables--age, sex, marital status, educational level, length of service with present organization, spouse's feelings about the individual's working, pay, training--are presented in this chapter. Also the relationship of work, working conditions and supervisor-employee rapport to hospital size and degree of satisfactions were assessed. Each variable was tested at the .05 significance level. The results of the survey were statistically analyzed using a chi square test and a one-way analysis of variance. Both of these tests require that the samples used be independent so as to avoid bias (94).

Age

Employees surveyed were divided into six age groups. The following age distribution of employees was found in the 176 questionnaires:

Age Group	Number of Employees
16 to 20	15
21 to 30	32
31 to 40	39
41 to 50	37
51 to 60	39
Over 60	14

Using chi square analysis, it was discovered that when the hospitals were considered separately, by size classification, the age of the employees seemed to have no effect (.05 significance level) on their job satisfactions. However, when the hospitals were considered as one group, without regard to size, ages of employees did seem to affect job satisfactions (Table VIII, Appendix D). Perhaps this discrepancy was due to the smaller sample size when the hospitals were evaluated separately. The fewest number of people were found in the age groups 16 to 20 and over 60. Job satisfactions seemed to be lowest in the 16 to 20 age group and highest in the over 60 age group, indicating that job satisfactions tended to increase with age. This was indicated by frequency of responses in Figure 1. Frequency of responses showing the relationship of job satisfactions and ages were presented according to hospital size in Figure 2.

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Sex

Chi square analysis revealed that sex had no effect (.05 significance level) on job satisfactions of dietary workers in either large or small hospitals. There were 32 males and 140 females in the study. The

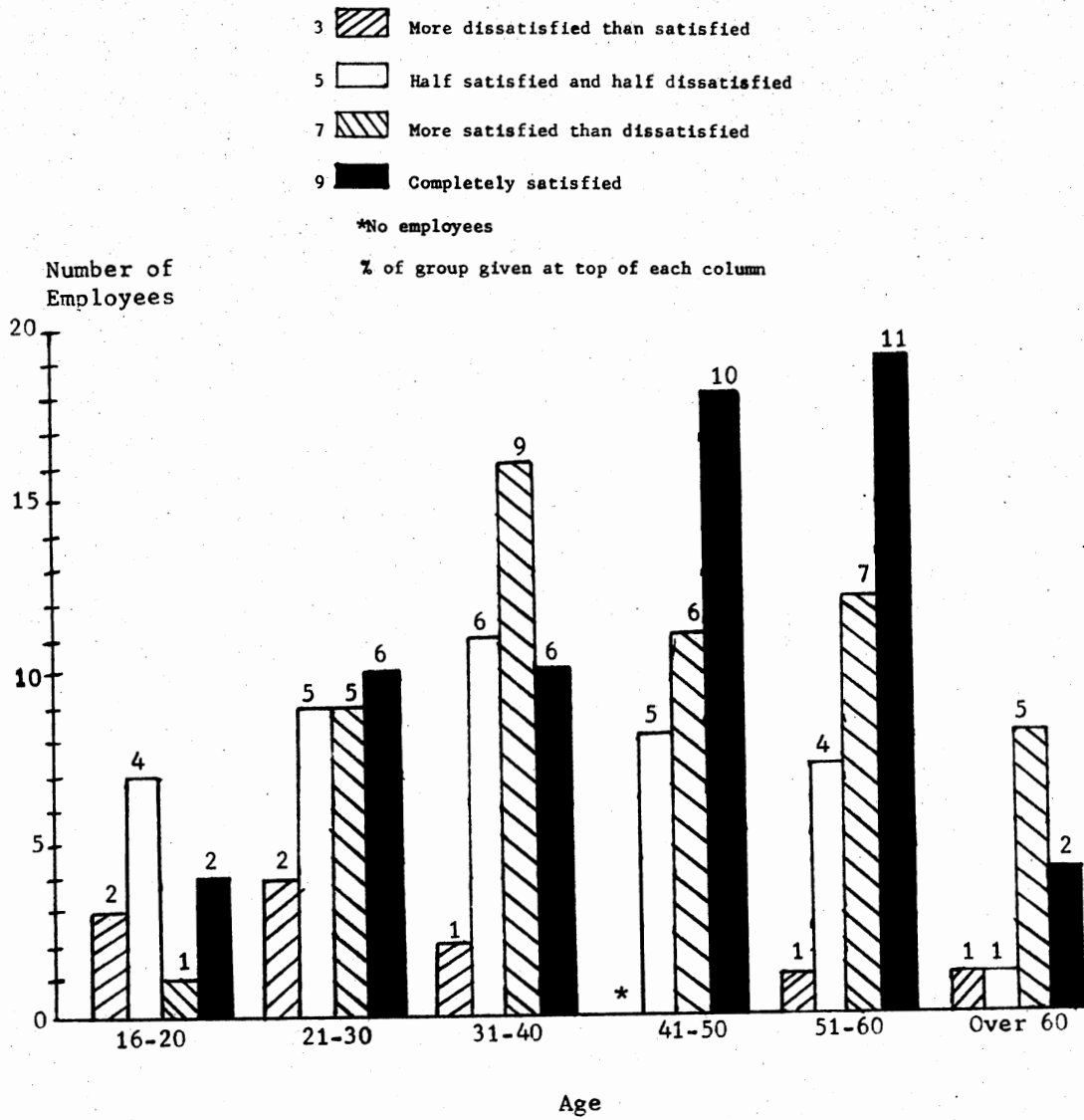


Figure 1. Age Versus Job Satisfactions

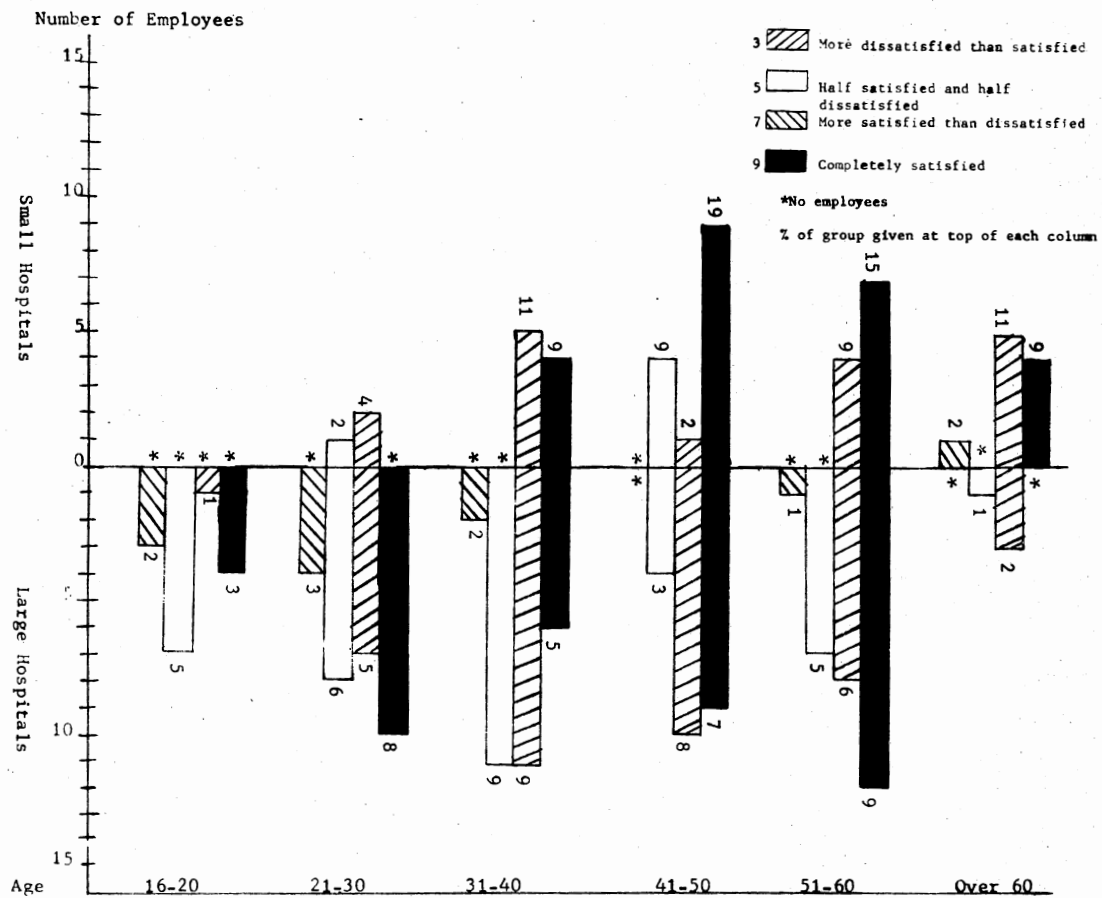


Figure 2. Age Versus Job Satisfaction in Large and Small Hospitals

majority of the males (23) were more satisfied than dissatisfied or completely satisfied with their jobs, while 95 of the females were more satisfied than dissatisfied or completely satisfied with their jobs. The remaining 9 males and 45 females were found to be more dissatisfied than satisfied or about half satisfied and half dissatisfied. This data was presented in Figure 3. In Figure 4, this data was presented according to hospital size.

Marital Status

It was shown by chi square analysis that marital status had no effect (.05 significance level) on employee job satisfactions in either large or small hospitals. In this study 105 (60 percent) of the participants were married. The remainder were either single (14 percent), divorced or separated (15 percent) or widowed (11 percent). Most of the participants in the overall sample were more satisfied than dissatisfied or completely satisfied with their jobs, as evidenced in Figure 5. Job satisfactions based on marital status, were evaluated according to hospital size in Figure 6.

Spouse Opinion

The spouse's feelings about an individual's working was shown by chi square analysis to affect employee job satisfactions in both large and small hospitals (Tables IX and X, Appendix D). An employee tended to be more satisfied with his job if his spouse was in favor of his working or did not care one way or the other. Of the 109 employees who responded to how their spouse felt about their working, 57 (52 percent)

