Attitudes toward Mental Health Work in a Selected Community Mental Health Service Organization

Frederick G. Greaves

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ATTITUDES TOWARD MENTAL HEALTH WORK IN
A SELECTED COMMUNITY MENTAL HEALTH
SERVICE ORGANIZATION

by

Frederick G. Greaves

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Doctor of Education

Western Michigan University
Kalamazoo, Michigan
August 1976

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ACKNOWLEDGMENTS

Through the course of my doctoral studies, I have come into contact with many individuals who have enriched my life both professionally and personally. Though I cannot mention them all here, I recognize and cherish their help and concern.

To be more specific, I want to express appreciation to the members of my doctoral committee: Dr. Kenneth Engle, Chairman, Dr. Uldis Smidchens, Dr. Robert Betz, Dr. Sid Dykstra, and Dean, Darrell Jones. I especially wish to thank Ken Engle and Uldis Smidchens. The patience, guidance and friendship they so willingly gave is warmly acknowledged.

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Finally, thanks to Meggin, Melissa, and Carole, "my three girls." It is with them that words begin to fail me, especially Carole. Melissa and Meggin, though rather unknowingly, simply accepted the sacrifice. For that, I am a thankful and humble "Daddy." Carole, however, was aware of the sacrifice; and now as I reflect on all the inner strength and devotion she displayed through it all, I can only conclude that I am a very fortunate man to have her as my partner.

    Frederick G. Greaves
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CHAPTER I
THE PROBLEM
INTRODUCTION

The accounts of man from the beginning of history suggest that work has been associated with the experiencing of satisfaction and dissatisfaction. In recent times, much of the interest in work satisfaction was inspired by the classic Hawthorne Studies of Roethlisberger and Dickson (1939). The primary impetus for the investigation was to determine whether the external factor, electrical lighting, could affect the rate of production output. However, the additional consideration which was given to the satisfaction of the social and emotional needs of the Relay Assembly Test Room workers proved to have a major impact on the rate of production output and work group morale. The importance of these findings lay in the new knowledge that was generated about how people are motivated in the work setting. As a result of the Hawthorne Studies, the focus in much of the subsequent research in industrial and vocational psychology was shifted "from the physical factors that affect work to the psychosocial factors which affect work" (Crites, 1969, p. 382).
Within the past two decades, recognition of the massive progress in science and technology has inspired a reawakening in the American political and scientific communities, as well as the society at large, of the need to attend themselves to human intrinsic needs (Joint Commission on Mental Illness and Health, 1961). Out of this reawakening has come the ascendance to importance of a broad field of work known as human service. A segment of that field is the group who are collectively titled community mental health workers.

In recognition of the needs that work serves to satisfy and also, with related concern and professional interest in community mental health workers, the present study was undertaken.

While acknowledging the intrinsic value of work for all individuals, the present study narrows the focus of this broad subject into two specific areas:

(1) The study of factors of job satisfaction and job dissatisfaction for the Community Mental Health Workers of Kalamazoo County, and

(2) The assessment of those factors and that group through the use of Frederick Herzberg's Motivation-Hygiene Theory.

Statement of the Problem

Many investigators have utilized Herzberg's theory and model to study job satisfaction and dissatisfaction in a variety of
occupations (Herzberg, 1966; Crites, 1969; House & Wigdor, 1967). However, the group of individuals who function under such job titles as psychiatrist, clinical psychologist, psychologist, social worker, and mental health counselor have not been among those occupational groups studied. The present study has two purposes. First, it attempts to isolate some of the major factors of job satisfaction and job dissatisfaction for a designated population of community mental health workers. The second purpose of the study is to ascertain how effective the principles of the Motivation-Hygiene Theory are when applied to such a population.

Any significant difference in the subject's responses that occurs to a factor between its use as a source of satisfaction and as a source of dissatisfaction indicates partial support for the dual-factor theory as applied to a designated community mental health population. An effort has been made in the present study to establish which factors exhibit the greatest influence in satisfying situations. Further, this study attempts to determine which factors exert the strongest influence when community mental health workers think of a dissatisfying job experience. The emergence of a distinct inclination toward using motivator factors to describe a satisfying job experience would serve to support Herzberg's contention that motivator factors are the major source of job satisfaction (Herzberg, 1959). Concomitantly, the
preponderance of the use of hygiene factors to describe dissatisfying job experiences but no such preponderance in the description of satisfying job experiences would yield support to Herzberg's contention (1959) that hygiene factors are the major source of job dissatisfaction. Affirmative data related to the predominance of motivator factors in satisfying job experiences and hygiene factors in dissatisfying experiences would assist in determining whether or not the major thrusts of Herzberg's theory are reliable when applied to the designated population of Kalamazoo County community mental health workers.

The presence of a distinct relationship between specified factors in both exceptionally satisfying and exceptionally dissatisfying experiences represent deviations from Herzberg's dual-factor theory as applied to a designated population whose major job responsibility is "people oriented" rather than "product oriented."

The study examines the following demographic characteristics of the participants: (1) age, (2) sex, (3) earned academic degree, (4) number of years in mental health work, (5) number of years at present agency, and (6) marital status. Also, a rating of each respondent's overall feeling of satisfaction toward his present position is elicited.
Importance of the Study

The study is important for the following reasons:

(1) Findings of the study will be useful for future research which attempts to assess the importance of job satisfactions and job dissatisfaction among community mental health workers.

(2) The results will have functional implications for future consideration of the theoretical aspects of worker motivation.

(3) For community mental health administrators, the study may provide a knowledge of the means with which the factors of job satisfaction and job dissatisfaction of community mental health staff members might be assessed.

(4) For community mental health administrators, knowledge of factors which may serve as effective sources of job satisfaction and job dissatisfaction for staff members, which in turn, may provide valuable information for development of policies and procedures.

(5) For community mental health workers, knowledge of a means to discriminate between factors which produce job satisfaction and job dissatisfaction may provide the impetus for action toward greater personal job satisfaction and growth toward self actualization.

(6) For the consumer of community mental health services, the possible improvement of the community mental health service delivery system.

Summary of the Motivation-Hygiene Theory

An industrial psychologist, Frederick Herzberg, has attempted to provide a theoretical base from which work, work
motivation, and work satisfaction might be studied. His theory attempts to approach these areas from both a production and humanitarian-mental health orientation (Herzberg, 1966). The theory proposes that job satisfaction and job dissatisfaction are influenced by two different sets of factors (Herzberg, 1959). Herzberg disputes the bipolar concept of satisfaction and dissatisfaction. He maintains that these two entities reside on parallel but separate continua of their own. The poles of these continua are labeled dissatisfaction--no dissatisfaction and no satisfaction-satisfaction. The Motivation-Hygiene Theory suggests that the removal of any factor causing job dissatisfaction will not necessarily assure job satisfaction. In addition, if the degree of job satisfaction is measured, the converse, or job dissatisfaction, is not simultaneously measured (Swierenga, 1970). The theory further postulates that the sources of job satisfaction and job dissatisfaction are different. According to Herzberg, satisfaction stems from the presence of what he calls motivator factors.

Motivator is a word coined by Herzberg which is defined as job or task related factors whose presence in a job enables a worker to attain job satisfaction. Some examples of motivator factors are achievement, responsibility, the work itself, and recognition.¹

¹A list of all motivator and hygiene factors to be used in the proposed study, and their definitions is presented on page 13.
Hygiene factors, on the other hand, have to do with the context or environment of the job. The medical meaning of hygiene is used in this theory. In observing good rules and behavior of hygiene, one creates an environment for good health. The effort to maintain good hygiene does not guarantee the attainment of good health; however, without it, the likelihood of achieving good health is greatly deterred. Herzberg proposes that the same situation pertains to job satisfaction. That is, lack of attention to hygiene factors makes the possibility of achieving job satisfaction very unlikely. Some examples of hygiene factors are organizational policy and administration, peer relations, technical supervision, and security. Figure 1 illustrates Herzberg's theoretical position.

FIGURE 1

Diagrammatic Representation of Herzberg's Motivation-Hygiene Theory

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<th>HYGIENE AREA</th>
<th>MOTIVATOR AREA</th>
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<td>A - Dissatisfaction</td>
<td>No Satisfaction</td>
</tr>
<tr>
<td>B</td>
<td>Satisfaction-D</td>
</tr>
<tr>
<td>C</td>
<td>No Dissatisfaction</td>
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An individual needs to start from a point somewhere near the neutral area of B/C if the individual is hopeful of reaching satisfaction (D). To reach the neutral area (B/C), the individual must achieve a significant degree of control over the hygiene area (A/B). It is at this point that the motivator factors, if present, can begin to help the individual toward the achievement of job satisfaction (D).

Herzberg's dual-factor theory is a contrast to the model that has been most frequently recognized, that being the bipolar model of job satisfaction—job dissatisfaction (Lindsay, 1965). The bipolar model assumes that the relative degree of importance of any satisfaction of the same factor and the converse as well.

