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Ward Atmosphere and Job Satisfaction
in Psychiatric Staff

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**Ward Atmosphere and Job Satisfaction
in Psychiatric Staff**

By

Bonnie J. Boots

A Thesis

**Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

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Abstract

Ward Atmosphere and Job Satisfaction in Psychiatric Staff

By

Bonnie J. Boots

Satisfaction in the work-place has been a critical issue in the psychology literature because lower levels of job satisfaction are correlated with lessened commitment and increased turnover. Research has shown a distinct relationship between the work environment and staff job satisfaction in industrial settings. However, few studies have examined job satisfaction and work climate in psychiatric hospitals; none have used a multiple method approach. One hundred thirty staff in a psychiatric hospital and one hundred thirty residents were surveyed using the Ward Atmosphere Scale and Job Descriptive Index. Results showed there was a relationship between job satisfaction and ward atmosphere. When the setting maintains certain aspects of atmosphere, the staff are more satisfied. Furthermore, when staff felt they knew the residents in their setting, staff were more satisfied. Implications for improving job satisfaction, and treatment of psychiatric residents are discussed.

In dedication to my father, Arthur Boots Jr.
The most educated man I know.

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Chapter 1

Introduction

Psychologists have been concerned with the satisfaction of employees in the place of work for several reasons (Brayfield & Crockett, 1955; Porter & Steers, 1973). It has been shown that when levels of job satisfaction decrease, commitment declines and turnover increases (Mobley et al., 1979; Michaels & Spector, 1982; Barling, Wade & Fullagar, 1990). Therefore, it is important to recognize various influences on job satisfaction. For example, literature has shown that intra-role conflict, anxiety, rewards, responsibilities, support, and leadership effect job satisfaction (Pryer & Distefano, 1971; Kumara & Koichi, 1989; Davis, 1974; and Batlis; 1980). Yet, there are more subtle characteristics that may sway job satisfaction including the overall climate of the work place.

Work environment, or more specifically social climate, has been related to job satisfaction in the organizational/industrial literature (Barling, Wade, & Fullagar, 1990; Payne, Fineman & Wall, 1976; LaFollette & Sims, 1975; Scheider & Snyder, 1975). It has been noted in several of these studies that job satisfaction is related to the environment or social climate of the organization.

However, one shortcoming of this research is that it has almost exclusively been conducted in industry (Batlis, 1978; Chadha, 1988; Pritchard & Karasick, 1973). Considerably less work has been done in such areas as helping occupations (i.e. mental health settings) where the environments' impact on the social climate may be very different from those of industry due to the nature of the work (Webb et al., 1980). For example the daily pace of a ward may change due to the number or the mood of the patients on the ward. Another shortcoming is that the organizational unit being studied is usually the entire organization and not the individual work settings within the larger organization.

The following review compares the theories of environment according to Barker and Wicker. It then goes on to critique research on job satisfaction and social climate in the following settings: medical hospital environments, psychiatric environments, and other environments. Finally, research is presented which extended the research done in the helping professions and gained a more complete understanding of psychiatric ward social climates and the relationships of those climates to job satisfaction.

Literature in this review spans the years from 1951 to 1991. A search was conducted through Psychology Abstracts using these keywords: ward atmosphere, social climate, psychiatric staff job satisfaction, perception of environments, job satisfaction and social workers, job

satisfaction and psychiatric hospital, organizational climate, job satisfaction and environment. Psych Lit was searched using the keywords job satisfaction and psychiatric hospitals, job satisfaction and climate, employee turn over, treatment facilities and psychiatric units. Articles were included in this review if they provided detailed information about climate, psychiatric settings or job satisfaction.

Theories of Environment

Roger Barker and Allen Wicker developed related, but distinct theories regarding environmental settings. The primary assumptions of each theory are presented below.

Overall, Barker's philosophy included people in settings as objects. Barker (1963) believed that as people move from one situation to another they are transformed into different players according to their position in that particular setting. Environment, or more specifically the behavior setting, is maintained by the functions of the setting, irrespective of the people within that setting. More simply put, a particular environment (i.e. work) is the same no matter what people fill the individual positions (i.e. whether you or someone else does your job).

In order to define settings, Barker (1968) developed the concept of genotypes. Genotypes refer to settings that are similar enough to each other to be classified as the same. Actors and physical objects in these settings are so similar that the leaders in one setting could move to another setting and fulfill their role without delay (Luke, Rappaport, & Seidman, 1991). Genotypes are rough approximations of a particular type of setting.

Luke (1991) introduced the idea of phenotypes. Phenotypes are unique characteristics within the same genotype. For example, all business offices are primarily the same; they are in the same genotype classification.

However, the types of business that occurs in each office is different (i.e. a doctors office versus an insurance company office). These differences in business change the phenotyped classifications; according to Luke, phenotypes are made up of behavior settings that have similar behavior patterns. The phenotypes are similar, yet, distinct.

Wicker (1987) adopted a more dynamic view of Barker's ideas. He regarded a behavior setting as a construction of the participants. As individuals participate in the environment, they act out what makes sense to them at the moment. Important to Wicker are the setting facets, resources, internal dynamics and context. Resources are the people, objects, physical spaces and information the setting can utilize. Internal dynamics include personal cognitions, social processes, growth, and stability. Finally, context includes political, legal, and economic conditions, setting history and linkages between settings. If Wicker's belief is emulated, people do have some influence on their setting. The settings can change, grow, and shrink by the influence of the individuals within those settings. Thus, people are not completely interchangeable; individual perceptions effect the setting.

As stated earlier, Barker and Wicker's theories are similar. The main difference in the two approaches lies in the fact that Barker views the settings solely through behaviors that are determined by the environment. Wicker

postulates that more interactive processes are at work and a more integrative approach is necessary to evaluate the setting. This review will consider a combination of Wicker and Barker's theories.

Barker's notion of genotypes is relevant when contemplating the differences in settings. It points out that even though some settings are very similar, there are settings that differ completely. Luke's theory of phenotypes is also important in this paper. Since settings can be similar yet different, different areas within a larger setting could be distinct phenotype classifications. Additionally, Wicker's theory is also very important in the emphasis on the interaction between the environment and the individuals within it. Individuals' impact on the phenotype situations could explain why they vary. Thus, when assessing psychiatric settings, it would be important to examine job satisfaction on individual wards since the people in those settings might determine the different phenotypes.

Medical Hospital Settings

Although the literature on organizational job satisfaction is abundant, job satisfaction of health care workers is less often investigated. Webb et al. (1980) found that 3300 articles on industrial and business job satisfaction have been cited, however, only 19 articles investigated job satisfaction in the helping professions.

The following discussion summarizes job satisfaction research in the medical professions. The first study indicated that in general nurses are satisfied with their jobs, although, they are confused about their purpose. The second article showed that rewards do not affect job satisfaction but work relationships do. The third study in this section indicated that higher staff levels are more satisfied with their work and job satisfaction ratings increase if employees can affect clinical judgement making. Finally, the fourth article determined that different climate dimensions do correlate with job satisfaction, however, other climates may have no affect on satisfaction.

Davis (1974) hypothesized that there would be significant differences between nurses' and doctors' expectations, nurses' and patients' expectations, and nurses' and other staffs' expectations, of the amount of involvement a nurse should have in decisions on a unit. Also investigated was the relationship between intra-role conflict and job satisfaction. An attempt was made to verify if conflicting expectations were reflected in nurses' job satisfaction. An interview was used to assess intra-role conflict and job satisfaction using the Brayfield and Rothe index (1951, cited in Davis, 1974). Davis concluded that intra-role conflict was not related to job satisfaction. Nurses that experienced greater intra-role conflict did not have lower job satisfaction scores.

Physicians and nurses, and nurses and patients, held different expectations for nurse involvement. It appears from this study that nurses who are confused about their purpose or their duties are not necessarily those who are less satisfied in with their working situation, and furthermore, that there is confusion between staff levels about the roles of nurses. Thus, other variables should be considered.

Everly and Falcione (1976) considered internal and external reward variables to determine the effects on job satisfaction. They postulated that job satisfaction was mainly a result of internal and external factors. One hundred forty four subjects with diverse clinical backgrounds were surveyed using an 18 item questionnaire assessing their satisfaction with various aspects of their work environment (ie. adequacy of tools and equipment, good working conditions, recognition of good work, relations with fellow workers, hospital policy, job security, relations with immediate supervisor etc.). A factor analysis revealed that relationship variables accounted for the most variance, followed by internal rewards (development of new skills and abilities) and external rewards (tangible rewards for work effort) respectively. This analysis indicated that it is not primarily the intrinsic or extrinsic rewards that account for job satisfaction but the complex interpersonal relationships which occur in the work setting.

Other types of working relationships have also been investigated by Shamsie and Lang (1976). They considered leadership hierarchy and job satisfaction in two concurrent studies. In the first study, a questionnaire was distributed to clinical staff to assess their feelings about the administration and their job satisfaction. The staff was divided into four groups relative to their authority and autonomy: (1) psychiatrists, (2) psychologists, psychiatric residents, teachers, and head nurses, (3) occupational therapists, social workers, and nurses, (4) nursing assistants and child-care workers. Basing their hypotheses on business organization research, the authors postulated that the lowest levels of job satisfaction would be among the nursing assistant and the child care-workers (direct care staff).

