

A QUALITY OF WORK LIFE ASSESSMENT OF  
OKLAHOMA DIETITIANS

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## CHAPTER I

### INTRODUCTION

Most of the management techniques being advocated today to improve productivity are not new. For the past 10 to 15 years, U.S. managers have recognized the need to improve quality, and they also realized that they must raise productivity to compete globally (Pickworth, 1987). Management, however, can not simply wish or demand productivity improvement. English and Marchione asked some thought provoking questions (1983):

Is it realistic to expect employees to be concerned with productivity when management excludes the employees from the decision-making process? How can anyone be expected to be committed to improving productivity without some personal benefit? ... What good is newer technology when the employees are dissatisfied, underutilized, and disillusioned? ... True and lasting productivity gains can only be realized through the effective utilization of people and the system within which they operate (p. 65).

Japanese labor expert Haruo Shimada more incisively pointed out that only people "give wisdom to the machines" (Neff and Berger, 1987). To enhance the quality of work life (QWL) within the organization, managers need to undertake the primary role in improving productivity when they carry out managerial responsibilities (Burstein, 1987).

There is no clear definition for QWL. QWL is a way of thinking about people, work and organizations. It is more likely to be a perception of how to influence the quality of an individual's on-the-job experience and how to approach the employees' expectation on various aspects of their work environment (Balch, and Blank 1989). QWL was first introduced in the late 1960's under the growing concerns about the effects of employment on the health and well-being of employees and about job satisfaction (Davis and Cherns, 1975). When Irving Bluestone took the head of General Motors department of the United Auto Workers union in early 1970s, the concept became prevalent as cooperative efforts of labor and management to improve employees' work life (Training, 1989).

Evolving to date, QWL is well-known as "a global concept and is frequently perceived ... for coping with foreign competition, grievance problems, quality problems, low-productivity rates, and just about everything else" (Nadler and Lawler III, 1983, p. 24). For example, companies have innovative policies of participatory management, to "eliminate bureaucratic layers of supervisors, listen to employees, and develop job-security and retaining program" (Hoerr, 1987, p. 61). When attention is paid to workers' need and dignity, they become motivated to perform better, and to suggest improvement on work. Furthermore, "gain-sharing" and "pay-for-knowledge" compensation systems encourage workers to learn skills and raise productivity"



(p. 61).

### Statement of the Problem and Justification

The prominence of nutrition and dietetics as a field of profession continue to expand. The importance of diet for overall health promotion and disease prevention has been brought to the attention of the public by the government, by the food industry, and by innumerable health organizations (Bennett, 1983). Dietitians, as the nutrition experts, have achieved much greater visibility and have moved into new roles in business, research field, and private practice (Monsen, 1989). A dietitian is expected to provide quality food service and "nutritional care to patients, guests and employees, and to act and assume a well defined pattern of activities, recognized and accepted by physicians, directors of dietary departments, and hospital administrators" (Schiller, and Vivian, 1974). They are the professionals with the heritage of creating and improving health quality and standards for the nation in the future.

Without question, the year 2000 is and will be a time of unrest in the workplaces of many businesses and industries. The same will be true where most dietitians are employed. The performance of a dietitian should depend upon the quality of the humanistic organization and its ability to function as an entity. Limited studies have been conducted focusing on the QWL of dietitians (Palan, 1985; Leche, 1984; Taylor,

1984). As Hanlon and Gladstein (1984) said:

Hospitals have not been a major setting for QWL projects, despite the urgent demands on health-care executives to increase operating efficiency and raise employee morale.... [Because] the complexity of the hospital, lack of goal clarity, and conflicting interests of employee groups are formidable barriers to improving operating effectiveness and the work life within the organization (p. 95, 96).

Although Agriesti-Johnson and Broski (1982) have studied job satisfaction on dietitians in the United States, and McNeil, Vaden, A. and Vaden, R. (1981) on hospital foodservice directors, it is only assessing a portion of what QWL is about (Lawler and Ozley, 1979). QWL is not only concerned with salary, promotion, coworkers or supervision which are physically related with job, but also encompasses psychological incentives such as team growth, family wellness, management commitment, or self-actualization. The intent of this study is to find out how Oklahoma dietitians perceive their QWL. Results of the study could be useful to top management and human resource departments of health care organizations for improving the quality of work life of dietitians not only in Oklahoma, but hopefully through out the country as well.

#### Purpose and Objectives

The purpose in this study is to assess the perceptions of quality of work life of Oklahoma dietitians. Specific

objectives are:

1. To determine if selected personal variables associate with QWL of Oklahoma dietitians. Personal variables studied include age, gender, marital status, highest degree obtained, position title, route to ADA membership, and R.D. status.

2. To determine if selected employment variables associate with QWL of Oklahoma dietitians. Employment variables studied include full-time or part-time employment, annual income, time in current position, job title, supervisor's position title, number of employees he/she supervises, number of other dietitians he/she works with, type and size of facility.

### Hypotheses

H1 - There will be no significant association between the importance level (high or low) of Perception of Self of Oklahoma dietitians and the selected personal variables:

1. gender
2. age
3. marital status
4. ethnic background
5. highest degree attained
6. R.D. status
7. rout to ADA membership
8. years in dietetic profession

H2 - There will be no significant association between



the importance level (high or low) of Perception of Self of Oklahoma dietitians and the selected employment variables:

1. full-time or part-time employment
2. annual income
3. is salary commensurate or not with the title, responsibilities, and experiences
4. time in current position
5. number of employees he/she supervises
6. number of dietitians he/she works with
7. type of facility
8. size of facility

H3 - There will be no significant association between the current status (good or bad) of Perception of Self of Oklahoma dietitians and selected personal variables as listed in H1.

H4 - There will be no significant association between the current status (good or bad) of Perception of Self of Oklahoma dietitians and selected employment variables as listed in H2.

H5 - There will be no significant association between the importance level (high or low) of Perception of Current Job of Oklahoma dietitians and selected personal variables as listed in H1.

H6 - There will be no significant association between the importance level (high or low) of Perception of Current Job of Oklahoma dietitians and selected employment variables as listed in H2.

H7 - There will be no significant association between the current status (good or bad) of Perception of Current Job of Oklahoma dietitians and selected personal variables as listed in H1.

H8 -There will be no significant association between the current status (good or bad) of Perception of Current Job of Oklahoma dietitians and selected employment variables as listed in H2.

H9 - There will be no significant association between the importance level (high or low) of Perception of Work Group Environment of Oklahoma dietitians and selected personal variables as listed in H1.

H10 - There will be no significant association between the importance level (high or low) of Perception of Work Group Environment of Oklahoma dietitians and selected employment variables as listed in H2.

H11 - There will be no significant association between the current status (good or bad) of Perception of Work Group Environment of Oklahoma dietitians and selected personal variables as listed in H1.

H12 - There will be no significant association between the current status (good or bad) of Perception of Work Group Environment of Oklahoma dietitians and selected employment variables as listed in H2.

H13 - There will be no significant association between the importance level (high or low) of Perception of Friends

and Mentors of Oklahoma dietitians and selected personal variables as listed in H1.

H14 - There will be no significant association between the importance level (high or low) of Perception of Friends and Mentors of Oklahoma dietitians and selected employment variables as listed in H2.

H15 - There will be no significant association between the current status (good or bad) of Perception of Friends and Mentors of Oklahoma dietitians and selected personal variables as listed in H1.

H16 - There will be no significant association between the current status (good or bad) of Perception of Friends and Mentors of Oklahoma dietitians and selected employment variables as listed in H2.

H17 -There will be no significant association between the importance level (high or low) of Perception of Working Relationships Oklahoma dietitians and selected personal variables as listed in H1.

H18 - There will be no significant association between the importance level (high or low) of Perception of Working Relationships of Oklahoma dietitians and selected employment variables as listed in H2.

H19 - There will be no significant association between the current status (good or bad) of Perception of Working Relationships of Oklahoma dietitians and selected personal variables as listed in H1.

H20 - There will be no significant association between

the current status (good or bad) of Perception of Working Relationships of Oklahoma dietitians and selected employment variables as listed in H2.

H21 - There will be no significant association between the importance level (high or low) of Perception of Manpower Development of Oklahoma dietitians and selected personal variables as listed in H1.

H22 - There will be no significant association between the importance level (high or low) of Perception of Manpower Development of Oklahoma dietitians and selected employment variables as listed in H2.

H23 - There will be no significant association between the current status (good or bad) of Perception of Manpower Development of Oklahoma dietitians and selected personal variables as listed in H1.

H24 - There will be no significant association between the current status (good or bad) of Perception of Manpower Development of Oklahoma dietitians and selected employment variables as listed H2.

H25 - There will be no significant association between the importance level (high or low) of Perception of Informal Network of Oklahoma dietitians and selected personal variables as listed in H1.

H26 - There will be no significant association between the importance level (high or low) of Perception of Informal Network of Oklahoma dietitians and selected employment variables as listed in H2.

H27 - There will be no significant association between the current status (good or bad) of Perception of Informal Network of Oklahoma dietitians and selected personal variables as listed in H1.

H28 - There will be no significant association between the current status (good or bad) of Perception of Informal Network of Oklahoma dietitians and selected employment variables as listed in H2.

H29 - There will be no significant association between the importance level (high or low) of Perception of General Environment of Organization of Oklahoma dietitians and selected personal variables as listed in H1.

H30 - There will be no significant association between the importance level (high or low) of Perception of General Environment of Organization of Oklahoma dietitians and selected employment variables as listed in H2.

H31 - There will be no significant association between the current status (good or bad) of Perception of General Environment of Organization of Oklahoma dietitians and selected personal variables as listed in H1.

H32 - There will be no significant association between the current status (good or bad) of Perception of General Environment of Organization of Oklahoma dietitians and selected employment variables as listed in H2.

### Assumptions and Limitations

Assumptions accepted for this study included:

1. Respondents completed the questionnaire truly on "what is" rather than what they perceived as ideal.

2. Respondents were dietitians working in the state of Oklahoma.

A limitation identified in this study was that the sample encompassed only members of the Oklahoma Dietetic Association. Results from the study can therefore only be generalized to this group of dietetic practitioners.

## CHAPTER II

### REVIEW OF LITERATURE

This chapter will review the following major topics: an overview of QWL (including a comparison of QWL and Job Satisfaction), measurements of QWL, dietitians at work, and QWL studies of foodservice personnel.

#### Overview of Quality of Work Life

The term "Quality of Work Life" (QWL) has become very popular in the literature since its emergence in the early 1970s, but no accepted definition for the term has emerged. QWL has been used as both noun and adjective. It has been operationalized as an employee work-related attitude (job satisfaction) as well as in terms of managerial programs for organizational development and change (Glaser, 1975).

The changes and programs which have been planned and conducted were called "work improvements". As stated by Walton (1979), "work improvements have appeared in workplaces in many guises-- as 'quality of worklife', 'humanization of work', 'work reform', 'work restructuring', 'work design', and 'sociotechnical systems'" (p. 89). It is obvious that

"work" continues to be of central importance for individuals and for the society at large. Indeed, work is also engaged in primarily for the sake of its product, the goods and services. People go to work because there is no alternative way to meet basic needs of life. If work becomes both necessary and undesirable, we should be concerned with ways to make work more meaningful and satisfying, and to provide motivation, dignity and greater personal participation in the decision and performance of work in organizations. These efforts imply QWL as humanizing the work (Kahn, 1974).

To continue and improve the humanization of work, not only businesses and labor unions, but also government and universities (e.g. economists, psychologists, behavioral scientists, and sociologists) have been making efforts for decades. Their QWL improvement efforts and studies have further redefined QWL as the following examples (Greenberg and Glaser, 1980):

1. Labor-management cooperation, such as unionization;
2. Restructuring decision-making process in organizations;
3. Job redesign as a function of increased participation;
4. More effective problem solving;
5. Improved physical and psychological safety and health;
6. Increased worker satisfaction by virtue of improvement in the working environment, and greater recognition of the individual; and
7. Added possibly economic rewards (pay-for-knowledge).



Rosow (1979) indicated seven critical factors which would affect the quality of working life, and with it productivity, in the 1980s.

1. Pay
2. Employee benefits
3. Job security
4. Alternative work schedules
5. Occupational stress
6. Participation
7. Democracy in the workplace (p. 158)

A survey called "What's important on the Job" has been conducted recently in an industrial association (Supervision, 1992). Supervisors of 24 large companies were asked to rank 10 morale factors in the order they thought their employees would rank them. The employees also were asked to rank the 10 morale factors. The results are listed as follows (p. 13):

Supervisors' Rank	Employees' Rank
1. Good wages	1. Appreciation of work done
2. Job security	2. Feeling "in" on things
3. Promotion/growth in company	3. Help on personal problems
4. Good work conditions	4. Job security
5. Interesting work	5. Good wages
6. Personal loyalty to workers	6. Interesting work
7. Tactful disciplining	7. Promotion/growth in company
8. Appreciation of work done	8. Personal loyalty to workers
9. Help on personal problems	9. Good working conditions
10. Feeling "in" on things	10. Tactful disciplining

Results clearly indicated that the most desired QWL factors of today's employees are underrated. Today's management perceived of their appreciation of employees, employees' belongingness, and employees' need for mentors or assistance

as the least important factors to consider, while employees rated these same factors as the most essential needs on the job.

In comparison with Rosow's seven issues, today's management regard pay, employee benefits, promotion, and job security as the most important factors to employees' QWL as these issues did a decade ago. The thought is not totally beyond reality. Bewayo (1986) found that pay, benefits, promotion, and job security were still in the top six considerations when people chose another better employers. In addition, "adequate and fair compensation" and "growth and security" were ranked on the top in the QWL components by a group of Nebraska municipal clerks (Blackburn and Bruce, 1989). These factors of economical rewards will keep influencing workers' perception of QWL. Feedback of management is important in showing appreciation, acceptance, and assistance to employees. The key element was the supervisor (or management) who might employ proper strategies to increase job satisfaction and organizational commitment for employees (Wright, 1990).

#### QWL and Job Satisfaction

Both scholars and practitioners frequently confuse the two theoretical concepts of job satisfaction and QWL and use them as synonyms. Yet, they are distinct theoretical concepts. Job satisfaction has been defined by Hackman and

Oldham (1975) as existing when a job contains the following components: task identity, skill variety, task significance, autonomy, and feedback. QWL, according to Huse and Cummings (1985), exists when the following conditions are present: adequate and fair compensation, safe and healthy environment, opportunity for development of human capacities, job security, social integration, constitutionalism (guarantee of legal rights such as due process), freedom from job encroachment on personal life, and social relevance.

It must be firmly recognized that job satisfaction is different from QWL, and is a surrogate measure of QWL.

Measurement in terms of satisfaction and dissatisfaction proceeds on the simple assumption that work has been humanized when human beings report that they are satisfied with it. .... Satisfaction, then, should be one measure of the humanization of work, but it should not be the sole criterion. Objective measures are needed as well. .... we can differentiate between the objective and the subjective aspects of a job, and we will understand them best when both are measured on the same dimensions. For example, a worker can be asked whether he feels that his job is hazardous, and the hazardousness of the job can also be measured in terms of the frequency of accidents and injuries (Kahn, 1974, p. 200-201).

In the first portion of the Conference of Union Officials during March 1979, the relation of QWL and job satisfaction was further clarified (Greenberg and Glaser, 1980). The conference was one of the series of 20 international union meetings endeavoring on issues related to labor-management cooperation in QWL . The conferees noted that:

the essence of QWL is the opportunity for employees at all levels in an organization to have substantial influence over their work environment by participating in decisions related to their work, thereby enhancing their self-esteem and satisfaction from their work (p. 11).

These historical theories have been applied and proven in current researches. In the study of Elizur (1990), employee QWL and job satisfaction were separately examined for their impact by Quality Circle (QC) participation. QC activities positively affected both job satisfaction and QWL of individuals. Exceptionally, QC participants scored lower than non-participants on "involvement in activities which require physical force or dexterity" and "feelings of security from violence and physical threats in work".

The correlations between QWL variables and job satisfaction were examined by Blackburn and Bruce (1989). The authors used the statement, "Considering everything, I am very satisfied with my job at the present time", as a surrogate measure of job satisfaction to be analyzed in relation to QWL elements. The correlations were generally low, demonstrating little relationship between QWL and job satisfaction. Only four characteristics of QWL slightly showed significant relationship with job satisfaction. They were cooperative coworkers, absence of stress, a sense of community, and opportunity to improve personal capabilities. They concluded that "Job satisfaction is not a result of high levels of quality of work life" (p. 20).

## Measurements of QWL

The importance of studying QWL is to enable human resources management to view different perceptions on a job, and to show how employees and their superiors differ in perceptions. Also the studies provide feedback information that would allow reconciliation for these differing role expectations, or form a base line to modify the job to become more interesting, allowing for a rewarding experience. Workers expect more humane and participative workplaces, even with advancing technology. They also face more pressures to improve service effectiveness without increasing costs. Human resources administrators must embrace a new vision of organizations in which workplaces become learning environments for client-worker interaction, and workers are viewed and treated as assets (Gowdy, 1988).

### Index of Job Satisfaction

A number of instruments in print have been used to measure surrogates of QWL, such as work values and attitudes, performance, productivity, effectiveness, job satisfaction, and so on. Brayfield and Rothe's "Index of Job Satisfaction" (1951) is one of the early instruments that have been frequently utilized. Their interest in surveying industries arose as business and industrial concerns increased in regard to job satisfaction and employee moral. They stressed that

the effectiveness of selection, training, and supervisory programs should be gauged partly by the effect on employees' work satisfaction, and that specific personnel techniques and procedures should be validated against a job satisfaction criterion. The authors composed an 18-item questionnaire using attitude scaling techniques and clearly worded statement. After pretesting the scale on 300 employees in different level positions, their reliability coefficient observed in their last sample was 0.87.

Almost at the same time, Kahn (1951) factored a 70-item satisfaction inventory which had been administered to employees of a tractor company. In this study, Kahn obtained 4 interpretable factors (satisfaction with the immediate supervisor, intrinsic and status factors in the job itself, the organization as a system, and indirect satisfaction with mobility, potential, wages now and in the future). Later, Twery, Schmid, and Wrigley (1958) administered the 21-item Job Satisfaction Inventory to Air Force personnel and isolated six factors for satisfaction. These six factors were general attitude toward the job, satisfaction with supervisor, with higher echelon, with Air Force living condition, with coworkers, and variety in job duties.

Extensive satisfaction researches, in later decades, have further focused on relationships among antecedents, consequences, and facets of job satisfaction (Locke, 1976; Mitchell, 1979; Schneider, 1985). They indicated that, first, the most commonly investigated facets of job

satisfaction to which the antecedents and consequences relate are the work itself, rewards (pay, promotion, recognition, benefits), working conditions (job context), supervision, coworkers, and company/management. Second, previous studies have not yet well established the relationship between the job satisfaction and performance/ productivity. Third, they found that the relationship of job satisfaction and performance was previously thought to be unclear and inconsistent. Since employee performance is a specific job behavior, job satisfaction as a general work attitude should be related to the favors of an individual's total set of work-related behaviors. It is necessary to develop a specific satisfaction instrument for the future investigation on this particular relationship (Fisher, 1980).