Research Hypotheses

In an effort to explore the subject of job satisfaction among the community mental health workers of Kalamazoo County and the applicability of Herzberg's Motivation-Hygiene Theory upon such a population, the following hypotheses have been formulated. These hypotheses are designed to test whether factors that have been determined by Herzberg (1959) and others (Walt, 1962; Schwartz, Jenusaitis & Stark, 1963; Myers, 1964; Friedlander, 1963-1966) exist on different continua and are not opposite on the same scale when applied. Other factors have been included which were
formulated on the basis of Herzberg's definitions of hygiene and motivator factors (Herzberg, 1959). The original factors are: Working conditions (secretarial assistance) and Professional autonomy. These are both classified as hygiene factors. It should be noted that this study will not claim, in any way, to have developed or utilized all the possible motivator or hygiene factors that exist.

The following research hypotheses will be tested by an analysis of responses from a population of community mental health workers.²

H₁: The motivator factor, Challenging assignments (case load) is related to a feeling of job satisfaction.

H₂: The motivator factor, Challenging assignments (committee or research projects) is related to a feeling of job satisfaction.

H₃: The motivator factor, Growth, is related to a feeling of job satisfaction.

H₄: The motivator factor, Recognition, is related to a feeling of job satisfaction.

H₅: The motivator factor, Promotion, is related to a feeling of job satisfaction.

H₆: The motivator factor, Responsibility, is related to a feeling of job satisfaction.

H₇: The motivator factor, Use of best ability, is related to a feeling of job satisfaction.

²See Chapter III, p. 51 for a presentation of the null hypotheses.
H₈: The motivator factor, Work itself, is related to a feeling of job satisfaction.

H₉: The hygiene factor, Organization policy and administration, is related to a feeling of job dissatisfaction.

H₁₀: The hygiene factor, Employee benefits, is related to a feeling of job dissatisfaction.

H₁¹: The hygiene factor, Home life, is related to a feeling of job dissatisfaction.

H₁²: The hygiene factor, Relations with program administrator, is related to a feeling of job dissatisfaction.

H₁₃: The hygiene factor, Relations with subordinates, is related to a feeling of job dissatisfaction.

H₁₄: The hygiene factor, Relations with peers, is related to a feeling of job dissatisfaction.

H₁₅: The hygiene factor, Security, is related to a feeling of job dissatisfaction.

H₁₆: The hygiene factor, Organizational status, is related to a feeling of job dissatisfaction.

H₁₇: The hygiene factor, Individual status, is related to a feeling of job satisfaction.

H₁₈: The hygiene factor, Technical supervision, is related to a feeling of job dissatisfaction.

H₁₉: The hygiene factor, Working conditions, is related to a feeling of job dissatisfaction.

H₂₀: The hygiene factor, Working conditions (secretarial assistance) is related to a feeling of job dissatisfaction.

H₂¹: The hygiene factor, Work group, is related to a feeling of job dissatisfaction.
H22: The hygiene factor, Salary, is related to a feeling of job dissatisfaction.

In recognition of the differences between the population for the present study and those studied in earlier applications of Herzberg's theory, hypotheses 23-26 are directed at determining whether the two factors, Achievement and Professional autonomy, deviate from the Motivation-Hygiene Theory. Specifically, it is hypothesized that the motivator factor, Achievement, and the hygiene factor, Professional autonomy, defined and classified according to Herzberg's dictates, function in keeping with unidimensional, bipolar model (Lindsay, 1965).

H23: The motivator factor, Achievement, will induce a feeling of job satisfaction.

H24: The motivator factor, Achievement, will induce a feeling of job dissatisfaction.

H25: The hygiene factor, Professional autonomy, will induce a feeling of job dissatisfaction.

H26: The hygiene factor, Professional autonomy, will induce a feeling of job satisfaction.

The twenty-seventh and twenty-eighth hypotheses which follow were developed to provide further clarity to the question of applicability of the Motivator-Hygiene Theory to a population of community mental health workers. They are proposed for the purpose of answering the following questions: "Are there differences among factors which are sources of job satisfaction?" and
"Are there differences among factors which are sources of job
dissatisfaction?" If such differences were found to exist in the
influence of various factors of job satisfaction and job dissatisfaction,
the answering of two additional questions would be in order. First,
what relationships are present among the various factors of job
satisfaction? Second, what relationships are present among the
various factors of job dissatisfaction?

H27: There are significant differences in the impor-
tance of various factors in a satisfying job
experience for a population of Kalamazoo
County community mental health workers.

H28: There are significant differences in the impor-
tance of various factors in a dissatisfying job
experience for a population of Kalamazoo County
community mental health workers.

The twenty-ninth hypothesis attempts to answer the question:

"Are motivator factors a source of job satisfaction?"

H29: In recalling a satisfying job experience, a
population of Kalamazoo County community
mental health workers will indicate a prepon-
derance of motivator factors than when recalling
a dissatisfying job experience.

Relatedly, the thirtieth hypothesis raises the question:

"Does the absence of hygiene factors act as a source of job
dissatisfaction?"

H30: In recalling a dissatisfying job experience, a
population of Kalamazoo County mental health
workers will indicate the absence of a greater
number of hygiene factors than when recalling
a satisfying job experience.
Definition of Terms

Herzberg's Motivation-Hygiene Theory has a central prominence in the present study. A clear understanding of the terms and factors, applied to the theory, is important. In view of that fact, a presentation of frequently used terms and factors and their definitions follows.

**Achievement.** --Success or failure; successful completion or failure to complete the task; solutions or lack of solutions to problems; seeing or not seeing the results of one's work.

**Recognition.** --Positive and negative recognition such as notice, and praise or blame from almost anyone--supervisor, another management individual, a client, a peer, a professional colleague or the general public.

**Work itself.** --An indication of good or bad feelings stemming from the doing of the job or the tasks of the job.

**Responsibility.** --Satisfaction or dissatisfaction derived from having gained or lost responsibility for his own or for other's work performance.

**Advancement.** --Instances where there was a change in the status of position through the expected or unexpected promotion as well as failure to receive an expected promotion.

**Salary.** --An indication or feeling relating to expected or unexpected wage or salary increases and unfulfilled expectations of salary or wage increases.

**Growth.** --Changed situations due to increased or decreased possibilities for growth in personal skills or in the profession which could ultimately lead to higher organizational or professional status.
Relations with peers. --A statement as to the positive or negative quality of the relations with colleagues within the agency.

Relations with program administrator(s). --A statement characterizing the positive or negative quality of the relationship(s) with the program administrator(s).

Individual status. --The indication of some positive or negative sign of appurtenance of status as being a factor of satisfaction or satisfied job feelings.

Relations with subordinates. --An indication of satisfying or dissatisfying relations with subordinates.

Agency status. --A reference to the rank or social position of the employing organization.

Use of best abilities. --Reference to the job task as demanding the use of full professional capacities.

Professional autonomy. --Reference to freedom or lack of freedom to speak, conduct therapy and research, and write within the theoretical-technical position of choice.

Technical supervision. --Factors indicating competence or incompetence; fairness or unfairness of supervisor as well as the supervisor's unwillingness to delegate responsibility.

Challenging assignment (case loads). --An indication of some positive or negative challenging or unchallenging feeling toward the case load.

Challenging assignments (committee research projects). --A statement characterizing the positive or negative feeling toward research and committee assignments.

Agency policy and administration. --Some indication of satisfaction or dissatisfaction related to agency policy or administration.

Working conditions. --A positive or negative statement about physical conditions, facilities for doing the work or the amount of work.
Personal life. --Reference to a change in the job which either improved or worsened life away from the job.

Work group. --An indication of the efficiency or the inefficiency of the agency's operation.

Employee benefits. --An indication of the importance or lack of importance of available fringe benefits.

Security. --Indications of the presence or absence of objective signs of job security such as tenure or agency stability or instability.

Working conditions (secretarial assistance). --An indication of importance of the availability or unavailability of clerical assistance.

Motivators. --A term created by Herzberg to designate factors which lead to job satisfaction when present in an individual's job situation.

Hygienes. --A term borrowed from medicine by Herzberg which designated factors whose existence served to remove the impediments to positive, satisfying job attitudes.

Job satisfaction. --The outcome of interactions between job incumbents and their job environments; incumbents possess values or needs; jobs are more or less instrumental in providing fulfillments or reinforcements.

Organization of the Study

In Chapter II a review of related literature is presented, namely, research concerned with Frederick Herzberg's dual-factor theory and characteristics of community mental health workers.

Chapter III consists of a discussion of the research design, the population, the instrumentation, and the procedural methods.
used in the data collection and analysis. An analysis of the data is presented in the fourth chapter and the summary, conclusions and discussion, and implications of the study follow in Chapter V.
CHAPTER II
A REVIEW OF SELECTED LITERATURE

Introduction

The study is based upon an investigation of the factors which influence the job satisfaction and the job dissatisfaction of a population of seventy-nine community mental health workers in Kalamazoo County, Kalamazoo, Michigan. The theoretical construct known as the Motivation-Hygiene Theory was used to examine these factors. This chapter contains a selected review of the literature which both supports and challenges Herzberg's theory, as well as studies of various characteristics of community mental health workers.