Results indicated that when appraising the administration, the psychiatrists were very positive. Group two was less satisfied but yet positive. Group three was split. Group four was mostly negative. In assessing job satisfaction, the study revealed that 75% of the higher level clinical staff were satisfied, whereas, only 34% of the nursing assistants expressed satisfaction. The employees at the bottom of the staff hierarchy were least satisfied and most alienated even though the success of the treatment depended on their efforts. However, the results of this study are problematic because the groups differed

considerably in age, education, and income.

The last three studies have all considered various factors that could affect job satisfaction. Thus far, these studies have revealed that: (1) in general nurses are not dissatisfied but they are confused about their job roles (Davis, 1974), (2) external or internal rewards do not influence job satisfaction levels but work relationships do (Everly and Falcione, 1976), and (3) higher order staff levels are more satisfied than lower order levels (Shamsie and Lang, 1976).

Lyon and Ivancevich (1974) also conduct research on job satisfaction in a medical setting, however, they consider job satisfaction in relation to social climate. Their research is the first known to investigate social climate within the helping professions. The authors examined organizational climate and job satisfaction in a general hospital to determine if: (1) nurses and administrators had equivalent perceptions of climate and, furthermore, (2) the linkage between climate and satisfaction is the same for nurses and administrators. Ninety administrators and sixty five nurses participated. The Halpin and Crofts Organizational Climate Description Questionnaire was used to measure climate (esprit, intimacy, prediction, disengagement, hindrance, aloofness). Satisfaction (self-actualization, autonomy, esteem) was measured by a nine item questionnaire developed by the authors.

Results revealed that different climate dimensions were correlated with job satisfaction levels. Furthermore, the relationship between climate and satisfaction varied according to the type of climate dimension and the job satisfaction facet considered. Some climate dimensions had no impact on satisfaction facets.

Summary and Conclusions.

The research on job satisfaction in medical settings is limited. The four studies indicated that nurses were satisfied with their jobs but yet are confused, relationships are important to job satisfaction, administrative staff are more satisfied, and finally, some climate dimensions do affect job satisfaction while others may not. These studies provided a good beginning to understanding job satisfaction in the helping professions. Yet, there are many problems. In general, three improvements need to be made. First, better and more consistent measures of job satisfaction need to be used. The studies do not consistently measure job satisfaction in the same way. Second, smaller units of measurement need to be used. For example, most of these articles use the entire organization as their unit of analysis when a smaller unit such as wards may reflect more meaningful results. Finally, these studies only consider the staff of the organizations and do not consider other individuals who may influence the setting, for example patients.

More specifically, the study by Lyon and Ivancevich (1974) was probably the first published about the relationship between climate and job satisfaction in the helping professions. Additional studies need to be conducted which validate and clarify the impact of job satisfaction and climate, and utilize more rigorous methods, larger samples, and standardized, reliable, and valid measures. Measures such as these should be used to make the measurement of climate more uniform for the different settings. Finally, comparing office personnel with nurses is probably not sufficient to assess all of the settings within the hospital. More specific social climate phenotypes, such as wards, should be investigated in addition to organizational climate genotypes.

Mental Health Settings

As in the medical settings, research on job satisfaction in the mental health settings has very seldom considered social climate. This section will review work on job satisfaction and job satisfaction in relation to climate in mental health settings. The first two studies indicated that mental health workers are less satisfied than general health workers. The third, fourth, and fifth studies tried to determine reasons for the dissatisfaction in the mental health field. The last two articles investigated the relation between job satisfaction and climate in mental health settings.

Landeweerd and Bouman's (1988) studied 100 Dutch nurses to determine work satisfaction. Researchers compared five departments: (1) a cardiac care unit, (2) general surgical department, (3) admissions department, (4) short-stay department, and (5) long-stay department. The first two departments were housed in a general hospital and the last three were departments in a psychiatric hospital. Work satisfaction was measured by the Algora questionnaire (1980 & 1986, cited in Landeweerd and Boumans, 1988). Ten variables were considered: experienced meaningfulness, experienced responsibility, knowledge of results, internal work motivation, job involvement, growth satisfaction, clarity satisfaction, social satisfaction, supervisory satisfaction and general work satisfaction. Health and stress was evaluated using an interview. Six variables were considered: general health, heart complaints, nervousness, depression, irritability and stress.

Results indicated that work satisfaction in all departments appeared to be high, although there were significant differences within the departments on particular variables. The health and stress questionnaire revealed positive feelings in each department, yet, there were individual differences between departments. The findings also indicated that psychiatric nurses reported lower levels of work satisfaction and more health and stress problems than nurses in the general hospital. Webb et al.

(1980) agreed with this finding.

Webb et al (1980) found that job satisfaction among mental health care workers was not as optimistic as once thought. This study used the JDI to assess job satisfaction and a questionnaire to investigate related issues. Preliminary data suggested that employees were satisfied with their field of work, their co-workers, and received supervision. However, they were dissatisfied with their pay and promotion opportunities. This is an unique study in that it showed that people like the actual work they do. Yet, there are some important issues that make them view their job as unfavorable.

Webb et al (1980) and Landeweerd and Bouman (1988) agreed that mental health employees appeared to be more dissatisfied than other general hospital employees. The next three studies by Pryer and Distefano (1971), Buffum and Konick (1982), and Rump et al. (1979) attempt to pinpoint reasons for the dissatisfaction in this profession.

Pryer and Distefano (1971) explored the relationship between leadership behavior, internal-external control and job satisfaction. The Job Descriptive Index (JDI) was used to measure job satisfaction. Leadership behavior was appraised using the Leader Behavior Description Questionnaire (LBDQ) (Stogdill, 1963) and internal-external control was rated by the Internal-External Scale (Rotter, 1966). The authors concluded that leadership was related to

job satisfaction scores at all staff levels. Only the psychiatric aids displayed a relation between internal-external control, leader behavior and job satisfaction. These people perceived rewards in life as externally controlled and were less satisfied with their jobs. Even though job satisfaction was related to leadership, internal-external control factors did not seem to be critical features in the relationship.

Buffum and Konick (1982) considered job satisfaction, resident functioning and treatment progress in psychiatric institutions. It was proposed that: (1) the higher the level of functioning of the patients the greater the job satisfaction level of the staff, and (2) the greater the level of staff job satisfaction the greater the improvement in patient functioning and vice versa.

A revised form of the JDI, the Job Satisfaction Index (JSI) (Smith, Kendall & Hulin, 1969) was used to assess job satisfaction. This measure is said to have greater reliability than the JDI. Resident functioning was judged in three ways. First, subjective ratings were made by the experimenters. The 22 wards were categorized high to low using four levels of functioning. Next, the Discharge Readiness Inventory (DRI) and, then, the Nurses Observation Scale for Inpatient Evaluation (NOSIE) were completed. Social workers completed the DRI and nursing supervisors completed the NOSIE.

Findings from this study did not support the hypothesis that employee satisfaction was related to reduction in degree of patients pathology. Employees on wards with the highest functioning patients were not the most satisfied with their jobs. However, staff on the wards with the lowest functioning patients did report the lowest satisfaction ratings with their work. Staff working on wards with middle range functioning patients reported the highest level of satisfaction. Researchers noted that this may have been due to the fact that these clients show the most progress in their recovery. Higher levels of satisfaction were found when staff felt that their work helps clients to change and enables them to adjust to community situations.

Rump (1979) investigated satisfaction of nurses in three psychiatric hospitals in South Australia. The hospitals contained 681, 487, and 133 beds. The author hypothesized that (1) the largest hospital would have higher ratings of job satisfaction, (2) the smallest hospital would have the best communication with other staff, and (3) despite the advantages of the smaller hospital the staff would be less satisfied than the larger hospitals. Six hundred nineteen nurses completed a questionnaire.

In contrast, the analyses revealed that the largest hospital was highest in job dissatisfaction levels and the smallest hospital was lowest in dissatisfaction levels. The

smallest hospital had the best communication with other staff; although staff in smaller hospitals were more satisfied than those in larger hospitals, the smaller hospitals were still dissatisfied with the number of staff that worked during the night shift. Thus, satisfaction ratings vary with size of hospital. Furthermore, satisfaction in the overall work place could have masked dissatisfaction in particular aspects of the job.

Thus far, this section demonstrated that mental health workers are less satisfied with their work and their dissatisfaction has little to do with patient pathology (Buffum and Konick, 1982). However, dissatisfaction may be related to size of the institution (Rump, 1979) or leadership and control (Pryer and Distefano, 1971). The last two investigations in this segment consider job satisfaction and social climate in a mental health setting.

Brady et al. (1980) predicted that staff who had high job satisfaction scores would report more involvement, peer cohesion, staff support, autonomy, task orientation, clarity, innovation, and physical comfort, and, less pressure and control than individuals with low job satisfaction. Twenty one administrative staff members of an outpatient mental health clinic in Texas completed the Work Environment Scale and the Job Descriptive Index as a measure of climate and job satisfaction respectively.

Significant differences were found between subjects

high and low in satisfaction scores on the following climate variables: involvement, peer cohesion, staff support, autonomy, and innovation. The results point out that level of job satisfaction is related to some social climate features but not others. Further, they supported the hypothesis that high interaction of co-workers is related to higher ratings of job satisfaction. However, no differences were found between high and low satisfied subjects on the dimensions of task orientation, work pressure, control, clarity, and physical comfort. This result seems confusing. However, the small sample size made the power of this study minimal.