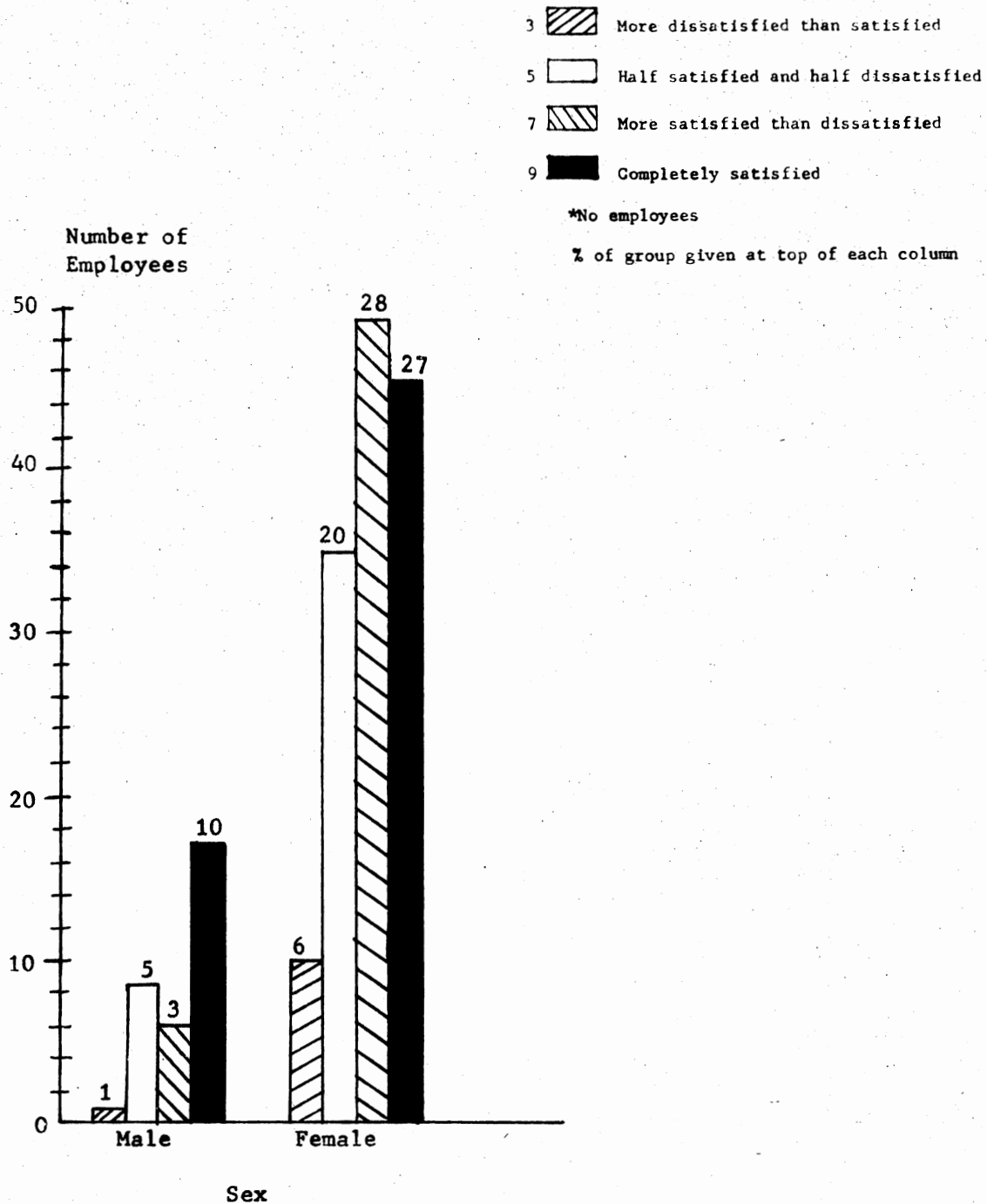


Figure 3. Sex Versus Job Satisfactions

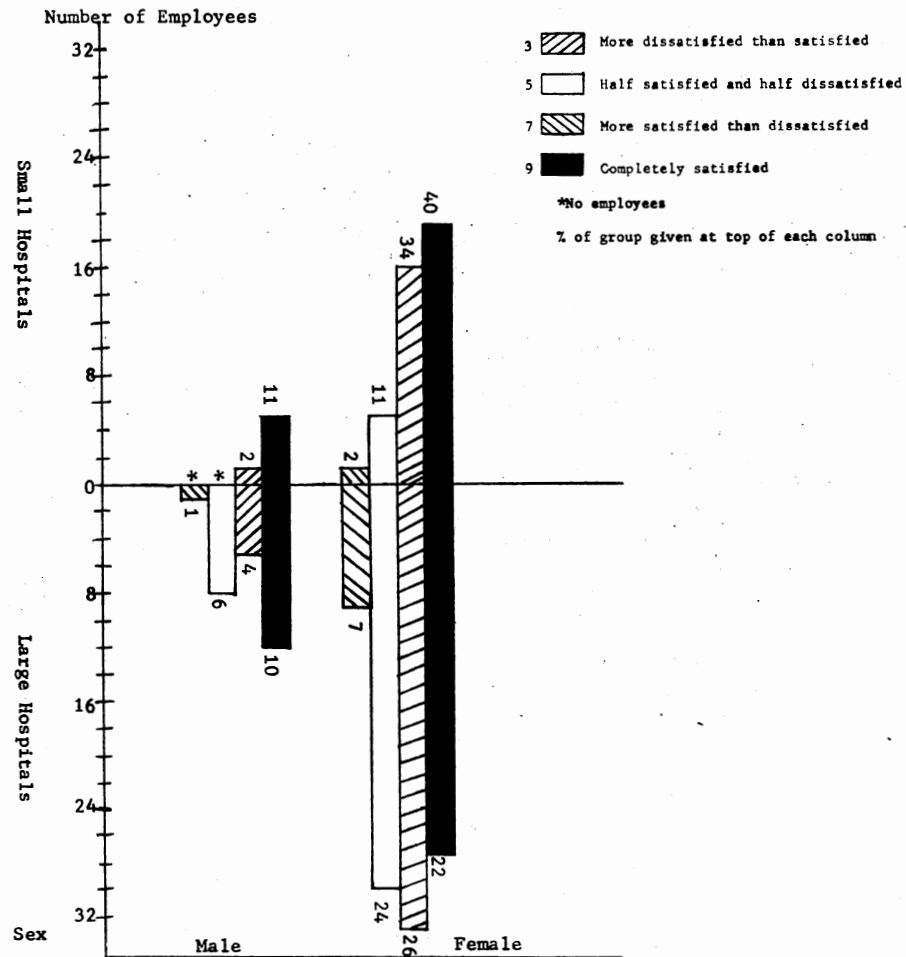


Figure 4. Sex Versus Job Satisfaction
in Large and Small
Hospitals

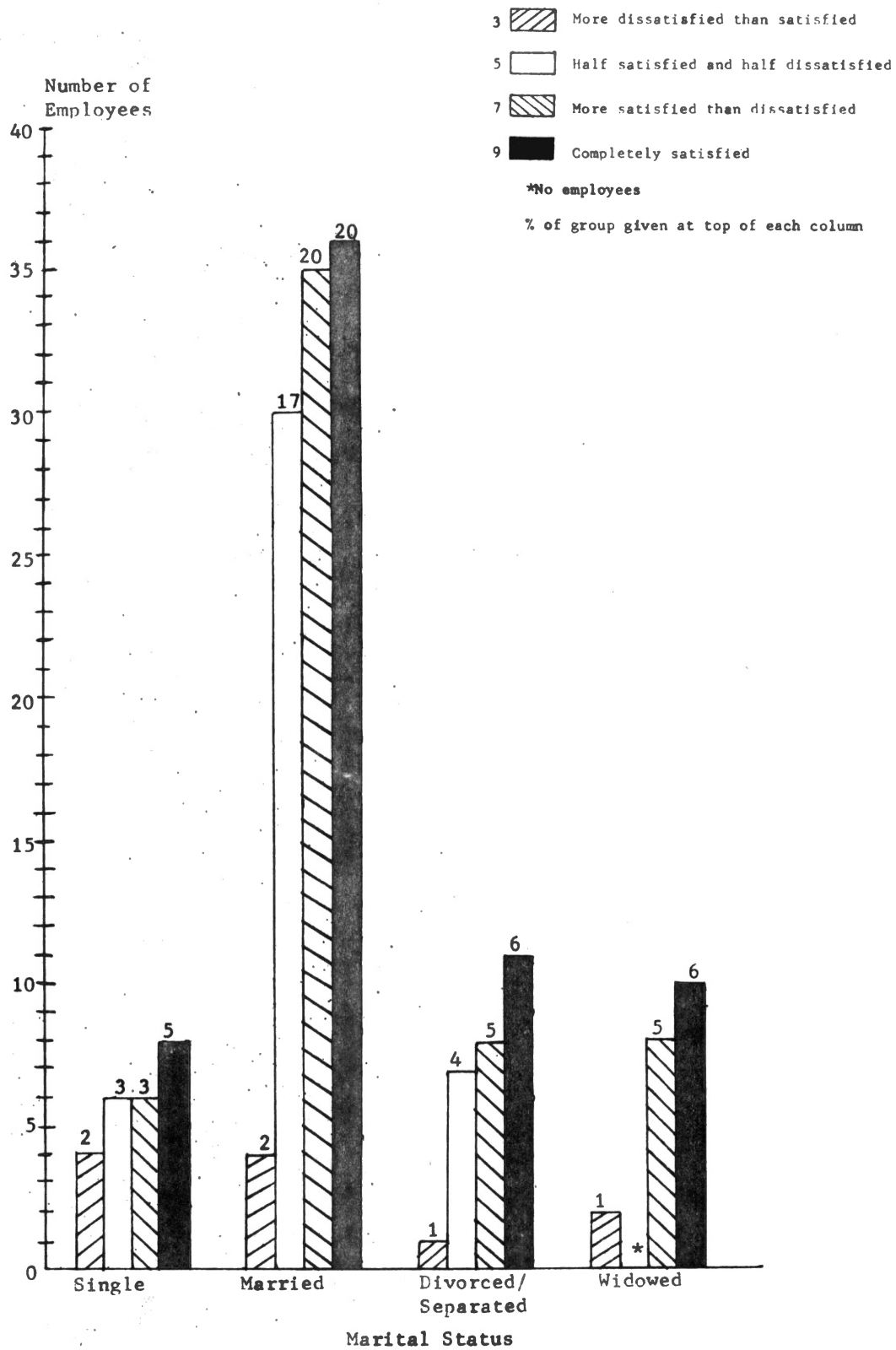


Figure 5. Marital Status Versus Job Satisfaction

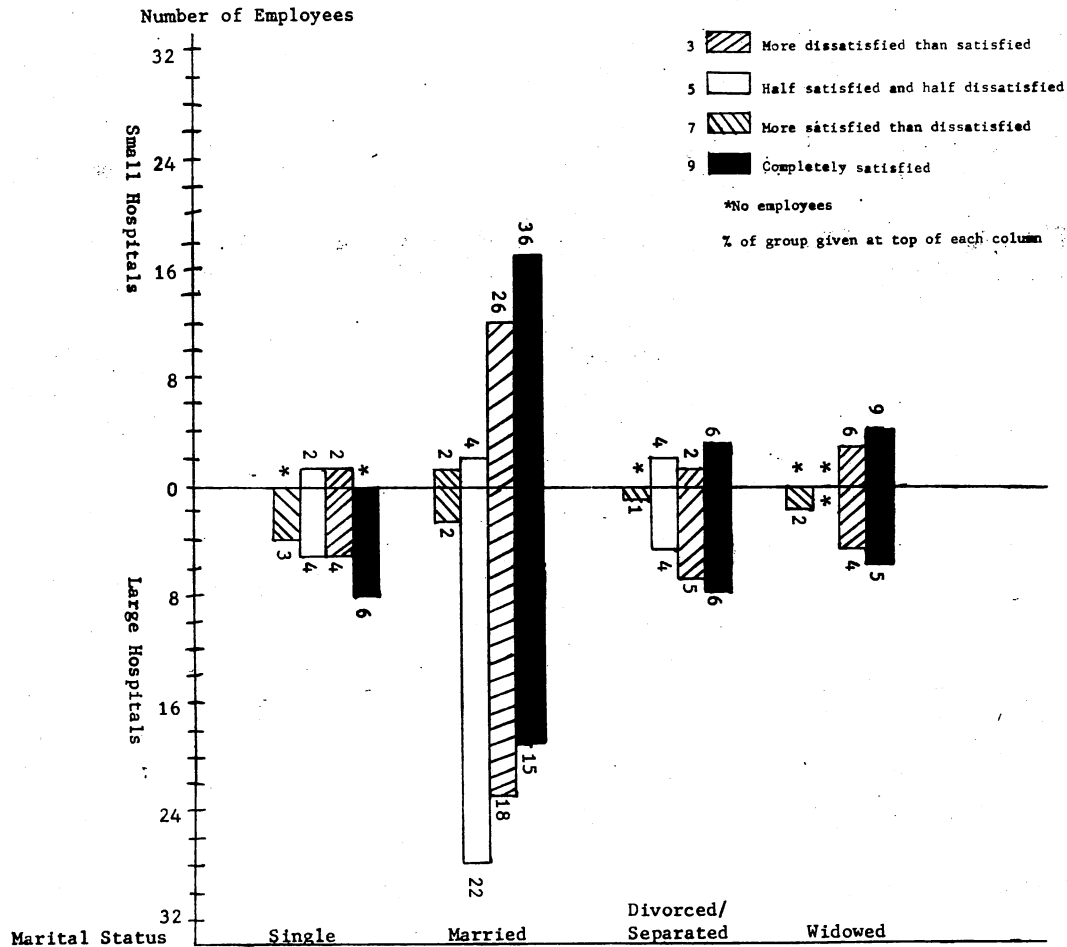


Figure 6. Marital Status Versus Job Satisfactions in Large and Small Hospitals

stated that their spouse liked it. Of these people 44 (77 percent) were either more satisfied than dissatisfied or completely satisfied with their jobs. Of the 11 participants (10 percent) who said their spouse was not pleased about their working, 7 (64 percent) were half satisfied and half dissatisfied. Forty-one (38 percent) reported that their spouse did not care one way or the other if they worked. Of these, 26 (63 percent) were either more satisfied than dissatisfied or completely satisfied with their jobs. This data was presented in Figure 7 for all hospitals surveyed. In Figure 8 this data was evaluated by hospital size.