The first segment of this chapter consists of a review of some of the studies which have been conducted with Herzberg's dual-factor theory as a common foundation. These studies have attempted to either validate the theory using different occupational groups, or were studies which assessed the effect of design modification on the theory principles. An effort has been made to present studies which reflected results that were both favorable and unfavorable to Herzberg's theory. The series of studies are presented, in order, under the following headings: Herzberg's
Original Study of Engineers and Accountants; Women in High-Level Government Positions; Male Supervisors Employed by Utility Companies; Managerial Level Pre-Retirees; Hospitalized Schizophrenics, Previously Hospitalized Schizophrenics, and College Students; Life Insurance Agents; Scientists, Engineers, Supervisors, Technicians, and Assemblers; Various Segments of the Working Population; The Importance of Motivator and Hygiene Factors to Overall Population; Engineering, Supervisory and Salaried Employees; Miscellaneous Full-Time Employees; Federal Government Employees. A brief summary of Herzberg's original study begins the review.

**Herzberg's Original Study of Engineers and Accountants**

In the original study of 203 engineers and accountants, Herzberg concluded that feelings of job satisfaction were primarily related to motivator factors and that feelings of job dissatisfaction were primarily related to hygiene factors. From these findings, Herzberg developed the Motivation-Hygiene Theory or the dual-factor theory.

**Women in High-Level Federal Government Positions**

In one of the few studies which was an exact replication of
the original Herzberg study, Walt (1962) used a population of 50 women employed in United States government jobs. These subjects were involved in research and analytical positions. Their work was conducted within the disciplines of economics, language, mathematics, and engineering. The mean age was 45 years and more than half of the subjects had earned a graduate degree.

To a large extent, the results of the investigation verified the dual-factor theory. The motivator factors of achievement, recognition, responsibility, and work itself were associated with satisfying situations. Also, the results indicated that the hygiene factors of company policy and administration, status, personal life and working conditions were associated with dissatisfying situations. Two hygiene factors, interpersonal relations—peer and group feelings, were, however, discrepant with the dual-factor theory. For this population these factors were found to be more important to satisfying job experiences than they were to dissatisfying job experiences. Walt (1962) suggests that this occurrence might be related to the fact that many of the subjects lived alone and, therefore, their jobs satisfied a need for group identification.

In spite of the fact that the two hygiene factors, interpersonal relations—peer and group feelings, were a source of satisfaction, the results of the study are in basic agreement with Herzberg's theory. There is a question that such sample
variables as sex, marital status, and occupational level may affect overall reliability of the theoretical construct.

Male Supervisors Employed by Utility Companies

Milton Schwartz, et al. (1963), investigated the dual-factor theory using a population of 111 male supervisors. These individuals were employed by 21 different public utility companies from the Middle Atlantic and New England area of the United States. Their jobs were characterized as lower-middle management level. All of the subjects were enrolled in a management training program at Rutgers University during their involvement in the study. It is also important to note that the author used a questionnaire rather than Herzberg's critical incident technique to collect data and considered only first level factors.

The results of this study are in substantial agreement with Herzberg's original work. The motivator factors of achievement, recognition, responsibility, and advancement, as well as the hygiene factors of company policy and administration, working conditions, job security, and technical supervision, were all accurately predicted in the appropriate direction. The motivator factor, Work itself, did not demonstrate a significant difference in either a satisfying or dissatisfying experience. The hygiene factor

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of interpersonal relationships with subordinates was a significant factor for the population in a satisfying experience. The latter finding was in opposition to the predicted direction.

In Schwartz's study, he concluded that the variables of age, job classification, and education were not a source of significant difference when comparing the results of his study with those from Herzberg's original study. Two other points bear recognition: (1) basic support for the theory was manifested; and (2) the effectiveness of using the questionnaire method was demonstrated.

Managerial Level Pre-Retirees

A sample of 85 male pre-retirees (60-65 years of age), was used in the study by Saleh (1964) to test Herzberg's dual-factor theory. The subjects were managers in twelve different companies in the vicinity of Cleveland, Ohio. A semi-structured interview technique and a 16-item job attitude scale were the methods used for data collection.

The subjects were asked to respond to the instruments twice. In the first instance, they were asked to answer from the time perspective of when they were 30-35 years of age. In the second instance, they were asked to respond from a time perspective of the period left before retiring.
When the pre-retirees responded about their work during the earlier period (30-35 years of age), the results were very consistent with the Herzberg position, i.e., motivator factors were associated with satisfying experiences and hygiene factors were related to dissatisfying experiences. However, their responses for the period which lay ahead of them prior to retirement were in virtual opposition to the theory. Looking ahead, the pre-retirees indicated that hygiene factors were the source of job satisfaction.

Obviously then, in this study, the variable, age, when considered for those subjects whose work life was nearly over, had a definite impact on the responses. The results were in direct conflict with Herzberg's dual-factor theory. Such findings suggest that the applicability of the theory may be limited by the variable, age.

Hospitalized Schizophrenics, Previously Hospitalized Schizophrenics, and College Students

Using 69 subjects, divided equally into three groups of unimproved chronic schizophrenics, improved schizophrenics, and students, Hamlin and Nemo (1962) investigated the Herzberg theory from a different stance and in a different environment. They proposed to examine the notion that good or positive mental health

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is related to a self orientation, which emphasizes the Herzberg motivator factors (e.g., achievement, responsibility, goal directed effort, and self-actualization). The authors used a 20-item forced choice activity questionnaire that was analyzed on a choice-motivator scale.

The scores of improved schizophrenic subjects were found to be higher in the motivator area and lower in the hygiene area than those of the chronic schizophrenic subjects. The student group obtained higher motivator and lower hygiene scores than both of the other groups. These results were not only supportive of the theory but also demonstrated its viability beyond the work environment.

Life Insurance Agents

Ewen (1964) conducted an exploratory study for the purpose of determining the generalizability of the Motivation-Hygiene Theory.

For validation purposes, the sample consisted of two groups. One group of 54 subjects completed the instrument in 1962 and the second group of 480 subjects completed it in 1960. The latter group of subjects were the cross validation sample. The author factor analyzed the 1962 data. Using the principle components method in the factor analysis and the varimax method for rotation, six clear factors emerged. The six factors were: Manager interest in agents, Company training policies, and Salaries
(dissatisfaction): the Work itself and Prestige or Recognition (satisfiers); and General Morale and Satisfaction. For each of these factors, the subjects were placed in subgroups (satisfied, neutral, or dissatisfied). Then, the general satisfaction of either the satisfied or dissatisfied group was compared to the general satisfaction of the neutral group by means of a t-test significance.

The results indicated that only the factor Work itself functioned as predicted by the motivation-hygiene theory. The other motivator factor, Prestige, or Recognition, served as both a satisfier and dissatisfier. Among the hygiene factors, all three acted contrary to what would be predicted by the motivation-hygiene theory. Salary was both a satisfier and a dissatisfier. The factors Manager interest and Training were seen as satisfiers. In reviewing this study, Herzberg (1966) took issue with three design matters in Ewen's study. These matters concerned the classifications given the factors Prestige or Recognition, Company training, and Salary.

It was Herzberg's contention (1966) that two of the factors, Prestige or Recognition and Salary, were confounded factors, and that Ewen could have labeled the factor, Company training, a motivator rather than a hygiene factor, and the study would have then supported the dual-factor theory in eighty percent of the instances.
Scientists, Engineers, Supervisors, Technicians, and Assemblers

An extensive study was conducted to test the applicability of the dual-factor theory to a group of scientists, engineers, supervisors, technicians, and assemblers at the Texas Instruments Incorporated firm in Dallas, Texas. Except for the 52 female assemblers, all the subjects were males.

While employing a content analysis of critical-incident technique, Myers (1964) differed from Herzberg's original study in that he allowed for only one factor for each event described, whereas Herzberg had placed no limit on the number of factors to be discussed in each event.

The groups of subjects composed of scientists, engineers, and manufacturing supervisors responded to the study in a manner that was supportive of the dual-factor theory. The occurrence of motivator factors in favorable sequences was dominant and predicted. In turn, hygiene factors dominated these groups' description of a factor working to cause dissatisfaction.

The responses of the technicians and female assembler group, however, yielded noticeable differences. The motivator factors Recognition, Advancement, and Work itself and the hygiene factors of Salary, Competence of supervision, and Friendliness...
of Supervision both had the capacity, to at least some extent, affect satisfaction.

As in a study previously reviewed (Walt, 1962), the variable sex, had a negative impact on the dual-factor theory. However, Myers did similarly point out that among his female subjects, there were a significant number of single, widowed or divorced women whose work situation likely filled an important social-psychological function in their lives. Unlike the subjects in the Walt (1962) study, however, it bears noting that Myers' assemblers were of a low occupational level. Therefore, in this study, it was concluded that the variables, sex and occupational level, were at work against the dual-factor theory.