Dorr, Honea and Pozner (1980) investigated the relationship between psychiatric nurse's job satisfaction and perceived therapeutic climate on six wards of a psychiatric hospital. Nurse moral was measured by the Science Research Associates Employee Attitude Survey (EAS) (1952, cited in Dorr, Honea & Pozner, 1980). This measure has fourteen dimensions which include such areas as: job demands, working conditions, and pay. Ward atmosphere was measured using the Ward Atmosphere Scale (WAS). Real and ideal forms of the WAS were used (see methods for explanation of this measure).

Eighteen nurses and forty eight nursing attendants completed the two scales. Correlations between these measures revealed that there were strong relationships

between job satisfaction and support, practical orientation, order and organization, and program clarity. Practical orientation accounted for the greatest degree of variance. Rating of job satisfaction was also strongly related to Program Clarity ($r = .56$, $p < .001$) and patient Support ($r = .42$, $p < .001$). Despite the small sample, the authors found that the smaller the difference between the real and ideal Involvement scores, the higher the nurse's job satisfaction ratings ($r = -.20$, $p < .05$). Thus, a relationship seems to exist between job satisfaction and social climate.

Summary and Conclusions.

Brady et al. (1980) and Dorr, Honea, and Pozner (1980) bridge an important gap in the literature. In the mental health professions only these two studies have considered social climate. However, both samples have very small samples and, while the Brady et al. (1980) study leads to confusing results, Dorr, Honea, and Pozner (1980) have various other problems. Namely, the research takes place in a small (90 bed) private institution. Only 66 nurses participated. Next, they failed to consider obtaining information from other employees of psychiatric hospitals, such as resident care aids, social workers, psychiatrists, and psychologists whose input could change the general view of climate in the setting. Furthermore, as presented earlier, the perception of the atmosphere by residents or outside observers is not used to validate or further explain

the perceived atmosphere. Finally, measures of job satisfaction are used which have unknown psychometric properties. More work is needed which includes all levels of staff, as well as patients, and considers setting events in relation to ward atmosphere.

Other Settings

This section will review studies on job satisfaction in settings other than the psychiatric or general hospitals. These settings include: a center for emotionally disturbed children, community agencies, community residential treatment facilities, and nursing homes. Studies that considered job satisfaction and climate in other settings were not found.

A study conducted by Shamsie and Lang (1976) was completed in a center for emotionally disturbed children. The center changed its policy to adapt a more team oriented approach to treatment. Decisions for treatment were reached by a staff team including members from the four groups outlined in study one. Furthermore, treatment units were given more leeway in making decisions, however, they were not given control over administrative functioning. A questionnaire was given to 84 child-care workers to evaluate their morale, work satisfaction, and perceptions of their ability to impact decision-making. The child-care workers did not differ on age, education or income. The authors theorized that those who felt they had little decision

making power, would have decreased moral and satisfaction. The survey revealed that job satisfaction levels of the staff seems to be largely a result of their ability to affect clinical decision making. Yet, their lack of administrative decision making did not affect job satisfaction.

In another setting, Jayaratne and Chess (1984) found that job type does not affect job satisfaction. They used information from a survey of 288 social workers to investigate job satisfaction, burnout, and turnover among community mental health and family service workers. Sixty of the participants were child welfare workers, 144 were working in community mental health centers and 84 were employed with family services.

Results revealed that all groups had high levels of job satisfaction and there were no significant differences between the groups. Family service workers felt their working environment was better than child welfare workers or community mental health workers. There were no significant differences in work load between the three groups. Although child welfare workers suffered more stress, their burnout rate was not different from the other groups. Financial reward was the only significant predictor of staff turnover. Child welfare workers did not view their job as challenging and this may contribute to the higher turnover rate for this population.

Silver et al. (1984) examined attitudes and job satisfaction of direct care and professional staff members who served profoundly retarded and physically disabled individuals in community programs and a residential facility in New York City. This facility served 151 people of which 115 were considered to be the most impaired of the state's developmentally disabled population. The community programs served less disabled individuals living in the community. Employee attitudes were appraised using the Residential Personnel Opinion Scale (1984, cited in Silver et al., 1984) and job satisfaction was evaluated using the Job Descriptive Index (JDI) (Smith Kendall & Hulin, 1969). Employees were classified as: (1) hospital workers who cared for nonambulatory patients with no communication or self-care skills, (2) staff from community agencies who treated extremely disabled, and (3) community personnel who served ambulatory and higher functioning residents. Results revealed that ratings of staff satisfaction and attitudes did not differ due to the level of functioning of their residents. There was also no difference due to place of work. Attitudes were generally neutral or positive.

Another study conducted in a residential treatment facility setting (Sarata, 1984) explored change in job satisfaction. Job satisfaction was evaluated in three residential treatment facilities for problem adolescents after the following procedure changes were made. Facility I

gave workers responsibility for initiating and coordinating treatment plans. Facility II used a multi-disciplinary approach to treatment planning. Facility III retained the existing treatment planning and organization. One hundred fifty workers completed questionnaires which assessed overall job satisfaction, specific aspects of satisfaction (i.e. pay, work, co-worker, supervisors, and client progress), and responsibility. Data were collected at three time points in the organizational processes. It was concluded that increases in pay and autonomy increased ratings of job satisfaction.

Grau et. al (1991) investigated 219 nursing home aides to determine what aspects of their jobs affect their "institutional loyalty". Institutional loyalty was defined as the likelihood that the nurses would stay or leave their jobs considering five factors of their job satisfaction: job tasks, job benefits, attitudes toward administration, and attitudes toward social climate. Institutional loyalty was measured by the a modified version of the Organizational Commitment Scale (Porter et al., 1974). Job satisfaction was measured by a scale developed by the Cantor and Chichin (1989).

Findings of this study were interesting in that the authors found that ratings job satisfaction does not necessarily predict job termination. The levels of job dissatisfaction were the same for longer-stay and shorter-

stay employees. Older workers with less education were more satisfied with aspects of their job except social environment. Employees with lower annual incomes had more positive attitudes toward job tasks and administration. Finally, staff with low institutional loyalty would be more likely to leave the institution if economic and other considerations did not play a role in their decision.

Summary and Conclusions.

Research in this section shows that job satisfaction has been studied in other setting within the helping professions. However, the purposes and the findings are disjointed. The studies all investigate job satisfaction, but use a different measure to examine it. Again, assorted measures of job satisfaction were used and job satisfaction was measured at the level of the entire organization and not smaller units.

Work is needed which relates job satisfaction and social climate and, furthermore, uses reliable and valid instruments. Again, residents data needs to be included and setting events investigated for their relationship to social climate.

Conclusions

This review has demonstrated that, although, research has been done on job satisfaction in the helping professions it is not enough. Among the studies reviewed here, only three directly consider the relationship of job satisfaction

and social climate. Due to method weaknesses, the three studies completed do not begin to clarify the relationship between job satisfaction and social climate. Most of the knowledge about climate has been conducted in the business organizations. Most of the literature in the helping professions has concentrated on the hospitals or agencies as a whole. Only one of the studies considered the different subunits (phenotypes) within the agencies (i.e. wards) specifically. It is important to consider job satisfaction and climate within the different wards or departments because the climates may differ greatly, hence, possibly affecting job satisfaction levels.

Furthermore, many studies only collected data from administrative staff. They failed to include other direct-care staff. It is crucial to gain the information from direct care staff because these people are working in conjunction with the patients. If they are unhappy in their jobs then it is possible that the patients will not be given the best possible care.

Only two of the prior studies included the assessment of the residents in the facilities. This is a definite oversight. With appropriate measures, patients are an important source of data. It is possible that patients may not see their environment in the same way as the staff do. Perhaps what satisfies the staff is not satisfying, nor helping the patient. This additional information will

enhance the richness of the climate information and possibly providing for a more adequate explanation of the environment.

In summary research needs to do three things: (1) examine the relationship between ward atmosphere and job satisfaction in the helping professions, (2) include patient data in the analysis of ward atmosphere, and (3) examine events occurring within the environment which may affect ward atmosphere. As a result, this study was proposed to remedy some of these shortcomings.

Hypotheses and Research Questions

Considering the above, this study was proposed to investigate the relationship between ward atmosphere and job satisfaction in the helping professions. This study was conducted in sub-settings (wards) of a psychiatric hospital considering information from direct care staff as well as residents. Data were collected using reliable and valid measures of job satisfaction and social climate.

Hypothesis One: There is a relationship between individuals' perceptions of ward atmosphere and individuals' perceptions of job satisfaction.

Roger Barker's theory of genotypes shows the importance of verifying research in completely different fields. Simply because organizational settings show a relationship between job satisfaction and social climate does not confirm the same finding in all settings.

(A) Is job satisfaction rated higher by staff who also perceive the environment to have support, practical orientation, order and organization, and program clarity?

Dorr, Honea, and Pozner found that when nurses were satisfied with their jobs the ward atmosphere contained support, practical orientation, order and organization and program clarity. This hypothesis was proposed to verify their finding in a larger institution.

(B) Is job satisfaction rated higher by staff when patients in the same environment consider it to have support, practical orientation, order and organization, and program clarity?

This hypothesis was proposed to extend hypothesis 1(a). If patients find the ward to have support, practical orientation, order and organization and program clarity, are staff satisfied in their job? Could patients identify the same types of atmosphere characteristics as staff could and, furthermore, were the staff satisfied when the patients did so.

(C) Do patients and staff, whose environment is thought to be specialized, rate their surroundings as higher in support, practical orientation, order and organization, and program clarity?