Educational Level

Chi square analysis revealed that an employee's educational level had no effect (.05 significance level) on his job satisfactions in either large or small hospitals. In the total sample of large and small hospitals, 115 (66 percent) of the dietary employees had either attended high school or were high school graduates. Thirteen percent had completed junior high school; ten percent had some college credits, six percent had finished elementary school; and four percent were college graduates and had attended post-graduate school (Figure 9). The data showed that 119 (69 percent) employees in this survey were either more satisfied than dissatisfied or completely satisfied with their jobs, while 54 (31 percent) were about half satisfied and half dissatisfied or were more dissatisfied than satisfied with their jobs. The relationship between educational level and job satisfactions according to hospital size was shown in Figure 10.

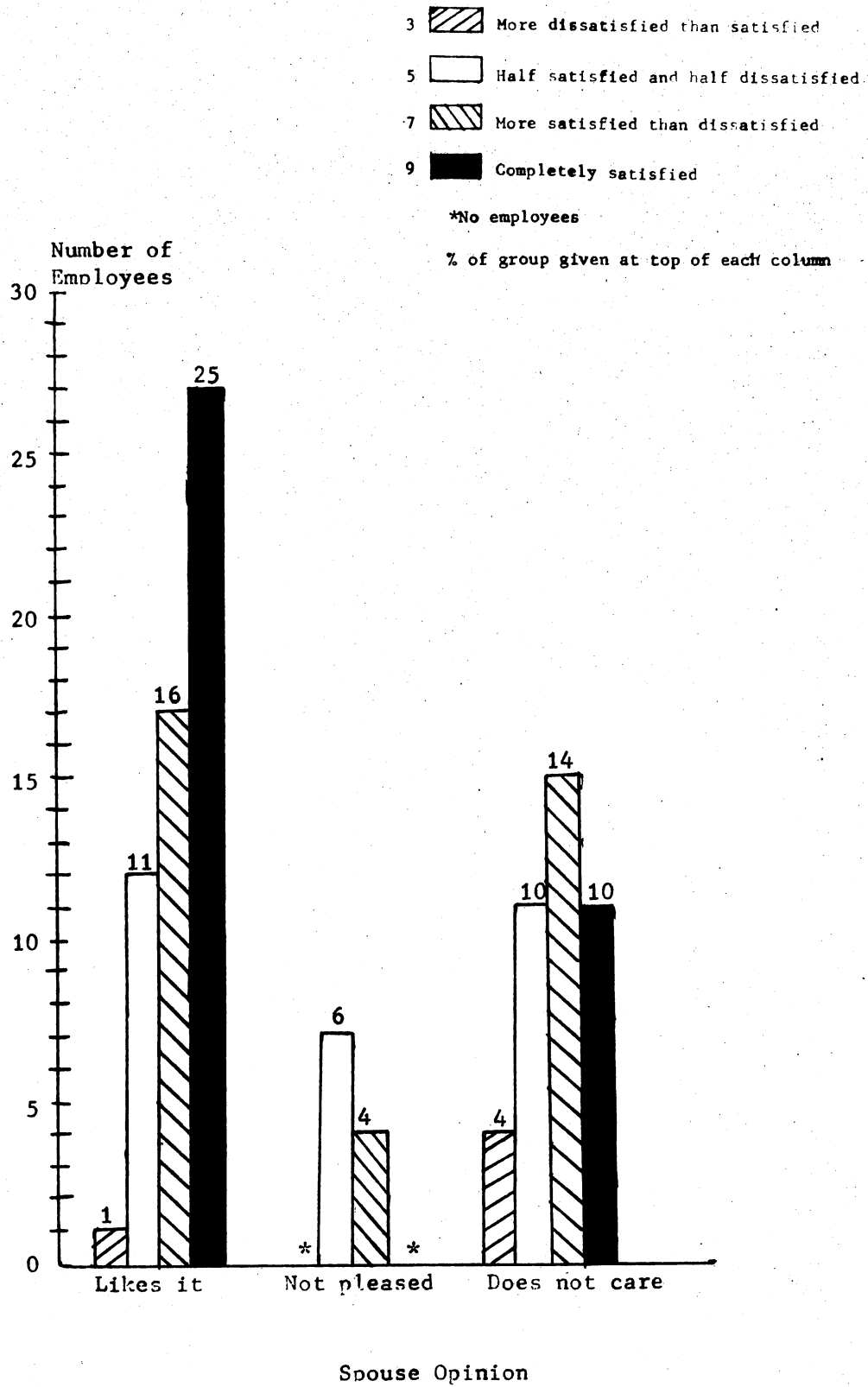


Figure 7. Spouse Opinion Versus Job Satisfaction

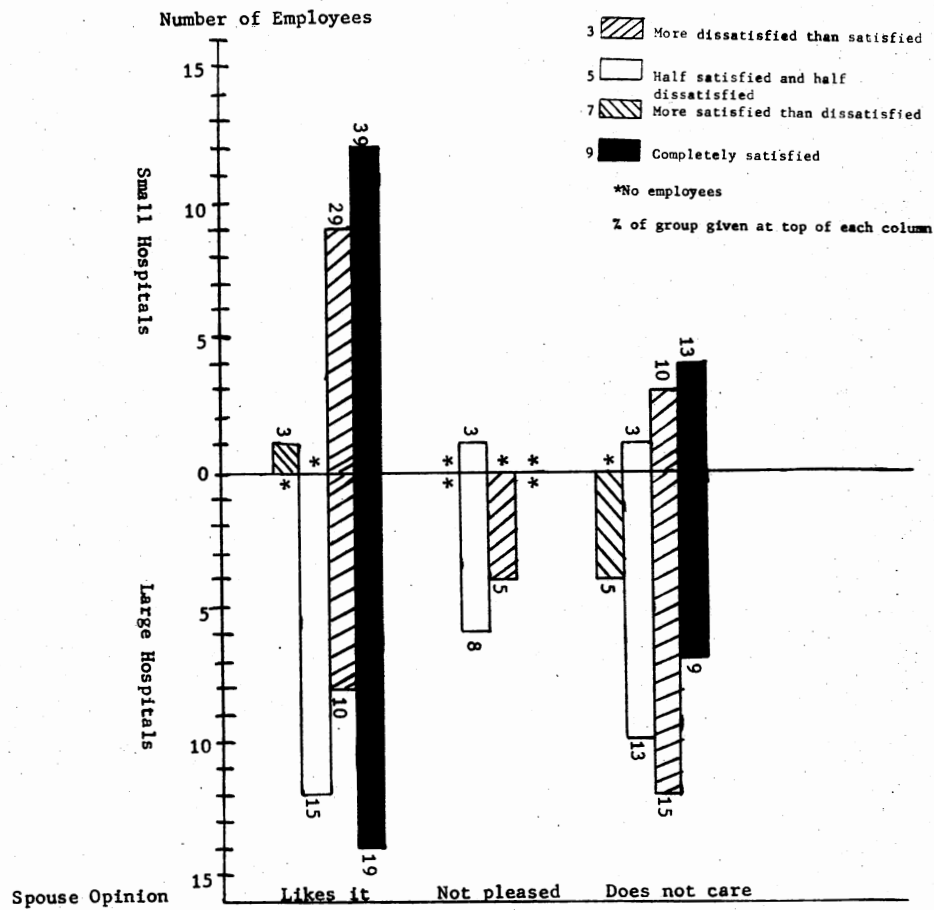


Figure 8. Spouse Opinion Versus Job Satisfaction in Large and Small Hospitals

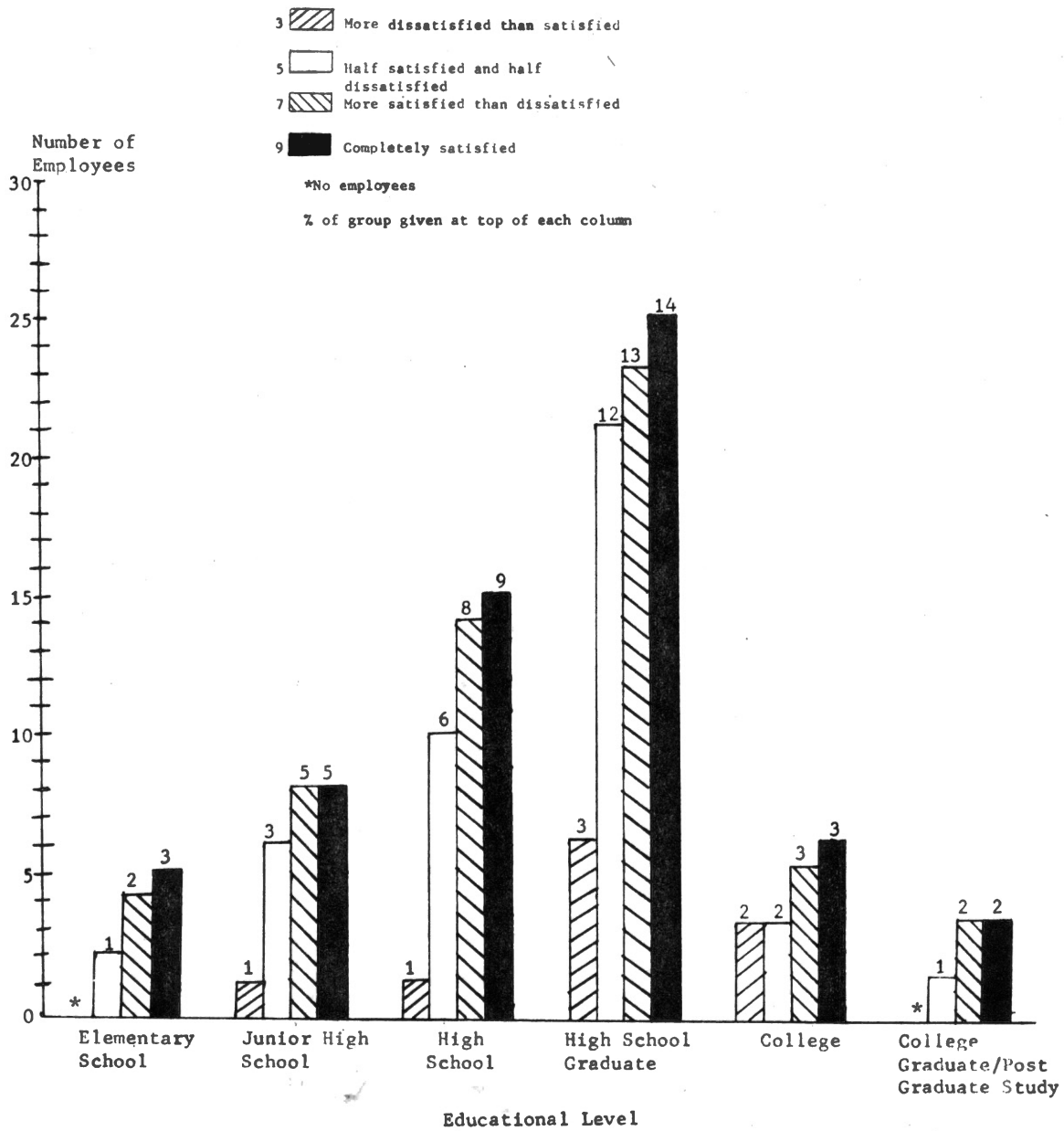


Figure 9. Educational Level Versus Job Satisfactions

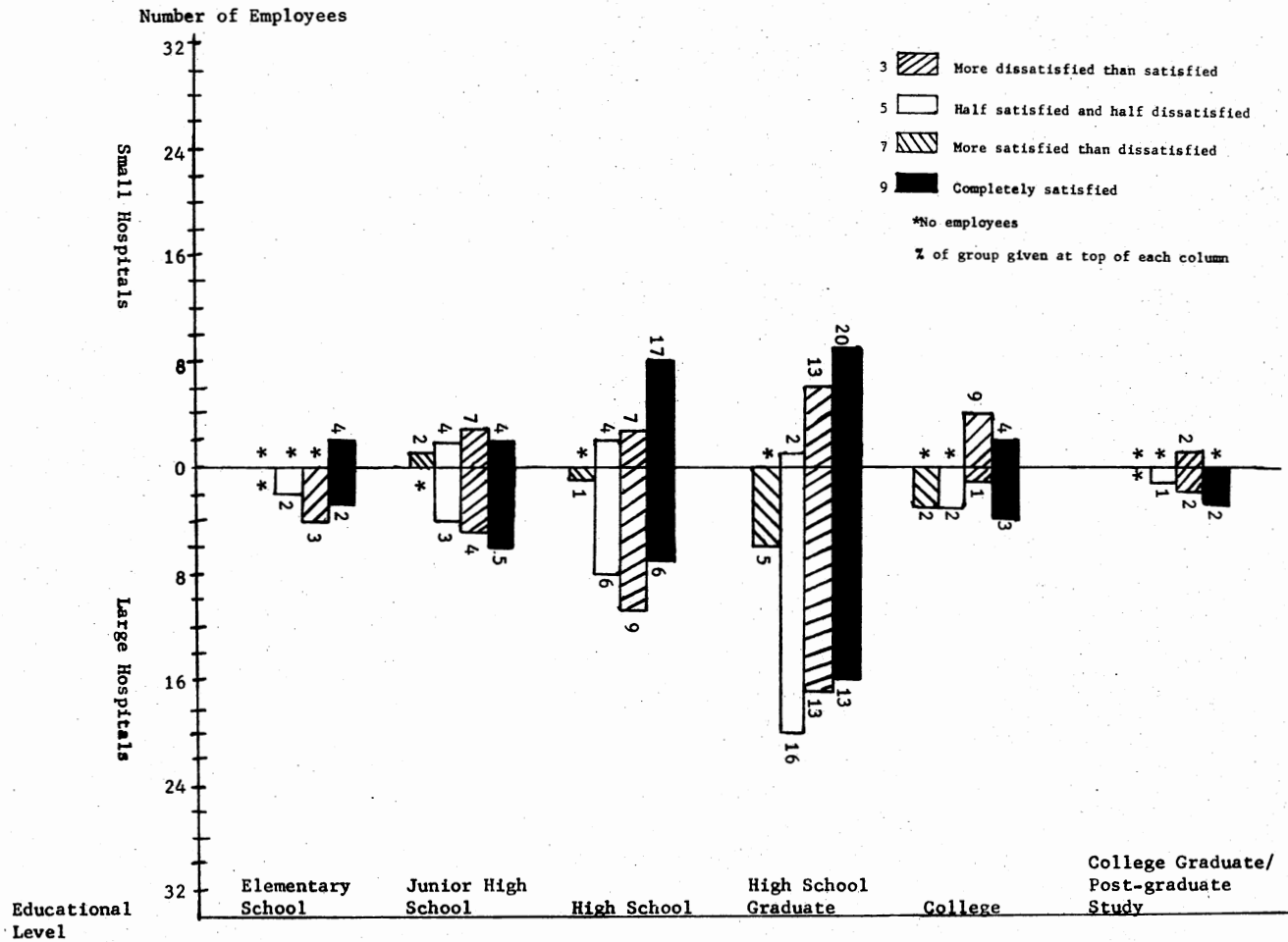


Figure 10. Educational Level Versus Job Satisfactions in Large and Small Hospitals

Length of Time at Present Organization

According to chi square analysis, the length of time an individual was employed at a hospital had no effect (.05 significance level) on job satisfactions in either large or small hospitals. Perhaps this was because most of the dietary employees in this study had been employed at their present jobs for less than two years. In this study 73 (42 percent) of the dietary workers in the total sample of hospitals had been employed at their present jobs for less than two years, while only one (1 percent) had been employed at his