The male technician subjects may be examples of a group whose occupational level affects the functioning of the dual-factor theory. The frequency of negative impact manifested by the motivator factors of Work itself and Responsibility is in direct contrast to the predicted action of motivator factors.

As in other reviewed studies, however, Myers' research vividly portrays the importance, at all levels, of the achievement factor. The average percentage of that factor is 44%. That means that all the other factors account for only slightly more than half of the satisfying occurrences described. Also, in support of Herzberg's theory, the responses to favorable or satisfying
situations were dominated by motivator factors, and the descriptions of unfavorable or dissatisfying situations were dominated by hygiene factors.

Various Segments of the Working Population

A selected cross-section of the working population was used by Centers and Bugental (1966) to determine the extent to which intrinsic (motivator) or extrinsic (hygiene) job factors were valued at various occupational levels.

Centers and Bugental (1966) predicted that individuals at higher occupational levels would value intrinsic job factors more than would individuals at a lower occupational level. Conversely, they predicted that individuals at a lower occupational level would place a greater value on extrinsic job factors than would individuals at a higher occupational level.

An interview technique and a ranking type questionnaire were used to collect data from 692 employed adults in the Los Angeles, California area. The subjects in the higher occupational level, or white collar group, were determined by the Dictionary of Occupational Titles (1949). This group was comprised of individuals from areas of professional and managerial, clerical, and sales occupations. The lower occupational level or blue collar group was comprised of skilled, semi-skilled, and unskilled individuals.
The results of the study supported the authors' predictions. Among the high occupational level group, the intrinsic job factors had significantly greater value ($p < .01$). In addition, for the lower occupational group, extrinsic job factors had significantly greater value ($p < .01$). It was further reported that sex differences were observed in the value placed on one of the intrinsic job factor items. Men placed a greater value in the opportunity they had to use their skills; women placed more value on co-workers.

From the results, Centers and Bugental (1966), drew the following conclusion:

Although our findings indicate occupational differences in the job motivations which are actually operating, they do not necessarily show that there is a basic or unalterable difference in values between occupational levels. It may be that the difference is merely circumstantial. Interpreting our results in terms of Maslow's (1943) need-hierarchy, it would be said that individuals in lower-level occupations are more likely to be motivated by lower-order need (pay, security, etc.) because these are not sufficiently gratified to allow higher-order needs (the self-fulfillment possible in the job itself) to become potent (p. 195).

The Importance of Motivator and Hygiene Factors to Overall Job Satisfaction

As one part of a study which examined the field of counseling, Halpern (1966) investigated the importance of both motivator and hygiene factors on overall job satisfaction.
A questionnaire was employed to collect ratings on four motivator factors, four hygiene factors, and overall job satisfaction. There were 93 male subjects who responded to the questionnaire. These individuals came from a larger group who were among a specified age group (17-24 years of age) approximately ten years prior to the study, and who all had received vocational counseling from one university counseling center during that time. It was also determined that these individuals had held an average of 3.9 jobs for an average of 3 years on each job since leaving the university.

The results of this study supported the predicted position that motivator factors would dominate as the source of overall job satisfaction. Two motivator factors, Work itself, and Achievement, "accounted for 74% of the variance in ratings of overall satisfaction" (Halpern, 1966, p. 200).

The study is also notable in that it answers the criticism of the original study regarding its lack of an overall measure of job satisfaction (Ewen, 1964; House & Wigdor, 1966). From this study comes evidence of the relationship that motivator and hygiene factors do contribute to overall job satisfaction or dissatisfaction of the respondents.
Friedlander's Studies

Studies completed by Friedlander (1963, 1964, 1965, 1966) have been frequently cited in the literature associated with the dual-factor theory. His studies have been referred to within both a supportive and non-supportive context of the theory (Herzberg, 1966; House & Wigdor, 1967). In the following, three of these studies will be considered.

In his initial study, Friedlander (1963) examined the elements underlying job satisfaction for a group of over 9,000 engineers, supervisors and salaried employees in a large midwestern manufacturing company. Groups of 200 individuals for each of the occupation groups were randomly developed. A 39-item questionnaire was developed. From the 39 items, 17 were factor analyzed as sources of job satisfaction. The analysis produced three meaningfully factors: Factor I, Social and Technical Environment (contained only hygiene factors); Factor II, Intrinsic Self-Actualization Work Aspects (contained only motivator factors); Factor III, Recognition through Advancement (contained four motivator factors and one hygiene factor). Friedlander's one hygiene factor in Factor III was, "I was expecting (or received) a merit increase" (p. 248).

In reviewing the results of the study, Friedlander reported
that Factors I and II corresponded to the concepts of Herzberg's dual-factor theory. However, he pointed to the presence of the merit increase factor, among the other four motivators, in Factor III, as an indication of diversion from the theory. Yet, when the classification of the merit increase factor is considered from the viewpoint of recognition, it becomes apparent that the factor, at least, leans in the motivator direction. Also, Herzberg (1959, 1966) cautions that from his original study and from his review of subsequent studies, Salary (merit increases) needs to be considered a confounded factor, "because it so often represents recognition for achievement" (1966, p. 147).

Miscellaneous Full-Time Employees

While studying 80 employed individuals who were all enrolled in college classes, Friedlander (1964) investigated the question of whether job characteristics exist on a bipolar continuum, which job characteristics were the greatest sources of job satisfaction, and which ones were the greatest sources of job dissatisfaction.

A two part questionnaire was developed for the study. One part allowed the respondent to rate the importance of 18 variables as sources of satisfaction. The second part required a rating of
the same 18 individuals while they were considered as sources of
dissatisfaction. Friedlander pointed out that this instrument was
designed to measure the importance of each job aspect as a source
of satisfaction or dissatisfaction, not whether the respondents were
satisfied or dissatisfied.

In reference to the bipolar continuum question, Friedlander
found that most job characteristics did serve both as sources of
satisfaction when present and as sources of dissatisfaction when
absent. The lack of significant correlations on the factors as
satisfiers and dissatisfiers substantiated Herzberg's dual-factor
approach. The results concerning the relative importance of
motivator and hygiene type job characteristics were supportive of
Herzberg's dual-factor theory. Friedlander also found that moti-
vator factors were dominant to both satisfaction and dissatisfaction
while hygiene factors were relatively unimportant as either satis-
fiers or dissatisfiers. Thus, he concluded that only half of Herz-
berg's original findings concerning dichotomy of influence of
motivators and hygiene was substantiated.

Government Employees

In this study of 1,935 government employees, Friedlander
(1965) enlarged upon his 1964 investigation. His objective was to
investigate the relationship between environmental factors and job
satisfaction or job dissatisfaction as it concerned the respondents' current satisfaction or dissatisfaction. The current satisfaction-dissatisfaction element was critically different from his earlier studies (Friedlander, 1963, 1964). The individuals who responded to the instrument were wage-earners living in an isolated community of 12,000 people. All these respondents were employed by the federal government. The questionnaire consisted of two 73-item sections. The first section elicited a rating on a variety of environmental factors. The main categories of the items were: (1) work, (2) educational facilities, (3) churches, (4) recreational facilities, (5) marketing facilities, (6) housing facilities, and (7) medical facilities. The second segment of the questionnaire asked for a rating of the same 73 environmental items as to how important each was to overall satisfaction or dissatisfaction.

The results of this study gave support to the Motivation-Hygiene Theory on three levels. First, the dual-factor theory for job satisfaction was again confirmed over the bipolar continuum assumption. This was substantiated by the finding that the satisfaction and importance attributed to environmental factors were unrelated when mean satisfaction-importance scores were correlated across all factors. However, another related finding had to do with the resultant relationships which emerged when the environmental factors were separated into satisfying and dissatisfying
experiences. Secondly, the relationships paralleled the motivation-hygiene theory in that the relationship was positive with satisfying factors and negative with dissatisfying factors. Further, in considering the items related to the satisfying and dissatisfying factors, Friedlander found that the positive items were concerned almost entirely with work and of the motivator type (e.g., "I have a feeling of achievement in the work I am doing," "The work requires the use of my best abilities," and "I have been given challenging assignments on my job"), and the negative items were of the contextual or hygiene type.

Characteristics of Community Mental Health Workers

The following section reviews selected literature pertaining to various characteristics of the group of individuals known as community mental health workers. The purpose of the review is to establish a perspective of who community mental health workers are, and why they do what they do. Within that framework, the review attempts to provide a general idea as to how this information relates to the group's job satisfaction.

Before attending to the question of who and why of community mental health workers, it is necessary to define what community mental health is. Essentially, community mental health is an
approach to a problem, and in this case, the problem is mental illness and health. Smith and Hobbs (1966) described the approach this way:

The core of the plan is this: To move the care and treatment of the mentally ill back into the community so as to avoid the needless disruption of normal patterns of living, and the estrangement from these patterns, that often come from distant and prolonged hospitalization; to make the full range of help that the community has to offer readily available to the person in trouble; to increase the likelihood that trouble can be spotted and help provided early when it can do the most good; and to strengthen the resources of the community for the prevention of mental disorder.