Inquiry into the psychiatric facility used for this research project determined that not all wards within the hospital contained the same treatment models. Some wards

were considered by the administration and research staff to have specialized treatment models. Therefore, this hypothesis was proposed to determine if the specialized programs had more support, practical orientation, order and organization, and program clarity.

Considering the findings of Dorr, Honea, and Pozner (1980), Lyon and Ivancevich (1974) and Brady et al. (1980) the relationship between job satisfaction levels and social climate appears to exist. Their conclusions were verified in a psychiatric hospital with the addition of the resident's perspective.

Hypothesis Two: The characteristics of staff work settings will be related to ward atmosphere and satisfaction.

Luke's theory of phenotypes warns that settings can be similar, yet, different. The settings can contain the same elements and still be very different. For example, a doctor's office and a lawyer's may both contain secretaries, receptionists, clients and paperwork, but the offices are still very different. The same types of procedures are not used and their purposes are distinct. Since ward settings may differ, it is important to verify these differences in relation to ward atmosphere and job satisfaction.

(A) Does location of staff offices affect spontaneity, staff control, and practical orientation?

On some wards staff offices were on the ward itself,

yet, on other wards staff maintained office off the wards. It was suggested that this difference may have had an effect on the atmosphere of the ward.

(B) Is there a relationship between number of hours that staff are involved with patients and spontaneity, personal problem orientation, practical orientation, and involvement?

It was hypothesized that staff involvement may have had an effect on the ward atmosphere. Perhaps the atmosphere was altered by the number of patients talked to per day or the number of patients that staff had contact with in a day.

(C) Is the shift that staff work related to spontaneity, personal problem orientation, and involvement?

This hypothesis was used to determine if staff viewed certain shifts differently. Perhaps some staff members view the wards differently due solely to the shift that they work.

(D) Does amount of time staff spend with patients affect job satisfaction?

This question examined staff job satisfaction and the amount of time patients felt staff spent with them. The question is important to determine what aspects of the job are important to staff satisfaction.

(E) Does shift that staff work affect job satisfaction?

Once again, shift is important not only in relation to atmosphere but also satisfaction. If there is a

relationship between satisfaction and shift then that could affect or mask the shift relationship to atmosphere. Therefore, in order to make this distinction more clear, shift was investigated in relation to job satisfaction.

Since the proposed research will assess different wards of a psychiatric hospital it is important to determine the demographic make-up of the treatment team. Social climate between wards could differ due solely to demographics.

Hypothesis Three: Individual characteristics of the staff influences ratings of job satisfaction.

Wicker postulated that individuals have an impact on their settings. Following this reasoning, individual's demographics could affect their job satisfaction. Therefore, it was important to investigate the individual demographics of the staff to determine their impact on satisfaction.

(A) Does age affect job satisfaction?

(B) Does education level affect job satisfaction?

Pryer and Distefano (1971) found that the characteristic of leadership was related to job satisfaction levels. This hypothesis examined other individual characteristics which reflected the same relationship.

Chapter 2

Methods

Setting

This study was part of a larger research study evaluating the effectiveness of the chemical dependency unit in a large midwest regional psychiatric hospital. This facility currently holds approximately 550 patients. The hospital contains 23 wards. Eleven wards are all male, five are all female, and seven are co-educational.

Subjects

Subjects were the staff and patients from a sample of ten wards. These ten included the chemical dependency unit, five admitting wards, two psycho-social rehabilitation wards (one male and one female), a Fairweather Project (community transition) ward, and a forensic unit. These units were purposely chosen to represent the different types of treatment available in the hospital.

All of the nursing staff and patients from eleven wards were asked to participate. Members who participated were aware of the research project and knew that ward atmosphere and job satisfaction were being assessed. Confidentiality was explained to all subjects and maintained via an anonymous survey.

Staff. There were an average of thirteen staff members per unit within a twenty four hour period. The wards had an average of four staff on the day shift, three on the afternoon shift, and four on the night shift. In addition to these direct care workers, there was usually, one social worker, one psychiatrist, and one-half time psychologist on each ward, during the day shift. On the chemical dependency unit, however, there were five social workers, two psychiatrists and two psychologists.

Two hundred twenty two staff members were asked to participate. Each staff member that participated was asked to complete the Ward Atmosphere Scale, the Job Descriptive Index, and a short (seventeen question) survey.

One hundred thirteen usable staff forms were collected. Other staff members did not wish to participate. Response rate was fifty one percent. Of the staff participating 26% were male and 74% were female. Fifty two percent of were African American/black, forty one percent were white and eight percent were another race. Ages ranged from 27 to 67 years. Education levels included 24% possessing a masters or doctoral degree, 15% bachelors degree, 49% some college or an associates degree, and 12% attending some technical or trade school. Fifty percent of the staff that returned questionnaire were resident care aids, 27% were nurses, 12% were social workers and 12% were psychologists.

Patients. There were 269 patients surveyed on the ten

wards. One hundred forty patients were male and one hundred twenty nine were female. Patients were asked to complete the Ward Atmosphere Scale.

One hundred thirty complete resident forms were returned from the ten wards. Response rate was forty eight percent. Age of the residents ranged from 15 to 62 years. Sixty two percent were male and thirty eight percent were female. Forty eight percent of the residents were African American/Black, forty two percent were white and ten percent were another race.

Measures

Questionnaire. A questionnaire (Appendix A) was used to assess individual characteristics and personal demographics of the staff. Individual characteristics included: office location (Appendix A Question 1), gender (Question 2), age (Question 3), race (Question 4), salary (Question 9), level of education (Question 5), staff level (Question 6), shift worked (including flex hours) (Question 8), amount of involvement in direct patient contact (Question 11), amount of time in non-patient contact (Question 10), degree to which they feel they know the patients (Question 12), number of patients they interact with in a day (Question 13). It also assessed positive and negative attributes of their work through open ended questions (Questions 16 & 17). However, the last portion of the questionnaire evoked few responses.

Scaling Strategy For WAS and JDI. In order to clean the WAS and JDI scales frequencies were considered. If an item was scored ninety percent or more in one direction the item was dropped. Original sub-scale item groupings were then considered by the author. Items were moved to other scales if the question made logical sense in the new scale and if the item total correlation was higher in the new scale. Some original scales had very low internal consistencies and were dropped or items moved to more appropriate scales. Only nine items were included in a sub-scale different from the one in which it was placed originally.

Ward Atmosphere Scale. The Ward Atmosphere Scale (WAS) (Appendix B) was developed by Moos and Houts (1968) to measure social climate of psychiatric wards. They discovered that although this measure may be slightly affected by philosophy and a value system, it provided a good estimate of social-cultural environmental perception.

The WAS is composed of ten sub-scales that tap three general dimensions. These dimensions are: (1) relationships, (2) personal growth, and (3) system maintenance. The relationship dimension is comprised of Involvement, Support, and Spontaneity scales. Personal growth is measured by Autonomy, Practical Orientation, Personal Problem Orientation, and Anger and Aggression, scales. The three scales of Order and Organization, Program

Clarity, and Staff Control measure the System Maintenance-System Change Dimensions. This scale also has two forms: the real and the ideal. The real form is completed by participants as they feel the ward exists at present. The ideal form asks participants to assess the ward as they would like it to be. The real form was used to assess the wards at the time of this study. This form measures patient and staff's attitudes of their wards as they believed it to be currently.

Considerable work has been done to validate the Ward Atmosphere Scale. Friis (1986) found that in measuring both patient and staff perceptions, the Ward Atmosphere Scale was both valid and reliable instrument for measuring ward atmosphere. Psychiatrists placed WAS items consistently on the correct sub-scales. The Perception of Ward (POW) sub-scales and scores on the Ward Climate Inventory have correlated significantly with the WAS (Ellsworth & Maroney, 1972).

Moos (1989) demonstrated that the Ward Atmosphere Scale demonstrated respectable internal consistency and item-to-sub-scale correlations (See Table 1). Test-retest reliability is very high for all sub-scales (Moos, 1989). The sub-scale reliability values for patient data in this study were as follows: involvement, .70; support, .57; spontaneity, .61; practical orientation, .66; personal problem orientation, .62; order and organization, .68;

program clarity, .51. The sub-scale reliability values for staff data in this data were as follows: involvement, .74; support, .59; spontaneity, .56; practical orientation, .75; personal problem orientation, .65; order and organization, .79; program clarity, .74. The scales of autonomy and staff control were dropped due to low internal consistency scores. The cutoff value for internal consistency was .50.

The WAS consists of 100 brief statements to which participants respond true or false (Appendix B, Questions 1 to 100). This measure was employed with staff and patients to determine their perceptions of the ward environment. Participants scored this measure by indicating 1 (true) if they agreed with the statement and 2 (false) if they disagreed with the statement.

Table 1

Moos WAS Reliabilities by Sub-Scale

Subscales	Average Internal Consistency		Average Item-Subscale Correlation	
	Patients	Staff	Patients	Staff
Involvement	.78	.82	.51	.51
Support	.65	.60	.44	.44
Spontaneity	.55	.65	.46	.46
Autonomy	.55	.69	.43	.43
Practical Orientation	.59	.63	.46	.44
Personal Problem Orientation	.76	.78	.53	.53
Anger and Aggression	.76	.74	.53	.54
Order and Organization	.75	.82	.53	.53
Program Clarity	.59	.70	.45	.42
Staff Control	.59	.63	.43	.43

Note:

Internal Consistencies are the Kuder-Richardson Formula
20

Job Descriptive Index. The Job Descriptive Index (JDI) (Appendix C) was developed by Smith, Kendall and Hulin (1969). This measure of job satisfaction has five dimensions which are: type of work, supervision, pay, promotion, and co-workers. There are 72 words or phrases which are categorized by the five dimensions. The subjects are to respond to the phrase by indicating yes, no, or uncertain (?). If they feel that the word or phrase describes the particular aspect of their job (i.e. work or pay) then they should respond "yes". If the word or phrase does not represent that aspect of their job then they should respond "no". If they are uncertain they should indicate uncertainty with a "?".