#### Job Diagnostic Survey

Job Diagnostic Survey (JDS) was developed by Hackman and Oldham (1975). JDS is a classic measurement that has been frequently used for organizational survey. Its intent is to analyze existing jobs and determine if the jobs could be redesigned to improve employee motivation and productivity and to evaluate the effects of job changes on employees.

JDS has been tested for reliability and discriminate validity. It measures objective job dimensions, such as skill variety, task identity, task significance, autonomy, and feedback from the job itself. From the results of these

dimensions, according to Quinn and Shepard (1974), JDS also measures individual psychological states: experienced meaningfulness of the work, experienced responsibility for work outcome, and knowledge of results. JDS is also used to measure personal, affective reactions or feelings obtained from performing the job, such as general satisfaction, internal work motivation, specific satisfaction. JDS is not, however, recommended for anyone with an eighth grade education or less.

In Price and Mueller's Handbook (1986), JDS has been used to study two job satisfactions-- routinization and centralization (power stratification). Routinization is defined as "the degree to which a job is repetitive" (p. 209). Material relevant to routinization was treated under a diversity of labels: variety, task variability, formatted tasks, task predictability, uncertainty, and workflow predictability. The use of variety was especially widespread, drawn mostly from the important JDS. In the "centralization" study, JDS and Job Characteristics Inventory (JCI) played the most important role to measure "the degree to which power is differentially distributed within the organization" (p. 50). Based on JDS, four concepts were assessed by the JCI: feedback, autonomy, identity, and variety. Autonomy is the extent to which employees participate in work scheduling, selecting the equipment they will use, and deciding on procedures to be followed. It is the concept pertinent to the concern of centralization.



### Job Characteristics Inventory

Job Characteristics (JCI) was designed by Sims, Jr., Szilagyi, and Keller (1976). Sims and his colleagues originally developed the JCI to measure perceived task characteristics. Their development work is based on the 1971 version of the JDS (Hackman and Oldham, 1975), and is intended to improve this important instrument.

There are three important reasons for measuring job characteristics: 1) the current interest in alienation from work gives special impetus to serious research into how job characteristics influence the satisfaction and performance of workers, 2) the psychological study of work motivation of the workers, and 3) managerial level is thought to be related to the characteristics of the work itself. Nonroutine, nonrepetitive jobs are likely to serve as positive motivators of behavior relationship between leader behavior and subordinate satisfaction and performance (Cross, 1973).

JCI was developed due to an interest in understanding how job characteristics relate to individual productivity and job satisfaction. Part of the questions in the JCI were drawn from Hackman-Lawler (1971) research which described six dimensions of job characteristics: 1) Variety, 2) Autonomy, 3) Task Identity, 4) Feedback, 5) Dealing with Others, and 6) Friendship Opportunities. Hackman and Oldham (1975) suggested that core job dimensions such as skill variety, task identity, task significance, autonomy, and feedback lead

to certain critical psychological states such as meaningfulness, responsibility and knowledge of result, which in turn bring about positive personal and work outcomes. Hackman and Lawler (1971) emphasized the first four dimensions as the core dimensions which were necessary for meaningful personal satisfaction upon job performance. Dimensions 5 and 6 were included to explore the impact of interpersonal characteristics of job design. Its subscales included firm as a whole, pay, promotion, job itself, immediate supervisor, and coworker. Responses for each question were made on a 5-point Likert scale. JCI was tested for construct validity, which resulted in coefficients in the 80's and 90's. A split half reliability test resulted in all dimensions above the 0.70 level with the exception of friendship. In addition, the four job characteristics of variety, autonomy, feedback, and friendship presented evidence of convergent and discriminate validity. JCI is prevalently used in studying job characteristics and job satisfaction (Sneed and Herman, 1990).

### Job Descriptive Index

In order to study possible differential relationships, Smith, Kendall, and Hulin (1969) designed to measure each aspect of the job to which the worker may respond differentially, such as the work itself, the pay, the opportunities for promotion, the supervision, and the

coworkers encountered on the job. They referred to their measures as the Job Descriptive Index (JDI). Their purpose was to develop measures of job satisfaction and retirement satisfaction. Four studies were used to establish the discriminate validity and convergent validity for developing the measure.

Smith and her colleagues defined job satisfaction as "the feelings a worker has about his job" (p. 6). They also proposed "some more complex formulation encompassing many of the factors emphasized in contemporary research, such as: job satisfactions are feelings or affective responses to facets of the situation" (p. 6). Five dimensions of job satisfaction were distinguished in the measure: work, supervision, pay, promotions, and coworkers. Both descriptive and evaluative components are included in all 5 dimensions.

JDI has often been used as a measurement of satisfaction in different studies, involving dietitians (Agriesti-Johnson, and Broski, 1982; Rehn, Wolman, and Cullen, 1989). Some researchers offered, however, comments about the original work on the JDI. Schriesheim and Kinicki (1983) mentioned two inappropriate uses of the JDI. First, use of the JDI as a global measure (combining the 5 dimensions) is theoretically inappropriate and cannot be justified empirically, since the interscale coefficients are only moderate in magnitude. Second, more and more researchers are deleting or modifying items; this should not be done until

research on the consequences is undertaken.

Price and Mueller (1986) also provided opinions about the original work on the JDI as with the Brayfield-Rothe measure.

First, "the feelings a worker has about his job" (the definition of job satisfaction by Smith and her colleagues) is very similar to our "positive affective orientation toward employment by the organization." The different dimensions of job satisfaction used by the researchers encompass most aspects of organizational membership. Organizational researchers often use "feelings" and "affect" interchangeably. Second, the reader may have noticed that Smith and her colleagues have no statistic for overall satisfaction. The lack of such a statistic is consistent with the dimensional approach to the study of job satisfaction used by the researchers. Third, Smith et al. include means, standard deviations, and averages (termed "norms" by the researchers) for the JDI. These data should greatly facilitate comparative research. (p. 226)

### Quality of Work Life Assessment

Bowditch and Buono (1982) focused in their text, Quality of Work Life Assessment, that in order to promote good quality of work life, motivators must be incorporated into the job. There is a continual interaction between the skills and attitudes (e.g. feelings, desires, and disappointments) people bring to the work place. When the management or the behavioral scientists become more knowledgeable and sensitive to the interaction, high performance and the feelings of fulfillment will be the rules in the work place. Without measuring worker and management attitudes, it will be difficult to understand what happens

inside on the job and in the organization. Having foreseen this problem, Bowditch and Buono (1982) developed a more comprehensive QWL instrument for the assessment of work attitudes before attempting job redesign or organizational restructure.

Bowditch and Buono (1982) considered the following as QWL dimensions: overall organization (feelings and commitment), compensation issues (pay and benefit), job security, management (policies), immediate supervisor (relations with), advancement issues, coworker and interpersonal relations, the job itself (characteristics, demand, and satisfaction). Both open and close-ended types are used in the questionnaire. A 7-point scaling was used in their research. The 1 to 5 points were attitude levels from strongly agree to strongly disagree. The other 2 were statements of "I do not understand the question", and "Not applicable", which is a more thoughtful way for participants to complete every question (p. 100). All the commonly used standard statistical procedures are applicable to analyze the data.

The authors believed that feedback from survey results "has proven to be a powerful tool, both in measuring trends in employee perceptions and in improving organizational performance" (p. 26). They emphasized that the information collected from employee attitudes and opinions about work and the related policies and conditions could facilitate feedback. The attitude survey results are also valuable to

diagnose organizational problems, improve communication, to aid in managerial training, and improve decision making. Bowditch and Buono's measurements has been applied in the QWL studies of Palan (1985) and Taylor (1984).

#### QWL Survey of U.S. Department of Agriculture

U.S. Department of Agriculture (USDA) planned and conducted a QWL survey in 1981 through 1984 to improve the efficiency and management processes (Jimeno, and Carney, 1985). The survey was to obtain estimate for responses on 60 yes/no questions concerning the USDA work environment. The instrument was a modification of an instrument developed by USDA's Forest Service (Appendix A).

The 60 questions were divided into two sections. The first 55 statements were directed to employees, while the last 5 questions were questions for supervisors only. The USDA QWL questionnaire is comprehensive and encompassed many of the common dimensions of QWL included in part in other research instruments previously discussed in this chapter.

#### Dietitians at Work

The American Dietetic Association has devoted a considerable amount of time and energy to seek a legal and

proper definition for the unique term "dietitian" since 1940. The Study Commission (1984), however, accepted the final conclusion prepared by the legal consultant of the Association: "... it would not be very productive to pursue the effort to create a 'legal definition' of the term dietitian to be used at all times and for all purpose" (Report of the 1984 Study Commission on Dietetics, p. 31, 32).

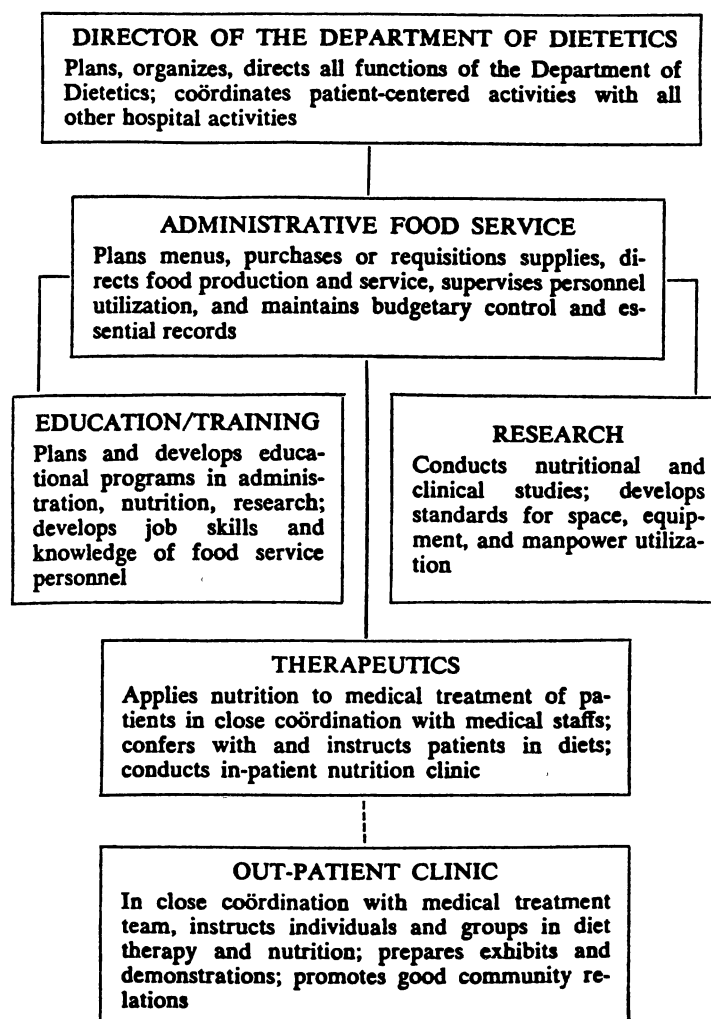
Today, the public regards dietitians as health professionals. Dietitians use their knowledge of science of nutrition, food composition, and diet therapy "to assist [people] in developing patterns of food selection and consumption that will enable them to meet their physiologic, socioemotional, and intellectual needs" (Mason, Wenberg, and Welsh, 1982, p. 4). There are 23 practice groups in ADA and there are multitudes of work places for dietitians, but a few of these will be highlighted in this chapter to correspond to the areas of work categories in the questionnaire.

#### Dietitians in Hospital/Medical Center

The hospital field is the oldest in dietetics, and is the root from which other specialties have developed. The acute care hospitals are particular settings where a large number of dietitians continue to be employed by health care institutions (Report of the 1984 Study Commission on Dietetics). The dietetics department of a hospital is a part

of the over-all dietary program that help patients to meet the total dietary needs in association with medical treatment and administrative principles (ADA members, 1980).

Figure 1 presented the functions of hospital dietitians. The duties in each box are to be shared by one or several related professionals depending on the amount of assignment and the size of the hospital.



Source: Members of The American Dietetic Association. Your Future as a Dietitian. N.Y.: Richards Rosen Press Inc., 1980.

Figure 1. Functional Chart-- Hospital Dietitians



### Dietitians in Community Service Programs

The clinical dietitians working in community nutrition programs are health professionals working in a variety of client-oriented settings, such as WIC, EFNEP, and nursing homes. They "are to meet individuals who are totally unable to provide for themselves, ... [and to] meet individuals, families, and groups who may be concerned about the safety of the food supply, the best ways to stretch food budgets, or the quality of meals offered in school lunch programs" (Mason, et al., 1982, p. 7).

In order to attain the common team objective of quality care and treatment for patients, a clinical dietitian is expected to carry a number of responsibilities. He/She needs to administer, plan, direct, and financially manage all dietetic functions of the nutrition clinic; to prepare brochures, visual aids, and other teaching materials; to maintain current information on local food prices and availability and source of supply of specialty food items for making sure that diets planned are not only nutritionally correct, but also feasible; to develop and conduct diet studies on groups according to age, economic factors, and cultural background, and to prepare findings for publication (Mason, et al., 1982).

The clinical dietitian has a strong sense of commitment to his/her profession. It means he/she believes that the area of expertise defined by his/her practice or profession

possesses dignity and credibility, and that his/her work affects the quality of life for others. Thus, the clinical dietitian will commit to the growth of the profession as his/her accountability, and the continuous learning in a health discipline (Mason, et al, 1982).

There are several ways to keep up the ongoing education for the clinical dietitian, such as reading journals and texts; using self-assessment questionnaires; attending and participating in local, state, or national meetings; and enrolling in courses pertinent to the discipline at a local college or university. Under such circumstances, the clinical dietitian makes effort his/her ability to serve the clients. Galbraith (1976) expressed this thought: "The practice of a profession means continual growth, and that is the challenge and the reward!" (p. 169).

#### Dietitians in Business/Industry and Communication

In the Dietetic Practice Group, Dietitians in Business and Industry (DIBI) was a part of the Division of Management Practices. Dowling (1981) defined business and industry as the "organizational division which includes accounts such as employee cafeterias and executive dining rooms" (p. 215). The common employers of DIBI have been commercial companies, such as contract food companies, pharmaceutical companies, food production equipment companies, etc. (Report of the 1984

Study Commission on Dietetics). In Taylor's (1984) study, a few more types of business and industries (pp. 48, 126) and DIBI's position titles (pp. 44, 125) were reported.

DIBI play two roles on the job in business-- telling the company what the consumer wants, and telling the consumer about the company's products. For example, if a dietitian works for a company that produces or manufactures food, he/she may develop ideas for new products and interesting ways of using them; develop and test recipes; plan and prepare printed educational or promotional material; write and release news for use in multimedia programs; represent his/her company at national, state or local meetings, at schools or professional meetings; and answer consumers' questions about the product. In contrast, if DIBI works in journalism, he/she may plan and write on topics of interest to homemakers concerning foods and nutritions; study the background and needs of the audience so that the materials fit the audience; edit foods and nutrition articles or books; test recipes equipment, and prepare articles or pamphlets about them; prepare food photographs and illustrations for articles; and arrange for special articles, and demonstrations (Report of the 1984 Study Commission on Dietetics).

### Consultant Dietitians

The consultant dietitian has been defined as:

A registered dietitian with a minimum of four year's recent clinical experience with at

least one year of clinical work within the past three years with responsibility for assisting the physician in nutritional assessment of the patient and in recommending modifications of diet indicated (Scialabba, 1982, P. 68).

The primary responsibility of the consultant dietitian is to provide the professional advice and services to the other members of the health team-- physicians, administrators, nurses, dentists, social workers, and sanitary engineers. He/She may also give consultation to personnel in other health agencies and in the areas of education and welfare. The consultant dietitian may also serve the food industry in the development of new products or modification of existing products. And health communication within the community needs the consultant dietitian's involvement. He/She writes newspaper columns; serves as a telephone consultant for local dial-a-dietitian projects; develops and distributes materials for consumers on nutrition education concerns or food purchasing practices; participates as a guest speaker with local groups of varied interests. Sometimes, these jobs would be served by the clinical dietitian (Mason, et al., 1982).

The settings in which the consultant dietitian works could be the community through health agency organizations-- city health departments, city-county health departments, state health department, federal health agencies, or a variety of voluntary health agencies. The consultant is not seen as the director of the facility, nor does he/she assume management responsibilities. They assist the administration

and foodservice supervisor of a facility to maintain proper nutritional care for clients/patients, proper foodservice standards , and quality management procedures (Lanz, 1983).

### QWL Studies in Healthcare and Foodservice Personnel

A number of studies have been conducted to assess the QWL of foodservice personnel. The selected studies will be presented according to the hospital QWL programs, and variables that affect on QWL of foodservice and healthcare personnel.

### QWL Improvements in Hospitals

Healthcare executives have urgently demanded to increase operating efficiency and raise employee morale in their organizations. Many types of QWL improvements to achieve this demand have been used by hospital management. Some have succeeded, others have failed.

A QWL project was first conducted from 1974 to 1978 at Parkside Hospital (Hanlon and Gladstein, 1984) . This project was probably the largest QWL program implemented in a medical care organization in the country, however, it failed to achieve long-term changes at Parkside. Three main factors contributed to its failure. The first was lack of union and management ownership. At the start of the project,

management commitment, employee groups involvement, and union leadership were weak. The few directors and employee representatives gradually withdrew from the project because they saw very little support and enthusiasm from the various groups. The second factor was the lack of physician support. Physicians usually have little interest in the improvement of administrative functions due to their professional limits and autonomy. The third factor was the poorly executed feedback process. Over 1400 employees were included for the project in order to provide enough data. The leaders underestimated the difficulties of analyzing and interpreting the data.

Management commitment and union leadership play key roles in planning the QWL program. The upper management should emphasize on worker participation in the decision-making process of the program (Training, 1989). The management should foresee the components and limits of an effective program (O'Sullivan, and Grujic, 1991). The program leaders have to initiate and manage change through open communication (e.g. setting employee open forums, advisory committees, and decision-making teams). Physicians and nurses will greatly join, if the management clearly introduces the importance of their involvement and properly provide help. Management must well prepare these details and carefully implement every step of the project (Beck, 1989). The success of quality improvement at Ojai Hospital was brought about by strong commitment from management to facilitate change (Perlman, 1991).

On the other hand, the union leadership can positively improve the design and implementation of the QWL program (Gilbert, 1989). Gilbert concluded his findings in 3 points for union leadership and management. First, they should obtain "rank-and-file" involvement in the development and design of the QWL program at the earliest possible time. Second, union leaders must take a clear and objective stand from the outset regarding their support of QWL. Third, union and management should "gain" the workforce monetary rewards derived from the QWL program, and "share" with everyone in the organization.

QWL programs need not to be big and formal. Small and easy to implement methods can also successfully motivate hospital employees (Lutz, 1990). The president of a hospital in Oklahoma City used recognition as a motivation tool. The hospital managers gave testimonials in each ceremony about honored employees and about what they did to deserve recognition. The recognition of the value and contributions of each individual is especially important to entry-level service employees (Marchant, 1988). Recognizing them through effective communication is of the utmost importance in keeping them satisfied and thereby providing excellent customer service.