The advent of community mental health in the United States can be traced to the federal government. Initially, recommendations for the community based approach came from the Joint Commission on Mental Health which was established by Congress in the Mental Health Study Act of 1955. The Commission's recommendations were followed by the endorsement of President John F. Kennedy of the idea as a "bold new approach;" and finally, by Congress' enactment of the Community Mental Health Act of 1963 (Sarason, Levine, Goldenberg, Cherlin, Bennett, 1966).

This federal legislation, subsequent state legislation, and the influence of the community mental health concept itself have had a profound impact on mental health workers. Probably the most important effect of the community approach has been the mammoth,
concomitant increase in the real and potential patient population. Stopping the reliance on large mental hospitals, encouraging multi-agency programs, and mandating the availability of mental health service to everyone, regardless of ability to pay, or any other previously limiting factor, has caused a major demand for community mental health workers (Albee, 1967). The individuals who have traditionally been associated with mental health work have functioned under the titles of psychiatrist, clinical psychologist, psychiatric social worker, and specialty nursing and attendant, or paraprofessional staff.

In a survey of psychiatrists, psychologists, and social workers, Henry et al. (1971) found that early exposure to the general field of mental health fostered the subjects' interest in the profession. The interest centered mainly around two specific modes. The subjects believed that mental health work would be: (1) intellectually stimulating, and (2) allow them to recognize their potential ability. The intellectual stimulation was found to be a dominant factor for professionals already in the field (Rettig, Jacobson, & Pasmanisk, 1958).

Relatedly, Henry et al. (1971) reported that the two major individual motives for choosing a specialty in the mental health profession were: (1) to understand people, and (2) to help people.
In a similar vein, Frederick C. Thorne (1975) told of the many psychologists who have come to him about anxieties related to their professional competence and status. He stated that those anxieties could be alleviated "only by the attainment of adequate performance" (p. 176). From this remark, it might be concluded that the mental health worker sees the field as a means to achieving both intellectual and humanitarian value through his vocational functioning.

The importance of the work and the working environment for professionals was examined by Orzack who concluded that clinical psychologists and social workers as well as physicians and nurses among related professionals "might be expected to have intensive commitments to work and their profession" (Orzack, in Bryant, C. D. 1972, p. 60). These conclusions were based on results of a study in which it was hypothesized that the "central life interest" would differ significantly from those of industrial workers as reported by Dubin (1956).

The climate within the community mental health workers' workplace was also reported to have significant importance. From a mental health administrator's standpoint, Dorken stated that to encourage professional growth, achievement, and tenure:

The administrative task is to create a climate in which each staff member is free enough and
challenged enough constantly to precipitate himself into just manageable difficulty, an expectancy of excellence which leads to its pursuit. Quite apart from the impact this may have on the pace, nature, and direction of program development, it creates a favorable professional climate, lending, in turn, desirable reinforcement to the service (Dorken, in David, H. P., 1966, p. 117).

Among the group of mental health workers known as paraprofessionals, Haller and DeLong (1973) used the _16 Personality Factor Questionnaire_ to assist students in a mental health technology program. In a comparison of these students with the general population, the following characteristics were reported. The students:

1. Exhibited greater abstract intelligence.
2. Were more mature, spontaneous, and emotionally suitable for constant human contact with people without undue fatigue.
3. Exhibited bold, almost pushy social interaction style.
4. Were sensitive to human feeling, but showed evidence of some stereotype attitudes.
5. Exhibited tendencies toward being careless, impatient, and dependent (pp. 235 & 236).

After a three year program of training and work, paraprofessional mental health counselors pointed to a feeling of being an agent of help and the feelings of achievement as being the most important sources of their satisfaction (Rioch, 1969).
Summary

Studies of Frederick Herzberg's dual-factor theory were reviewed and a clear dichotomy of results evolved from the review. The results were equivocal. When the method used initially by Herzberg (the critical incident technique) was either precisely followed or slightly modified, the results of those studies were in agreement with Herzberg's original findings. Hence, the theory has frequently been criticized as being methodologically bound (Ewen, 1964; Fournet, et al., 1966; House & Wigdor, 1967). As stated by Vroom, "People tend to take the credit when things to well, and enhance their own feeling of self-worth, but protect their self-concept when things go poorly by blaming their failure on the environment" (in House & Wigdor, p. 371, 1967).

In addition, another factor which has had a measurable impact on the source of satisfaction is occupational level. Higher level positions have been found to allow for greater intrinsic reward than lower level positions (Fournet, et al., 1966).

The reason for the comparatively small amount of research related to the characteristics of community mental health workers, particularly as they relate to job satisfaction, is a matter for speculation. One reason might be the relative youth of the community mental health field itself (Sarason, et al., 1966).
The present study will seek to investigate both the factors which influence job satisfaction and job dissatisfaction for community mental health workers and the applicability of Herzberg's dual-factor theory on a group of occupations in the human service section.
CHAPTER III

METHODOLOGY

This chapter describes the research methodology used in the study. Sections of the chapter are devoted to the population, instrumentation, procedures for data collection, and data analysis.

Population

The criterion of having at least some direct client contact as a job responsibility was used to develop the population of 86 potential subjects. The respondents were members of the staff of the 10 community mental health agencies whose services are rendered under the terms of contractual agreements with the Kalamazoo County Mental Health Board in the State of Michigan. The population consisted of 86 community mental health workers. Among them were 48 females and 38 males. Their ages ranged from 21 to 64 years old and the average age was 37. All the subjects had partial responsibility for providing direct client service. Through the terms of an agreement made between the Executive Director of the Kalamazoo County Mental Health Board and the researcher, the population of the present study consisted of mental health workers for whom the Board had direct funding responsibilities. As such, the population

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is engaged in all the community mental health services prescribed in the Community Mental Health Centers Act of 1963. Because of the overlapping responsibility at one agency, the only group of service providers not totally represented in the population was a group of nurses and attendants who worked on the inpatient ward of a private hospital. The funding of their salaries was independent of the local mental health board. Therefore, the designated population consisted of a group of 86 community mental health workers from the County of Kalamazoo in the State of Michigan.

Typically, community mental health service is provided by two groups of individuals who are distinguished by the amount and type of their academic training. The labels attached to these two groups in the field are professionals and paraprofessionals. In the present study, the earned academic degrees and titles represented in the former group are presented in Table 3.1.

The largest proportion of masters level individuals in the designated population is a typical configuration of service providers in community mental health. A 1-2-3-formula pertaining to the proportions of psychiatrists, psychologists and social workers has been used in community mental health personnel development since its early days (Holler & DeLong, 1973). Figure 2 illustrates that the proportions of psychiatrists, psychologists, and social workers

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TABLE 3.1.--Types and numbers of community mental health professionals responding to the questionnaire by earned academic degree and job title

<table>
<thead>
<tr>
<th>Earned Academic Degree</th>
<th>Job Titles</th>
<th>No. at Degree</th>
<th>No. of Usable Questionnaires</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>Psychiatrist</td>
<td>5</td>
<td>5</td>
<td>6.3</td>
</tr>
<tr>
<td>PhD</td>
<td>Clinical Psychologist</td>
<td>4</td>
<td>4</td>
<td>5.1</td>
</tr>
<tr>
<td>EdD</td>
<td>Psychologist</td>
<td>1</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>MSW</td>
<td>Social Worker</td>
<td>29</td>
<td>29</td>
<td>36.7</td>
</tr>
<tr>
<td>MA</td>
<td>Psychologist &amp; Counselor</td>
<td>24</td>
<td>19</td>
<td>24.1</td>
</tr>
<tr>
<td>MS</td>
<td>Counselor</td>
<td>3</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>66</td>
<td>61</td>
<td>77.2</td>
</tr>
</tbody>
</table>
FIGURE 2

A Representation of Percentages of Job Titles for Professional and Paraprofessional Community Mental Health Workers

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>6.33%</td>
<td>5</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>25.32%</td>
<td>20</td>
</tr>
<tr>
<td>Psychiatric Social Workers and Social Workers</td>
<td>45.57%</td>
<td>30</td>
</tr>
<tr>
<td>Mental Health Contact Workers, Community Workers, Resident Managers, etc.</td>
<td>22.78%</td>
<td>18</td>
</tr>
</tbody>
</table>

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in this population closely represents the 1-2-3 formula.

Relating the percentages of professional titles (Figure 2, p. 44) to the 1-2-3-formula, the only apparent deviation was in a slightly lower proportion of psychiatrists. Figure 2 also represents the approximate three to one ratio of professionals to paraprofessionals. Paraprofessionals have academic training at the bachelors degree or less. The array of services provided by the designated population of community mental health workers described above adheres to the statutory dictates set forth by both the federal and the state community mental health legislation (Smith & Hobbs, 1966; Michigan House Bill No. 5864, 1974). This population is responsible for the administration of the following services whenever appropriate:

(a) Crisis counseling--individual and family  
(b) Case consultations and referrals  
(c) Psychological testing  
(d) Medical and psychiatric examinations  
(e) Chemotherapy  
(f) Child (6 - 11 years) day treatment center  
(g) Adult day treatment facility  
(h) Adult night treatment facility  
(i) Individual psychotherapy--child and adult  
(j) Family divorce counseling  
(k) Marriage counseling  
(l) After care services  
(m) Senior citizen crisis counseling  
(n) Research training and evaluation  
(o) Community mental health education and prevention

Though generalization beyond the population is not advised in this type of study, the configuration of numbers and types of mental health workers deployed and of services offered in this
county is representative of those found in demographically similar counties within the State of Michigan (Fullmer, 1976). Advising further against generalization, it would be fair to assume that the same staffing similarities are to be found at the national level (Smith & Hobbs, 1966).