Scheider and Dachler (1978) used a multitrait-multimethod matrix (Time 1=method one, Time 2=method two administrations) to show that the five JDI dimensions were stable over time. Furthermore, Kavanagh, et al. (1971) observed that the JDI maintained the same degree convergent and discriminant validity, and method bias over time.

Construct validity has also been demonstrated (Campbell & Fiske, 1959). Koch and Steers (1978) reported high correlations between the JDI and their measure of Job Attachment. Gillet and Schwab (1975) also found significant correlations between the JDI sub-scales and the sub-scales of the Minnesota Satisfaction Questionnaire. Sub-scales scores have also been correlated with supervision ratings of

work performance (Kesselman, Wood, and Hagen, 1974).

In this experiment, a short version (Appendix C, sub scales Work, Supervision, and Co-work) of the JDI was used to assess satisfaction. Three sub-scales were used: work, supervision and co-workers. Most analyses were done using the total JDI score from the three sub-sub-scales because the individual sub-scale results were consistent with the total score results.

An item analysis of the JDI revealed that the items were appropriate to the sub-scales in which they were placed. No items were moved to other sub-scales. Alpha scores were: work .82, supervisors .91, and co-workers .87.

Procedures

Contacts were made on each of the wards with a staff member who assisted in setting appointments with patients. Patients were assessed on the wards in groups. The items were read aloud and patients responded by writing their response or communicating it to a project staff member who recorded it. If a patient was unable to write or communicate an answer they were excluded from the study. Patients were asked to complete the WAS.

Staff picked up their questionnaires from the nursing station or a copy was placed in their mailbox. Staff completed the WAS, the JDI, and a short questionnaire. A drop box was placed on each of the wards for collection, however, in the process of data collection several staff

members were reluctant to return their survey. To safe guard confidentiality, self-addressed stamped envelopes were dispersed enabling staff members to complete the surveys at home and mail them directly to the project office. Staff were informed that ward atmosphere and job satisfaction were being assessed as well as some general structural and individual characteristics. They were also informed of the observations and assured that their job performance was not being evaluated. Several attempts were made to promote staff response and encourage participation. Numerous memos were sent from the administration explaining the survey and many verbal explanations were given by the author to staff on the ward. The drop boxes were placed on the ward for their convenience and self-addressed stamped envelopes were made available so that staff could complete the survey at home. A lottery was also held for the staff. Upon completion of the survey, staff were eligible to enter a drawing for one of five gift certificates good for dinner at a local restaurant.

Chapter 3

Results

Hypothesis One: There is a relationship between individuals perceptions of ward atmosphere and individuals perceptions of job satisfaction.

A) Is job satisfaction rated higher by staff who also perceive their environment to have support, practical orientation, order and organization, and program clarity?

Pearson correlations between total JDI score and the WAS sub-scales of support, practical orientation, order and organization, and program clarity, were positive and significant ($r=.46$, $r=.47$, $r=.51$, $r=.44$ $p<.05$). Jobs were viewed more favorably when the setting was viewed as more supportive, practically oriented, and clear. Total JDI score was reported in this analysis because individual sub-scale results and the total results were identical.

B) Is job satisfaction rated higher by staff when patients in the same environment consider it to have support, practical orientation, order and organization, and program clarity?

Table 2

Correlations Between JDI Mean and WAS Sub-scales

JDI	WAS Sub-Scales			
	Support	Practical Orientation	Order and Organization	Program Clarity
Total Mean	.46	.76*	.55	.53

Note. N=10, *p< .05.

Pearson Correlations were done using the JDI total score mean and the WAS sub-scales of support, practical orientation, order and organization, and program clarity (see table 2). Across the ten wards, means were computed for each of the sub-scales (support, practical orientation, order and organization, program clarity) and the total JDI scores. Correlations were then produced between these means. Practical orientation was the only sub-scale significantly correlated with JDI ($r=.76$, $P<.05$).

C) Do patients and staff, whose environment is thought to be specialized, rate their surroundings as having more support, practical orientation, order and organization, and program clarity?

A MANOVA was conducted using ward category (1=specialized, 2=non-specialized) as the independent variable and the WAS sub-scales of support, practical orientation, order and organization, and program clarity were the dependent variables (see table 3). The overall

multivariate test was significant ($F(4,108) = 8.96, p < .05$). Additionally, staff data revealed significant relationships between ward type and support ($F(1,111) = 9.16, p < .05$), practical orientation ($F(1,111) = 12.02, p < .05$), and order and organization ($F(1,111) = 22.44, p < .05$). The specialized wards had consistently higher means than the non-specialized wards, which suggested that specialized wards are viewed as having more support, practical orientation, order and organization, and clarity. There was not a relationship between ward type and program clarity ($F(1,111) = 1.41$).

Table 3

Staff MANOVA Specialized Wards and WAS Sub-scales

Was Sub-Scales	Results			
	F	2 E	Mean for Specialized Wards	Mean for Non- Specialized Wards
Support	9.16*	.08	13.75	12.69
Practical Orientation	12.02*	.10	14.07	12.71
Order and Organization	22.44*	.17	15.20	13.05
Program Clarity	1.41	.01	17.01	16.45

Note. * $p < .05$.

Resident data (see table 4) also indicated a significant multivariate relationship between ward type and WAS dimensions ($F(4,125)=14.50$, $p<.05$). Significant univariate relationships were observed for all four variables (support $F(1,128)=12.31$, $p<.05$; practical orientation $F(1,128)=50.78$, $p<.05$; order and organization $F(1,128)=8.05$, $p<.05$; program clarity $F=11.34$, $p<.05$). Examination of the means (see table 4) revealed that the specialized wards possessed higher ratings than non-specialized wards for all four WAS sub-scales. Both patients and staff viewed the specialized wards as having more support, practical orientation, and order and organization. Residents also considered the special wards to have more program clarity.

Table 4

Patient MANOVA Specialized Wards and WAS Sub-scales

WAS Sub-Scales	Results			
	F	2 E	Mean for Specialized Wards	Mean for Non- Specialized Wards
Support	12.31*	.09	9.41	8.46
Practical Orientation	50.78*	.28	11.85	9.80
Order and Organization	8.05*	.06	13.01	12.00
Program Clarity	11.33*	.08	8.63	7.86

Note. *p< .05

Hypothesis Two: Individual characteristics of staff will influence ward atmosphere.

(A) Did location of staff offices affect spontaneity, staff control, and practical orientation?

A MANOVA was utilized with office location (on the ward, off the ward, or other) as the independent variable and WAS spontaneity, staff control, and practical orientation as the dependent variables (see table 5). None of the comparisons were significant. According to staff report, office location was not significantly related to ward atmosphere.

Table 5

Results of MANOVA Office Location and WAS Sub-scales

WAS Sub-Scales	Results				
	F	2 E	Mean for Office On Ward	Mean for Office Off Ward	Mean for Other Office Location
Spontaneity	1.46	.03	10.14	9.76	9.20
Staff Control	.91	.02	4.10	3.90	3.60
Practical Orientation	1.68	.03	13.71	13.66	12.50

(B) Was there a relationship between the number of hours that staff were involved with patients and spontaneity, personal problem orientation, practical orientation, and involvement?

Correlations were done for both staff and patient data. Staff correlations addressed the amount of patient contact they felt they had, how well they felt they knew the patients, and the number of patients they talked to in a day. These variables were correlated with WAS sub-scales of spontaneity, practical orientation, personal problem orientation, and involvement (see table 6). Staff ratings of how well they knew the patients, significantly correlated with the WAS sub-scales of spontaneity ($r=.26$, $p<.05$), practical orientation ($r=.35$, $p<.05$), and involvement ($r=.38$, $p<.05$). Furthermore, staff ratings of contact with the patient, correlated positively with involvement ($r= .34$, $p<.05$). Positive relationships were also found when practical orientation ($r= .21$, $p<.05$) and involvement ($r= .26$, $p<.05$) were correlated with number of patients the staff talked to in a day. Therefore, if staff felt they knew the patients, they perceived the ward as more involved, spontaneous, and practically oriented. If they reported having contact with several patients, the ward was only viewed as being involved (not practically oriented. Yet, if the staff talked to several patients a day, the ward was seen as practically oriented and involved.

Table 6

Correlations Staff Involvement and WAS Sub-scales

Survey Questions	WAS Sub-Scales			
	Spont.	Personal Problem Orient.	Practical Orient.	Involve.
No. of Patients Staff have Contact With	.14	.07	.16	.34*
How Well Know the Patients	.26*	.17	.35*	.38*
No. of Patients Staff Talk to Per Day	.05	.15	.21*	.26*

Note. N=113, *p< .05.