present job for over 20 years. Thirty-two employees (18 percent) had been working at their present jobs from two to four years; 20 (11 percent) from five to seven years; 14 (8 percent) from eight to ten years; and 34 (20 percent) from 11 to 20 years. This data was shown in Figure 11. Fifty-three of the dietary employees (30 percent) were found to be about half satisfied and half dissatisfied or more dissatisfied than satisfied with their jobs. One hundred twenty-one (70 percent) of the dietary employees were more satisfied than dissatisfied or completely satisfied with their jobs. The relationship between length of time employed at the present organization and job satisfactions, based on hospital size was presented in Figure 12.

Pay

In the questionnaire used to collect the data for this study, there was only one question utilized to measure job satisfactions in regard to pay. Thus, the results concerning this variable may not be reliable. From the data it appeared that pay scales are not different between

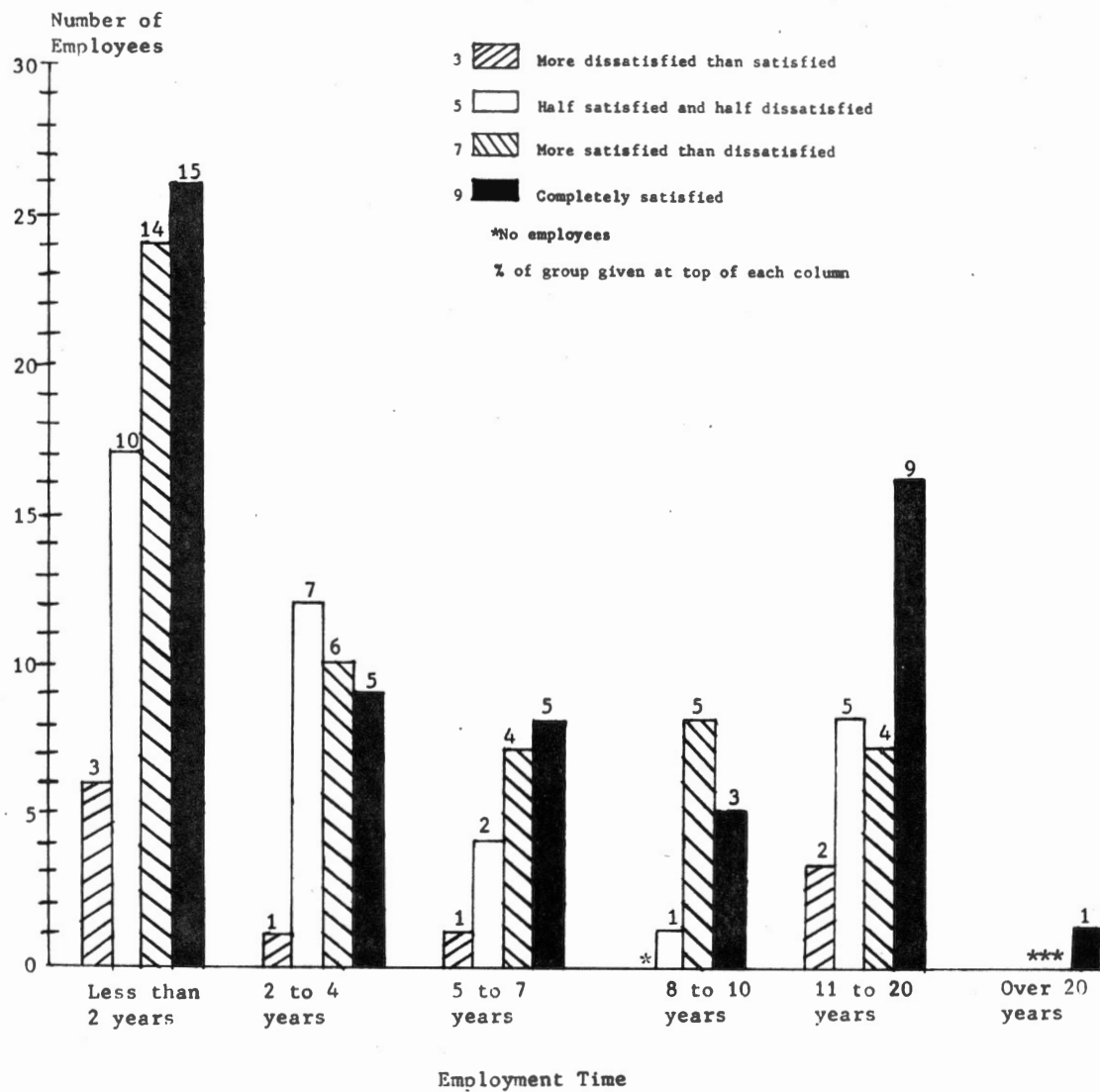


Figure 11. Employment Time Versus Job Satisfactions

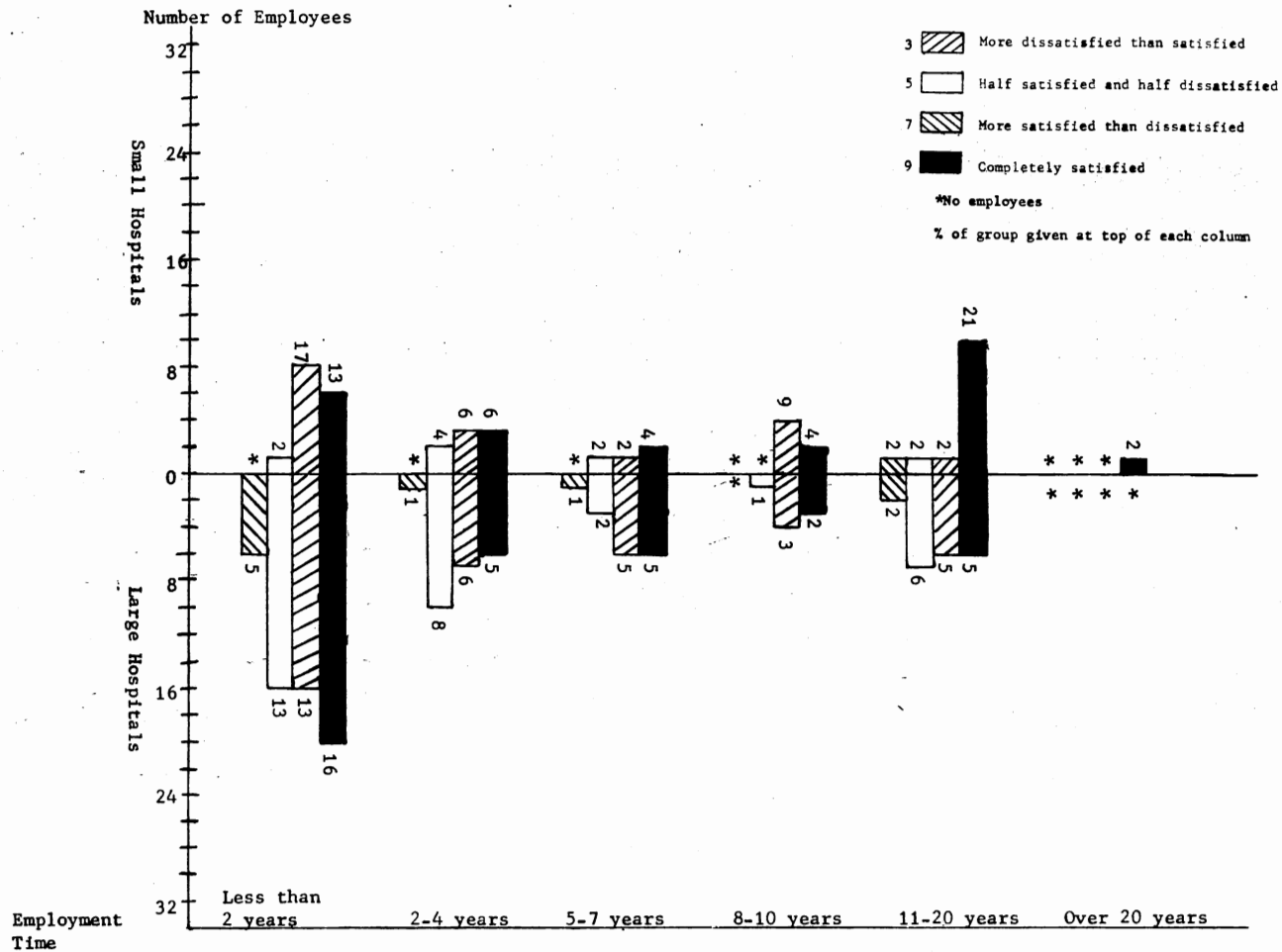


Figure 12. Employment Time Versus Job Satisfactions in Large and Small Hospitals

large and small hospitals in Oklahoma. In both, most dietary employees were in a pay range of \$2.01 to \$3.00 (Figure 13). Also, pay had no apparent effect on job satisfactions in either hospital size classification (Figure 14). This finding was unexpected; perhaps it was due to having only one question by which to measure this variable. An analysis of variance showed a positive relationship between feelings of pay being appropriate for the job and job satisfactions (Table XI, Appendix D). Hospital size seemed to influence an employee's feelings about pay being appropriate for the job, with the employees of the small hospitals being more content with their pay. This data was shown in Table XII (Appendix D).