Economical bonuses, compensation, and employee stock ownership have been distributed for hospital employee motivation in Hawaii, Dallas, Irving (Texas), and Tennessee. The trend of using these benefits to boost productivity is

increasing (Lutz, 1990).

### Job Characteristics and Job Satisfaction

Job characteristics have been found as an important influence to employees job satisfaction and organizational commitment in foodservice personnel (Sneed and Herman, 1990; Duke and Sneed, 1989; Sneed, 1988). The characteristics of job variety and feedback were positively the most related to job satisfaction and organizational commitment of hospital and university foodservice employees. Sims and Khan (1986) surveyed 1,076 public health nutrition personnel, and found that satisfaction with kind of work appeared to be the best predictors of overall job satisfaction. The directors of hospital foodservice were most satisfied with skill variety, feedback, and job identity (McNeil, Vaden, R. and Vaden, A. 1981). The factors of variety and feedback are "perhaps most easily changed, ... should be considered in designing and redesigning jobs, selecting employees and making job assignment" (Sneed and Herman, 1990, p. 1076).

Dealing with others was the only satisfactory job characteristic for the supervisory employees in university foodservice, while those in hospital foodservice were satisfied with variety, autonomy identity, dealing with others, and friendship opportunities. Non-supervisory employees felt most satisfactory on identity and dealing with



others and least satisfactory on feedback and friendship opportunity. Sneed (1988) found that supervisors tend to overestimate the usefulness of feedback to their employees, and underestimate the impact of sources of feedback over which they do not have direct control. Management must realize that feedback sources such as coworkers and the work itself are useful to employees and may affect employee performance.

Herold and Parsons's (1985) study of feedback showed that employees often gained information from sources of organizational and supervisory communications, or individuals such as co-workers or clients, or the task and self-feedback. The various self-feedback dimensions were the most often style for employees to obtain information. It requires the management "to focus on the individual as a proactive seeker, monitor, interpreter --and even generator" in order to constitute the effective information environment" (p. 304).

#### Pay and Benefits and Job Satisfaction

As mentioned previously in this chapter, "pay" ranks high on any list of employee expectations (Rosow, 1981). When an employee looks for a subsequent employer, pay will be the most important factor regardless of whether the next employer was a small or large organization (Bewayo, 1986). Surveys found that public health nutrition personnel and

university foodservice managers were least satisfied with their salaries of all components of job satisfaction (Sims and Khan, 1986; Kuntz, Borja, and Loftus, 1990) . In addition, many respondents in Sims et als' study thought that there was inequity in the pay they received in comparison with other health professionals they work with.

Later, a study on job satisfaction of South Carolina dietitians showed that dietitians' satisfaction about salary was associated with salary range, and promotion (Rehn, Stallings, Wolman, and Robert, 1989). The larger the salaries earned, the more satisfied the dietitians were. Dietitians with \$25,001 to \$40,000 were significantly more satisfied with promotion than those with \$20,000 to \$25,000. Moreover, dietitians working for 6 or more years in their present jobs were also more satisfied with salaries than those with present work experience of 6 months to less than 4 years. Consultants and administrators were more satisfied with pay than clinical and community dietitians. Dietitians supervising over 20 employees were more satisfied with pay than those supervising none or 6 to 20 people.

Satisfaction with pay was found to be the "second" best predictor of overall job satisfaction for public health nutrition personnel (Sims and Khan, 1986). If the pay of an employee is found inequitable with the peers, he/she obviously will not regard the job as satisfying. Loushine and Vaden (1985) investigated the salaries and benefits of entry-level hospital dietitians in Midwestern states, and

compared then with salaries reported in national survey, and with the national Consumer Price Index (CPI).

In 1982, the national entry-level dietitian's mean annual salary was \$630 higher than that of the Midwestern dietitians. In the past 5 years, the CPI increased 57%, while the increase in dietitian's salary was 48%. Similarly, the salaries of entry-level RDs increased 54%, while the CPI increased 59.7%. The annual mean salary for dietitians awaiting registration was \$16,472, whereas for entry-level R.D. it was \$17,250. In the smallest hospitals, annual mean salaries for RDs were the lowest. Non-metropolitan salaries were 2.8% lower than the metropolitan salaries.

Hospitals' leave time generally included 12 sick days, 2 weeks vacation, 6 holidays, and 3 personal days per year. Employers also contributed various amounts to life, health, dental insurance costs, and discounts of various hospital services. More than 80% of the hospitals surveyed provided some reimbursement for continuing education, and 74% permitted educational leaves of absence (Loushine and Vaden, 1985).

The incentive value of pay could be weakened by economical inflation, the growing Social Security tax, the federal and state income tax, and rising property and sales taxes (Rosow, 1981). Perhaps these issues have strained and disabled employers to afford dietitians the best salaries. Employers and management, however, can still improve dietitians' QWL in the internal organization. Management

should not forget that a well-designed kind of work can possibly build a better QWL than pay can do. Management must give commitment and support to entry-level dietitians, to meet the challenges the individual faces, to fulfill the obligations they carry, and to maximize the opportunities for their diverse and exciting professional life (Laramée, 1989).

Career Skills, Attributes and  
Qualifications and Job  
Satisfaction

Research findings indicate that positions and working fields differentiate the qualifications and attributes to build a happy career. Employers, as well as employees, should predict and avoid situations that may cause low job satisfaction by demonstrating job components that adversely affect the job satisfaction of foodservice personnel. For department directors of food and nutrition to be competent in the career, the qualifications should be, at least, a BS degree in food and nutrition, RD status, and work experience in foodservice management (Dowling, Lafferty, and McCurley, 1990). Supported by Kuntz, Borja, and Loftus (1990), the foodservice managers who had a academic background in foodservice placed a greater satisfaction about their future career than did those having no education/ training in foodservice.

Boudreaux, Shanklin and Johnson (1991) identified

management and communication skills as two of the most important skills needed by dietitians to succeed in business and industry. These results supported the findings of previous assessments of qualifications and skills required for DIBI (Taylor, 1984; Dowling, Lafferty, and McCurley, 1990; Kirk, Shanklin, and Gorman, 1989). They reported that dietitians need specific credentials and attributes to succeed in business and industry, however, many dietetic practitioners do not possess these specific skills or expertise. Dowling et al (1990) found that communication and general management skills are essential to the career success of DIBIs . Kirk et al (1989) indicated that dietitians' management skills and the individual personality influence the decision of being hired.

Boudreaux et al (1991) also suggested that self-motivation and work experience are the most important methods to acquire skills required for business and industry, followed by training, mentoring, related continuing education, related experience, and graduate education. For nonprofessional and full-time nutrition personnel, on-the-job training programs could be a necessary opportunity to improve their skills and attain higher level positions within the workplace (Hauptschein- Raphael, Brye, Ford, Pitcher, and Bourn, 1990).

Mentoring is viewed as a set of behaviors applied towards a relationship that provides guidance and support in career development and QWL improvement (Bunjes, and Canter,

1988; Darling, and Schatz, 1991). Studies suggested that young professionals (e.g. entry-level dietitians) actively seek a mentor who is perceived to be at a high or powerful level or has a reputation for developing subordinates (Haseltine, Rowe, and Shapiro, 1978; Berry, 1983). The channel of selecting a mentor can be through networking, or focusing on attracting the attention of someone desired.

Continuing education appears important for dietetic practitioners, because their traditional education provides them with only the skills and knowledge to allow them to just begin a career (Laramée, 1989). The clinical dietitians studied by Klevans and Parrett (1990) suggested that continuing education topics should be offered representing 4 aspects of practice: clinical, procedural, professional development, and management skills. Other needs varied widely, such as computer applications, patient education, staff development, and time management. Needs and preferences of continuing education could be influenced by the dietitians' work settings, current duties, future plans, and, perhaps most strongly, years of experience.

Continuing education for dietitians has its noneconomic and economic benefits (Partlow, Spears, and Oaklief, 1989). Among the 13 noneconomic or personal benefits, dietitians perceived that the biggest one was "becoming informed about some subject". It was followed by "improving interests/skills in learning", and "gaining from self-improvement". The most economic benefit rated was "learning recent job

knowledge", followed by "gaining new qualification". The dietitians' continuing education experience, and the expertise and ability of the instructor were viewed as the most important strength of job satisfaction.

Participation in the annual state meeting could be informal yet effective continuing education for dietitians (Klevans, and Parrett, 1990). The authors emphasized that "continuing professional education should be based on a thoughtful consideration of both individual and organizational goals and needs, and lead to a comprehensive plan for ongoing professional development" (p. 286).

#### Role Perceptions/Recognition and Job Satisfaction

"People [patients] think we should be the primary caregiver, and we are the least important member of the team sometimes", stated by clinical dietitians (Klevans and Parrett, 1990, p. 283). Clinical dietitians are the only professionals trained to provide nutrition care, however, Krause and Fox's (1977) study has already implied the misconception of physicians to dietitians's functions. In the study, all the physicians agreed that "nutrition is an essential component of total healthcare". About 97% of the physicians studied agreed that "dietitians are important members of the healthcare team", however, 40 percent of the physicians disagreed "given the diagnosis, that a dietitian

is capable of prescribing the appropriated dietary modifications required by any disease" (Krause and Fox, 1977, p. 609).

The perceived image and status of dietitians by physicians have improved. Most physicians in Rosen's study viewed dietitians as contributing members of the healthcare team (Rosen, Downes, Sucher, and Shifflett, 1991). Almost all the physicians (98%) agreed that one of the most important duties of the dietitian is to assure patient satisfaction with food served. But most of them believed themselves to be responsible for ordering therapeutic diets.

Another important finding was that the self-image of the dietitian had greatly improved (Ryan, Foltz, and Finn, 1988). Dietitians increasingly believe that view them as health professionals, who are working with specialized patients, and that they are being important in the hospital team, and are important resource persons for the medical staff.

Role disparity was found between the responses of the dietitians and those of the physicians regarding dietitian's roles (Gaare, Maillet, King, and Gilbride, 1990). Dietitians deemed themselves as the primary decision makers more than half of the time in all circumstances queried. Only 10 percent or even less of the MDs perceived the dietitians as the primary decision makers in any area except selection of caloric supplements. In the ideal settings, the dietitians desired a greater degree of autonomy than the physicians were willing to grant.



## CHAPTER III

### METHODS AND PROCEDURES

Very limited studies have been conducted to survey the quality of work life (QWL) of Oklahoma dietitians. According to Palan (1985), the ODA dietitians were satisfied with their actual work on present job in general, however, societal changes usually influence their work experiences. For example, in team work, a clinical dietitian would feel more important and capable of having more responsibilities if physicians' perceptions of the dietitian's role are improved (Rosen, 1991).

The purpose of this study is to assess the QWL perceptions of Oklahoma dietitians on ideal and current status. Specifically, dietitians were asked to describe how important they expected to feel and how good/bad they actually felt towards various aspects: issues within his/herself, issues on the job, direct working relationships, manpower development of the organization, relationships within his/her work group, existence of work friends, informal network, and general environment of the organization

. The research design; sample; data collection which includes planning and development, instrumentation,

procedures, and scoring; and data analysis will be presented in this chapter.

### Research Design

The research method used in this study was descriptive research, which according to Best (1981), is concerned with conditions or relationships that exist; practices that prevail; beliefs, points of view, or attitudes that are held; processes that are going on; effects that are being felt; or trends that are developing. At times, descriptive research is concerned with how what is or what exists is related to some preceding event that has influenced or affected a present condition or event.

One of the two classifications of descriptive research, survey research, is applied in this study. Survey research typically employs questionnaires and/or interviews in order to determine the opinions, attitudes, preferences, and perceptions of interest to the researcher. The questionnaire is used to collect basic descriptive information from a broad sample, and the interviews could be used to follow up the questionnaire responses in depth for a smaller sample (Borg, 1987).

### Population and Sample

The population used in the study comprised all Oklahoma

dietitians with membership in ADA (N=623). Research sample only included the category, "active" members, and excluded retired, associated, honorary and affiliate members. All "active" members (N=581) were mailed the research questionnaire. Generalization of results will be limited to Oklahoma dietitians.

### Data Collection

#### Planning and Development

Planning and development began during the summer of 1991 and continued through the fall semester of the same year. Data collection procedures were determined and data analysis techniques appropriate to test the research hypotheses were selected at the same time.

#### Instrumentation

The research instrument used in this study was developed by Balch and Blanck (1989). In developing this instrument, the authors asked participants to discuss their perceptions of QWL in the current jobs. Subjects in their study were adults or nontraditional students in the evening degree programs in business offered by the University of Redlands in California. Their perceptions were qualitative rather than quantitative, and were grouped into categories. After the

final draft has been revised seven times and field tested with more than 120 respondents representing private and public organizations, the instrument was formed as a four-page questionnaire and published in the journal of Quality Progress in November, 1989 (p. 44-48). To enhance readability for participants, the researcher obtained permission from the authors to rephrased the headings of each category of the original questionnaire for this study.

After obtaining permission to use the instrument, the Quality of Work Life Questionnaire by Balch and Blanck (1989) was adapted for this research (Appendix C). The questionnaire consisted of two parts. Part one asked participants to provide their personal information and background of their jobs. Part two asked participants to complete according to how they perceive each subcategory. Because the QWL information collected was qualitative, the numerical scales were replaced in the second part by indications of personal value: high and low, good and bad. In other words, to descriptively answer the questionnaire, participants were asked to enter, in each space provided under "Importance" and "Current Status", the letter H or L if they highly or lowly perceived the QWL issues in their jobs, and G or B if they actually felt good or bad about the same stated condition in their current jobs.

## Procedure

The cover letter and questionnaire were printed on yellow bond paper and reproduced at the Oklahoma State University Engineering Duplicating Services. The University's Central Mailing Services facilitated the mailing and return of the questionnaires. Postage was provided by the researcher. Mailing information and codes were printed on the back of the last sheet so that the questionnaire could be mailed without being placed in an envelope, could be refolded when completed, and mailed back in the same manner. The 581 questionnaires were mailed on December 27, 1991, and respondents were asked to return them on or before January 17 1992. Due to time and financial constraints, no follow-up was done.

## Scoring

The QWL data were scored as follows:

	<u>Points</u>
<u>H</u> for a high expectation item	
under "Importance" (I)	1
<u>L</u> for a low expectation item	
under "Importance" (I)	2
<u>G</u> for a good experience item	
under "Current Status" (CS)	1

<u>B</u> for a bad experience item	
under "Current Status" (CS)	2
<u>?</u> or <u>NA</u> (Not Applicable) for	
any item	3

### Data Analysis

The questionnaires were coded and data collected were transcribed into computer using the software program PC-File III. Statistical Analysis System (SAS) (Helwig, 1979) was utilized in the data analysis process. Standard statistical procedures, including frequency tables, t-test, Analysis of Variance (ANOVA), and Duncan Multiple Range Test were used to analyze that data (Steele and Torrie, 1980). Mean scores, rather than the adjusted mean scores were also computed.

For more accurate statistical analysis and for more effective comparison of the personal and institutional characteristics, part of the categories were further condensed to the following groupings:

Age: under 34, 35-54, 55 years and older

Marital Status: married, and others (single, divorced, widowed, and separated)

Highest Educational Level: B.S. and advanced degrees (M.S., and Ph.D.)

Route to ADA: CUP, Internship/AP4, and other

Annual Income: \$24,999 and below, \$25,000-\$39,999, and \$40,000 and above

Years Employed in the Dietetic Profession: 10 or less,  
11-20, 21-30, and 30 years or more

Years in Current Position: 10 and less, 11-20, and 21  
years and more

Numbers of Other Dietitians Working with: none, 1-5,  
6-10, and 11 or more

Type of facility: hospital/medical center (G1);  
community nutrition program, college/university  
(including academic and foodservice), industry and  
communication, and school food and nutrition service  
(G3); consultation and private practice (G3); and  
other (G4)

Size of facility (beds, clients, students, or  
participants): 100 and less, 101-499, and 500 and more

## CHAPTER IV

### RESULTS AND DISCUSSION

The purpose in this study was to assess how Oklahoma dietitians perceived their QWL. Data were obtained using the research instrument described in Chapter III, "Methods and Procedures". The questionnaires were mailed to 581 active members of ODA. The response rate was 26 percent (N=149), of which 89 percent (N=132) were usable for analysis. The reason for exclusion included student status, retirement and unemployment of the respondents at the time the survey was conducted.

#### Characteristics of Survey Participants

##### Gender, Age and Marital Status

Of the 132 respondents, 96% (N=126) were females, and only 4% were males. Twenty percent (N=26) were under 34 years of age, 57% (N=75) were between the ages of 35 to 54, and 23% (N=31) were 55 years or older. Almost three fourths of the respondents were married (N=96, 73%). The remaining fourth were single, divorced, widowed or separated (Table 1).



TABLE 1  
FREQUENCIES AND PERCENTAGES OF PERSONAL  
CHARACTERISTICS OF OKLAHOMA DIETITIANS

Personal Characteristics	Frequency	Percentage
<u>GENDER</u>		
Female	126	95.5
Male	6	4.5
<u>AGE</u>		
Under 25	2	1.5
25-34	24	18.2
35-44	55	41.7
45-54	20	15.2
55-64	25	18.9
65 and older	6	4.5
<u>MARITAL STATUS</u>		
Single	12	9.2
Married	96	73.3
Divorced	13	9.9
Separated	1	0.8
Widowed	9	6.9
<u>HIGHEST DEGREE OBTAINED</u>		
B.S.	62	47.0
M.S.	59	44.7
Ph.D.	6	4.5
Other	5	3.8
<u>R.D. STATUS</u>		
R.D.	126	95.5
Non R.D.	6	4.5

TABLE 1 (Continued)

Personal Characteristics	Frequency	Percentage
<u>LICENSURE STATUS</u>		
Licensed	120	90.9
Provisional LD	3	2.3
Non-licensed	5	3.8
Did not answered	4	3.0
<u>ROUTE TO ADA MEMBERSHIP OR REGISTRATION</u>		
Internship/AP4	53	40.2
CUP Program	23	17.4
Traineeship	12	9.1
Three year's planned work experience	6	4.5
Master's with 6-month work experience	28	21.2
Other	9	6.8
Did not answer	1	0.8
<u>ANNUAL INCOME</u>		
Under \$14,999	12	9.1
\$15,000-19,999	7	5.3
\$20,000-24,999	13	9.8
\$25,000-29,999	28	21.2
\$30,000-34,999	31	23.5
\$35,000-39,999	15	11.4
\$40,000-44,999	12	9.1
Over \$45,000	13	9.8
Did not answer	1	0.8
<u>EMPLOYMENT STATUS</u>		
Full time	106	80.3
Part time	26	19.7

TABLE 1 (Continued)

VARIABLES	FREQUENCY	PERCENTAGE
<u>SALARY COMMENSURATE OR NOT</u>		
Yes	69	52.7
No	41	31.3
Don't know	20	15.3
Did not answer	2	1.5
<u>YEARS IN THE DIETETIC PROFESSION</u>		
Less than 10	40	30.3
11-20	54	40.9
21-30	19	14.4
31 and more	16	12.1
Did not answer	4	3.0
<u>YEARS IN CURRENT POSITION</u>		
Less than 1	14	10.9
1-10	82	62.1
11-20	27	20.5
21 and more	6	4.5
Did not answer	3	2.3

Highest Degree Obtained and  
Credential Status

Almost half of the respondents had the B.S. degrees (N=62, 47%), while the other half completed graduate degrees (N=65, 49%). Almost all the Oklahoma dietitians who participated in this study were registered and licensed.