The patient data examined how much time they felt the staff spent with them, and how much time the staff talked to them. Again, these variables were correlated positively with the WAS sub-scales of spontaneity, practical orientation, personal problem orientation, and involvement. Amount of time staff spent with the patients correlated significantly $r=.17$ ($p<.05$) with personal problem orientation; amount of time staff talked to patients correlated significantly $r=.27$ ($p<.05$) with practical orientation, and with involvement $r=.21$ ($p<.05$). In general, if staff spent time with residents, there was more personal problem orientation. Furthermore, the more staff talked to residents, the more involved and practically oriented the ward.

(C) Does the shift that staff worked affect spontaneity, personal problem orientation, and involvement.

A MANOVA assessed the independent variable of shift category (1=7am-3:30pm, 2=3pm-11:30pm, 3=11:15am-7:15am, 4=flex hours) and the WAS sub-scales of spontaneity, personal problem orientation, and involvement (see Table 7). The overall multivariate test was significant ($F(9,200)=3.25$, $p<.05$). Further, two significant comparisons were found: shift with personal problem orientation ($F=3.81$, $p<.05$) and shift with involvement ($F=7.21$, $p<.05$). For example, observed means indicated less spontaneity, practical problem orientation and involvement

during shift three (11:15pm to 7:15am), than the other shifts. This is possibly because there is less activity on the ward during this time frame. Shift 4 (flex hours) indicated the most spontaneity, practical problem orientation, and involvement. Basically, for the flex hours shift the employee set up their own schedule as long as it was approved by the supervisors. Post-hoc tests indicated the flex shift (shift 4) had significantly more spontaneity, practical problem orientation and involvement than the day shift (shift 1, 7:00am to 3:30pm) ($F(4,108)=3.70, p<.05$).

Table 7

Results of MANOVA Work Shift and WAS Sub-scales

WAS Sub-Scales	Results					
	F	2 E	Mean Shift 1	Mean Shift 2	Mean Shift 3	Mean Shift 4
Spontaneity	.46	.02	9.85	9.76	9.33	9.87
Personal Problem Orientation	3.81*	.12	13.17	13.32	12.60	15.25
Involvement	7.21*	.20	15.22	14.28	12.60	16.50

Note. * $p < .05$.

1 = 7am-3:30pm

2 = 3pm-11:30pm

3 = 11:15pm-7:15am

4 = flex hours

(D) Does amount of time staff spend with patients affect ratings of job satisfaction?

The JDI total satisfaction score was correlated with staff's assessments of amount of patient contact, how well they felt they knew the patients, and the number of patients they talked to per day. If the staff felt they knew the patient, job satisfaction was rated more positively ($r=.27$, $p<.05$). Furthermore, if staff just had contact with the person (i.e. therapy, supervision, directing activities, leading discussions), a positive relationship was also detected ($r=.31$, $p<.05$). However, if the staff merely talked to several patients per day there was no relationship with job satisfaction levels ($r=.01$).

Therefore, if staff felt they knew the patients, or had contact with patients, they were more satisfied with their work. However, if they merely talked with several patients, job satisfaction ratings were decreased.

(E) Does the shift that staff work affect job satisfaction?

The shifts that staff worked were related to only the JDI work sub-scale ($F(4,108)=1.81$, $p>.05$) (see table 8). Shift worked by staff only affected their level of job satisfaction in relation to how they felt about their work. It did not affect how they felt about their supervisors or co-workers. Work during flex hours was viewed as most favorable and night shift (shift 3) was seen as less

favorable.

Table 8

Results of MANOVA Work Shift and JDI Sub-scales

JDI Sub-Scales	Results					
	F	2 E	Mean Shift 1	Mean Shift 2	Mean Shift 3	Mean Shift 4
Work	3.58*	.11	28.42	27.96	25.67	30.00
Supervisors	1.35	.05	29.87	30.20	27.47	30.62
Co-Workers	2.34	.08	26.17	24.96	23.60	24.62

Note. $p < .05$.

1 = 7am-3:30pm

2 = 3pm-11:30pm

3 = 11:15pm-7:15am

4 = flex hours

In summary, if staff knew the patients they were in contact with or interacted with several patients, the relationship and job satisfaction ratings were positive. Furthermore, results from hypothesis two indicated that the different shifts staff worked, affected the atmosphere of the ward and satisfaction in the staffs' perception. However, office location did not affect the atmosphere.

Hypothesis Three: Individual characteristics of the staff influence ratings of job satisfaction.

(A) & (B) Does age or education affect job satisfaction?

Age and education were also not significantly correlated with the JDI total scored ($r = -.10$) ($r = -.02$) respectively. Age or education did not affect the satisfaction levels of the psychiatric staff.

In general, results from hypothesis three indicated that the only factors related to job satisfaction are time spent with patients and the degree to which they know the patient.

Chapter 4

Discussion

Literature to date has shown the relationship between job satisfaction and the industrial work environment (Barling, Wade & Fullagar, 1990; Payne, Fineman & Wall, 1976; LaFollette & Sims, 1975; Scheider & Snyder, 1975). The first goal of this study was to determine if there was a relationship between job satisfaction in the helping profession as there was in industrial organizations, since, as stated earlier, most of literature on satisfaction and the work environment has focused on industrial settings (Webb et al, 1980). Also, many studies focused on the entire organization rather than on the various sub-settings within the organization. The data from thesis demonstrates that there is a relationship between job satisfaction and social climate in a psychiatric hospital similar to that found within organizational settings. This suggests that these results hold across type of organization.

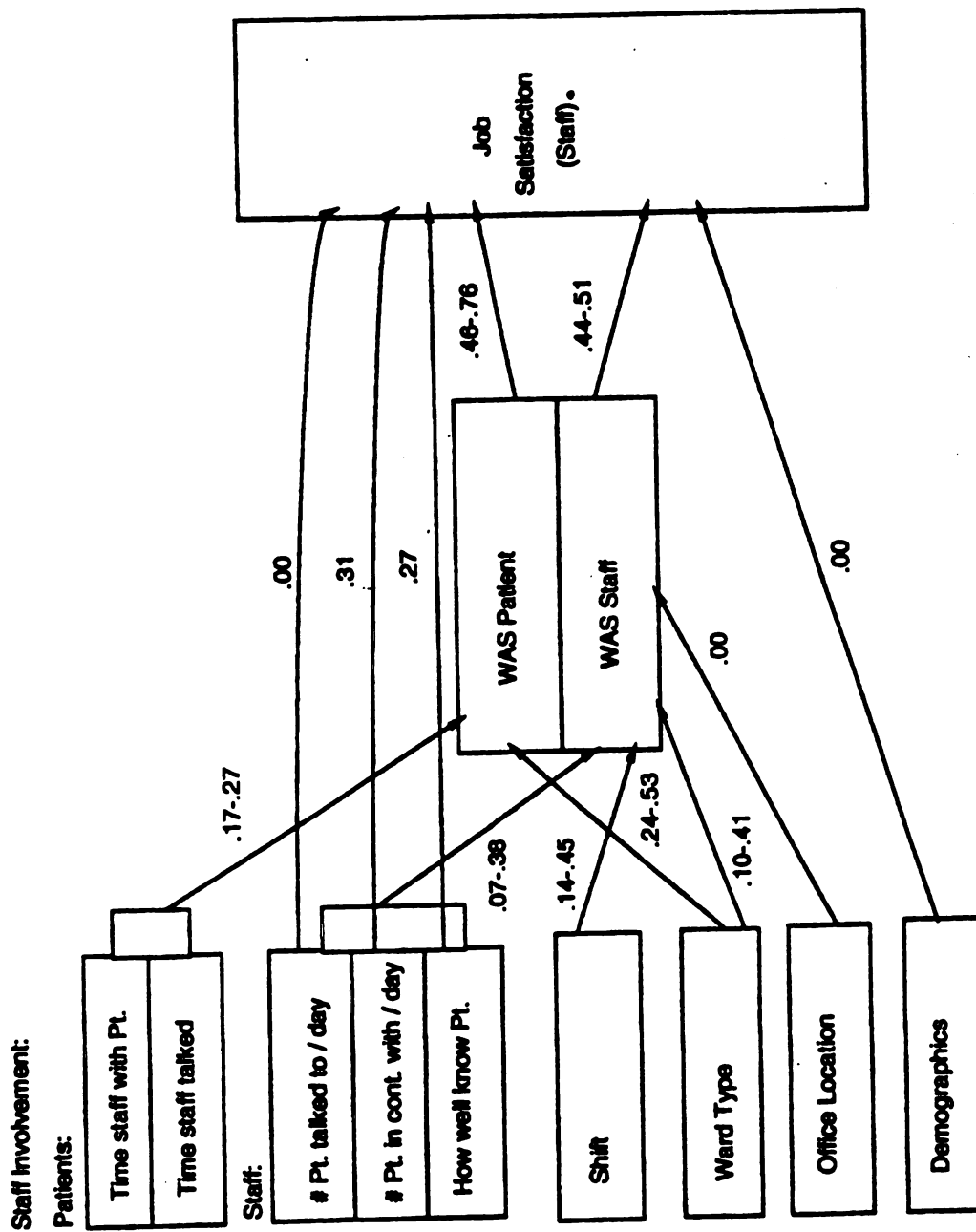
The second goal of this study was to determine if patient information was crucial to the understanding of the social climate within the hospital. It was concluded that patient information did contribute to the understanding of social climate. Patient data was consistent with staff

ratings of the social climate. However, patients reported significant levels of program clarity on the wards which staff did not. This could indicate that patients are experiencing a slightly different social climate than the staff perceive.