Training

Three types of training were evaluated in regard to their effect on employee job satisfactions. On-the-job training and any special training an employee had had for his present position seemed to have no effect on job satisfactions of the dietary workers in either large or small hospitals. However, formal classroom type training at the hospital, such as inservice classes, appeared to have an effect on job satisfactions (Table XI, Appendix D). The more formal training an employee had, the more satisfied he seemed to be. The amount of formal classroom training, according to employee responses, was found to vary with hospital size, with the dietary employees of the small hospitals receiving more than the dietary employees of the large hospitals. This was illustrated in Table XII (Appendix D).

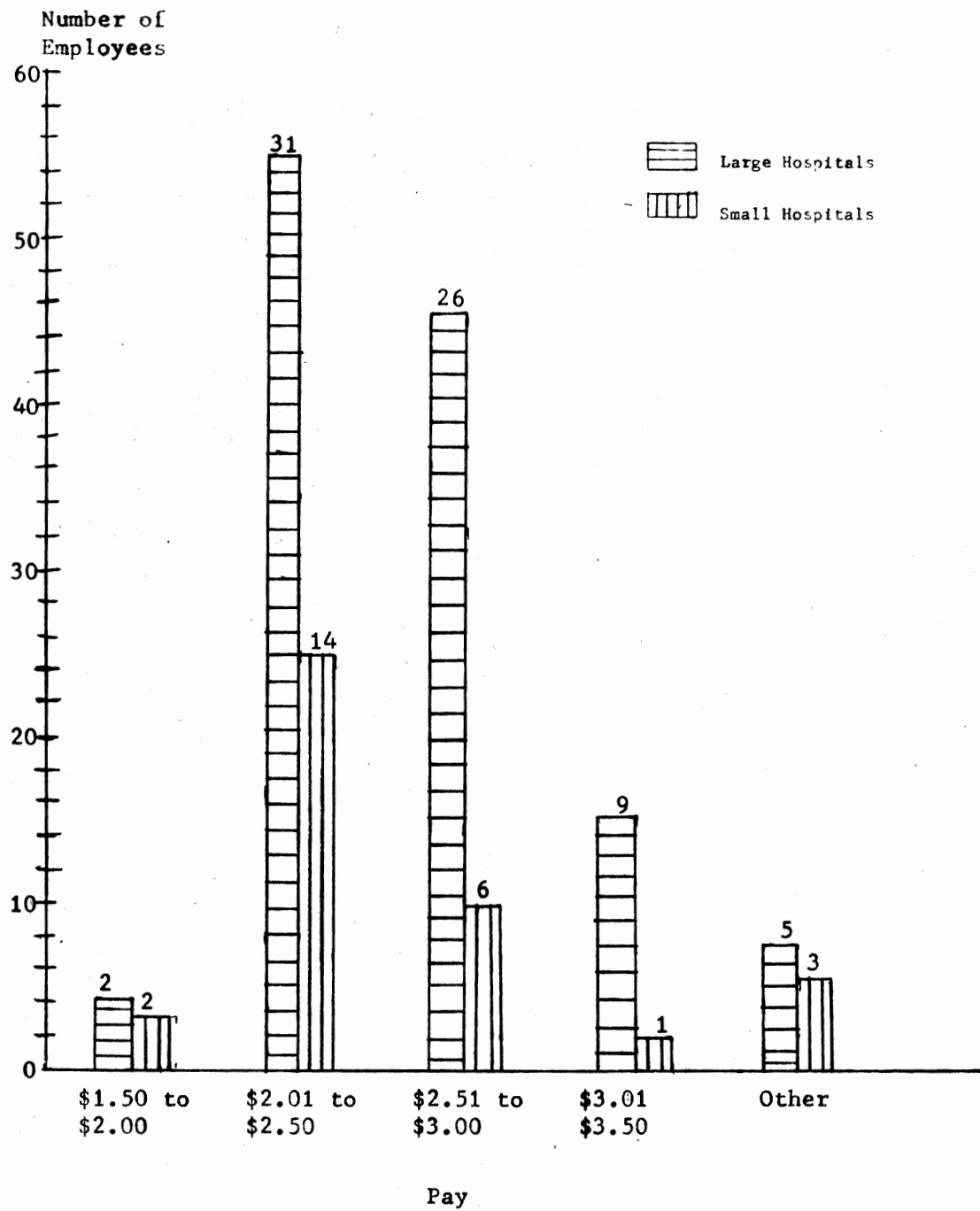


Figure 13. Pay Versus Hospital Size

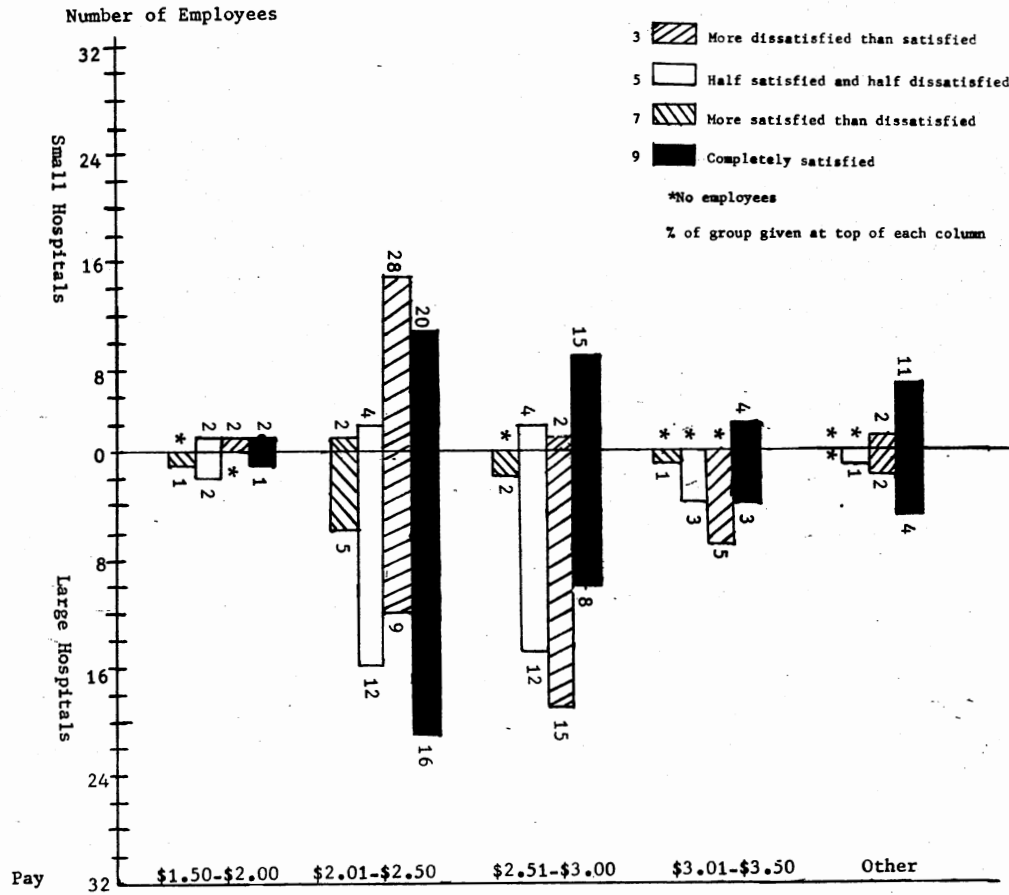


Figure 14. Pay Versus Job Satisfaction in Large and Small Hospitals

Working Conditions, Work, Supervisor-Employee
Relationships

Employee job satisfactions, in this study, were found to relate directly to working conditions, the work itself and supervisor-employee relationships. This data was presented in analysis of variance (AOV) Table XI (Appendix D). These same variables also appeared to be influenced by hospital size, with the dietary employees of the small hospitals expressing more favorable reactions toward them than the dietary employees of the large hospitals. This data was outlined in analysis of variance (AOV) Table XII (Appendix D).

The major factors found as contributing to employee job satisfactions, in this study were:

1. the employee having a feeling of pride in the work he was doing,
2. the employee doing a job that he and others felt was important,
3. good job security,
4. satisfaction felt from helping others and
5. wages.

Although pay was found to have no effect on employee job satisfactions, it was one of the factors selected most often by the dietary workers as contributing to their job satisfactions. Pay, also, was found to be one of the factors chosen most often by the dietary employees as contributing to their job dissatisfactions. Other major factors listed by the employees as contributing to job dissatisfactions included:

1. lack of cooperation among employees and between employees and supervisors,

2. supervisors,
3. not enough dietary workers and
4. little equality of work among the dietary employees.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The results from data collected from the questionnaires completed by the dietary employees of 14 hospitals in Oklahoma are presented. This research was done to determine the factors of an employee's job and work environment which contribute to his satisfactions or dissatisfactions on the job, and to determine the relationship between certain personal variables and job satisfactions.

Analysis of the data collected in this study provided information from 176 (93.1 percent) of the full-time dietary employees surveyed. The data was analyzed using a chi square test and an analysis of variance to see if there were existing relationships between specific personal variables and an employee's job satisfactions or dissatisfactions. The researcher concluded that some relationships do exist. Because of the limited number of dietary employees in the sample of small hospitals, any conclusions drawn about this sample may be subject to error.

In this study it appeared that the spouse's opinion of the individual's working, formal classroom training, working conditions, the work itself and supervisor-employee relationships had an effect on employee job satisfactions in both large and small hospitals. Age seemed to influence job satisfactions when the large and small hospitals were considered collectively but did not when separately considered,

according to size. No relationship was found in either hospital size classification between job satisfactions and the variables: sex, marital status, educational level, length of time employed at the present organization, pay, on-the-job training and special training. Any conclusions can be generalized to all other hospitals in Oklahoma, because the hospitals in this study comprised a random sample.