**Instrumentation**

The instrument used to obtain the data for this study was a modified version of the questionnaire developed by Friedlander (1964). It is divided into three separate sections. The first and second sections were composed of what Herzberg (1959) called first level factors. In the original study, using the critical incident method, Herzberg developed three levels of factors. However, in subsequent verification studies, the validity of data based on first level factors alone was established (Friedlander, 1963, 1964, 1965, 1966a, 1966b; Graen, 1966; Halpern, 1966; Swierenga, 1970). By using only first level factors, no claim of total replication can be made. Schwartz, et al. (1963) reported that the lack of consideration to second and third level factors did not seriously affect the results of the study. This position has been supported by Herzberg's recognition and acceptance of the notion that data from first level factors tends to be more objective (1966).

In the first section, the respondent was asked to: "Think
of a time when you felt exceptionally good about your job, either
your present job or any other mental health service job you have
had. The following is a list of some factors which may have con-
tributed to your positive feeling at that time." Instructions were
then given to indicate the amount of importance each of the subse-
quent 24 factors had as sources of satisfaction. The respondent was
instructed to check one of the following responses for each item:

(a) This factor was not present
(b) This factor was present but was not important
(c) This factor was present and fairly important
(d) This factor was present and of major importance

The process for the second section differed from the first
only in the fact that the respondent was to be thinking of a time
when he was feeling exceptionally dissatisfied about his job. With
that in mind, he was to indicate the importance of each of the same
factors as a source of dissatisfaction.

The third section was used to collect such demographic data
as the respondent's age, sex, present job title, highest earned
academic degree, the number of years worked in the mental health
field, and present overall job satisfaction.

Twenty-four factor-items were used on the questionnaire.
Nine of the factor-items were designated as motivator factors and
fifteen were hygiene factors (see Table 3.2, p. 48).

With the exception of two original hygiene factors, Working
<table>
<thead>
<tr>
<th>Item Numbers</th>
<th>Factor</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 27</td>
<td>Salary</td>
<td>Hygiene</td>
</tr>
<tr>
<td>2 &amp; 28</td>
<td>Technical supervision</td>
<td>Hygiene</td>
</tr>
<tr>
<td>3 &amp; 29</td>
<td>Challenging assignments (committee and research projects)</td>
<td>Motivator</td>
</tr>
<tr>
<td>4 &amp; 30</td>
<td>Professional autonomy</td>
<td>Hygiene</td>
</tr>
<tr>
<td>5 &amp; 31</td>
<td>Challenging assignments (case load)</td>
<td>Motivator</td>
</tr>
<tr>
<td>6 &amp; 32</td>
<td>Promotion (advancement)</td>
<td>Motivator</td>
</tr>
<tr>
<td>7 &amp; 33</td>
<td>Relations with peers</td>
<td>Hygiene</td>
</tr>
<tr>
<td>8 &amp; 34</td>
<td>Recognition</td>
<td>Motivator</td>
</tr>
<tr>
<td>9 &amp; 35</td>
<td>Relations with agency administrator</td>
<td>Hygiene</td>
</tr>
<tr>
<td>10 &amp; 36</td>
<td>Responsibility</td>
<td>Motivator</td>
</tr>
<tr>
<td>11 &amp; 37</td>
<td>Working conditions</td>
<td>Hygiene</td>
</tr>
<tr>
<td>12 &amp; 38</td>
<td>Work group</td>
<td>Hygiene</td>
</tr>
<tr>
<td>13 &amp; 39</td>
<td>Work itself</td>
<td>Motivator</td>
</tr>
<tr>
<td>14 &amp; 40</td>
<td>Security</td>
<td>Hygiene</td>
</tr>
<tr>
<td>15 &amp; 41</td>
<td>Working conditions (secretarial assistance)</td>
<td>Hygiene</td>
</tr>
<tr>
<td>16 &amp; 42</td>
<td>Achievement</td>
<td>Motivator</td>
</tr>
<tr>
<td>17 &amp; 43</td>
<td>Employee benefits</td>
<td>Hygiene</td>
</tr>
<tr>
<td>18 &amp; 44</td>
<td>Home life</td>
<td>Hygiene</td>
</tr>
<tr>
<td>19 &amp; 45</td>
<td>Professional growth</td>
<td>Motivator</td>
</tr>
<tr>
<td>20 &amp; 46</td>
<td>Relations with subordinates</td>
<td>Hygiene</td>
</tr>
<tr>
<td>21 &amp; 47</td>
<td>Individual status</td>
<td>Hygiene</td>
</tr>
<tr>
<td>22 &amp; 48</td>
<td>Agency status</td>
<td>Hygiene</td>
</tr>
<tr>
<td>23 &amp; 49</td>
<td>Use of best abilities</td>
<td>Motivator</td>
</tr>
<tr>
<td>24 &amp; 50</td>
<td>Administrative policies</td>
<td>Hygiene</td>
</tr>
</tbody>
</table>
conditions (secretarial assistance) and Professional autonomy, which were added especially for this population, the remaining 22 factors have all been used in prior dual-factor research. The two original factor-items are clearly defined as hygiene factors in Herzberg's classification system. It should be noted, however, that the present study makes no claims to have utilized all the motivator or hygiene factors that exist. In previous studies using this instrument (Friedlander, 1970) the reliability estimates for the job satisfaction and job dissatisfaction measures, as computed by the Kuder-Richardson formula 20, were .79 and .72 for Friedlander and .83 and .84 for Swierenga.

Procedure of Collection of Data

During the second week of February, 1976, a letter was sent by first class mail to the 87 potential respondents for the study (see Appendix A, p.105). The letter informed the individuals of the general purpose of the study, their potential participation in the study, the confidential treatment of the data, and the proposed use of the data.

Seven days later, a second mailing was conducted. Each of the respondents received a packet which contained an instruction sheet, an identification sheet, the test instrument, and two stamped
return envelopes (one envelope for the identification sheet and the other for the instrument). The instruction sheet (see Appendix B, p.106) gave directions for completing and returning the instrument.

A follow-up procedure was begun two weeks after the second mailing. A telephone call was made to individuals from whom no identification sheet had been received. In the telephone contract, an appeal was made for the individual's cooperation and participation in the study; and an offer of new materials was extended as well. After one month had elapsed after the second mailing, non-responding individuals received another telephone call. In this call, a similar appeal for participation was made and new materials were again offered.

Data collection was discontinued seven weeks after the second mailing. By that time, 80 questionnaires had been returned. Of those 80, 79 had been properly completed. Further, in the follow-up, it was discovered that one of the subject's job responsibility did not include any direct client contact, and the individual was, therefore, eliminated from the population. Thus, the total population for the present study was reduced in number from 87 to 86. Of the remaining six individuals, one verbally refused to participate and the final five were non-respondents. The final percentage of usable questionnaires returned in this study was 91.86%.
The responses on each questionnaire were coded, scored, and placed on magnetic tape for data analysis.

Data Analysis

A probability level of .05 for making a type I error was used for testing all null hypotheses.

The data corresponding to each hypothesis in this study was analyzed by one or more of the following procedures: \( t \)-tests of the difference between the means of correlated samples, Pearson Product-Moment Coefficients of Correlation for the relationships between dependent means, repeated measures analysis of variance of differences between several means, and the population proportions of units possessing certain characteristics.

\( H_{01} \): There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Challenging assignments (case load).

\( H_{02} \): There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Challenging assignments (committee or research projects).

\( H_{03} \): There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Growth.

\( H_{04} \): There is no difference between the mean ratings in a satisfying mental health job experience and
in a dissatisfying mental health job experience for the motivator factor, Recognition.

\[ \text{Ho}_5: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Promotion.

\[ \text{Ho}_6: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Responsibility.

\[ \text{Ho}_7: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Use of best ability.

\[ \text{Ho}_8: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Work itself.

\[ \text{Ho}_9: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Achievement.

\[ \text{Ho}_{10}: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Organizational policy.

\[ \text{Ho}_{11}: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Employee benefits.

\[ \text{Ho}_{12}: \] There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Home life.

\[ \text{Ho}_{13}: \] There is no difference between the mean ratings in a satisfying mental health job experience and
in a dissatisfying mental health job experience for the hygiene factor, Relationship with agency administrator.

H₀₁₄: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Relationships with subordinates.

H₀₁₅: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Relationships with peers.

H₀₁₆: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Security.

H₀₁₇: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Organizational status.