The third goal of this study was to determine if Luke's (1991) theory of phenotypes (setting specific characteristics) or Barker's (1968) theory of genotypes (overall setting characteristics) was more applicable when trying to access social climate of a psychiatric hospital. This research supports both the theories of Luke and Barker. However, it is clear that phenotypes are extremely important when there are numerous sub-settings. In this study there were clearly differences between the specialized and non-specialized units, indicating that within one hospital very different treatment environments can exist.

In an attempt to integrate the findings of this study and highlight areas for future study, the model outlined in Figure 1 was used. Figure 1 puts this study in the context of larger research domains. The following discussion refers to Figure 1 in its discussion.

Figure 1



Both patients and staff verified a relationship between ward type and ward atmosphere exists. There were significant relationships between ward type and support, practical orientation, order and organization for staff and patients. Patients also saw a significant relationship between program clarity and ward type. The specialized wards were higher on all ward atmosphere sub-scales than the non-specialized wards. It may seem clear that specialized treatment wards have different atmospheres.

Staff involvement with patients was a more difficult relationship to explain. Patients observed that the amount of time staff spent with them related to personal problem orientation. They also believed that the amount of time staff talked to them related to practical orientation and involvement. Both of these findings are as expected. The more staff is immersed with patients the more they are going to be active in solving their problems and helping them adjust, and of course the more involved they are with them.

Staff ratings of their contact with patients revealed that if staff had contact with several patients they felt the atmosphere was more involved. This is not surprising. However, if staff felt they knew the patients well, they not only felt that the climate was involved but also practically oriented and spontaneous. If staff were getting to know the patients they may have felt they were contributing more to their treatment. For example, helping them keep their

schedule or dress appropriately would be something a staff would feel more comfortable doing if they knew a patient and this would be helping the patient to be more practical. This could also relate to the correlation with spontaneity. If staff knew patients then they knew how the patients would react to them and, therefore, felt more free to interact with them. If staff talked to several patients per day they felt the ward was more involved and practically oriented. This could reflect having to give patients a lot of guidance during the day. It seems that spontaneity is the distinguishing factor between interacting with the patients and knowing them.

Patient's ratings of their contact with staff revealed positive correlations with ward atmosphere. If staff spent time with residents, residents felt that the ward was more personal problem oriented. If staff spent more time talking to residents then the residents felt the ward was more practically oriented and involved. These findings seem to indicate that patients feel staff are concerned with their problems when the staff are around them more. Patients feel that the ward is more targeted to their needs and concerns. The correlation between staff talking to patients and practical orientation and involvement is interesting. If staff talk to patients more, the patients seem to obtain a different experience on the ward. They perceive the atmosphere to be more including and directed towards their

needs.

Finally, staff/patient interaction influenced job satisfaction. If staff felt they knew the patients or had contact with them job satisfaction was higher. However, if they just talked to several patients there was no connection with job satisfaction. The interaction between knowing the patients, having contact with them, and job satisfaction makes sense. The staff chose their respective job most likely because they like to interact to a certain extent with this type of patients. Therefore, their job satisfaction is higher when they are involved in these activities.

The interesting finding here is that it is the quality of interaction not the quantity that is important. The number of patients talked to in a day did not affect job satisfaction. Ward atmosphere was seen by both patients and staff as more involved and practically oriented if staff talked to several patients during the day, however, this same variable did not affect job satisfaction. A possible explanation of this is that staff are involved with patients but it is not always an easy or positive interaction. Staff deal with patients under all circumstances. For example staff are called on to care for patients when they are angry, suicidal, delusional, or schizophrenic. Many of their encounters may not be easy. This could explain why the ward seemed involved and practically oriented but not

satisfying. Although they like working in the helping profession, they do not always work under the best circumstances.

This study also found that job satisfaction in this particular helping profession was related to social climate, just as was found in the industrial organizations. Staff reported job satisfaction when the ward atmosphere contained support, practical orientation, order and organization, and program clarity. Staff also reported satisfaction when patients in the same environment described the ward as having practical orientation.

Practical orientation is important to both staff and patient views of the atmosphere. This could indicate that when staff feel they are addressing the practical needs of the patients they feel more sense of accomplishment or fulfillment in their work. However, for staff, their atmosphere is also influenced by support, order and organization, and program clarity.

Another significant moderator of job satisfaction was with work shift. The shift that staff worked correlated with their satisfaction with work. Work during the night shift was least favorable. However, work during the flex hours was viewed more favorably than work during the all other shifts. Flex hours are shifts arranged by the individual employees. They can schedule the shifts at times that are convenient for them. It is interesting that they

view their work more favorably during this shift, but not their supervisors or co-workers. Since their work schedule is meeting their personal needs, they may not mind the tasks which they are asked to do during these shifts. They don't care what they have to do as much as when they have to do it.

Work shift also correlated with ward atmosphere subscales of personal problem orientation and involvement. Shift is related to aspects of the environment possibly indicating that the atmosphere of the ward changes due to time of day, or the combination of staff members that work together.

Once again, the flex shift stands out as different from the other shifts. During this shift more involvement spontaneity, and practical orientation were reported. The opposite was true for the night shift (shift 3). A different atmosphere during the flex shift could signify combinations of staff that work better together or perhaps, the assorted activities during this shift were affecting the atmosphere.

The relationships of office location with ward atmosphere and staff demographics with job satisfaction were not significant. Location of the office (on or off the ward) did not correlate with job satisfaction, nor did age or education level.

Limitations

A number of cautions need to be considered when examining these results. First, the timing of the data collection may render the data idiosyncratic. During the course of this project, major state government budget cuts took place which affected facility operations. Staff were all concerned about the welfare of their residents as well as being afraid of losing their jobs. However, this was not seen as a major flaw due the normal fluctuation in federal and state economy and subsequent funding. Another problem could be the length of time staff were allowed to return their information. There was a lag of a month between the time the patient data was collected and the time the last staff questionnaire was returned. Lastly, it should be noted that the results indicated information from only one psychiatric hospital in the Midwestern United States at one point in time and used only self report data.

Future Directions

This research indicates the need for investigation into specialized treatment. Since it is clear that specialized wards have higher ratings of atmosphere characteristics, these wards should be more specifically evaluated to determine what makes their environment different. Environmental characteristics need to be considered. Do the activities, people, programs, or set up of the ward make the difference in ward atmosphere. When it is clear what

promotes a favorable or therapeutic relationship those characteristics can then be applied to other wards.

Shifts that staff work should be considered to determine if more favorable working hours could benefit job satisfaction and ward atmosphere. Perhaps, if all staff were able to select their hours or possibly even the ward they work on, job satisfaction and ward atmosphere would be at a higher constant level.

More specifically, practical orientation should be considered as link between patients, staff, ward atmosphere, and job satisfaction. Future investigations should consider why practical orientation is important to this link and what can be done to promote it.

Future research should further explain what the administration can do to create the type of atmosphere that best facilitates patient recovery and also creates a better working condition for the staff. These issues are important because a healing environment as well as a satisfied staff may speed patient's recovery and encourage staff to get more involved in the treatment process.

Recommendations

More research is needed to investigate environmental characteristic of the wards. It is clear from this study that wards are different. Future research should attempt to specify what makes wards different. What attributes of the wards determine differential atmosphere?

Investigation should be done to determine if specialized wards have more satisfied staff. It is clear that staff were more satisfied if the ward was supportive, practically oriented, ordered and organized, and clarified. It is not yet obvious if the relationship between specialized wards and increased job satisfaction is substantiated.

Patient views of the ward atmosphere should be investigated further. Although patients agreed mostly with the staff, they viewed the wards as having more program clarity. More investigation is needed to determine what other characteristic differences patients may see that staff do not. Their views may help staff and administrators evaluate ward atmospheres more accurately. Furthermore, their views may shed light on staff job satisfaction and indicated needed changes for quicker recovery.

In general, by monitoring ward atmosphere and job satisfaction, administrators could verify if changes in the ward programming were beneficial or harmful. In addition, this information could be used as a measure of efficiency. If a ward is running smoothly, ward atmosphere and job satisfaction measures could be collected and used as a template for other wards to follow.

APPENDICES

APPENDIX A
QUESTIONNAIRES

Questionnaire

1. What unit do you primarily work on? _____

2. What is your gender? 1. Male 2. Female

3. What is your age? _____ Years

4. What is your race?

1. African American/Black
2. American Indian or Alaskan Native
3. Asian or Pacific Islander
4. Hispanic
5. White
6. Other (Please specify) _____

5. What is the highest educational degree that you have obtained? Circle all that apply.

1. Some high school
2. High school
3. Technical/Trade school
4. Some college
5. Associate degree
6. College degree
7. Master's degree
8. Doctorate or Professional degree

6. What is your staff level?

1. RCA -E8
2. RN -I
3. RN -II
4. RN -III
5. RN -IV
6. LPN
7. LPN -IV
8. LPN -V
9. LPN -VB
10. Social Worker
11. Psychologist
12. Psychiatrist
13. Other (Please

specify) _____

7. Where is your office (or primary work area) located?

1. Off the ward

2. On the ward
3. Other (Please specify)

8. What shift do you work? Circle all that apply.

1. 7:00am - 3:30pm
2. 6:00am - 4:30pm
3. 7:00am - 5:30pm
4. 3:00pm - 11:30pm
5. 1:00pm - 11:30pm
6. 11:15pm - 7:15am
7. Flex hours (Please

specify) _____

8. Other (Please
specify) _____

9. What is your salary per year from your position at Northville?

1. < 10,000
2. 10,000 - 19,999
3. 20,000 - 29,999
4. 30,000 - 39,999
5. 40,000 - 59,999
6. > 60,000

10. What percent of your time is spent in non-patient related activities (ex. paperwork, meetings, etc.)?

1. Almost never (0-10%)
2. Some of the time (11-25%)
3. Half of the time (50%)
4. Most of the time (51-75%)
5. Almost always (76-100%)

11. What percent of your time is spent in direct patient contact (ex. therapy, supervision, directing activities, leading discussion etc.)