When the hospital dietary employees were asked to rank the factors which contributed to their job satisfactions, the following distribution of responses was found:

<u>Factor</u>	<u>Number of Times Chosen</u>
1. having a feeling of pride in the work I do	115
2. doing a job that I and others feel is important	104
3. good job security	103
4. satisfaction I feel from helping others	99
5. wages	93
6. knowing what is expected of me	74
7. working conditions	66
8. opportunity for advancement	58
9. satisfactory work schedule	57
10. attitude of the dietitian/supervisor	56
11. opportunity to work without constant supervision and direction	52
12. opportunity to make friends on the job	47
13. the dietitian/supervisor tells me when I have done a good job	42
14. satisfactory work load	40
15. good organization in the dietary department	40

The major reasons given for dietary employees being dissatisfied with their jobs included:

1. lack of cooperation among employees and between employees and supervisors	14
2. pay	14
3. supervisors	13
4. not enough dietary workers	10
5. little equality of work among the dietary employees	7
6. need better relationship between management and employees	6

7. no organization and harmony in the dietary department	6
8. little employee advancement and recognition on the job	6
9. obsolete kitchen facilities and equipment; lack of work space	5
10. better working conditions	4
11. closer contact needed between employees and dietitian	3
12. lack of employee training	3
13. safety is not given enough attention	3
14. lack of communication within the dietary department	2
15. hours worked and days off	2
16. not enough promotion from within	2
17. employees should be placed in a position according to ability and not years of experience	2
18. unable to discuss point of view	2
19. poor management of the dietary department	1
20. poor relations between dietitian and supervisors	1
21. no job descriptions available	1
22. work not stimulating	1
23. lack of efficient work methods	1

The questionnaire used to collect the data for this study was quite satisfactory, with the exception of the last page (Appendix C). The dietary employees did not seem to understand the ranking procedure which was to be utilized in this section of the questionnaire, although it was explained in detail. Perhaps there could have been fewer statements to rank, and then let the employees rank all of them. However, this would have defeated the purpose of discovering as many factors as possible that contribute to employee job satisfactions.

The researcher recommends that a study similar to the present one be conducted with the dietitians of those hospitals participating in this study. This would provide insight into how the dietitians and the dietary employees differ in their evaluations of one another and of various aspects of the working environment. Also the present study could be done in other hospitals in Oklahoma as well as hospitals in

other states, using a larger sample size. It is further recommended that a study be done to investigate the organizational plans of hospital dietary departments in Oklahoma. This investigation could point out how the basic number of manpower units is determined in each hospital.

SELECTED BIBLIOGRAPHY

- (1) Ivanchevick, John H. and James H. Donnelly. Job satisfaction research: A manageable guide for practitioners. *Personnel Journal*. 47:172, 1968.
- (2) Harwood, Velma E. and Helen I. Brown, Ph.D. Labor turnover in hospital dietary departments. *J. Am. Dietet. A.* 53:348, 1968.
- (3) Metzger, Norman. Sound orientation can reduce turnover. *Hospitals*. 41:62, 1967.
- (4) Clelland, Rod. Grievance procedures: Outlet for employee, insight for management. *Hospitals*. 41:58, 1967.
- (5) Porter, L. W. A study of perceived need satisfaction in bottom and middle management jobs. *Journal of Applied Psychology*. 45:1, 1961.
- (6) Smith, Patricia C., Lorne M. Kendall and Charles L. Hulin. *The Measurement of Satisfaction in Work and Retirement*. Chicago: Rand McNally, 1969.
- (7) _____. Weigh job satisfaction. *Science News Letter*. 73:342, 1958.
- (8) Lofquist, Lloyd H. and Rene V. Davis. *Adjustment to Work*. New York: Appleton-Century-Crofts, 1969.
- (9) Blum, Milton L. *Industrial Psychology and Its Social Foundations*. New York: Harper, 1956.
- (10) Hinrichs, John R. A replicated study of job satisfaction dimensions. *Personnel Psychology*. 21:479, 1968.
- (11) Guion, R. M. Industrial morale: The problems of technology. *Personnel Journal*. 2:43, 1959.
- (12) Weimer, Edward W. and Montague Brown. Job-related factors in employee attitudes. *Hospitals*. 38:55, 1964.
- (13) Hecht, R. M. and J. E. Aron. Let's stop worrying about aptitudes and look at attitudes. *Personnel Journal*. 44:616, 1965.

- (14) Herzberg, Frederick, Bernard Mausner and Barbara B. Snyderman. The Motivation to Work. New York: John Wiley and Sons, Inc., 1959.
- (15) Argyris, Chris. Personality and Organization. New York: Harper and Row, 1957.
- (16) Likert, Rensis. New Patterns of Management. New York: McGraw-Hill Book Company, 1961.
- (17) _____. Training Mentally Retarded. Institutions. 65:58, 1969.
- (18) Gray, E. M. and B. Donaldson. Costs and rate of labor turnover in a hospital dietary department. J. Am. Dietet. A. 50:191, 1967.
- (19) Dane, John Hunter. A model for determining turnover costs. Hospitals. 46:65, 1972.
- (20) Griffith, Ruth T., R.D., Aimee N. Moore, Ph.D., R.D., and Gary F. Krause, Ph.D. Effect on turnover of training food service employees. J. Am. Dietet. A. 65:43, 1974.
- (21) Kotschevar, Lendal H., Ph.D. Labor shortage intensified by high turnover, low productivity. Hospitals. 46:76, 1972.
- (22) Mote, John R. and Mary Gehring. Remedies for excessive turnover in the dietary department. Hospitals. 37:69, 1963.
- (23) Tuchi, Ben J., Ph.D. and Barry E. Carr. Labor turnover. Hospitals. 45:88, 1971.
- (24) Jolin, J. P. and M. M. McKinley. Survey of dietary labor and employment in Iowa hospitals. Hospitals. 42:87, 1968.
- (25) Freeland, F. and H. B. Pickle. Employee and societal satisfactions provided by organization in different industries. Personnel Journal. 49:7, 1970.
- (26) Avery, Arthur C., Ph.D. Food service. Hospitals. 46:93, 1972.
- (27) _____. Manpower investment for greater productivity. Hospitals. 48:106, 1974.
- (28) Metzger, Norman. Sound orientation can reduce turnover. Hospitals. 41:62, 1967.
- (29) Krantz, Irwin W. Controlling quick turnover. Personnel. 31:514, 1955.
- (30) Walker, Robert. Personnel productivity survey shows where improvements are needed. Hospitals. 39:62, 1965.

- (31) Fournet, Glenn P., M. K. Distefano and Margaret W. Pryer. Job satisfaction: Issues and problems. *Personnel Psychology*. 19:165, 1966.
- (32) Vroom, Victor. *Work and Motivation*. New York: John Wiley and Sons, 1964.
- (33) Melcher, Robert D. Getting the facts on employee resignations. *Personnel*. 31:504, 1955.
- (34) Ross, Ian C. and Alvin Zander. Need satisfactions and employee turnover. *Personnel Psychology*. 10:327, 1957.
- (35) National Restaurant Association. *Profitable Food Service Management Through Reduction of Employee Turnover*. Chicago: Food Service Educational Institute, 1966.
- (36) Ferguson, Clarence. Professions, professionals and motivation. *J. Am. Dietet. A.* 53:197, 1968.
- (37) _____. Analysis of worker turnover pays off. *Nation's Business*. 46:34, 1958.
- (38) Leidecker, Joel K. and James J. Hall. Motivation: Good theory--poor application. *Training and Development Journal*. 28:3, 1974.
- (39) Maslow, A. H. *Motivation and Personality*. New York: Harper and Row, 1954.
- (40) Maslow, A. H. A theory of human motivation. *Psychological Review*. 50:370, 1943.
- (41) Davis, K. *Human Relations at Work: The Dynamics of Organizational Behavior*. New York: McGraw Hill, 1967.
- (42) McGregor, D. *The Human Side of Enterprise*. New York: McGraw Hill, 1960.
- (43) Wall, Toby D. Ego-defensiveness as a determinant of reported differences in sources of job satisfaction and job dissatisfaction. *Journal of Applied Psychology*. 58:125, 1973.
- (44) Ewen, R. B. Some determinants of job satisfaction--a study of the generality of Herzberg's theory. *Journal of Applied Psychology*. 48:161, 1964.
- (45) Ewen, R. B. An empirical test of the Herzberg two-factor theory. *Journal of Applied Psychology*. 50:544, 1966.
- (46) Bloom, R. and J. R. Barry. Determinants of work attitudes among Negroes. *Journal of Applied Psychology*. 51:291, 1967.

- (47) Whitsett, D. and E. Winslow. An analysis of studies critical of the motivator-hygiene theory. *Personnel Psychology*. 20:391, 1967.
- (48) Bockman, V. The Herzberg controversy. *Personnel Psychology*. 24:155, 1971.
- (49) Malinovsky, Michael R. and John R. Barry. Determinants of work attitudes. *Journal of Applied Psychology*. 49:446, 1965.
- (50) Wolf, Martin G. Need gratification theory: A theoretical reformulation of job satisfaction/dissatisfaction and job motivation. *Journal of Applied Psychology*. 54:87, 1970.
- (51) Neeley, James D. A test of the need gratification theory of job satisfaction. *Journal of Applied Psychology*. 57:86, 1973.
- (52) Blum, M. L. and J. C. Naylor. *Industrial Psychology, Its Theoretical and Social Foundations*. New York: Harper and Row, 1968.
- (53) Berke, Mark. Elements of supervision. *Hospitals*. 37:64, 1963.
- (54) Feinberg, Mortimer R., Ph.D. Reducing turnover: Start on employee's first day. *Fast Food*. 7:84, 1972.
- (55) Coffey, Robert E., Ph.D. The challenge of modern supervision. *J. Am. Dietet. A.* 47:32, 1965.
- (56) Stogdill, Ralph M. The behavioral sciences and technologies--Impact on management. *J. Am. Dietet. A.* 49:99, 1966.
- (57) Otterson, Dorothy L. and Harriet Stephenson. Motivation in action. *Training and Development Journal*. 26:36, 1972.
- (58) Ackerman, Leonard. Let's put motivation where it belongs--within the individual. *Personnel Journal*. 49:559, 1970.
- (59) Karl, Mona. Motivation: The importance of being earnest. *School Foodservice Journal*. 26:60, 1972.
- (60) Janes, H. D. Mainsprings of motivation in unskilled production work groups. *Personnel Journal*. 45:362, 1966.
- (61) Gehring, Mary E. Motivating dietary employees through inservice education. *Hospitals*. 38:69, 1964.
- (62) Markowich, M. Michael. Participatory management increases motivation. *Hospitals*. 45:123, 1971.
- (63) Ward, Ernest H. Elements of an employee motivation program. *Personnel Journal*. 53:205, 1974.

- (64) Ostenso, Grace L., Ph.D. and Beatrice Donaldson, Ph.D. Effective use of hospital dietary labor resources. Hospitals. 40:127, 1966.
- (65) Brunstetter, Philip H. Managing people without playing God. Training and Development Journal. 26:14, 1972.
- (66) Coffey, Cecilia A., Doris Spragg, Elizabeth McCune and Ruth Gordon. Continuous time study shows how scheduled time is spent. Hospitals. 38:96, 1964.
- (67) Hallowell, David A. How to get results from job enrichment. Training and Development Journal. 28:38, 1974.
- (68) Milliken, Ralph A., M.D. and Gerry Milliken. Vulnerable and outbid. Hospitals. 47:56, 1973.
- (69) Miller, Jon D. and Stephen M. Shortell. Hospital unionization: A study of the trends. Hospitals. 43:67, 1969.
- (70) Kinne, Donna K. Institutional Foodservice/76. Food Management. 11:35, 1976.
- (71) McVittie, James L. Helping employees 'sound off.' Hospitals. 43:57, 1969.
- (72) Kerr, W. A. Labor turnover and its correlates. Journal of Applied Psychology. 31:366, 1947.
- (73) Benge, J. How to learn what workers think of job and boss. Factory Management Maintenance. 102:101, 1944.
- (74) Hoppock, R. A. A twenty-seven-year follow-up on job satisfaction of employed adults. Personnel and Guidance Journal. 38:489, 1960.
- (75) Inlow, G. M. Job satisfaction of liberal arts graduates. Journal of Applied Psychology. 35:175, 1951.
- (76) Super, D. E. Occupational level and job satisfaction. Journal of Applied Psychology. 23:547, 1939.
- (77) Pelto, J. and G. E. Sweatt. Personnel turnover in departments of dietetics. J. Am. Dietet. A. 46:369, 1965.
- (78) Turner, A. N. The older worker: New light on employment and retirement problems. Personnel. 31:246, 1955.
- (79) Johnson, D. E. A depressive retirement syndrome. Geriatrics. 13:314, 1958.