### Annual Salary

The majority of the respondents' annual salaries ranged from \$30,000 to 34,999 (N=31, 23.5%), followed by \$25,000 to 29,999 (N=28, 21.2%). Eleven percent (N=15) of the respondents earned between \$35,000 to 39,999. More than half of respondents (N=69, 52.7%) indicated that their salaries were commensurate with their titles, responsibilities, and experiences, however, 41 respondents (31.3%) said their salaries were not commensurate with their titles, responsibilities, and experiences. Others indicated that they did not know or had no opinion (Table 1).

### Job Title

The job titles of Oklahoma dietitians, and the frequencies and percentages are shown in Table 2. A large portion (N=51, 39%) of the respondents were titled as "Dietitian" (clinical and consultant). Almost one fourth (N=32, 24%) worked as Director/Assistant Director in the field of dietary, administration and clinical or nutrition service.

TABLE 2  
JOB TITLES OF OKLAHOMA DIETITIANS

Position Titles	Fre- quency	Per- centage
Directors/Asst. Directors (Dietary, Administration and Clinical, Nutrition Service)	32	24
Clinical Dietitians/Dietitians	29	22
Consultant Dietitian	22	17
Public Health Nutritionist, Nutritionists, Nutrition Consultants, Child Nutrition Service	16	12
Foodservice Directors/Managers	10	8
Specialists (Renal, Diabetes Care, QA-Computer-Training, Behavioral Program, Health Promotions)	8	6
University Faculty and Program Program Directors	7	5
Extension Home Economist, EFNEP, Social Work	4	3
Dietitians in Business and Communication	3	2
No Answer	1	1

Status of Employment, Number of  
Years in Dietetic Profession  
and in Current Position

Eighty percent of the respondents (N=106) worked full time; the rest 20% (N=26) were employed part time. With regards to number of years employed in the dietetic profession, 41% of the respondents (N=54) indicated a range from 11 to 20 years. Thirty percent of them (N=40) had less than 10 years, while 14% of the respondents (N=19) had 21 to 30 years in this field. Sixteen dietitians (12%) indicated 30 to 60 years in the dietetic profession, while three participants did not answer this question (Table 1).

Eleven percent of the respondents (N=14) had been in their current job for less than one year, while 62% (N=82) had worked in their present jobs from 1 to 10 years. The remaining had worked in their present jobs from 11 to 20 years (N=27, 20%), or from 20 to 34 years (N=6%, 5%). Three dietitians did not answer this question (Table 1).

Position Titles of  
the Supervisors

The position titles of respondents' supervisors, their frequencies, and percentages are listed in Table 3. One fifth of the dietitians worked under the supervision of

directors. Fourteen percent of the respondents did not have supervisors.

**TABLE 3**  
**FREQUENCIES AND PERCENTAGES OF SUPERVISORS'**  
**POSITION TITLES OF OKLAHOMA DIETITIANS**

Position Titles	Fre- quency	Per- centage
Directors/Associate Directors/Program Director/Board of Directors (Clinical, Medical, Administrative, Foodservice, Dietary Services, Nutrition Services, Occupational Health Service, Psychology, County Extension, District, Residency Training, House/Dining, Cardio- Pulmonary Rehabilitation)	27	20
No Supervisors (including self-employed)	19	14
Administrators/Program Administrators (Hospitals, Community Nutrition Services, Health Service Authority, Nursing Homes)	16	12
Managers/General Manager/Supervisors (Clinical, Chief Clinical, District, Nutrition Services, Commercial Marketing, Marketing, Health Education)	12	9
Clinical Dietitians/Supervisors/Nutrition Coordinator, Senior Dietitians, Chief Clinical Dietitians, Chief of Dietetic Services, Public Health Nutritionist	11	8
Assistant Chiefs/Directors/Administrators/ Superintendent (Hospitals, Dietetics, Program Service, Support Services, HECE*, Foodservice	11	8

TABLE 3 (Continued)

Position Titles	Frequency	Percentage
Department Heads/Directors, Chief Department (Academic, Hospitals, Dietary)	9	7
Presidents, Vice Presidents (Food Management Systems, Support Service)	5	4
Chief/Directors of WIC Services	4	3
Supervisors (Social Workers, District Nursing, Foodservice)	4	3
Chief Officers (Financial, Operating)	3	2
Head Nurse, M.D.	2	2
Deputy (Health Administration, Commissioner)	2	2
Associate Warden	1	1
Owner	1	1
* HECE: Home Economics Cooperative Extension		

Characteristics of Institutions Where  
Oklahoma Dietitians are Employed

Number of Employees and  
Colleagues the Dietitian  
Supervised and Work with



Forty five percent (N=57) of the respondents indicated that they did not supervise any employee. Fifty of the 132 dietitians (38%) supervised 1 to 25 employees, while 14 (11%) had 26 to 99 employees. Forty two percent of the 132 respondents indicated working alone, 39% (N=51) worked with 1 to 5 other dietitians, while 11% (N=15) of the respondents worked with 6 to 10 dietitians (Table 4, p. 64).

#### Type of Facility

Oklahoma dietitians in this study worked predominantly in hospitals or medical centers (44%, N=56), while 19% (N=24) worked in consultation or private practice (Table 4). Fifteen percent of the 132 respondents (N=19) specified their workplaces as "other" (Appendix E).

Twelve percent (N=15) of the respondents worked in community nutrition programs (Appendix E). Other places of employment given by 14 respondents (11%) include: business/industry and communication, academic settings, and school or college/university foodservice (Appendix E).

#### Size of Facility

Thirty nine percent of the respondents (N=52) worked in medium sized facilities with 101-500 beds, clients or students. Twenty eight percent worked in large sized facilities with 500 or more beds, while the remaining

respondents worked in small facilities with 100 or less beds, clients, or students (Table 4).

TABLE 4  
FREQUENCIES AND PERCENTAGES OF INSTITUTIONAL  
CHARACTERISTICS OF OKLAHOMA DIETITIANS

Institutional Characterstics	Frequency	Percentage
<u>NUMBER OF EMPLOYEES THE DIETITIANS SUPERVISED</u>		
None	57	45
1-25	50	38
26-99	14	11
100 and more	6	5
Did not answer	5	4
<u>NUMBER OF COLLEAGUES THE DIETITIANS WORKED WITH</u>		
None	54	42
1-5	51	39
6-10	15	11
11 and more	4	3
Did not answer	8	6
<u>TYPE OF FACILITY</u>		
Hospitals/Medical Centers	56	44
Community Nutrition Program	15	12
College/University (Academic)	6	5
College/University (Foodservice)	2	2
Business/Industry and Communication	3	2
School Food and Nutrition Service	3	2
Consultation and Private Practice	24	19
Others	19	15
Did not answer	4	3

TABLE 4 (Continued)

Institutional Characterstics	Frequency	Percentage
<u>SIZE OF FACILITY</u>		
Less than 100	30	22
101-299	39	30
300-499	13	10
500-799	12	9
800-999	3	2
1000 and more	22	17
Did not answer	13	10

## QWL of Oklahoma Dietitians

QWL: Perception of Self (PS)

The issues included in "Perception of Self" (PS) were formal education, career choices, stress coping techniques, personal growth, life planning, job search ability, individual goal setting, self respect and dignity, personal pride, and autonomy. Individuals were asked how important (I) their PS was on their job and specifically at what level: high or low (H or L). They also had to describe whether the status of their PS relative to their current jobs was good (G) or bad (B).

The number of PS issues with "high" importance (PSHI)

and with "good" current status (PSGCS), their frequencies, and their percentages are found in Table 5. Over 80 percent of the respondents (N=108, 82%) perceived most of the issues (8 to 10) as important to their careers. Seventeen respondents (13%) said that 5 to 7 of the 10 issues were important, while 7 (5%) thought a few of the issues listed (0 to 3) were that important to their QWL.

Almost two-thirds of the respondents (N=86, 65%) reported that the status of 8 to 10 PS issues were good relative to their current jobs. Twenty respondents (15%) perceived 6 to 7 issues as good, 10 (8%) said 4 to 5 issues were good, while only 6 (5%) thought that a few (0 to 3) PS issues were good as these issues relate to their current jobs.

The variables type of facility ( $p=.0174$ ) (Table 6) had a significant association with PS. There were 4 groupings for type of facilities under the Duncan Multiple Range Test: hospital/ medical center (G1); community nutrition program, academic or foodservice in college/university, business/industry and communication, and school food and nutrition service (G2); consultation and private practice (G3); and "other" (G4) (Table 7). The respondents working in hospitals or medical centers significantly perceived most self issues as important (N=56,  $X=9.09$ ) to their jobs as compared with dietitians who were in consultation and private practice, or more in "other" type of employment. The

TABLE 5  
NUMBER OF SELF ISSUES PRESCRIBED AS "HIGH" IN  
IMPORTANCE (PSHI) AND "GOOD" IN CURRENT  
STATUS (PSGCS) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PSHI	Dietitians		No. of Issues Prescribed as PSGCS	Dietitians	
	f	%		f	%
0	4	3.0	0	2	1.5
1	2	1.5	1	0	0.0
2	0	0.0	2	2	1.5
3	1	0.8	3	2	1.5
4	0	0.0	4	5	3.8
5	4	3.0	5	5	3.8
6	6	4.5	6	16	12.1
7	7	5.3	7	14	10.6
8	21	15.9	8	20	15.2
9	35	26.5	9	18	13.6
10	52	39.4	10	48	36.4

perception of self responses of those in G2 categories (Table 7) were not significantly different from the responses of dietitians in either G1 or G3 and G4 categories at the  $p \leq 0.05$ .

The variables of employment status ( $p=0.0439$ ) and "commensurate" salary ( $p=0.0054$ ) were associated with PS in the current status of Oklahoma dietitians' jobs (Table 8 and 9). Part-time respondents ( $N=26$ ,  $X=8.65$ ) significantly perceived their PS as good in current status more so than those with full-time employment. In Duncan Multiple Range Test (Table 10) , respondents with salary commensurate to their titles, responsibilities, and experiences had a significantly positive perception of self in their current status compared with those who indicated that their salaries were either not commensurate with their titles, responsibilities, and experiences or who did not know how to judge their jobs relative to their salaries.

TABLE 6  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
IMPORTANCE OF PERCEPTION OF SELF  
AND TYPE OF FACILITY

Source	df	Mean Squares	F	P*
Type of Facility	3	17.12	3.51	0.0174
Error	124	4.88		
Total	127			

\*Significant level at  $p \leq .05$

TABLE 7  
DUNCAN MULTIPLE RANGE TEST FOR THE  
IMPORTANCE OF PERCEPTION OF SELF  
AND TYPE OF FACILITY

Type of Facility	N	Mean	Grouping*
G1: Hospital Medical Center	56	9.09	A
G2: Community Nutrition Program; Academic, Foodservice in College/ University; Business/ Industry & Communication; School Food & Nutrition Service	29	8.14	AB
G3: Consultation and Private Practice	19	7.73	B
G4: Other	24	7.62	B

\*Significant level at 0.05

TABLE 8  
T-TEST PROCEDURE FOR PERCEPTION OF SELF IN  
CURRENT STATUS AND EMPLOYMENT STATUS

Employment Status	N	Mean	Standard Deviation	t	p*
Full-time	106	7.79	2.35	0.0339	0.0439
Part-time	26	8.65	1.65		

\*Significant level (t-test) at  $p < 0.05$

TABLE 9  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
PERCEPTION OF SELF IN CURRENT STATUS  
AND COMMENSURATE SALARY

Source	df	Mean Square	F	P*
Commensurate Salary	2	26.15	5.45	0.0054
Error	127	4.80		
Total	129			

\*Significant level at .05

TABLE 10  
DUNCAN MULTIPLE RANGE TEST FOR PERCEPTION OF SELF  
IN CURRENT STATUS AND COMMENSURATE SALARY

Salary Commensurate Or Not?	N	Mean	Grouping*
Yes	69	8.57	A
No	41	7.32	B
Don't Know	20	7.25	B

\*Significant level at  $p \leq .05$



QWL: Perception of Current Job (PCJ)

The 10 issues under "Perception of Current Job" are listed as following: job descriptions, job design, training and retraining, job rotation, concern for human needs, tools to do the job, task feedback, distribution of work, on the job accident rates, and sense of ownership. The PCJ dealt with the level (high or low) of importance (I) individuals felt the issues would impact on their jobs, and the status (good or bad) of the same issues in their current job (CS).

The number of the issues that the dietitians perceived as "high" in importance (PCJHI) and "good" in current status (PCJGCS), their frequency, and their percentage can be found in Table 11. Sixty five percent of the respondents (N=86) regarded 7 to 10 issues as important to their QWL, while 19% (N=25) said 5 to 6 issues were important. Nine percent (N=12) said 1 to 4 issues were important to their QWL, while only 7% (N=9) perceived none of the job issues as "high" in importance.

Twenty respondents (15%) stated that 9 to 10 of the job issues were good in their current status. Thirty respondents (23%) perceived 7 to 8 issues as good; forty (30%) perceived 5 to 6; 38 (29%) perceived 1 to 4; the rest 4 respondents (3%) did not perceive that any of the issues was good in their current job status.

TABLE 11  
 NUMBER OF CURRENT JOB ISSUES PRESCRIBED AS "HIGH"  
 IN IMPORTANCE (PCJHI) AND "GOOD" IN CURRENT  
 STATUS (PCJGCS) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PCJHI	Dietitians		No. of Issues Prescribed as PCJGCS	Dietitians	
	f	%		f	%
0	9	6.8	0	4	3.0
1	2	1.5	1	5	3.8
2	1	0.8	2	4	3.0
3	4	3.0	3	10	7.6
4	5	3.8	4	19	14.4
5	12	9.1	5	20	15.2
6	13	9.8	6	20	15.2
7	26	19.7	7	13	9.8
8	25	18.9	8	17	12.9
9	16	12.1	9	7	5.3
10	19	14.4	10	13	9.8

The variable of facility type was significantly associated with the PCJHI ( $p=0.0001$ ) (Table 12). Perceptions with respondents in private practice or in consultation ( $N=24$ ,  $X=4.83$ ) was significantly different from those in the other 3 groupings of facility type (Table 13). They perceived job issues as less important than the respondents

did in other workplaces. The importance level of PCJ was not significantly different among the respondents working in hospitals or medical centers, in community or school nutrition services, and in "other" institutions. Dietitians in consultation and private practice work alone or may have some colleagues working with them, however, they generally have full control of their jobs and do not need many of the issues listed under PCJ. Hence, they perceive PCJ as less important to their job as other dietitians do.

TABLE 12  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
IMPORTANCE OF PERCEPTION OF CURRENT  
JOB AND TYPE OF FACILITY

Source	df	Mean Squares	F	P*
Type of Facility	3	49.46	8.56	0.0001
Error	124	5.78		
Total	127			

\*Significant level at  $p \leq .05$

TABLE 13  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF IMPORTANCE OF CURRENT JOB  
AND TYPE OF FACILITY

Type of Facility#	N	Mean	Grouping*
G1	56	7.77	A
G4	19	6.90	A
G2	29	6.48	A
G3	24	4.83	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different at the 0.05 level.

The current status of PCJ was significantly associated with the variables of "salary commensurate or not" ( $p=0.0008$ ) (Table 14) and the number of dietitians the respondents were working with ( $p=0.0275$ ) (Table 15). The respondents whose salaries were commensurate with their titles, responsibilities, and experiences thought the current job status was good (Table 16).

TABLE 14

ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
PERCEPTION OF CURRENT STATUS OF CURRENT  
JOB AND "SALARY COMMENSURATE OR NOT"

Source	df	Mean Squares	F	P*
Salary Commensurate or not	2	45.62	7.56	0.0008
Error	127	6.03		
Total	129			

\*Significant level at  $p \leq 0.05$

TABLE 15

ANALYSIS OF VARIANCE (ANOVA) RESULTS OF  
PERCEPTION OF CURRENT STATUS OF CURRENT  
JOB AND THE NUMBER OF DIETITIANS  
THE RESPONDENTS WORKED WITH

Source	df	Mean Square	F	P
Number of Dietitians	3	19.83	3.15	0.0275
Error	124	6.30		
Total	127			

\*Significant level at  $p \leq .05$

TABLE 16  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF CURRENT STATUS OF CURRENT JOB AND  
SALARY COMMENSURATE OR NOT

Commensurate Salary or not	N	Mean	Grouping*
Yes	69	6.57	A
Don't Know	20	5.25	B
No	41	4.68	B

\* Means with the same letter are not significantly different at the 0.05 level.

The variable of the number of dietitians that the respondents worked with was associated with PCJ. Although the Duncan Test for Mean Separation indicated no significant differences between scores according to the number of colleagues, it can be seen that those working with no one or 1 to 5 dietitians perceived the current job status more positively than those working with 6 to 10, and with over 10 colleagues (Table 17).

TABLE 17  
DUNCAN MULTIPLE RANGE TEST OF THE PERCEPTION  
OF CURRENT STATUS OF CURRENT JOB AND  
THE NUMBER OF DIETITIANS THE  
RESPONDENTS WORKED WITH

Number of Dietitians the Respondents Worked with	N	Mean	Grouping*
1 to 5	51	6.20	A
0	54	5.98	A
More than 10	5	4.80	A
6 to 10	18	4.22	A

\* Means with the same letter are not significantly different at the 0.05 level.

The issues described under PCJ provide more structure for larger departments, where there are a number of dietitians working in the same place. Results indicate that those working alone do not need the structure.

**QWL: Perception of Workgroup  
Environment (PWE)**

The issues included in "Perception of Workgroup Environment" (WE) were as following: physical layout of work area, leader development training, individual incentives, individual recognition, fair treatment, fair work allocation,

mutual respect, competition, cooperation, sense of belonging. The QWL perception of WE dealt with the level (high or low) of importance (I) that individuals felt the issues would impact on their job, and the status (good or bad) of the issues in their current job (CS).

The number of PWE issues considered of "high" importance (PWEHI) and with "good" current status (PWEGCS), their frequencies and their percentage can be found in Table 18. One-fourth of the 132 respondents (N=33, 25%) perceived all 10 PWE issues as "high" in importance to their QWL. Forty nine respondents (37%) listed 8 to 9 issues as "high" in importance, 23% (N=31) said 5 to 7 issues, while only 14% (N=19) considered 0 to 4 issues as important. Twenty respondents (15%) considered all 10 PWE issues as "good" in their current status, while 24 (18%) believed 8 to 9 issues were good. One-third of the respondents (N=42, 32%) perceived 5 to 7 issues as "good", and 35% (N=42) found their workgroup environment with only 0 to 4 issues as "good".