1. Almost never (0-10%)
2. Some of the time (11-25%)
3. Half of the time (50%)
4. Most of the time (51-75%)
5. Almost always (76-100%)

12. How much do you feel you really get to know the patients (not including the difficulties or experiences which brought them to the hospital)?

1. Very involved
2. Somewhat involved

3. Uncertain
4. Not very involved
5. Not at all involved

13. How many patients do you talk to per day for more than a few minutes?

1. 0 to 3
2. 3 to 5
3. 5 to 7
4. 7 to 10
5. 10 or more

14. How long have you been at this hospital?

1. 0 - 6 months
2. 7 months - 1 year
3. 1 - 2 years
4. 2 - 3 years
5. 3 - 4 years
6. > 4 years

15. How long have you worked in another psychiatric hospital other mental health facility?

1. 0 - 6 months
2. 7 months - 1 year
3. 1 - 2 years
4. 2 - 3 years
5. 3 - 4 years
6. > 4 years

16. What do you like about working on this ward? WHY?

17. What do you dislike about working on this ward? WHY?

Appendix B
Ward Atmosphere Scale

Ward Atmosphere Scale

Question	True	False
1. Patients put a lot of energy into what they do around here.	T	F
2. Doctors have very little time to encourage patients.	T	F
3. Patients tend to hide their feelings from one another.	T	F
4. The staff act on patient suggestions.	T	F
5. New treatment approaches are often tried on this ward.	T	F
6. Patients hardly ever discuss their sexual lives.	T	F
7. Patients often gripe.	T	F
8. Patients' activities are carefully planned.	T	F
9. The patients know when doctors will be on the ward.	T	F
10. The staff very rarely punish patients by restricting them.	T	F
11. This is a lively ward.	T	F
12. The staff know what the patients want.	T	F
13. Patients say anything they want to the doctors.	T	F
14. Very few patients have any responsibility on the ward.	T	F
15. There is very little emphasis on making patients more practical.	T	F
16. Patients tell each other about their personal problems.	T	F
17. Patients often criticize or joke about the ward staff.	T	F
18. This is a very well organized ward.	T	F
19. Doctors don't explain what treatment is about to patients.	T	F

Question	True	False
20. Patients may interrupt a doctor when he is talking.	T	F
21. The patients are proud of this ward.	T	F
22. Staff are interested in following-up patients once they leave the hospital.	T	F
23. It is hard to tell how patients are feeling on this ward.	T	F
24. Patients are expected to take leadership on the ward.	T	F
25. Patients are encouraged to plan for the future.	T	F
26. Personal problems are openly talked about.	T	F
27. Patients on this ward rarely argue.	T	F
28. The staff make sure that the ward is always neat.	T	F
29. If a patient's medicine is changed, a nurse or doctor always tells him/her why.	T	F
30. Patients who break the ward rules are punished for it.	T	F
31. There is very little group spirit on this ward.	T	F
32. Nurses have very little time to encourage patients.	T	F
33. Patients are careful about what they say when staff are around.	T	F
34. Patients here are encouraged to be independent.	T	F
35. There is very little emphasis on what patients will be doing after they leave.	T	F
36. Patients are expected to share their personal problems with each other.	T	F
37. Staff sometimes argue with each other.	T	F
38. The ward sometimes gets very messy.	T	F

Question	True	False
39. Ward rules are clearly understood by the patients.	T	F
40. If a patient argues with another patient, he/she will get into trouble with the staff.	T	F
41. Nobody ever volunteers around here.	T	F
42. Doctors spend more time with some patients than with others.	T	F
43. Patients set up their own activities without being prodded by the staff.	T	F
44. Patients can leave the ward whenever they want to.	T	F
45. There is very little emphasis on making plans for getting out of the hospital.	T	F
46. Patients talk very little about their pasts.	T	F
47. Patients sometimes play practical jokes on each other.	T	F
48. Most patients follow a regular schedule each day.	T	F
49. Patients never know when a doctor will ask to see them.	T	F
50. Staff don't order the patients around.	T	F
51. Patients are pretty busy all of the time.	T	F
52. The healthier patients on this ward help take care of the less healthy ones.	T	F
53. When patients disagree with each other, they keep it to themselves.	T	F
54. Patients can wear what they want.	T	F
55. This ward emphasizes training for new kinds of jobs.	T	F
56. Patients are rarely asked personal questions by the staff.	T	F

Question	True	False
57. It's hard to get people to argue around here.	T	F
58. Many patients look messy.	T	F
59. On this ward everyone knows who's in charge.	T	F
60. Once a schedule is arranged for a patient, the patient must follow it.	T	F
61. The ward has very few social activities.	T	F
62. Patients rarely help each other.		F
63. It's O.K. to act crazy around here.	T	F
64. There is no patient government on this ward.	T	F
65. Most patients are more concerned with the past than with the future.	T	F
66. Staff are mainly interested in learning about patients' feelings.	T	F
67. Staff never start arguments in group meetings.	T	F
68. Things are sometimes very disorganized around here.	T	F
69. If a patient breaks a rule, he/she knows what will happen to him/her.	T	F
70. Patients can call nursing staff by their first name.	T	F
71. Very few things around here ever get people excited.	T	F
72. The ward staff help new patients get acquainted on the ward.	T	F
73. Patients tend to hide their feelings from the staff.	T	F
74. Patients can leave the ward without saying where they are going.	T	F
75. Patients are encouraged to learn new ways of doing things.	T	F

Question	True	False
76. The patients rarely talk about their personal problems with other patients.	T	F
77. On this ward staff think it is a healthy thing to argue.	T	F
78. The staff set an example for neatness and orderliness.	T	F
79. People are always changing their minds here.	T	F
80. Patients will be transferred from this ward if they don't obey the rules.	T	F
81. Discussions are pretty interesting on this ward.	T	F
82. Doctors sometimes don't show up for their appointments.	T	F
83. Patients are encouraged to show their feelings.	T	F
84. Staff rarely give in to patient pressure.	T	F
85. Staff care more about how patients feel than about their practical problems.	T	F
86. Staff strongly encourage patients to talk about their pasts.	T	F
87. Patients here rarely become angry.	T	F
88. Patients are rarely kept waiting when they have appointments with the staff.	T	F
89. Patients never know when they will be transferred from this ward.	T	F
90. It's not safe for patients to discuss their personal problems around here.	T	F
91. Patients often do things together on the weekends.	T	F
92. Staff go out of their way to help patients.	T	F
93. The ward always stays just about the same.	T	F
94. The staff discourage criticism.	T	F

Question	True	False
95. Patients must make plans before leaving the hospital.	T	F
96. It's hard to get a group together for card games or other activities.	T	F
97. A lot of patients just seem to be passing time on the ward.	T	F
98. The day room is often messy.	T	F
99. Staff tell patients when they are getting better.	T	F
100. It's a good idea to let the doctor know that he/she is boss.	T	F

Appendix C
Job Descriptive Index

Job Descriptive Index

Work							
Adjectives	Yes	No	?	Adjectives	Yes	No	?
Fascinating	Y	N	?	Useful	Y	N	?
Routine	Y	N	?	Tiresome	Y	N	?
Satisfying	Y	N	?	Healthful	Y	N	?
Boring	Y	N	?	Challengin g	Y	N	?
Good	Y	N	?	On your feet	Y	N	?
Creative	Y	N	?	Frustratin g	Y	N	?
Respected	Y	N	?	Simple	Y	N	?
Hot	Y	N	?	Endless	Y	N	?
Pleasant	Y	N	?	Gives sense of accomplish ment	Y	N	?

Supervision							
Adjectives	Yes	No	?	Adjectives	Yes	No	?
Asks my advice	Y	N	?	Tells me where I stand	Y	N	?
Hard to please	Y	N	?	Annoying	Y	N	?
Impolite	Y	N	?	Stubborn	Y	N	?
Praises good work	Y	N	?	Knows job well	Y	N	?
Tactful	Y	N	?	Bad	Y	N	?
Influential	Y	N	?	Intelligen t	Y	N	?
Up-to-date	Y	N	?	Leaves me on my own	Y	N	?

Doesn't supervise enough	Y	N	?	Lazy	Y	N	?
Quick tempered	Y	N	?	Around when needed	Y	N	?

Co-workers							
Adjective	Yes	No	?	Adjective	Yes	No	?
Stimulating	Y	N	?	Talk too much	Y	N	?
Boring	Y	N	?	Smart	Y	N	?
Slow	Y	N	?	Lazy	Y	N	?
Ambitious	Y	N	?	Unpleasant	Y	N	?
Stupid	Y	N	?	No Privacy	Y	N	?
Responsible	Y	N	?	Active	Y	N	?
Fast	Y	N	?	Narrow interests	Y	N	?
Intelligent	Y	N	?	Loyal	Y	N	?
Easy to make enemies	Y	N	?	Hard to meet	Y	N	?

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