H₀₁₈: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Individual status.

H₀₁₉: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Technical supervision.

H₀₂₀: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Working conditions.

H₀₂₁: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Working conditions (secretarial assistance).
$H_{o22}$: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Salary.

$H_{o23}$: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Work group.

$H_{o24}$: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Professional autonomy.

After computing the means and standard deviations for each of the 24 factors, in both the "exceptionally good" experience and the "exceptionally dissatisfied" experience, the $t$-test for correlated samples (Glass & Stanley, 1970, p. 234), was used to test the first two hypotheses. The purpose of this analysis was to determine whether a difference existed between the two means of each of the factors. These means were based upon the numerical values of 1, 2, 3, and 4. The numerical value, in turn, was produced by the respondents' rating each factor twice on the questionnaire. If the resulting $t$-ratio demonstrated a statistically significant difference ($0.05$ level of significance) between the two means of a factor as a source of satisfaction and as a source of dissatisfaction, Herzberg's dual-factor theory would be considered supported because satisfaction and dissatisfaction, for that factor, were not opposites. In the case of the factors Achievement (motivator) and Professional autonomy
(hygiene), a lack of significant difference between the mean satisfaction scores and mean dissatisfaction scores would allow the possibility that each factor is a source of satisfaction when it is present, and a source of dissatisfaction as well, when it was absent, as was predicted for this population.

\( H_{025} \): There is no relationship between the means of the motivator factor of Achievement in a satisfying mental health job experience and a dissatisfying mental health job experience.

\( H_{026} \): There is no relationship between the means of the motivator factor of Professional autonomy in a satisfying mental health job experience and a dissatisfying mental health job experience.

In a further effort to establish the efficacy of the Motivation-Hygiene Theory for use with community mental health workers, the Pearson Product-Moment Coefficient of Correlations (Glass & Stanley, 1970, p. 109) was applied to null hypotheses 25 and 26 to determine the degree of relationship for any given factor as a source of satisfaction and as a source of dissatisfaction. The product-moment coefficient was established for the two factors, Achievement and Professional autonomy. Due to the suspected unique qualities of this population and the work this population is engaged in, it was predicted that a high degree of relationship would result between Achievement as a source of satisfaction and as a source of dissatisfaction, and Professional autonomy as a source of satisfaction and as a source of dissatisfaction. Thus, for statistical testing

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purposes, the null hypotheses to be tested for these factors is that a correlation of zero exists between the mean ratings of each factor in the satisfying and dissatisfying job experience.

A repeated measure design analysis of variance (Winter, 1962, p. 106) was used to test the null hypotheses 27 and 28 listed below:

\[ \text{Ho}_{27}: \text{There are no differences among the means of the twenty-four motivator and hygiene factors in a satisfying mental health job experience.} \]

\[ \text{Ho}_{28}: \text{There will be no differences among the means of the twenty-four motivator and hygiene factors in a dissatisfying mental health job experience.} \]

This analysis was used to determine whether differences in importance existed between all factors as sources of satisfaction (item numbers 1-24) and between all the factors as sources of dissatisfaction (item numbers 27-30).

\[ \text{Ho}_{29}: \text{There will be no difference between the ratings of importance of motivator factors in a satisfying and dissatisfying mental health job situation among a population of community mental health workers.} \]

\[ \text{Ho}_{30}: \text{There will be no differences between the ratings of importance of hygiene factors in satisfying and dissatisfying mental health job situations.} \]

A population proportion (Glass & Stanley, 1970, p. 321) of motivator and hygiene factors was calculated for each of the factors in both the satisfying situation and the dissatisfying situation. This analysis was used to determine whether or not motivator factors were more important in satisfying job experiences than in
dissatisfying job experiences. Conversely, the analysis was used to determine whether hygiene factors were more important in the dissatisfying job situations than the satisfying situations. The null hypotheses tested were that $p$, the proportion of the 79 community mental health workers considering motivator factors more important in a satisfying situation, was .50; and that $p$, the proportion of the 79 community mental health workers considering hygiene factors more important in a dissatisfying job situation was .50. The alternative hypothesis in both instances was that $p$ was greater than .50.

Summary

The designated population in this study was 79 community mental health workers in a Michigan county. A questionnaire was developed to help isolate the major sources of job satisfaction and job dissatisfaction and to test the effectiveness of Herzberg's dual-factor theory in various community health settings. Thirty testable hypotheses were stated and the statistical analysis tools used to test these hypotheses were discussed.
CHAPTER IV
ANALYSIS OF RESULTS

The present study sought to explore both the factors that affect the job satisfaction of a population of community mental health workers and the applicability of Herzberg's dual-factor theory to that same population. The study was designed to determine the following:

(1) The factors which were the greatest sources of job satisfaction in an exceptionally good job experience and conversely, which factors were the greatest source of dissatisfaction in an exceptionally dissatisfying job experience.

(2) The factors which exhibited a capacity to affect both job satisfaction and job dissatisfaction, particularly the factors Achievement and Professional autonomy.

(3) The factors in a satisfying situation which differ in importance, and the factors in a dissatisfying situation which differ in importance also.

(4) The types of factors, motivator or hygiene, which predominated the satisfying job experience and the type of factors which predominated the dissatisfying job experience.

The results presented are as follows: (1) the reported predominant motivator and hygiene factors for both the satisfying and the dissatisfying situation; (2) the reported functional relationships of motivator factors in both the satisfying and dissatisfying situation;
(3) the reported differences among the factors in both a satisfying and dissatisfying situation; and (4) the reported existence of different types of factors (motivator and hygiene) in satisfying and dissatisfying situations respectively.

Factors which Dominate Satisfaction and Dissatisfaction

Table 4.1 presents the means, the standard deviations, and the t-ratios for each of the 24 factors in both a satisfying job experience and a dissatisfying job experience. The t-ratio for correlated samples was used to analyze the differences between the means for each of the factors as a source of satisfaction and as a source of dissatisfaction. The factor numbers in Table 4.1 represent the item numbers on the questionnaire (see Appendix C., p. 107).

Factor numbers 1-24 were the items in the satisfying job experience and factor numbers 27-50 were the items in the dissatisfying job experience. The order of the factors in Table 4.1 is based upon the size of the difference between the means.

The means and standard deviations of the factors in the satisfying job situation are listed under the heading, "Satisfaction;" and the same data for each factor in the dissatisfying job situation are under the heading "Dissatisfaction." In the questionnaire, each item was stated in a positive manner. For example, number 13
TABLE 4.1.--Reported means, standard deviations, and t-ratios for motivator and hygiene factors as sources of satisfaction and sources of dissatisfaction

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Factor</th>
<th>Factor Titles</th>
<th>Satisfaction</th>
<th>Dissatisfaction</th>
<th>Diff  t</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 &amp; 39</td>
<td>M</td>
<td>Work itself</td>
<td>3.70 0.60</td>
<td>2.07 1.25</td>
<td>1.63   10.74*</td>
</tr>
<tr>
<td>7 &amp; 33</td>
<td>H</td>
<td>Relationships with peers</td>
<td>3.53 0.81</td>
<td>1.96 1.22</td>
<td>1.56   10.08</td>
</tr>
<tr>
<td>4 &amp; 30</td>
<td>H</td>
<td>Professional autonomy</td>
<td>3.05 1.10</td>
<td>1.91 1.13</td>
<td>1.13   6.36</td>
</tr>
<tr>
<td>20 &amp; 46</td>
<td>H</td>
<td>Relationships with subordinates</td>
<td>2.70 1.23</td>
<td>1.58 1.06</td>
<td>1.11   7.24</td>
</tr>
<tr>
<td>5 &amp; 31</td>
<td>M</td>
<td>Challenging assignments (case load)</td>
<td>3.16 0.82</td>
<td>2.07 1.15</td>
<td>1.08   6.83*</td>
</tr>
<tr>
<td>16 &amp; 42</td>
<td>M</td>
<td>Achievement</td>
<td>3.65 0.57</td>
<td>2.67 1.21</td>
<td>0.97   6.25*</td>
</tr>
<tr>
<td>14 &amp; 40</td>
<td>H</td>
<td>Security</td>
<td>3.03 0.91</td>
<td>2.06 1.20</td>
<td>0.96   6.46</td>
</tr>
<tr>
<td>19 &amp; 45</td>
<td>M</td>
<td>Professional growth &amp; advancement</td>
<td>3.05 1.00</td>
<td>2.11 1.07</td>
<td>0.93   5.70*</td>
</tr>
<tr>
<td>23 &amp; 49</td>
<td>M</td>
<td>Use of best abilities</td>
<td>3.44 0.76</td>
<td>2.51 1.25</td>
<td>0.92   5.93*</td>
</tr>
<tr>
<td>10 &amp; 36</td>
<td>M</td>
<td>Responsibility</td>
<td>2.70 1.01</td>
<td>1.78 1.12</td>
<td>0.92   6.32*</td>
</tr>
<tr>
<td>9 &amp; 35</td>
<td>H</td>
<td>Relationship with agency administrator</td>
<td>3.08 0.93</td>
<td>2.20 1.31</td>
<td>0.88   5.34</td>
</tr>
<tr>
<td>21 &amp; 47</td>
<td>H</td>
<td>Personal prestige in agency</td>
<td>2.40 1.00</td>
<td>1.55 1.02</td>
<td>0.84   4.81</td>
</tr>
<tr>
<td>22 &amp; 48</td>
<td>H</td>
<td>Prestige of agency</td>
<td>2.53 1.10</td>
<td>1.79 1.07</td>
<td>0.73   5.88</td>
</tr>
<tr>
<td>11 &amp; 37</td>
<td>H</td>
<td>Working conditions</td>
<td>2.67 1.07</td>
<td>1.94 1.17</td>
<td>0.72   4.37</td>
</tr>
<tr>
<td>8 &amp; 34</td>
<td>M</td>
<td>Recognition</td>
<td>2.65 1.21</td>
<td>2.05 1.15</td>
<td>0.60   3.94*</td>
</tr>
<tr>
<td>2 &amp; 28</td>
<td>H</td>
<td>Technical supervision</td>
<td>2.75 1.10</td>
<td>2.20 1.32</td>
<td>0.55   3.00</td>
</tr>
<tr>
<td>3 &amp; 29</td>
<td>M</td>
<td>Challenging assignments (committee or research projects)</td>
<td>2.48 1.25</td>
<td>1.97 1.07</td>
<td>0.50  3.01*</td>
</tr>
<tr>
<td>24 &amp; 50</td>
<td>H</td>
<td>Administrative policies</td>
<td>2.82 1.14</td>
<td>2.39 1.29</td>
<td>0.43   2.23</td>
</tr>
<tr>
<td>15 &amp; 41</td>
<td>H</td>
<td>Working conditions (secretarial assistance)</td>
<td>2.39 0.99</td>
<td>2.02 1.13</td>
<td>0.36  1.96</td>
</tr>
</tbody>
</table>