Type of facility was the only variable which had a significant association with the perception of importance about the workgroup environment ( $p=0.0001$ ) (Table 19). In Duncan Multiple Range Test (Table 20), the respondents in G1 obviously perceived those issues of workgroup environment as important more so than those in consultation and private practice. There was no significant association in the PWEHI, however, between those working in G1, G2, and G4. The respondents working in consultation or private practice



TABLE 18

NUMBER OF WORKGROUP ENVIRONMENT ISSUES PRESCRIBED  
AS "HIGH" IN IMPORTANCE (PWEHI) AND "GOOD" IN  
CURRENT STATUS (PWEGCE) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PWEHI	Dietitians		No. of Issues Prescribed as PWEGCS	Dietitians	
	f	%		f	%
0	8	6.1	0	6	4.5
1	3	2.3	1	10	7.6
2	3	2.3	2	8	6.1
3	0	0.0	3	10	7.6
4	5	3.8	4	12	9.1
5	7	5.3	5	16	12.1
6	9	6.8	6	13	9.8
7	15	11.4	7	13	9.8
8	24	18.2	8	11	8.3
9	25	18.9	9	13	9.8
10	33	25.0	10	20	15.2

significantly perceived workgroup environment as less important than those who were in other workplaces. Dietitians in consultation and private practice generally control in their own work environments, hence, PWE issues will not be important to them.

TABLE 19  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
THE PERCEPTION OF IMPORTANCE OF  
WORKGROUP ENVIRONMENT  
AND TYPE OF FACILITY

Source	df	Mean Squares	F	p*
Type of Facility	3	48.75	7.40	0.0001
Error	124	6.59		
Total	127			

\*Significant level at  $p \leq 0.05$ .

TABLE 20  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF WORKGROUP ENVIRONMENT  
AND TYPE OF FACILITY

Type of Facility#	N	Mean	Grouping*
G1	56	8.14	A
G2	29	7.72	A
G4	19	7.68	A
G3	24	5.25	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different at the 0.05 level.

The variables that were significantly associated the current status of PWE were the number of dietitians respondents were working with ( $p=0.0100$ ) (Table 21), and whether "salary was commensurate or not" to job titles, responsibilities, and experiences ( $p=0.0072$ ) (Table 23). Oklahoma dietitians working with 1 to 5 colleagues perceived PWE issues as good in their workgroup environments more so than those working with 6 to 10 other dietitians. Those working alone and a few ( $N=5$ ) working with over 10 colleagues were not significantly different in the perception of current status regarding PWE with those with 1 to 5 or 6 to 10 (Table 22).

Those working alone, in a small dietary department, or working as consultants have full control over their jobs, and perhaps those working with more than 10 colleagues have specialized departments where, again, those in each department have full control over their jobs. The results indicated, however, that dietitians working with 6 to 10 colleagues may be having difficulties competing with each other, hence there is no cohesiveness or a spirit of team support or team building.

TABLE 21  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
THE PERCEPTION OF CURRENT STATUS OF  
WORKGROUP ENVIRONMENT AND  
THE NUMBER OF DIETITIANS

Source	df	Mean Square	F	P*
Number of Dietitians the Respondents Worked with	3	35.65	3.94	0.0100
Error	124	9.04		
Total	127			

\*Significant level at  $p \leq 0.05$

**TABLE 22**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF CURRENT STATUS OF WORKGROUP ENVIRONMENT**  
**AND NUMBER OF DIETITIANS WORKING WITH**

Number of Dietitians the Respondents Working with	N	Mean	Grouping*
1 to 5	51	6.37	A
0	54	5.96	AB
Over 10	5	4.60	AB
6 to 10	18	3.67	B

\*Means with the same letter are not significantly different at the 0.05 level.

The respondents whose salaries were commensurate with their titles, responsibilities, and experiences significantly perceived a good workgroup environment (Table 23 and 24 ). Those who either did not know whether the salary was commensurate or those who thought otherwise perceived their workgroup environment as bad. Although salaries are generally thought of as low hierarchy in Maslow's theory, evidently those who believe they are not compensated congruent with their titles, responsibilities, and experiences are unhappy with their workgroup environment. This result support Rehn et al's study (1989) that the larger the salaries earned, the more satisfied the dietitians were.

On the contrary, if the pay of a dietitian is found inequitable with the peers in the same workgroup, he/she obviously will not regard the work team as satisfying (Sims, and Khan, 1986).

TABLE 23  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
THE PERCEPTION OF CURRENT STATUS OF  
WORKGROUP ENVIRONMENT AND  
"SALARY COMMENSURATE OR NOT"

Source	df	Mean Square	F	P
Salary Commensurate or not	2	46.04	5.13	0.0072
Error	127	8.98		
Total	129			

\*Significant level at  $p < .05$

TABLE 24

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF CURRENT STATUS OF WORKGROUP ENVIRONMENT  
AND PERCEPTION OF SALARY COMMENSURATE

Salary Commensurate or not	N	Mean	Grouping*
Yes	69	6.54	A
Don't Know	20	4.95	B
No	41	4.80	B

\*Means with the same letters are not significantly different at the 0.05 level.

QWL: Perception of Friends and Mentors (PFM)

The 10 issues included in "Perception of Friends and Mentors" (PFM) were union/association affiliation, support of service group, informal networks, depth of friendship, social groups and clubs, recognition of talents, utilization of talents, support in time of needs, friendships extend beyond the workplace, and contributions to professional growth. Again, Oklahoma dietitians were asked to indicate their perceptions of the importance of friends and mentors to their QWL, and if the current status of each of the PFM issue was good or bad in their current positions.

The number of PFM issues considered of "high" importance (PFMHI) and of "good" current status (PFMGCS), their

frequencies and their percentages can be found in Table 25. Thirty one respondents (23%) listed 9 to 10 issues as important to their QWL, while another 23% (N=31) considered 7 to 8 of the PFM issues as highly important. Almost 40% of the respondents (N=51, 39%) perceived only 4 to 6 as important to their QWL, and the remaining 19 (14%) thought friends and mentors were not that important influence in their jobs (0 to 3 issues).

On current status, 27% of the respondents (N=36) listed most of the PFM (9 to 10 issues) as good in their jobs. Fifty respondents (38%) perceived 6 to 8 issues as good, while 17% (N=23) thought only 3 to 5 issues were good in their current jobs. Eleven percent (N=14) of the Oklahoma dietitians indicated that very few (0-2) of the PFM issues currently mattered in their jobs.

The variable of age had a significant association ( $p=0.0468$ ) with the perception of importance of friends and mentors (Table 26). The respondents under age of 34 had the highest scores on the importance of friends and mentors (N=26,  $X=7.04$ ), and were significantly different in their perceptions than those above 55 years of age. Dietitians who were 35-54 years old (N=75,  $X=6.31$ ) did not differ significantly in their perceptions of importance of friends and mentors as the younger or older dietitians (Table 27). Younger dietitians, who were entry level or perhaps on their second or third positions, are more likely to need some assistance or encouragement from friends and mentors. In



contrast, those older may have high level positions and may not need as much encouragement, hence they perceived friends and mentors as less important to their jobs.

TABLE 25

NUMBER OF FRIENDS AND MENTORS ISSUES PRESCRIBED AS "HIGH" IN IMPORTANT (PFMHI) AND "GOOD" IN CURRENT STATUS (PFMGCS) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PFMHI	Dietitians		No. of Issues Prescribed as PFMGCS	Dietitians	
	f	%		f	%
0	6	4.5	0	5	3.8
1	3	2.3	1	4	3.0
2	2	1.5	2	5	3.8
3	8	6.1	3	8	6.1
4	16	12.1	4	10	7.6
5	12	9.1	5	14	10.6
6	23	17.4	6	18	13.6
7	13	9.8	7	14	10.6
8	18	13.6	8	18	13.6
9	17	12.9	9	19	14.4
10	14	10.6	10	17	12.9

**TABLE 26**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR**  
**THE PERCEPTION OF IMPORTANCE OF**  
**FRIENDS AND MENTORS AND AGE**

Source	df	Mean Square	F	p*
Age	2	21.47	3.13	0.0468
Error	129	6.85		
Total	131			

\*Significant level at  $p \leq 0.05$

**TABLE 27**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF IMPORTANCE OF FRIENDS AND MENTORS AND AGE**

Age	N	Mean	Grouping*
Under 34	26	7.04	A
35 to 54	75	6.31	AB
Above 55	31	5.32	B

\*Means with the same letter are not significantly different at 0.05 level.

The analysis of variance (ANOVA) results indicated that the variable of number of dietitians the respondent worked with was significantly associated ( $p=0.0167$ ) with the importance scores of PFM (Table 28). Although the Duncan Test for Mean Separation indicated no significant differences between scores according to number of colleagues, it can be seen that those having more than 10 colleagues had the highest scores for importance of PFM ( $N=5$ ,  $X=7.00$ ) (Table 29) compared with those were working alone.

The other variable significantly associated with importance of PFM was type of facility ( $p=0.0011$ ) (Table 30). The respondents working in private practice or as consultants perceived friends and mentors as less important to their QWL. Although there was no significant difference between scores according to types of facility, between dietitians working in the other designated workplace, it was obvious that dietitians working in hospitals or medical centers perceived higher PFM than those in G2 and G3. The personal or employment variables did not have any significant association ( $p> 0.05$ ) with the PFM of current status.

TABLE 28

ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE PERCEPTION  
OF IMPORTANCE OF FRIENDS AND MENTORS AND NUMBER  
OF DIETITIANS THE RESPONDENTS WORKED WITH

Source	df	Mean Square	F	P*
Number of Dietitians	3	23.87	3.54	0.0167
Error	124	6.74		
Total	127			

\*Significant level at  $p \leq 0.05$

TABLE 29

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION OF  
IMPORTANCE OF FRIENDS AND MENTORS AND NUMBER  
OF DIETITIANS THE RESPONDENTS WORKED WITH

Number of Dietitians	N	Mean Square	Grouping*
More than 10 (11-25)	5	7.00	A
1 to 5	51	6.92	A
6 to 10	18	6.72	A
None	54	5.37	A

\*Means with the same letter are not significantly different  
at 0.05 level

**TABLE 30**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE**  
**PERCEPTION OF IMPORTANCE OF FRIENDS AND**  
**MENTORS AND TYPE OF FACILITY**

Source	df	Mean Square	F	P*
Type of Facility	3	34.77	5.70	0.0011
Error	124	6.09		
Total	127			

\*Significant level at  $p \leq 0.05$

**TABLE 31**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF IMPORTANCE OF FRIENDS AND MENTORS**  
**AND TYPE OF FACILITY**

Type of Facility#	N	Mean	Grouping*
G1	56	6.93	A
G2	29	6.59	A
G4	19	5.95	A
G3	24	4.50	B

#See description of Types of Facility in Table 7.

\*Means with the same letter are not significantly different at 0.05 level.

QWL: Perception of Working  
Relationships (PWR)

The issues included in "Perception of Working Relationships" (PWR) were as following: supervisor relationships, supervisor adaptability, subordinate relationships, subordinate adaptability, peer relationships, peer adaptability, union/association relationships, union/association adaptability, counseling and coaching, and interpersonal communication. Dietitians were asked to indicate if their perceptions of working relationships were of high or low importance to their jobs, and whether the status of each of the issues under PWR were good or bad in their work situations.

The frequencies and percentages of the respondents' perceptions of PWR issues as highly important (PWRHI), and "good" in current status (PWRGCS) are shown in Table 32. More than half of the respondents (N=69, 52%) perceived most of the issues (8 to 10) as important to their QWL. About 30% (N=41, 31%) listed 4 to 7 issues as important to QWL, while the remaining 22 (17%) indicated very few issues (0-3) as important to their jobs (Table 32).

Thirty-five percent of the respondents (N=46) indicated that 8 to 10 of the PWR issues were good in their current positions. Nearly one half of the respondents (N=65, 49%) listed 4 to 7 issues as currently good, while 16% (N=21) thought their current work relationships were not very good

(0 to 3 issues) (Table 32).

TABLE 32

NUMBER OF WORKING RELATIONSHIP ISSUES PRESCRIBED AS  
"HIGH" IN IMPORTANT (PWRHI) AND "GOOD" IN CURRENT  
STATUS (PWRGCS) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PWRHI	Dietitians		No. of Issues Prescribed as PWRGCS	Dietitians	
	f	%		f	%
0	14	10.6	0	10	7.6
1	2	1.5	1	0	0.0
2	4	3.0	2	6	4.5
3	2	1.5	3	5	3.8
4	6	4.5	4	20	15.2
5	7	5.3	5	14	10.6
6	15	11.4	6	17	12.9
7	13	9.8	7	14	10.6
8	41	31.1	8	21	15.9
9	10	7.6	9	6	4.5
10	18	13.6	10	19	14.4

The variables of age ( $p=0.0203$ ) (Table 33), and type of facility ( $p=0.0001$ ) (Table 35) had a significant association with the perception of importance of working relationships. Elder dietitians (above age of 55) significantly perceived ( $N=31$ ,  $X=5.23$ ) working relationships as less important than dietitians under age of 34 and at the age of 35-54. Obviously, young dietitians obviously perceived working relationships as more important to their QWL than those who were older (Table 34). As previously discussed, entry level dietitians or those in their second or third positions value working relationships in the same way they value friends and mentors. They need assistance and encouragement to establish tenure in their jobs.

TABLE 33  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF WORKING  
RELATIONSHIPS AND AGE

Source	df	Mean Square	F	P*
Age	2	34.99	4.02	0.0203
Error	129	8.70		
Total	131			

\*Significant level at  $p \leq 0.05$



**TABLE 34**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF IMPORTANCE OF WORKING RELATIONSHIPS**  
**AND AGE**

Age	N	Mean	Grouping*
Under age of 34	26	7.31	A
35-54	75	6.70	A
Above age of 55	31	5.23	B

\*Means with the same letter are not significantly different at 0.05 level.

**TABLE 35**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR**  
**THE PERCEPTION OF IMPORTANCE OF WORKING**  
**RELATIONSHIPS AND TYPE OF FACILITY**

Source	df	Mean Square	F	P*
Type of Facility	3	102.10	16.28	0.0001
Error	124	6.27		
Total	127			

\*Significant level at  $p \leq 0.05$

The Duncan Test for Mean Separation (Table 36) showed that dietitians working in consultation and private practice

perceived working relationships of low importance to their QWL. In general, consultant dietitians work alone, and could accomplish their jobs without assistance from other individuals. Although the Duncan Test showed a significant difference between the importance scores of dietitians working in G1, G2, and G4, it can be clearly seen that dietitians in hospitals/medical centers perceived working relationships as more important than those in other facilities (Table 36). In the medical centers, dietitians have to relate to a number of allied health professionals; the various publics; and their clients, and their families, hence they perceived relating well with others as very important to their jobs.

TABLE 36

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF IMPORTANCE OF WORKING RELATIONSHIPS  
AND TYPE OF FACILITY

Type of Facility#	N	Mean	Grouping*
G1	56	7.70	A
G2	29	6.86	A
G4	19	6.37	A
G3	24	3.46	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different at 0.05 level.

Type of facility was the only variable that was significantly associated with the respondents' perception of working relationships in their current jobs ( $p=0.0189$ ) (Table 37). Consultant dietitians, again, significantly differed in their perceptions of work relationships as their other colleagues in other workplaces ( $N=24$ ,  $X=4.42$ ) (Table 38). Consultants perceived working relationships lower in importance and in their work situations because they generally work independently. All other dietitians working in formal settings or in organizations would perceive working relationships where other professionals work would perceive working in their current situations not only as important but also good. Note, however, that those in medical centers scored a little higher than those in other types of facilities. The differences between the perceptions of dietitians working in G1, G2 and G4 were not significantly different at  $p \leq 0.05$ .

**TABLE 37**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE**  
**PERCEPTION OF CURRENT STATUS OF WORKING**  
**RELATIONSHIPS AND TYPE OF FACILITY**

Source	df	Mean Square	F	P*
Type of Facility	3	24.96	3.44	0.0189
Error	124	7.25		
Total	127			

\*Significant level at  $p \leq 0.05$

**TABLE 38**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF CURRENT STATUS OF WORKING RELATIONSHIPS**  
**AND TYPE OF FACILITY**

Type of Facility#	N	Mean	Grouping*
G1	56	6.52	A
G2	29	6.07	A
G4	19	5.95	A
G3	24	4.42	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significant different at 0.05 level.

QWL: Perception of Manpower  
Development (PMD)

The issues under "Perception of Manpower Development" (PMD) were as follows: recruitment and selection procedures, employment practices prescribed by law, new employee orientation, career planning, outpatient services, preretirement planning, responsible management, responsible union/association, consistency of treatment, and recognition of individuals. Dietitians' perceptions were again categorized as either of high or low importance to their QWL, and whether the current status was good or bad in their respective positions.

PMD issues scored as "highly" important (PMDHI), and as "good" in current status (PMDGCS), their frequencies, and their percentages can be found in Table 39. Sixty three percent of the respondents (N=83) perceived most of the manpower development issues (7 to 10) as very important to their QWL. Eighteen percent (N=24) thought 4 to 6 issues of PMD were important, while only 6% (N=8) indicated that only 1 to 3 issues were important to their jobs. Almost 13% of the respondents (N=17, 12.9%) did not think manpower development was important to QWL.

Twenty percent of the respondents (N=26) indicated that most of the manpower development issues were "good" in their current situations. Sixty dietitians (45%) listed 4 to 7 PMD issues as "good" in their positions, while 21% (N=28) listed

only 1 to 3 as good in their current situations. Seventeen percent (N=22) felt that manpower development was not satisfactory at all in their current jobs (Table 39).

TABLE 39

NUMBER OF MANPOWER DEVELOPMENT ISSUES PRESCRIBED AS "HIGH" IN IMPORTANCE (PMDHI) AND "GOOD" IN CURRENT STATUS (PMDGCS) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PMDHI	Dietitians		No. of Issues Prescribed as PMDGCS	Dietitians	
	f	%		f	%
0	17	12.9	0	22	16.7
1	4	3.0	1	7	5.3
2	2	1.5	2	9	6.8
3	2	1.5	3	12	9.1
4	9	6.8	4	16	12.1
5	6	4.5	5	12	9.1
6	9	6.8	6	12	9.1
7	15	11.4	7	16	12.1
8	24	18.2	8	7	5.3
9	27	20.5	9	10	7.6
10	17	12.5	10	9	6.8

The variable, age, had a significant association with the perceptions of importance ( $p=0.0322$ ) (Table 40) and in current status ( $p=0.0276$ ) (Table 41) relative to manpower development. Dietitians, 34 years or younger ( $N=26$ ,  $X=7.35$ ) (Table 42) were significantly different in the current status of PMD as did their older counterparts (Table 43). Perhaps, younger dietitians tend to place more importance on manpower development issues, because they need the structure for their own career planning and development. They may also know more about the legal aspects of following the appropriate procedures in dealing with recruitment and selection of employees. Following appropriate procedures may also be the responsibility of the younger staff rather than those with more tenure on the job. Because the younger dietitians have to pay close attention to the PMD issues, may have led to their perceptions of its being "good" operation in their current situations.