- (80) Shapiro, H. Jack and Valerie L. Sodano. Instrumentality model of age and job satisfaction for males and females. *Psychological Reports*. 35:707, 1974.
- (81) Cole, R. J. A survey of employee attitudes. *Public Opinion Quarterly*. 4:497, 1940.
- (82) Peck, L. A study of the adjustment difficulties of a group of women teachers. *Journal of Educational Psychology*. 27:401, 1936.
- (83) Habbe, S. Job attitudes of life insurance agents. *Journal of Applied Psychology*. 31:111, 1947.
- (84) Rachman, D. J. and L. J. Kemp. Are buyers happy in their jobs? *Journal of Retailing*. 40:1, 1964.
- (85) Hansen, J. C. Job satisfaction and job activities of school counselors. *Personnel and Guidance Journal*. 45:790, 1967.
- (86) Blum, N. L. and J. Russ. A study of employee attitudes toward various incentives. *Personnel*. 19:438, 1942.
- (87) Vollmer, Howard M. and Jack A. Kinney. Age, education and job satisfaction. *Personnel*. 31:39, 1955.
- (88) Sinha, D. and K. C. Sarma. Union attitudes and job satisfaction in Indian workers. *Journal of Applied Psychology*. 46:247, 1962.
- (89) Ash, P. The S.R.A. employee inventory--A statistical analysis. *Personnel Psychology*. 7:337, 1954.
- (90) Jurgensen, C. E. Selected factors which influence job preferences. *Journal of Applied Psychology*. 31:553, 1947.
- (91) Form, W. H. and J. A. Geschwender. Social reference basis of job satisfaction: The case of manual workers. *American Sociological Review*. 27:228, 1962.
- (92) Wright, S. Turnover and job satisfaction. *Hospitals*. 31:47, 1957.
- (93) Jernigan, Anna K. Inservice training--A necessity for increasing productivity. *Hospitals*. 41:115, 1967.
- (94) Byrkit, Donald R. *Elements of Statistics*. New York: Van Nostrand Reinhold Company, 1972.

APPENDIXES

APPENDIX A

LETTERS



Oklahoma State University

Department of Food, Nutrition and Institution Administration

STILLWATER, OKLAHOMA 74074
(405) 372-6211, Exts. 6007, 6091

June 5, 1975

Oklahoma Hospital Association
1145 S. Utica
Tulsa, Oklahoma 74100

Dear Sir:

I am a graduate student in Food, Nutrition and Institution Administration at Oklahoma State University. The topic for my master's thesis is concerned with labor turnover and job satisfactions of dietary personnel in large and small hospitals in Oklahoma. I need information for my research regarding what is classified as a large and a small hospital in terms of bed capacity. In addition, I would like to know if you have a listing of Oklahoma hospitals and their sizes which would be available to me.

Thank you for your help.

Sincerely,

Ruth Seyfer

Ruth Seyfer
Food, Nutrition and
Institution Administration
Room 104, Home Ec East
Oklahoma State University

Mary E. Leidigh
Associate Professor

RS:MEL:sb



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CLEVELAND RODGERS
EXECUTIVE DIRECTOR

July 3, 1975

Ms. Ruth Seyfer
Food, Nutrition and Institution Administration
Room 104, Home Ec East
Oklahoma State University
Stillwater, Oklahoma 74074

Dear Ms. Seyfer

Please forgive the delay in replying to your letter requesting information pertaining to Oklahoma hospitals, etc. I have been out of the office since early June, and, therefore, the delay in responding.

You asked a question pertaining to classification of a large and a small hospital. This is a question which does not have a specific answer, but is more often expressed in relative terminology. In Oklahoma, our largest hospital has fewer than 800 beds, which, in comparison to some facilities across the nation, would be a small hospital in itself. Generally speaking, however, we would probably classify hospitals in Oklahoma in three general categories - small, medium and large. Small would loosely be described as those with under 100 beds, medium - those from 100 to 200; and large - in the over 200-bed category.

We do have a listing of Oklahoma hospitals, and I have included a copy of the OHA Directory, which I hope will assist you in your thesis preparation.

If we may assist you further, please feel free to contact us.

Sincerely

Ben White
Ben White
Associate Director

js
Enclosure



Oklahoma State University

Department of Food, Nutrition and Institution Administration

STILLWATER, OKLAHOMA 74074
(405) 372-6211, Exts. 6007, 6091

June 5, 1975



AMERICAN HOSPITAL ASSOCIATION

840 NORTH LAKE SHORE DRIVE CHICAGO, ILLINOIS 60611 TELEPHONE 312-641-0400

TO CALL WRITER PHONE 312-641-9499

June 13, 1975

American Hospital Association
840 North Lakeshore Drive
Chicago, Illinois 60611

Gentlemen:

I am a graduate student in Food, Nutrition and Institution Administration at Oklahoma State University. The topic for my master's thesis is concerned with labor turnover and job satisfactions of dietary personnel in large and small hospitals in Oklahoma. I need information for my research regarding what is classified as a large and a small hospital in terms of bed capacity. In addition, I would like to know if you have a listing of Oklahoma hospitals and their sizes which would be available to me.

If you have knowledge of any previous research done in this area, I would appreciate your sharing it with me. Any suggestions would be welcome. Thank you.

Sincerely,

Ruth Seyfer

Ruth Seyfer
Food, Nutrition and
Institution Administration
Room 104, Home Ec East
Oklahoma State University

Mary E. Leidigh
Associate Professor

RS:MEL:sb

Ruth A. Seyfer
Food, Nutrition and Institution Administration
Room 104, Home Ec East
Oklahoma State University

Mary E. Leidigh
Associate Professor
Oklahoma State University
Stillwater, Oklahoma 74074

Dear Ms. Seyfer

This is in response to your letter of June 5, 1975. We do not have a firm definition of a "small hospital". However, we frequently consider hospitals of 200 beds and under as belonging in the "small hospital" category. A list of hospitals in the State of Oklahoma is enclosed.

Four or five years ago articles were published in both Hospitals, Journal of the American Hospital Association, and the Journal of the American Dietetic Association on labor turnover, but these articles related labor turnover to the value of inservice training programs.

I hope this information will be helpful to you.

Sincerely

Bonnie B. Miller

(Mrs.) Bonnie B. Miller
Staff Associate, Hospital Food Service
Bureau of Professional Standards

mef

enc



Oklahoma State University

Department of Food, Nutrition and Institution Administration

STILLWATER, OKLAHOMA 74074
(405) 372-6211, Exts. 6007, 6091

June 5, 1975

Miss Elizabeth Hensler
Oklahoma State Department of Health
Northeast 10th Street and Stonewall
P. O. Box 53551
Oklahoma City, Oklahoma 73105

Dear Miss Hensler:

You will recall that I was enrolled in the Dietary Consultation course this spring and for this reason I am writing you. I am in the process of formulating a problem for my master's thesis at Oklahoma State University. I am interested in the comparison of labor turnover and job satisfaction of dietary personnel in large and small hospitals in Oklahoma. Do you have any information as to what is classified as a large and a small hospital in terms of bed capacity? Any information and/or suggestions would be appreciated. Thank you.

Sincerely,

Ruth Seyfer

Ruth Seyfer
Food, Nutrition and
Institution Administration
Room 104, Home Ec East
Oklahoma State University

Mary E. Leidigh
Associate Professor

RS:MEL:sb

State Board of Health

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Oklahoma

State Department of Health

Northeast 10th Street & Stonewall
Post Office Box 53551
Oklahoma City, Oklahoma 73105

June 12, 1975

Commissioner

R. LEROY CARPENTER, M.D., M.P.H.

Ruth A. Seyfer
Food, Nutrition and Institution Administration
Room 104, Home Ec East
Oklahoma State University
Stillwater, Oklahoma 74074

Dear Miss Seyfer:

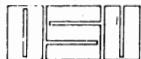
What is considered a large or small hospital? The criteria differs from state to state. I know of no definite rule concerning this but in my opinion anything under a 100 beds is considered small.

Before you finalize plans for your thesis, I would advise that you contact hospitals to be sure you can find enough that will cooperate in such a study; sometimes they are a bit secretive about their finances.

Sincerely,

Elizabeth B. Hensler
Elizabeth B. Hensler, R.D.
Director, Nutrition Division

EBH/nsm



Oklahoma State University

Department of Food, Nutrition and Institution Administration

STILLWATER, OKLAHOMA 74074
(405) 372-6211, Exts. 6007, 6091

As an administrator we feel you are interested in labor turnover in the dietary department. I am a graduate student in Food, Nutrition and Institution Administration at Oklahoma State University, where the topic for my master's thesis is concerned with the job satisfaction and labor turnover of dietary personnel in large and small hospitals in Oklahoma.

A random sample of 30 hospitals in Oklahoma has been drawn for this study. After contacting each of these 30 hospitals, I will draw another random sample of 15 hospitals.

Hospital's name was drawn in the group of 30 hospitals. I am writing to ask whether I may include your hospital in the group from which the sample of 15 will be drawn.

I plan to collect the data for this study this fall through the use of a questionnaire which will be administered by me at the convenience of the dietary employees and the dietitian. Neither the employees nor the hospital will be identified in any way by the questionnaire; only hospital size will be revealed.

Will you please let me know if your institution would be willing to participate in this research study, if chosen in the final sample of 15 hospitals. If you will participate, I need the name and address of the dietitian in charge of the dietary department so that I may contact her if your hospital is chosen in the final sample. Results of the study will be made available to you if you like. Thank you. Your cooperation would be greatly appreciated.

Sincerely,

Ruth A. Seyfer

Ruth A. Seyfer
Graduate Student
Food, Nutrition and
Institution Administration
Oklahoma State University

Mary E. Leidigh
Associate Professor

APPENDIX B

LIST OF HOSPITALS

ORIGINAL SAMPLE OF 30 HOSPITALS

<u>Large Hospitals</u>	<u>Location</u>	<u>Size (Number of Beds)</u>
Jane Phillips Episcopal Memorial Medical Center	Bartlesville	248
St. Mary's Hospital	Enid	287
Comanche County Memorial Hospital	Lawton	200
Veterans Administration Hospital	Muskogee	247
Baptist Medical Center	Oklahoma City	376
Medicenter of America, Inc.	Oklahoma City	244
Mercy Health Center	Oklahoma City	400
St. Anthony Hospital	Oklahoma City	684
Hillcrest Medical Center	Tulsa	517
Eastern State Hospital	Vinita	1,075
 <u>Small Hospitals</u>		
Franklin Memorial Hospital	Broken Arrow	75
Claremore Indian Hospital	Claremore	66
Mary Hurley Hospital	Coalgate	20

<u>Small Hospitals</u>	<u>Location</u>	<u>Size (Number of Beds)</u>
Cordell Memorial Hospital	Cordell	35
Fairfax Memorial Hospital	Fairfax	19
Fairview Hospital	Fairview	23
Elkview General Hospital	Hobart	50
Talley-Walker Hospital	Marlow	29
Bradshaw Memorial Hospital	Miami	26
Charles B. Goddard Hospital	Norman	54
Bone and Joint Hospital	Oklahoma City	74
LeFlore County Memorial Hospital	Poteau	87
Grand Valley Hospital	Pryor	62
Haskell County Hospital	Stigler	45
Stilwell Municipal Hospital	Stilwell	36
Arbuckle Memorial Hospital	Sulphur	58
Craig General Hospital	Vinita	50
Watonga Municipal Hospital	Watonga	35
Wewoka Memorial Hospital	Wewoka	28
Memorial Hospital Foundation, Inc.	Woodward	68

FINAL SAMPLE OF 15 HOSPITALS

<u>Large Hospitals</u>	<u>Location</u>	<u>Size (Number of Beds)</u>	<u>Number of Full-time Dietary Employees</u>
Jane Phillips Episcopal Memorial Medical Center	Bartlesville	248	30
Comanche County Memorial Hospital	Lawton	200	25
Medicenter of America, Inc.	Oklahoma City	244	8
Hillcrest Medical Center	Tulsa	517	107
Eastern State Hospital	Vinita	1,075	97
 <u>Small Hospitals</u>			
Claremore Indian Hospital	Claremore	66	9
Mary Hurley Hospital	Coalgate	20	3
Fairfax Memorial Hospital	Fairfax	19	4
Fairview Hospital	Fairview	23	4
LeFlore County Memorial Hospital	Poteau	87	9
Grand Valley Hospital	Pryor	62	8
Arbuckle Memorial Hospital	Sulphur	58	7
Craig General Hospital	Vinita	50	5

<u>Small Hospitals</u>	<u>Location</u>	<u>Size (Number of Beds)</u>	<u>Number of Full-time Dietary Employees</u>
Memorial Hospital Foundation, Inc.	Woodward	68	8
*Wewoka Memorial Hospital	Wewoka	28	--

*Unable to contact consultant dietitian of this hospital to set up an appointment to collect the data.