The importance of PMD was significantly associated with the variable, number of dietitians, the respondents worked with (Table 44). Those having 10 or more colleagues ( $N=5$ ,  $X=8.80$ ) had the highest score in importance relative to PMD (Table 45). They significantly perceived manpower development as very important than those who worked alone ( $N=54$ ,  $X=5.26$ ). In current status, the variable, number of dietitians was only associated with the issues of PMD at the  $p \leq 0.06$  level, hence in the Duncan Test of Current Status (Table 47), there was no significant difference between mean

scores according to number of colleagues. Note, however, that those working with 1 to 5 dietitians perceived current manpower development as good with higher scores as compared with those working alone or with more than 5 colleagues.

TABLE 40  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF MANPOWER  
DEVELOPMENT AND AGE

Source	df	Mean Square	F	P*
Age	2	36.55	3.53	0.0322
Error	129	10.36		
Total	131			

\*Significant level at  $p \leq 0.05$  level



**TABLE 41**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE**  
**PERCEPTION OF CURRENT STATUS OF MANPOWER**  
**DEVELOPMENT AND AGE**

Source	df	Mean Square	F	P*
Age	2	35.41	3.69	0.0276
Error	129	9.59		
Total	131			

\*Significant level at  $p \leq 0.05$

**TABLE 42**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF IMPORTANCE OF MANPOWER**  
**DEVELOPMENT AND AGE**

Age	N	Mean	Grouping*
Under 34	26	7.35	A
35-54	75	6.57	AB
Above 55	31	5.16	B

\*Means with the same letter are not significantly different at 0.05 level.

**TABLE 43**  
**DUNCAN MULTIPLE RANGE TEST FOR THE**  
**PERCEPTION OF CURRENT STATUS OF**  
**MANPOWER DEVELOPMENT AND AGE**

Age	N	Mean	Grouping*
Under 34	26	6.00	A
35-54	75	4.39	B
Above 55	31	3.87	B

\*Means with the same letter are not significantly different at 0.05 level.

**TABLE 44**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE PERCEPTION**  
**OF IMPORTANCE OF MANPOWER DEVELOPMENT AND NUMBER OF**  
**DIEITITIANS THE RESPONDENTS WORKED WITH**

Source	df	Mean Square	F	P*
Number of dietitians that respondents worked with	3	43.15	4.22	0.0070
Error	124	10.23		
Total	127			

\*Significant level at  $p \leq 0.05$

**TABLE 45**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF IMPORTANCE OF MANPOWER DEVELOPMENT AND**  
**NUMBER OF DIETITIANS THAT**  
**RESPONDENTS WORKED WITH**

Number of Dietitians that Respondents Worked with	N	Mean	Grouping*
More than 10	5	8.80	A
6 to 10	18	7.22	AB
1 to 5	51	7.00	AB
None	54	5.26	B

\*Means with the same letter are not significantly different at 0.05 level.

**TABLE 46**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE**  
**PERCEPTION OF CURRENT STATUS OF MANPOWER**  
**DEVELOPMENT AND NUMBER OF DIETITIANS**  
**THAT RESPONDENTS WORKED WITH**

Source	df	Mean Square	F	P*
Number of Dietitians	3	24.85	2.50	0.0623
Error	124	9.92		
Total	127			

\*Significant level at  $p \leq 0.05$

TABLE 47  
DUNCAN MUTIPLE RANGE TEST FOR THE PERCEPTION  
OF CURRENT STATUS OF MANPOWER DEVELOPMENT  
AND NUMBER OF DIETITIANS THAT  
RESPONDENTS WORKED WITH

Number of Dietitians that Respondents Worked with	N	Mean	Grouping*
1 to 5	51	5.45	A
None	54	4.24	A
More than 10	5	4.00	A
6 to 10	18	3.33	A

\*Means with the same letter are not significantly different  
at 0.05 level

Type of facility was one of the three variables that were significantly associated with both the "I" ( $p=.0001$ ) (Table 48) and "CS" ( $p=0.003$ ) (Table 49) of PMD. The Duncan Test for Mean Separation (Table 50) showed that the importance about PMD of dietitians working in hospital or medical center was significantly higher than those dietitians in G3 and G4. The mean scores of those in G2, however, was not significantly different from those in G1 or G4. The mean score for importance of PMD was significantly the lowest for dietitians in consultation and private practice. Those in consultation and in private practice did not have a good manpower development in their current situations as expected

(Table 51). Working alone and controlling one's progress eliminate the necessity of manpower development for consultant dietitians. These professionals also function as "staff" rather than "line" in places where they consult, hence, they do not have to deal with PMD for employees.

TABLE 48  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF MANPOWER  
DEVELOPMENT AND TYPE OF FACILITY

Source	df	Mean Square	F	P*
Type of Facility	3	134.77	18.42	0.0001
Error	124	7.32		
Total	127			

\*Significant level at  $p \leq 0.05$

**TABLE 49**  
**ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE**  
**PERCEPTION OF CURRENT STATUS OF MANPOWER**  
**DEVELOPMENT AND TYPE OF FACILITY**

Source	df	Mean Square	F	P*
Type of Facility	3	43.98	4.90	0.0030
Error	124	8.98		
Total	127			

\*Significantly level at  $p \leq 0.05$

**TABLE 50**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF IMPORTANCE OF MANPOWER DEVELOPMENT**  
**AND TYPE OF FACILITY**

Type of Facility#	N	Mean	Grouping*
G1	56	7.84	A
G2	29	6.93	AB
G4	19	6.00	B
G3	24	3.00	C

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different at 0.05 level.

**TABLE 51**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF CURRENT STATUS OF MANPOWER DEVELOPMENT**  
**AND TYPE OF FACILITY**

Type of Facility#	N	Mean	Grouping*
G1	56	5.41	A
G4	19	4.74	A
G2	29	4.38	A
G3	24	2.62	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different at 0.05 level.

Annual income was also significantly associated with dietitians' PMD ( $p=0.0412$ ) (Table 52). Those who earned less than \$25,000 ( $N=33$ ,  $X=5.15$ ) did not perceive manpower development as important compared with those with higher income. Although the Duncan Test for Means Separation did not indicate that there was a significant difference between scores on PMD of dietitians earning \$25,000-39,999 and those with above \$40,000, it can be seen that those with \$25,000-30,000 thought manpower development was more important than those with the highest income.

TABLE 52  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF MANPOWER  
DEVELOPMENT AND ANNUAL INCOME

Source	df	Mean Square	F	P*
Annual Income	2	34.00	3.27	0.0412
Error	129	10.40		
Total	131			

\*Significant level at  $p \leq 0.05$

TABLE 53  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF IMPORTANCE OF MANPOWER DEVELOPMENT  
AND ANNUAL INCOME

Annual Income	N	Mean	Grouping*
\$25,000-30,000	74	6.82	A
More than \$40,000	25	6.77	A
Less than \$24,999	33	5.15	B

\*Means with the same letter are not significantly different at 0.05 level.

The variable of "salary commensurate with titles, responsibilities, and experiences" also had a significant



association with the current status of PMD ( $p=0.0025$ ) (Table 54). Those who perceived that their salary was commensurate, significantly felt that operationally, the manpower development was good in their current situations. In contrast, those who believed that their salaries were not commensurate with titles, responsibilities and experiences significantly scored current status of PMD lower (Table 55). The 20 dietitians who were unsure about their salary levels did not differ significantly with the other two groups in scoring current status of PMD (Table 55). Obviously, those who believe they are being compensated for their abilities and experiences also believed that PMD is occurring and operating well in their workplaces. Those who are unhappy with their salaries believed otherwise.

TABLE 54  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR  
PERCEPTION OF CURRENT STATUS OF MANPOWER  
DEVELOPMENT AND COMMENSURATE SALARY

Source	df	Mean Square	F	P*
Salary Commensurate or not	2	58.45	6.29	0.0025
Error	127	9.29		
Total	129			

\*Significant level at  $p \leq 0.05$

TABLE 55  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF CURRENT STATUS OF MANPOWER DEVELOPMENT  
AND COMMENSURATE SALARY

Salary Commensurate or not	N	Mean	Grouping*
Yes	69	5.41	A
Don't know	20	4.10	AB
No	41	3.32	B

\*Mean with the same letter are not significantly different at 0.05 level.

QWL: Perception of Informal  
Network (PIN)

The issues included in the "Perception of Informal Network" were as follows: team building, work systems analysis, shared leadership, shared tasks, informal organization, mutual cooperation, respect for ideas of others, everyone carries their own weight, constructive use of conflict, and public debate tolerated. As in other QWL issues survey participants indicated their perceptions of importance (high or low) and current status (good or bad) of these issues in their work situations.

The number of PIN issues considered of "high" importance (PINHI), and "good" in current status (PINGCS), their

frequencies and their percentages can be found in Table 56. More than one-half of the respondents (N=70, 53%) indicated that most of the issues (8 to 10) were important to their QWL, while 31% (N=41) listed 4 to 7 PIN issues as important. Six dietitians (5%) perceived a few (1 to 3) informal network as important, while 15 (11%) indicated that PIN was not important or applicable to QWL.

Thirty respondents (22%) perceived most of the PIN issues (9 to 10) are operationally good in current situations. Twenty percent (N=27) listed 6 to 8 issues as occurring and operationally well, likewise 32% (N=42) indicated that 3 to 5 were in operation. One-fourth (N=33, 25%) of the respondents, however, were not satisfied with the current PIN.

The variable, number of dietitians working with the respondents, was significantly associated ( $p=0.0188$ ) with the importance of PIN (Table 57). Although the Duncan Test for Mean Separation indicated no significant differences between scores according to number of colleagues, it can obviously be seen that those working with 10 or more dietitians tended to view the informal network in QWL as more important than those working alone or with less number of colleagues (Table 58).

TABLE 56

NUMBER OF INFORMAL NETWORKING ISSUES PRESCRIBED AS  
 "HIGH" IN IMPORTANT (PINHI) AND "GOOD" IN CURRENT  
 STATUS (PINGCS) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PINHI	Dietitians		No. of Issues Prescribed as PINGCS	Dietitians	
	f	%		f	%
0	15	11.4	0	15	11.4
1	3	2.3	1	7	5.3
2	2	1.5	2	11	8.3
3	1	0.8	3	8	6.1
4	9	6.8	4	19	14.4
5	8	6.1	5	15	11.4
6	11	8.3	6	9	6.8
7	13	9.8	7	9	6.8
8	16	12.1	8	9	6.8
9	22	16.7	9	5	3.8
10	32	24.2	10	25	18.9

TABLE 57

ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF INFORMAL  
NETWORK AND NUMBER OF DIETITIANS  
THAT RESPONDENTS WORKED WITH

Source	df	Mean Square	F	p*
Number of dietitians that respondents worked with	3	35.96	3.45	0.0188
Error	124	10.43		
Total	127			

\*Significant level at  $p \leq 0.05$

TABLE 58

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION OF  
IMPORTANCE OF INFORMAL NETWORK AND NUMBER OF  
DIETITIANS THAT RESPONDENTS WORKED WITH

Number of Dietitians that Respondents Worked with	N	Mean	Grouping*
More than 10	5	8.20	A
1 to 5	51	7.49	A
6 to 10	18	7.33	A
None	54	5.67	A

\*Means with the same letter are not significantly different  
at 0.05 level.

Type of facility was another variable that had a significant association on the importance of PIN ( $p=0.0001$ ) (Table 59). Dietitians working in consultation or in private practice significantly perceived informal network as less important to their QWL compared with dietitians working in other environments (Table 60). In Duncan Test for Mean Separation, there was no significant difference between scores according to types of G1, G2 and G4 that respondents worked in, but those working in hospitals obviously thought that informal network was important to their jobs more so than others.

TABLE 59  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF INFORMAL  
NETWORKING AND TYPE OF FACILITY

Source	df	Mean Square	F	P*
Type of Facility	3	94.62	11.51	0.0001
Error	124	8.22		
Total	127			

\*Significant level at  $p \leq 0.05$

**TABLE 60**  
**DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION**  
**OF IMPORTANCE OF INFORMAL NETWORK**  
**AND TYPE OF FACILITY**

Type of Facility#	N	Mean	Grouping*
G1	56	7.91	A
G2	29	7.14	A
G4	19	6.68	A
G3	24	3.83	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different at 0.05 level.

Again, those working alone did not see the importance of informal networking. This result may be misleading in Oklahoma as well as nationwide. Generally, consultants are better organized than other special interest groups, and hold meetings to discuss mutual problems and share ideas. They do network, however, it is with other consultants rather than dietitians in other workplaces.

The importance scores of PIN were also significantly associated with the variable, facility size ( $p=0.0189$ ) (Table 61). Those working in facilities with 101 or more individuals scored the importance of PIN issues significantly higher than those working in places with <100 clients or individuals. The Duncan Test for Mean Separation indicated no significant difference, however, between PIN scores of

dietitians working in facilities of 101-499, and above 500 sized places.

As previously discussed, dietitians in consultation and private practice did not score informal networking as important. The reader is reminded, again, that in reality, consultants actively network with other consultants. They perhaps answered the way they did, because the questionnaire asked about networking in the workplace. No significant associations were found between the scores for current status of PIN with either personal or employment variables.

TABLE 61  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF INFORMAL  
NETWORK AND SIZE OF FACILITY

Source	df	Mean Square	F	P*
Size of Facility	2	40.16	4.10	0.0189
Error	116	9.78		
Total	118			

\*Means with the same letter are not significantly different at 0.05 level.



TABLE 62  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF IMPORTANCE OF INFORMAL NETWORK  
AND SIZE OF FACILITY

Size of Facility#	N	Mean	Grouping*
More than 500	37	7.62	A
101 to 499	52	7.21	A
Less than 100	30	5.53	B

#Unit could be beds, students, clients, participants.

\*Means with the same letter are not significantly different at 0.05 level.

QWL: Perception of General Environment  
of Organization (PGE)

The issues included under "Perception of General Environment" (PGE) were as following: human resources or personnel department, relocation practices, formal communication channels, task force operations, mission statement, compensation package, ethical image, benefit package, communications during time of work cutback, and on the job emergency medical treatment. Respondents indicated their perceptions of the importance of PGE to their QWL as high or low, and the status of PGE as good or bad in their current jobs.

Over one-half of the respondents (N=68, 52%) indicated

that 7 to 10 of the PGE issues were important to QWL (Table 63). Nineteen percent (N=25) regarded 4 to 6 PGE issues as important, while 10% (N=13) thought that only 0-3 of the issues were that important to their QWL.

Fifty respondents (38%) positively enjoyed most of the general environment of their institutions (7 to 10 issues). Thirty-four percent (N=45) felt 4 to 6 issues of PGE as good currently, while 20% (N=26) were less satisfied (1 to 3 issues) with current status of PGE in their workplaces. Eleven dietitians (8%) indicated that PGE was bad in their current situations.

The variable, age, had a significant association ( $p=0.0021$ ) with the importance scores for PGE (Table 64). Senior dietitians (N=31,  $X=4.48$ ) significantly had a lower importance score for PGE than those who were younger than 54. Although there was no significant difference between the importance scores of dietitians younger than 34 and those at the age of 35-54, the younger ones obviously perceived that the general work environment was important to their QWL (N=26,  $X=8.80$ ) (Table 65).

TABLE 63

NUMBERS OF GENERAL ENVIRONMENT ISSUES PRESCRIBED AS  
 "HIGH" IN IMPORTANT (PGEHI) AND "GOOD" IN CURRENT  
 STATUS (PGECS) BY OKLAHOMA DIETITIANS

No. of Issues Prescribed as PGEHI	Dietitians		No. of Issues Prescribed as PGECS	Dietitians	
	f	%		f	%
0	16	12.1	0	11	8.3
1	3	2.3	1	7	5.3
2	3	2.3	2	10	7.6
3	7	5.3	3	9	6.8
4	7	5.3	4	16	12.1
5	10	7.6	5	16	12.1
6	18	13.6	6	13	9.8
7	17	12.9	7	17	12.9
8	14	10.6	8	10	7.6
9	16	12.1	9	9	6.8
10	21	15.9	10	14	10.6

TABLE 64  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF GENERAL  
WORK ENVIRONMENT AND AGE

Source	df	Mean Square	F	P*
Age	2	61.82	6.49	0.0021
Error	129	9.53		
Total	131			

\*Significant level at  $p \leq 0.05$

TABLE 65  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF IMPORTANCE OF GENERAL WORK  
ENVIRONMENT AND AGE

Age	N	Mean	Grouping*
Under 34	26	7.35	A
35 to 54	75	6.28	A
55 and above	31	4.48	B

\*Means with the same letter are not significantly different at 0.05 level.

Number of colleagues was one of the two variables that had a significant association with the importance level ( $p=0.0042$ , Table 66) and current status ( $p=0.0325$ , Table 68) of PGE. Dietitians working with more than 10 colleagues significantly thought general environment as important to QWL more so than did those working in consultation or private practice (Table 67). The importance scores for those working with 1 to 5 colleagues or 6 to 10 colleagues were not significantly different from that those who worked with more than 10 colleagues or with no one. Consultants create their own work environments, hence, these PGE issues are not important to them as with other dietitians.

TABLE 66  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF GENERAL WORK  
ENVIRONMENT AND NUMBER OF DIETITIANS  
THAT RESPONDENTS WORKED WITH

Source	df	Mean Square	F	P*
Number of Dietitians that Respondents Worked with	3	45.29	4.63	0.0042
Error	124	9.78		
Total	127			

\*Significant level at  $p \leq 0.05$

The Duncan Test of Mean Separation did not show a significant difference between the means of current status of PGE according to number of colleagues in the workplace (Table 69). Those who worked with more than 10 dietitians, however, scored higher in importance of general work environment than those working alone or with 1-10 dietitians.

TABLE 67

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF IMPORTANCE OF GENERAL WORK ENVIRONMENT  
AND NUMBER OF DIETITIANS THAT  
RESPONDENTS WORKED WITH

Number of Dietitians that Respondents Worked with	N	Mean	Grouping*
More than 10	5	8.80	A
6 to 10	18	6.89	AB
1 to 5	51	6.67	AB
None	54	4.94	B

\*Means with the same letter are not significantly different at 0.05 level.

TABLE 68

ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF CURRENT STATUS OF GENERAL WORK  
ENVIRONMENT AND NUMBER OF DIETITIANS

Source	df	Mean Square	F	P*
Number of Dietitians that Respondents Worked with	3	26.76	3.02	0.0325
Error	124	8.87		
Total	127			

\*Significant level at  $p \leq 0.05$

TABLE 69

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION OF  
CURRENT STATUS OF GENERAL WORK ENVIRONMENT  
AND NUMBER OF DIETITIANS

Number of Dietitians that Respondents Worked with	N	Mean	Grouping*
More than 10	5	6.20	A
1 to 5	51	6.04	A
6 to 10	18	5.61	A
None	54	4.37	A

\*Means with the same letter are not significantly different  
at 0.05 level.

Type of facility was the other variable that had a significant association with both the importance level ( $p=0.0001$ , Table 70) and current status ( $p=0.0001$ , Table 72) of PGE. In the Duncan Test of Mean Separation (Table 71), consultant dietitians and those in private practice (G3) significantly considered PGE as less important to QWL than their other colleagues. They also had a significantly lower score for their current general work environment (Table 73). This might imply, however, that the current work environment of consultant dietitians may not really be as good, or the PGE issues were not really applicable to those working alone or in private practice.

TABLE 70  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF GENERAL WORK  
ENVIRONMENT AND TYPE OF FACILITY

Source	df	Mean Square	F	P*
Type of Facility	3	150.25	22.94	0.0001
Error	124	6.55		
Total	127			

\*Significant level at  $p \leq 0.05$



Although Duncan Multiple Range Test did not show a significant difference between the importance scores according to type G1, G2 and G4, those in hospitals or medical centers obviously regarded general environment as important to QWL more than those working in G2 and G4. The hospital dietitians also perceived PGE as good in its current status of general work environment more than those in G2 and G4. Joint Commission of Associations of Healthcare Organizations (JCAHO) requirements, as well as state and other mandates make be responsible for the medical centers having a better general environment than other workplaces, hence, dietitians working in hospitals tended to score importance of PGE higher than their other colleagues who work in other environments.

TABLE 71  
DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION OF  
IMPORTANCE OF GENERAL WORK ENVIRONMENT  
AND TYPE OF FACILITY

Type of Facility#	N	Mean	Grouping*
G1	56	7.52	A
G2	29	6.52	A
G4	19	6.21	A
G3	24	2.38	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different at 0.05 level.

TABLE 72

ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF CURRENT STATUS OF GENERAL  
WORK ENVIRONMENT AND TYPE OF FACILITY

Source	df	Mean Square	F	P*
Type of Facility	3	87.75	12.53	0.0001
Error	124	7.00		
Total	127			

\*Significant level at  $p \leq 0.05$

TABLE 73

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF CURRENT STATUS OF GENERAL WORK  
ENVIRONMENT AND TYPE OF FACILITY

Type of Facility#	N	Mean	Grouping*
G1	56	6.29	A
G2	29	5.62	A
G4	19	5.74	A
G3	24	2.38	B

#See description of Type of Facility in Table 7.

\*Means with the same letter are not significantly different  
at 0.05 level.

The variable of annual income had a significant association on both the importance level of PGE ( $p=0.0378$ , Table 74) and current status ( $p=0.0227$ , Table 75). The respondents with annual income of more than \$40,000 significantly listed more issues in PGE as important than those earning \$25,000-39,999, and those with less than \$24,999 annual income (Table 76). Perhaps the personnel management, communications, task force operation, and medical treatment in the workplaces of the high earning dietitians were well-established, so that they felt satisfied with their work life wherever they were employed.

Dietitians earning the highest salaries also valued their general work environment as good in the current situations more so than those making less annual income (Table 77). This result supports Palan's (1985) study that dietitians with higher income seem to have a positive feeling about their jobs, promotion, supervision, and could better deal with performance constraints in relation to their jobs.

The variable of facility size was significantly associated with the importance level of PGE ( $p=0.0001$ , Table 78), but had no significant association with PGE in current situations. Those in small institutions (less than 100 individuals) significantly perceived a low level of importance for PGE than those employed in larger organizations (Table 79). Although there was no significant difference between the means of the middle-sized (101-499) and the large-sized (500 or above) facilities, the dietitians

TABLE 74

ANALYSIS OF VARIANCE (ANOVA) RESULTS OF THE  
PERCEPTION OF IMPORTANCE OF GENERAL WORK  
ENVIRONMENT AND ANNUAL INCOME

Source	df	Mean Square	F	P*
Annual Income	2	33.48	3.36	0.0378
Error	129	9.96		
Total	131			

\*Significant level at  $p \leq 0.05$

TABLE 75

ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF CURRENT STATUS OF GENERAL  
WORK ENVIRONMENT AND ANNUAL INCOME

Source	df	Mean Square	F	P*
Annual Income	2	33.76	3.90	0.0227
Error	129	8.66		
Total	131			

\*Significant level at  $p \leq 0.05$

TABLE 76

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF IMPORTANCE OF GENERAL WORK ENVIRONMENT  
AND ANNUAL INCOME

Annual Income	N	Mean	Grouping*
More than \$40,000	25	6.84	A
\$25,000 to 39,999	74	6.34	AB
Less than \$24,999	33	4.88	B

\*Means with the same letter are not significantly different  
at 0.05 level.

TABLE 77

DUNCAN MULTIPLE RANGE TEST FOR THE PERCEPTION  
OF CURRENT STATUS OF GENERAL WORK  
ENVIRONMENT AND ANNUAL INCOME

Annual Income	N	Mean	Grouping*
More than \$40,000	25	6.48	A
\$25,000 to 39,999	74	5.30	AB
Less than \$24,999	33	4.30	B

\*Means with the same letter are not significantly different  
at 0.05 level.

in middle size organizations scored the importance of PGE slightly higher than those in larger institutions. Institutions, with more than 100 clients, beds, participants, or students, tended to have perhaps more guidelines and policies and procedures, hence respondents employed in these places perceived PGE as important.

TABLE 78  
ANALYSIS OF VARIANCE (ANOVA) RESULTS FOR THE  
PERCEPTION OF IMPORTANCE OF GENERAL WORK  
ENVIRONMENT AND FACILITY SIZE

Source	df	Mean Square	F	P*
Facility Size	2	34.11	3.48	0.034
Error	116	9.80		
Total	118			

\*Significant level at  $p \leq 0.05$

TABLE 79

DUNCAN MULTIPLE RANGE TEST FOR THE  
PERCEPTION OF IMPORTANCE OF GENERAL  
WORK ENVIRONMENT AND FACILITY SIZE

Facility Size#	N	Mean	Grouping*
101 to 499	52	6.65	A
500 and above	37	6.54	A
100 and less	30	4.87	B

#Unit could be beds, students, clients, or participants.

\*Means with the same letter are not significantly different  
at 0.05 level.

H3 - There will be no significant association between the current status (good or bad) of Perception of Self of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with the PS in current situations; therefore, the researcher failed to reject H3.

H4 - There will be no significant association between the current status (good or bad) of Perception of Self of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Tables 8 and 9, H4 was rejected.

H5 - There will be no significant association between the importance level (high or low) of Perception of Current Job (PCJ) of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with the importance level of PCJ; therefore, the researcher failed to reject H5.

H6 - There will be no significant association between the importance level (high or low) of Perception of Current Job of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Table 12, H6 was rejected.

H7 - There will be no significant association between the current status (good or bad) of Perception of Current Job of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with PCJ in current situations; therefore, the



researcher failed to reject H7.

H8 -There will be no significant association between the current status (good or bad) of Perception of Current Job of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Tables 14 and 15, H8 was rejected.

H9 - There will be no significant association between the importance level (high or low) of Perception of Workgroup Environment (PGE) of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with the importance level of PGE; therefore, the researcher failed to reject H9.

H10 - There will be no significant association between the importance level (high or low) of Perception of Workgroup Environment of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Table 19, H10 was rejected.

H11 - There will be no significant association between the current status (good or bad) of Perception of Workgroup Environment of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with PGE in current situations; therefore, the researcher failed to reject H11.

H12 - There will be no significant association between the current status (good or bad) of Perception of Workgroup Environment of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results

in Tables 21 and 23, H12 was rejected.

H13 - There will be no significant association between the importance level (high or low) of Perception of Friends and Mentors (PFM) of Oklahoma dietitians and selected personal variables as listed in H1. Based on the association results in Table 26, H13 was rejected.

H14 - There will be no significant association between the importance level (high or low) of Perception of Friends and Mentors of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Table 28 and 30, H14 was rejected.

H15 - There will be no significant association between the current status (good or bad) of Perception of Friends and Mentors of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with PFM in current situations; therefore, the researcher failed to reject H15.

H16 - There will be no significant association between the current status (good or bad) of Perception of Friends and Mentors of Oklahoma dietitians and selected employment variables as listed in H2. No employment variables were significantly associated with PFM in current situations; therefore, the researcher failed to reject H16.

H17 -There will be no significant association between the importance level (high or low) of Perception of Working Relationships (PWR) Oklahoma dietitians and selected personal variables as listed in H1. Based on the association results

in Table 33, H17 was rejected.

H18 - There will be no significant association between the importance level (high or low) of Perception of Working Relationships of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Table 35, H18 was rejected.

H19 - There will be no significant association between the current status (good or bad) of Perception of Working Relationships of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with PWR in current situations; therefore, the researcher failed to reject H19.

H20 - There will be no significant association between the current status (good or bad) of Perception of Working Relationships of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Table 37, H20 was rejected.

H21 - There will be no significant association between the importance level (high or low) of Perception of Manpower Developmene (PMD) of Oklahoma dietitians and selected personal variables as listed in H1. Based on the association results in Table 40, H21 was rejected.

H22 - There will be no significant association between the importance level (high or low) of Perception of Manpower Developmene of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Tables 44, 48, and 52, H22 was rejected.

H23 - There will be no significant association between the current status (good or bad) of Perception of Manpower Development of Oklahoma dietitians and selected personal variables as listed in H1. Based on the association results in Table 41, H23 was rejected.

H24 - There will be no significant association between the current status (good or bad) of Perception of Manpower Development of Oklahoma dietitians and selected employment variables as listed H2. Based on the association results in Tables 49 and 54, H24 was rejected.

H25 - There will be no significant association between the importance level (high or low) of Perception of Informal Network (PIN) of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with the importance level of PIN, the researcher failed to reject H25.

H26 - There will be no significant association between the importance level (high or low) of Perception of Informal Network of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Tables 57, 59, and 61, H26 was rejected.

H27 - There will be no significant association between the current status (good or bad) of Perception of Informal Network of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with PIN in current situations; therefore, the researcher failed to reject H27.

H28 - There will be no significant association between the current status (good or bad) of Perception of Informal Network of Oklahoma dietitians and selected employment variables as listed in H2. No employment variables were significantly associated with PIN in current situations; therefore, the researcher failed to reject H28.

H29 - There will be no significant association between the importance level (high or low) of Perception of General Environment of Organizations (PGE) of Oklahoma dietitians and selected personal variables as listed in H1. Based on the association results in Table 64, H29 was rejected.

H30 - There will be no significant association between the importance level (high or low) of Perception of General Environment of Organizations of Oklahoma dietitians and selected employment variables as listed in H2. Based on the association results in Tables 66, 70, 74, and 78, H30 was rejected.

H31 - There will be no significant association between the current status (good or bad) of Perception of General Environment of Organization of Oklahoma dietitians and selected personal variables as listed in H1. No personal variables were significantly associated with PGE in current situations; therefore, the researcher failed to reject H31.

H32 - There will be no significant association between the current status (good or bad) of Perception of General Environment of Organization of Oklahoma dietitians and selected employment variables as listed in H2. Based on the

association results in Tables 68, 72, and 75, H32 was rejected.

## CHAPTER V

### SUMMARY, RECOMMENDATIONS, AND IMPLICATIONS

#### Summary of Results

##### Personal and Employment

##### Characteristics of ODA Respondents

Almost all (96%) of the 132 ODA dietitians who responded to the QWL Survey were female, and over two-thirds were married (73%). About 60% was between the ages of 35 and 54, while the remaining 40 percent were divided between those under 35 and those who were 55 and older. Half of the respondents held BS degrees, while the other half completed MS or PhD degrees. The predominant major in both BS or MS degrees was dietetics; nutrition; or food, nutrition and institution administration (FNIA). Almost all were registered dietitians (96%) and licenced to practice in Oklahoma (91%) (Table 80).

Inspite the availability and diversity of routes to ADA memberships and registration in previous years, 40% of the respondents completed the dietetic internship. Another 40% completed the MS and 6-month work experience or the

completed the MS and 6-month work experience or the coordinate undergraduate program (CUP).

TABLE 80  
GROUPINGS AND PERCENTAGES OF PERSONAL  
AND EMPLOYMENT CHARACTERISTICS  
OF ODA DIETITIANS

Characteristics	Grouping	Percentage
Gender	Female	96
	Male	4
Age	35 to 54	57
	55 and older	23
Marital Status	Married	73
Highest Degree Obtained	MS/PhD	49
	BS/BA	47
First Baccalaureate Degree	Major: Dietetics/ Nutrition/FNIA	43
First Master Degree	Major: Nutrition/FNIA	37
Credential Status	R.D.	96
	L.D.	91
Route to Registration	Internship/AP4	40
	MS with 6-month work experience	21
	CUP Program	17
Annual Income	\$25,000-39,999	56
	Under \$25,000	24
Is salary commensurate with titles, responsibilities, and experiences?	Yes	53
	No	31
	Don't know	15



TABLE 80 (Continued)

Characteristics	Grouping	Percentage
Employment	Full time	80
Job Title	Director/Asst. Director	24
	Clinical Dietitian/ Dietitian	22
	Consultant Dietitian	17
Supervisor's Title	Director	20
	No supervisors	14
	Administrator	12
Years in the Dietetic Profession	11 to 20	41
	Less than 10	30
Years in Current Position	1 to 10	62
	11 to 20	21
No. of Employees Supervised	None	45
	1 to 25	38
Number of Colleagues Working with	None	42
	1 to 5	39
Type of Facility	Hospital/Medical Center	44
	Community Program/ College, University or School Food- service/ Business and Industry	23
	Consultation and Private Practice	19
Size of Facility	101 to 499	40
	More than 500	28
	Less than 100	22

Results of this study showed that 56% earned between \$25,000-39,999, and only 10% earned over \$45,000. About the same percentage (53%) indicated that their salaries were commensurate with their titles, responsibilities, and experiences. The majority (80%) of the respondents worked full time as directors/asst. directors (24%), as clinical dietitians/dietitians (22%), or as consultants (17%) (Table 80).

About one-third of the respondents indicated that they report to an administrator or director. In contrast, 14% reported to no one. About two-fifths (41%) of the 132 dietitians have been in the dietetic profession for 11 to 20 years, only 30% for less than 10 years. Sixty-two percent have been working in their current positions for 1 to 10 years, while only 21% for 11 to 20 years (Table 80).

Oklahoma dietitians either supervised no one (45%) or 1 to 25 employees (38%). They also worked alone (42%) or with 1-5 colleagues (39%). Respondents worked in variety of setting, however, 44% were in hospitals/medical centers of medium size (101-499 units) (40%). ODA dietitians also worked as consultants and in private practice (19%), or in community agencies, colleges/universities/schools, and business and industry (23%) (Table 80).

### QWL of Oklahoma Dietitians

Oklahoma dietitians working in hospitals/medical centers and those working part time perceived perception of self, which includes life planning, formal education, career choices and growth, and autonomy as important to their QWL. Individuals whose salaries were both high and commensurate with their titles, responsibilities, and experiences felt good about themselves, their jobs, workgroup environment, and manpower development in their current positions. Those who were not satisfied with their salaries thought otherwise (Table 81).

Younger dietitians (under 34) regarded friends and mentors, working relationships, and manpower development as very important to their QWL. They were also satisfied with the recruitment and selection processes, and responsible management in operation. In contrast, those who were 55 or older and earning less income in smaller institutions indicated that social groups, working relationships, legal employment practices, career planning and organizational environment were less important to their jobs. They generally did not perceive that those aspects were good in their current situations (Table 81).

ODA consultants have full autonomy to achieve their career goals. They did not perceive informal network (e.g. team building, mutual cooperation, and constructive use of conflict), current job (job design/ rotation), and workgroup

environment (e.g. layout of workplaces, fair treatment, and sense of belonging) as important as other dietitians. They also negatively valued toward working relationships, manpower development, and general work environment in current situations (Table 81).

Dietitians having 1-5 colleagues felt good about their workgroup environments. Those working with 10 or more dietitians in hospitals positively perceived that the well-established manpower development and work environment were important to their QWL. Those working alone did not concur with these perceptions (Table 81).

Table 81  
VARIABLES ASSOCIATED WITH IMPORTANCE  
LEVEL AND CURRENT STATUS OF  
QWL PERCEPTIONS

QWL Dimensions	Variables Associated with Importance Level of QWL Perceptions	Variables Associated with Current Status of QWL Perceptions
QWL Perceptions About Individual:		
1. Self	Working Part Time Working in Hospital or Medical Center	Salary was Commensu- rate with Titles, Experiences, and Responsibilities
2. Friends and Mentors	Dietitians under 34 Dietitians above 55 Working in Consul- tation and in Private Practice	(No variables were associated with).
3. Working Relationships	Dietitians under 34 Working in Consul- tation and in Private Practice	Working in Consul- tation and in Private Practice
4. Informal Network	Working in Consul- tation and in Private Practice Facility Size was 100 and less	(No variable were associated with).

TABLE 81 (Continued)

QWL Dimensions	Variables Associated with Importance Level of QWL Perceptions	Variables Associated with Current Status of QWL Perceptions
QWL Perceptions About Work:		
1. Current Job	Working in Consultation and in Private Practice	Salary was Commensurate with Titles, Experiences, and Responsibilities
2. Workgroup Environment	Working in Consultation and in Private Practice	Working with 1-5 Colleagues Working with 6-10 Colleagues Salary Commensurate with Titles, Experiences, and Responsibilities
3. Manpower Development	Dietitians under 34 Working with more than 10 or with no Colleagues Working in Hospitals or Medical Centers Working in "other" facilities Working in Consultation and in Private Practice Annual Income under \$25,000	Dietitians under 34 Working as Consultation and in Private Practice Salary was Commensurate with Titles Experiences, and Responsibilities Salary was not Commensurate with Titles, Experience and Responsibilities

TABLE 81 (Continued)

QWL Dimensions	Variables Associated with Importance Level of QWL Perceptions	Variables Associated with Current Status of QWL Perceptions
4. General Environment	Dietitians above 55 Working with more than 10 Colleagues Working with no Colleagues Working in Consultation and in Private Practice Annual Income more than \$40,000 Annual Income less than \$25,000 Facility Size was 100 or less	Working in Consultation and in Private Practice

### Recommendations

#### Research Instrument

1. To increase response rate, the researcher recommends that a page explaining the different QWL aspects may be helpful to clarify how to respond to the questions. In addition, a second mailing should be done to increase response rate.

2. The researcher also recommends that the scale for Importance (High or Low) and Current Status (Good or Bad) be

expanded using a 5-point Likert-type scale e.g.

**Importance:**

- 5 - very important
- 4 - important
- 3 - neutral
- 2 - somewhat important
- 1 - not important

**Current Status:**

- 5 - very good
- 4 - good
- 3 - neutral
- 2 - fair
- 1 - bad

**Additional Research**

1. The research questionnaire needs to be used to study QWL of randomly selected members of various Dietetic Practice Groups of ADA to compare QWL of dietitians in a variety of settings.

2. Additional research needs to be conducted using foodservice professionals, healthcare providers, and administrative personnel in the hospitality industry.

**Implications**

Research-based data synthesized in Chapter II and



results of this study clearly indicate that QWL is an important component of personal development and growth of all employees, yet, a limited number of healthcare organizations promote this concept. Research has shown a definite relationship between QWL and productivity. In an environment where QWL is highly valued, employees tend to also have positive self concept, positive attitudes toward work, and are loyal and committed to the goals of the organization.