APPENDIX C

QUESTIONNAIRE

Your cooperation in this research project is greatly appreciated. Your contribution in a research project of this type helps us to gain greater knowledge and insight into hospital dietary labor problems.

Please check or fill in answers as appropriate to each question. Since your name is not required, please be as honest in your answers as possible:

1. Age: A. 16-20 D. 41-50
 B. 21-30 E. 51-60
 C. 31-40 F. Over 60
2. Sex: A. Male B. Female
3. Marital status: A. Single D. Separated
 B. Married E. Widow/er
 C. Divorced

4. Husband/wife's occupation (if married) _____

5. Highest grade completed in school by yourself and your spouse:

	Yourself	Spouse (if married)
Elementary school	_____	_____
Junior high school	_____	_____
Some high school	_____	_____
High school graduate	_____	_____
Some college	_____	_____
College graduate	_____	_____
Post-graduate study	_____	_____

6. Are you the sole support of yourself? Yes No
 Of anyone else? Yes No
 How many? _____

7. How does your husband/wife feel about your working?

- A. Likes it.
 B. Not pleased about it.
 C. Does not care one way or the other.
 D. Unmarried.

8. Length of time employed in food service.

- A. Less than 2 years D. 8 to 10 years
 B. 2 to 4 years E. 11 to 20 years
 C. 5 to 7 years F. Over 20 years

9. Length of time employed in food service at this hospital.

- | | |
|---|--|
| <input type="checkbox"/> A. Less than 2 years | <input type="checkbox"/> D. 8 to 10 years |
| <input type="checkbox"/> B. 2 to 4 years | <input type="checkbox"/> E. 11 to 20 years |
| <input type="checkbox"/> C. 5 to 7 years | <input type="checkbox"/> F. Over 20 years |

10. Hourly rate of pay at present job.

- | | |
|--|--|
| <input type="checkbox"/> A. \$1.50 to \$2.00 | <input type="checkbox"/> D. \$3.01 to \$3.50 |
| <input type="checkbox"/> B. \$2.01 to \$2.50 | <input type="checkbox"/> E. Other _____ |
| <input type="checkbox"/> C. \$2.51 to \$3.00 | |

11. Did you have special job training for present position (college courses, special school)? Yes No

12. How much on-the-job training did you receive in preparation for this position?

- | | |
|--|--|
| <input type="checkbox"/> A. None | <input type="checkbox"/> E. One week |
| <input type="checkbox"/> B. One day | <input type="checkbox"/> F. 2 to 3 weeks |
| <input type="checkbox"/> C. Two days | <input type="checkbox"/> G. One month |
| <input type="checkbox"/> D. Three days | <input type="checkbox"/> H. Other _____ |

13. Do you have a good working relationship with the following persons?

	Usually	Sometimes	Never
Fellow employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian or food service supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each item below indicate the degree to which you agree or disagree by circling the response that most closely describes your feelings.

The response code is as follows: SA--strongly agree
 A--agree
 U--undecided
 D--disagree
 SD--strongly disagree

14. SA A U D SD I received a complete description of the hospital's operation in my training for this job.
15. SA A U D SD I know what is expected of me in my work.
16. SA A U D SD I feel my efforts on the job are recognized and appreciated by others.
17. SA A U D SD The floors in the dietary department are often slick and dangerous.
18. SA A U D SD There is enough storage space in the dietary department (for food, supplies, small equipment).
19. SA A U D SD The salary I receive is satisfactory for my job.
20. SA A U D SD My work load is too heavy.
21. SA A U D SD There is enough work space in the dietary department so that I am not crowded while doing my job.
22. SA A U D SD The temperature is usually satisfactory in the dietary department, not too hot and not too cold.
23. SA A U D SD I feel my work is important.
24. SA A U D SD My work is boring and uninteresting.
25. SA A U D SD Broken equipment is repaired promptly so as not to interfere with my work.
26. SA A U D SD The lighting in the dietary department is good.
27. SA A U D SD The dietary employees work well together.
28. SA A U D SD There are too many people telling me what to do.
29. SA A U D SD There is adequate equipment available in the dietary department for me to perform my job.
30. SA A U D SD The dietitian/supervisor keeps me informed about matters related to my job.

31. SA A U D SD The dietitian/supervisor is interested in the employees and their work, and finds time to talk and listen to them whenever possible.
32. SA A U D SD The dietitian/supervisor permits me to schedule my work in the manner best suited to me whenever possible.
33. SA A U D SD The dietitian/supervisor encourages me to discuss things about my job with her.
34. SA A U D SD The dietitian/supervisor gives me clear orders and instructions.
35. SA A U D SD The dietitian/supervisor is considerate of the safety and comfort of the dietary employees.
36. SA A U D SD When the dietitian/supervisor corrects me, she shows me how to improve.
37. SA A U D SD The dietary employees get a fair deal on the job, such as choice of job, shift of work, etc.
38. SA A U D SD This job allows me to use my own judgement and abilities as much as I would like.
39. SA A U D SD The dietitian/supervisor welcomes new ideas from the dietary employees.
40. SA A U D SD The hospital administrator supports the dietary department as much as possible.

Please discuss the following question briefly.

41. If you could change one thing in the management of the dietary department, what would it be? Why?

On the dotted line below mark to show how well satisfied you are with this job. You may place your mark anywhere on the line.

Completely satisfied	More satisfied than dissatisfied	About half and half	More dissatisfied than satisfied	Completely dissatisfied
----------------------	----------------------------------	---------------------	----------------------------------	-------------------------

Read all of the following statements and think about them. Then choose five which are most important to your being satisfied with a job. Rank your choices 1 through 5. For example, place a (1) in front of the factor which is most important to you; place a (2) in front of the factor which is of next importance to you of the five choices, and so on to (5), which will be the factor of least importance to you.

42-56.

1. Good job security.
2. Doing a job that I and others feel is important.
3. Satisfaction I feel from helping others.
4. Opportunity to make friends on the job.
5. The dietitian/supervisor tells me when I have done a good job.
6. Having a feeling of pride in the work I do.
7. Working conditions.
8. Wages.
9. Opportunity for advancement.
10. Opportunity to work without constant supervision and direction.
11. Satisfactory work load.
12. Good organization in the dietary department.
13. Knowing what is expected of me.
14. Satisfactory work schedule.
15. Attitude of the dietitian/supervisor.

Please discuss the following question briefly.

If you are dissatisfied with your job, what is the major reason or reasons?

APPENDIX D

TABLES

TABLE VIII
 AGE VERSUS JOB SATISFACTIONS IN LARGE AND
 SMALL HOSPITALS

Age	Level of Job Satisfactions				χ^2 27.80339	Level of Significance 0.0229
	3 Frequency	5 Frequency	7 Frequency	9 Frequency		
16-20	3	7	1	4		
21-30	4	9	9	10		
31-40	2	11	16	10		
41-50	0	8	11	18		
51-60	1	7	12	19		
Over 60	1	1	8	4		

TABLE IX

SPOUSE OPINION VERSUS JOB SATISFACTIONS IN LARGE HOSPITALS

Spouse Opinion	Level of Job Satisfactions								χ^2 14.76725	Level of Significance 0.0221
	3		5		7		9			
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Likes it	0	0	12	15	8	10	15	19		
Not pleased	0	0	6	8	4	5	0	0		
Does not care	4	5	10	13	12	15	7	9		

TABLE X

SPOUSE OPINION VERSUS JOB SATISFACTIONS IN SMALL HOSPITALS

Spouse Opinion	Level of Job Satisfactions								x^2 16.82102	Level of Significance 0.0101
	3		5		7		9			
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Likes it	1	3	0	0	9	29	12	39		
Not pleased	0	0	1	3	0	0	0	0		
Does not care	0	0	1	3	3	10	4	13		

TABLE XI

ANALYSIS OF VARIANCE MEANS--14 HOSPITALS

Degree of Job Satisfactions	Working Conditions	Pay	Formal Training	Supervisor-Employee Relationship	Work	Satisfaction With Pay
3	25.4000000	2.27272727	2.54545455	27.6363636	17.0000000	2.09090909
5	29.6097561	2.58139535	2.97674419	30.4878049	18.6428571	2.19047619
7	32.6000000	2.75000000	3.54545455	38.0000000	20.4444444	3.00000000
9	35.6129032	2.87692308	4.04918033	41.1666667	21.7000000	3.58461538
Overall Means	32.5521472	2.72571429	3.51764706	36.5766871	20.2155689	2.96551724
F Value	13.02260	1.62219	11.83573	29.27553	26.85260	15.58373
Prob > F	0.0001	0.1846	0.0001	0.0001	0.0001	0.0001
d.f.	3 and 159	3 and 171	3 and 166	3 and 159	3 and 163	3 and 170

TABLE XII

ANALYSIS OF VARIANCE MEANS--LARGE VERSUS SMALL HOSPITALS

Size	Working Conditions	Pay	Formal Training	Supervisor-Employee Relationship	Work	Satisfaction With Pay
Large	31.4240000	2.76086957	3.33834586	34.8130081	19.7500000	2.78832117
Small	35.7954545	2.59183673	4.16666667	41.0652174	21.3111111	3.56250000
Overall Means	32.5621302	2.71657754	3.55801105	36.5147929	20.1560694	2.98918919
F Value	14.84616	1.02243	19.47374	22.92489	13.09423	14.29817
Prob > F	0.0004	0.3142	0.0001	0.0001	0.0007	0.0004
d.f.	1 and 167	1 and 185	1 and 179	1 and 167	1 and 171	1 and 183

VITA

Ruth Audrene Seyfer

Candidate for the Degree of
Master of Science

Thesis: JOB SATISFACTIONS OF DIETARY WORKERS IN LARGE AND SMALL
HOSPITALS IN OKLAHOMA

Major Field: Food, Nutrition and Institution Administration

Biographical:

Personal Data: Born in Sidney, Nebraska, February 26, 1951, the daughter of Kenneth F. and Edith V. Darling. Married James Randall Seyfer, May 12, 1973.

Education: Graduated from Lodgepole High School, Lodgepole, Nebraska, May, 1969; received Bachelor of Science degree in Home Economics from Kearney State College, Kearney, Nebraska, May, 1973; completed requirements for a Master of Science degree with a major in Food, Nutrition and Institution Administration from Oklahoma State University, Stillwater, Oklahoma, July, 1976.

Professional Experience: Assistant in Foods laboratories, Kearney State College, Kearney, Nebraska, September, 1970 to May, 1973; Supervisor for Slater's Food Service, Kearney State College, Kearney, Nebraska, September, 1973 to August, 1974; Diet aid, Stillwater Municipal Hospital, Stillwater, Oklahoma, May, 1975 to September, 1975; Graduate assistant in Food, Nutrition and Institution Administration, Oklahoma State University, Stillwater, Oklahoma, September, 1974 to May, 1976.

Professional Organizations: Kappa Omicron Phi, Omicron Nu and Phi Upsilon Omicron.