In this study, the average annual income of ODA dietitians was approximately \$30,000, with about 54 percent earning above this figure. This finding is similar with the annual gross incomes of the majority of RDs' in different areas of practice and years of experience after registration in the recent report of of ADA membership database (Bryk, and Kornblum, 1991). The ADA report revealed that most clinical dietitians (95%) earned an average annual income of \$30,000. In contrast, 85% of those working in community dietetics, and only 70% of those working in consultation, management practice, or education and research also earned at the same level per year. The latest Restaurants & Institutions' annual Job\$ Survey (Weinstein, 1991) reported that dietitians' "start pay" was \$22,000-25,000. The base salaries for foodservice directors and dietitians were \$36,700 and \$35,400 respectively. It appears that Oklahoma dietitians' salaries are comparable with the ADA membership database as well as the Job Survey. Fifty two percent of the ODA dietitians indicated that their salaries were

commensurate with their titles, responsibilities, and experiences. In addition, those with higher salaries were more satisfied with their jobs and work environments than those earning lower salaries. The Job Survey (Weinstein, 1991) indicated that dietitians leave their jobs for better pay. Contrary to Maslow's hierarchy of needs, both the Job Survey and results of this study indicated that high salary serves as a career incentive for dietitians. It may also have enhanced the dietitians' tolerance level for the negative aspects in the workplaces. As dietitians progress in their professional careers, hopefully they become more concerned about self-esteem, recognition from peers or physicians, and eventually self-actualization, thereby, individual's capabilities, experiences, education, leadership and communication skills could become more important in QWL than salary levels.

More importantly, Oklahoma dietitians indicated that three aspects were very important in their jobs: friends and mentors, manpower development, and general work environment. Manpower development and general work environment were associated with most of the independent variables (e.g. age, annual income, number of colleagues, type of facility, size of facility, and salary commensurate with title, responsibilities, and experiences). It is imperative, therefore, that administrators or human resource managers in healthcare organizations pay close attention to these two aspects with their associated variables in order to provide more

meaningful and challenging work life for all dietitians.

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## **APPENDIXES**

## **APPENDIX A**

### **QUESTIONNAIRE OF USDA QWL SURVEY**

### QUALITY OF WORK LIFE SURVEY

The statements on this page and the following 4 pages are designed to address the quality of work life of USDA employees. All employees are to respond to the first 55 statements, and only supervisors are to respond to statements 56–60. You are to record your responses on the enclosed answer sheet.

1. Enough authority has been delegated to me to do my job properly.
2. My abilities are used properly in my work unit.
3. Unit meetings and exchanges of information occur often enough to keep me informed of my unit's goals, objectives, and accomplishments.
4. Most of the meetings I attend are worthwhile to me.
5. There are no work-related subjects that I am afraid to discuss with my supervisor.
6. I have the tools and equipment to do my job properly.
7. I believe that my well-being is considered when organizational or duty assignment changes are made.
8. I am usually included in solving problems for my work unit.
9. I am asked for my ideas for the long range plans of my unit.
10. My supervisor sets aside time each year to plan next year's work.
11. All employees are treated the same in my unit.
12. My supervisor usually does the right things for the employees in my unit.
13. I feel that my supervisor trusts me to do my job.
14. I feel my performance standards are fair.
15. I am able to try new ideas and ways of doing my job.
16. I am rewarded for creative thinking and trying new ideas.
17. I can usually challenge the "old ways" of doing things in my unit.
18. My supervisor is usually willing to listen to the opinions of employees.
19. If my ideas are different from those of my supervisor, he/she tries to understand them.
20. My supervisor sets aside time each year to talk to me about my career and future plans.
21. I am satisfied with my performance rating.
22. More automation and technology will help my unit get the job done more productively.
23. I receive the type of training I need to perform my present job.
24. Highly qualified people are usually selected for higher level jobs.
25. My supervisor is sufficiently trained to manage people.
26. I know what is expected of me in most of the work I do.
27. I get timely feedback for both good and bad work.
28. I get fair feedback for both good and bad work.
29. I can identify the things that cause me on-the-job stress.
30. My supervisor takes action to reduce on-the-job stress for employees.
31. Awards go to those people who are most deserving.
32. I understand why my job is classified at its present level.
33. I feel that the work I do is worthwhile.
34. I understand my job performance standards.
35. Conflicts are usually handled well in my unit.
36. My supervisor stops occasionally to discuss the unit's progress with employees.
37. People support one another in my unit.
38. I feel free to give negative feedback to my co-workers.
39. I am able to grow and learn on my job.
40. I get recognized when I do a good job.
41. My supervisor is willing to trust me with additional responsibility.
42. I see how my work contributes to my unit's objectives.
43. My job is challenging.
44. At the end of most days, I usually feel like I have accomplished something.

- 45. If changes are made to my job, I am involved in planning them.
- 46. I feel free to discuss my personal feelings about work issues with my supervisor.
- 47. I am proud to tell my off-the-job friends where I work.
- 48. I feel that I'm an important member of my unit.
- 49. My office is adequate to satisfy my personal needs for safety and health.
- 50. My office is adequate to satisfy my work needs.
- 51. There are only a few unnecessary or unrealistic internal policies which hamper productivity in my unit.
- 52. I believe there is a positive attitude among employees toward improving productivity.
- 53. I believe that I have more to gain than lose if I increase my productivity.
- 54. When I have an idea, I feel that the employee suggestion program is a good way of sharing that idea with management.
- 55. I plan to remain a Federal employee until I retire.

**ONLY SUPERVISORS ARE TO RESPOND TO THE FOLLOWING STATEMENTS**

- 56. As a supervisor, I believe that performance standards help employees do a better job.
- 57. As a supervisor, I get the support I need from my managers and supervisors to do a good job.
- 58. As a supervisor, I feel comfortable with my agency's long range planning program.
- 59. As a supervisor, I feel I have adequate resources to provide employees with incentives to do their jobs efficiently.
- 60. As a supervisor, I feel that the Employee Suggestion Program stimulates employees to share their ideas with managers and supervisors.

## **APPENDIX B**

### **CORRESPONDENCE**



*Oklahoma State University*

DEPARTMENT OF NUTRITIONAL SCIENCES  
COLLEGE OF HOME ECONOMICS

STILLWATER, OKLAHOMA 74078-0337  
HOME ECONOMICS 425  
405-744-5040

**Dear Colleague:**

As a dietetic practitioner, you are well aware that quality of work life (QWL) is linked with work performance and productivity. Job satisfaction, a component of QWL, has been studied for a number of years, however, very limited studies have involved the measurement of QWL. We believe it is important for professionals to evaluate the conditions at their work place and to discover what makes work more meaningful and challenging. This is one of three QWL studies which will be conducted at Oklahoma State University in 1992: QWL of ODA members, U.S. military dietitians, and dietitians in business and communication.

The questionnaire has two parts-- general information and QWL assessment. There are 8 subheadings in QWL: perceptions of self, current job, work group environment, friends and mentors, working relationships, manpower development, informal network, and general environment of organization. Under each subheading, please indicate your perception high (H) or low (L) as to the importance of each statement to your job. In addition, please indicate the current status of the same issues as good (G) or bad (B) in relation to your current job.

Information gained from this study can hopefully assist you and human resource managers in creating and/or enhancing the quality of work environment where professionals will find work personally satisfying and economically rewarding.

A summary of the findings will be shared with you through the ODA Newsletter. Your questionnaire will be coded for tracking responses only and results will not identify individuals or their place of work. It will take about 15 to 20 minutes to complete this questionnaire. After completion, please fold, staple and return it to us on or before January 17, 1992. If you have questions, please call us at (405) 744-5040. Your assistance and cooperation in participating in this study are very much appreciated.

*Anna Y.A. Liu*

Anna Y.A. Liu  
Graduate Research Assistant

*Lea L. Ebro*

Lea L. Ebro, Ph.D., RD., LD.  
Professor and AP4 Director

## **APPENDIX C**

### **RESEARCH INSTRUMENT**



**DEPARTMENT OF NUTRITIONAL SCIENCES  
COLLEGE OF HOME ECONOMICS  
OKLAHOMA STATE UNIVERSITY**

**QUALITY OF WORK LIFE QUESTIONNAIRE**

**Directions: Please check or fill in the appropriate information.**

1. Gender: ☐ Male ☐ Female
2. Age group:
 

<input type="checkbox"/> Under 25	<input type="checkbox"/> 45-54
<input type="checkbox"/> 25-34	<input type="checkbox"/> 55-64
<input type="checkbox"/> 35-44	<input type="checkbox"/> 65 and older
3. Marital status:
 

<input type="checkbox"/> Single	<input type="checkbox"/> Married
<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed	
4. If married, does your spouse have a full time job?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Your ethnic background:
 

<input type="checkbox"/> White	<input type="checkbox"/> Black
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Native American	
<input type="checkbox"/> Other: specify _____	
6. Highest level degree obtained and major:
 

<input type="checkbox"/> BS major: _____
<input type="checkbox"/> MS major: _____
<input type="checkbox"/> PhD. major: _____
<input type="checkbox"/> Other specify: _____
7. R.D. Status:
 

<input type="checkbox"/> R.D.	<input type="checkbox"/> Non R.D.
-------------------------------	-----------------------------------

Licensure Status:

<input type="checkbox"/> Licensed
<input type="checkbox"/> Provisional LD
<input type="checkbox"/> Non-licensed
8. Route to ADA Membership or Registration:
 

<input type="checkbox"/> Internship/AP4
<input type="checkbox"/> CUP Program
<input type="checkbox"/> Traineeship
<input type="checkbox"/> Three year's planned work experience
<input type="checkbox"/> Master's with 6-month work experience
<input type="checkbox"/> Other specify: _____
9. Job title: \_\_\_\_\_
10. Status of employment:
 

<input type="checkbox"/> Full time (35 or more hours/week)
<input type="checkbox"/> Part time (34 or less hours/week)
11. Annual income:
 

<input type="checkbox"/> Under \$14,999
<input type="checkbox"/> \$15,000-19,999
<input type="checkbox"/> \$20,000-24,999
<input type="checkbox"/> \$25,000-29,999
<input type="checkbox"/> \$30,000-34,999
<input type="checkbox"/> \$35,000-39,999
<input type="checkbox"/> \$40,000-44,999
<input type="checkbox"/> Over \$45,000
12. Is your salary commensurate with your title, responsibilities and experiences?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
------------------------------	-----------------------------	-------------------------------------
13. Number of years employed in the dietetic profession: \_\_\_\_\_
14. Time in current position:
 

_____ years	_____ months
-------------	--------------
15. Position title of your supervisor: \_\_\_\_\_
16. Number of employees you supervise: \_\_\_\_\_
17. Number of dietitians you work with: \_\_\_\_\_
18. Type of facility:
 

<input type="checkbox"/> Hospital/Medical center
<input type="checkbox"/> Community nutrition program
<input type="checkbox"/> specify: _____
<input type="checkbox"/> College/University (Academic)
<input type="checkbox"/> College/University (Foodservice)
<input type="checkbox"/> Business/Industry and Communication
<input type="checkbox"/> School food and nutrition service
<input type="checkbox"/> Consultation and private practice
<input type="checkbox"/> Other specify: _____
19. Facility or operation size (beds, participants, clients, students):
 

<input type="checkbox"/> Less than 100
<input type="checkbox"/> 101-299
<input type="checkbox"/> 300-499
<input type="checkbox"/> 500-799
<input type="checkbox"/> 800-999
<input type="checkbox"/> 1000 and more

## QUALITY OF WORK LIFE QUESTIONNAIRE

Quality of work life (QWL) is a measurement of the impact that your work has on you and your organization's effectiveness. The following questions ask for your evaluation of conditions at your place of employment. The questions are divided into sections that examine YOUR PERCEPTIONS of areas that have a direct impact on you, the people you work with, and the various administrative processes that affect you on a day-to-day basis.

Evaluate the following items, within their subheadings, in two areas as indicated by the two columns:

1. Importance (I)-- High (H) or Low (L)
2. Current Status (CS)-- Good (G) or Bad (B)
3. If an area does not apply to you, mark NA; e.g. Union.

### A. PERCEPTION OF SELF

<u>I</u>	<u>CS</u>	
___	___	Formal education
___	___	Career choices
___	___	Stress coping techniques
___	___	Personal growth
___	___	Life planning
___	___	Job search ability
___	___	Individual goal setting
___	___	Self respect and dignity
___	___	Personal pride
___	___	Autonomy

### B. PERCEPTION OF CURRENT JOB

<u>I</u>	<u>CS</u>	
___	___	Job descriptions
___	___	Job design
___	___	Training and retraining
___	___	Job rotation
___	___	Concern for human needs
___	___	Tools to do the job
___	___	Task feedback
___	___	Distribution of work
___	___	On the job accident rates
___	___	Sense of ownership

### C. PERCEPTION OF WORK GROUP ENVIRONMENT

<u>I</u>	<u>CS</u>	
___	___	Physical layout of work area
___	___	Leader development training
___	___	Individual incentives
___	___	Individual recognition
___	___	Fair treatment
___	___	Fair work allocation
___	___	Mutual respect
___	___	Competition
___	___	Cooperation
___	___	Sense of belonging

### D. PERCEPTION OF FRIENDS AND MENTORS

<u>I</u>	<u>CS</u>	
___	___	Union or association affiliation
___	___	Support of service group
___	___	Informal networks
___	___	Depth of friendship
___	___	Social groups and clubs
___	___	Recognition of talents
___	___	Utilization of talents
___	___	Support in time of needs
___	___	Friendships extend beyond the workplace
___	___	Contributions to professional growth

**E. PERCEPTION OF WORKING  
RELATIONSHIPS**

<u>I</u>	<u>CS</u>	
___	___	Supervisor relationships
___	___	Supervisor adaptability
___	___	Subordinate relationships
___	___	Subordinate adaptability
___	___	Peer relationships
___	___	Peer adaptability
___	___	Union/association
___	___	relationships
___	___	Union/association adaptability
___	___	Counseling and coaching
___	___	Interpersonal communication

**F. PERCEPTION OF MANPOWER  
DEVELOPMENT**

<u>I</u>	<u>CS</u>	
___	___	Recruitment and selection procedures
___	___	Employment practices prescribed by law
___	___	New employee orientation
___	___	Career planning
___	___	Outpatient services
___	___	Preretirement planning
___	___	Responsible management
___	___	Responsible union/association
___	___	Consistency of treatment
___	___	Recognition of individuals

**G. PERCEPTION OF INFORMAL  
NETWORK**

<u>I</u>	<u>CS</u>	
___	___	Team building
___	___	Work systems analysis
___	___	Shared leadership
___	___	Shared tasks
___	___	Informal organization
___	___	Mutual cooperation
___	___	Respect for ideas of others
___	___	Everyone carries their own weight
___	___	Constructive use of conflict
___	___	Public debate tolerated

**H. PERCEPTION OF GENERAL  
ENVIRONMENT OF ORGANIZATION**

<u>I</u>	<u>CS</u>	
___	___	Human resources or personnel department
___	___	Relocation practices
___	___	Formal communication channels
___	___	Task force operations
___	___	Mission statement
___	___	Compensation package
___	___	Ethical image
___	___	Benefit package
___	___	Communications during time of work cutback
___	___	On the job emergency medical treatment

## **APPENDIX D**

### **MAJORS OF THE HIGHEST DEGREES OBTAINED BY THE RESPONDENTS AND THEIR FREQUENCIES**

The purpose of this appendix was to describe the majors of the highest level degrees that the respondents obtained and the frequencies of those majors. Explanations follow in the order of B.S., M.S., Ph.D., and "Other" degrees.

MajorsFrequencyB.S. Degree

Dietetics; Food, Nutrition, and Institution Administration (FNIA); Food and Nutrition, Nutrition and Dietetics, Nutrition and Institution Management	43
Clinical Dietetics, Education and Clinical Dietetics	10
Other (Agriculture, Hotel and Restaurant Administration)	4
No response	5

M.S. Degree

FINA, Nutrition, Food and Nutrition, Nutrition and Dietetics, Nutritional Science, Human Nutrition	37
Home Economics, Home Economics--Education, Education, Occupation and Adult Education, Educational Foundation	9
Institutional Management, Foodservice Management, Administrative Management	6
Clinical Dietetics, Dietetics	2
M.P.H.	2
Nutrition and Food Science	2
No response	3

Ph.D. Degree

Education, Higher Education Administration	4
Nutrition, FNIA	3
Food Science	1

Other Highest Degree

Associate Arts Degree	2
Other (post baccalaureate)	2

**APPENDIX E**

**SPECIFIED COMMUNITY SERVICE PROGRAMS**

**AND OTHER FACILITIES**

The purpose of this appendix was to describe the characteristics of the facilities that respondents specified and the frequencies. Explanations follow for community service programs and "other" facilities.

<u>Community Service Programs</u>	<u>Frequency</u>
Women, Infants, and Children (WIC)	4
Health Department	3
OSU Cooperative Extension, Expanded	
Food and Nutrition Education Program (EFNEP)	3
Senior Meals	1
Public Health	1
 <u>Other Facilities</u>	
Business and Industry (Food Distributor, Profit Corporation, Public Utility, Computer Software)	5
Nursing Homes, Long Term Adult Care	4
Out-Patient Clinics, Diabetes Clinic	4
Residential Facility for Mentally Retarded/ Developmentally Disabled, State Institution, Psychiatric Hospital	3
Oklahoma State Health Department	2
Federal Prison	1

**VITA**

**Yuan-an Liu**

**Candidate for the Degree of  
Master of Science**

**Thesis: A QUALITY OF WORK LIFE ASSESSMENT OF OKLAHOMA  
DIETITIANS**

**Major Field: Food, Nutrition, and Institution Administration**

**Biographical:**

**Personal Data: Born in Taiwan, Republic of China  
(R.O.C.), October 19, 1966, the daughter of Mr. and  
Mrs. Ho-chein Liu.**

**Education: Attended Fu-Jen Catholic University, Taiwan,  
R.O.C., received Bachelor of Science degree in  
June, 1988; completed requirements for the Master  
of Science degree at Oklahoma State University in  
July, 1992.**

**Professional Experience: Crew Person and Trainer,  
Kentucky Fried Chicken Co., Taiwan, R.O.C., 1985-  
1986; Probational Manager, Green Bay Restaurant,  
Taiwan, R.O.C., July-August, 1988; Personnel Clerk,  
IBM Taiwan Corporation, R.O.C., August, 1988-  
February, 1989; Student Cafeteria Dietitian, Soo-  
chow University, Taiwan, R.O.C., February-August,  
1989; Graduate Research Assistant, Department of  
Nutritional Sciences, Oklahoma State University,  
January, 1990-July, 1992.**

**Student Organizations: Secretary, Student Repre-  
sentative Committee of the Science and Engineering  
College, and Chief of Arts and Crafts Section,  
Department Society, Fu-Jen Catholic University,  
Taiwan, R.O.C., 1985-1986; Activity Section,  
Chinese Student Association, Oklahoma State  
University, 1990-1992.**