*significant at the .05 level or beyond, one-tailed test
### TABLE 4.1. --continued

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Factor</th>
<th>Factor Titles</th>
<th>Satisfaction</th>
<th>Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 &amp; 34</td>
<td>H</td>
<td>Employee benefits</td>
<td>1.78, 1.04</td>
<td>1.44, 0.85</td>
</tr>
<tr>
<td>1 &amp; 27</td>
<td>H</td>
<td>Salary</td>
<td>2.05, 1.06</td>
<td>1.44, 0.85</td>
</tr>
<tr>
<td>12 &amp; 38</td>
<td>H</td>
<td>Work group</td>
<td>2.55, 1.11</td>
<td>2.65, 1.20</td>
</tr>
<tr>
<td>6 &amp; 32</td>
<td>M</td>
<td>Promotion</td>
<td>1.84, 1.08</td>
<td>2.00, 1.13</td>
</tr>
<tr>
<td>18 &amp; 44</td>
<td>H</td>
<td>Home life</td>
<td>1.82, 1.10</td>
<td>2.35, 1.29</td>
</tr>
</tbody>
</table>

*significant at the .05 level or beyond, one-tailed test
stated, "I liked what I was doing." The respondents were then asked to rate the importance of each factor on a four point scale. The value for each of the four possible ratings were as follows:

(1) This factor was not present
(2) This factor was present but was not important
(3) This factor was present and fairly important
(4) This factor was present and was of great importance

In the dissatisfying situation, factors were stated in a negative manner. For example, item 39 stated, "I disliked what I was doing." A response of 1 would mean that the respondent liked the work he/she was engaged in and did not feel at all dissatisfied about the nature of the work. A response of 4 under this circumstance would mean that the respondent had no liking for this type of work and that the lack of the factor was of major importance.

The means and standard deviations under the "Satisfaction" and "Dissatisfaction" heading were calculated from the numerical value of the responses indicated by the community mental health workers for each item. As an example, the mean score for the factor "Work itself" (13) under "Satisfaction" was 3.70 and is interpreted to mean that for the population of community mental health workers in this study, when they were feeling exceptionally good about their work, thought, on the average, that liking the type of work they were doing was very important. However, the mean score under the heading "Dissatisfaction," 2.07, is interpreted to
mean that though a feeling of dislike for the work was present, it was not an important factor in the dissatisfaction.

After the means, standard deviations, and differences between the satisfaction and dissatisfaction means were calculated, a \( t \)-value was obtained for each factor and indicated under the \( t \) column in Table 4.1. A significant difference in the predicted direction between the satisfaction and dissatisfaction means beyond the .05 level is noted by an asterisk after the appropriate values.

The 24 hypotheses considered the capacity of the nine motivator factors to cause satisfaction and the capacity of the 15 hygiene factors to cause dissatisfaction. The hypotheses for the motivator factors, stated in the null form, which examined this capacity were:

Ho\(_1\): There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Challenging assignments (case load).

Ho\(_2\): There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Challenging assignments (committee or research projects).

Ho\(_3\): There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Growth.

Ho\(_4\): There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Recognition.
H_{05}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Promotion.

H_{06}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Responsibility.

H_{07}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Use of best ability.

H_{08}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Work itself.

H_{09}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Achievement.

The hypotheses for the hygiene factors, stated in the null form which examined their capacity to cause job dissatisfaction were:

H_{010}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Organizational policy.

H_{011}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Employee benefits.

H_{012}: There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Home life.
$H_{o13}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Relationship with agency administrator.

$H_{o14}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Relationships with subordinates.

$H_{o15}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Relationships with peers.

$H_{o16}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Security.

$H_{o17}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Organizational status.

$H_{o18}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Individual status.

$H_{o19}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Technical supervision.

$H_{o20}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Working conditions.

$H_{o21}: \quad$ There is no difference between the mean ratings in a satisfying mental health job experience and
in a dissatisfying mental health job experience for the hygiene factor, Working conditions (secretarial assistance).

**Ho\textsubscript{22}:** There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Salary.

**Ho\textsubscript{23}:** There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Work group.

**Ho\textsubscript{24}:** There is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience for the hygiene factor, Professional autonomy.

Student \(t\)-tests for correlated samples were used to examine the difference between the satisfaction and dissatisfaction means for each of the nine motivator factors and the 15 hygiene factors.

Examination of the results reported in Table 4.1 indicated that eight of the nine motivator factors demonstrated a significant capacity to cause a feeling of satisfaction among community mental health workers when they were feeling exceptionally good about their job. The critical region for the \(t\) value, one-tailed test at .05 level of significance with 78 degrees of freedom for the nine motivator factors was 1.671. The \(t\)-ratio for eight of the nine motivator factors (motivator numbers 13 & 39, 5 & 31, 16 & 42, 19 & 45, 23 & 49, 10 & 36, 8 & 34, 3 & 29) is greater than 1.671. This indicates that the motivator factors of Work itself, Challenging
assignments (case load), Achievement, Growth, Use of best abilities, Responsibility, Recognition, and Challenging assignments (committee or research projects) are sources of satisfaction when present, but not sources of dissatisfaction when they are absent.

The satisfaction mean of the remaining motivator factor, Promotion, was less than the dissatisfaction mean, but the resulting t-ratio did not exceed the negative critical values of -1.645. Hence, the motivator factor of Promotion, for the present study, was neither a potent source of satisfaction, nor was its absence an important cause of dissatisfaction for a population of community mental health workers.

On the basis of these results, the eight null hypotheses for the motivator factors of Work itself, Challenging assignments (case load), Achievement, Growth, Use of best abilities, Responsibility, Recognition, Challenging assignments (committee or research projects) were rejected at the .05 level of significance. That is, the presence of each of these eight motivator factors was a source of satisfaction when present but not a source of dissatisfaction when they were absent.

The purpose of the first nine hypotheses was to test Herzberg's theory that factors of job satisfaction and job dissatisfaction exist on different continua and are opposite when applied to the same scale for a population of community mental health workers.
Eight of the nine motivator factors functioned in a manner compatible to Herzberg's positions. The feelings of liking the type of work they were engaged in (Work itself), of the stimulation that came from being challenged by the subject, and special tasks of their work (Challenging assignments - (1) case load and (2) committee or research projects), of accomplishment that came from completion of some aspect of their work (Achievement), or professional advancement within the kind of job they were doing (Growth), of being able to function at a high level of personal competence (Use of best abilities), and of meaning that came from others' communication of the workers' worth and dependability (Recognition and Responsibility) served as identifiable sources of job satisfaction for these subjects.

In considering the ninth motivator factor, Promotion, however, the community mental health workers of Kalamazoo County apparently did not consider the area of upward occupational movement as being either a favorable or feasible prospect. Therefore, they did not find this factor to be a viable source for feeling exceptionally good about their jobs.

The next 15 hypotheses were developed to test whether hygiene factors were exclusively the source of job dissatisfaction as proposed by Herzberg for a population of community mental health workers. The null hypotheses that there is no difference between the mean ratings of hygiene factors in a satisfying mental
job experience and in a dissatisfying mental health job experience were tested on the factors whose item numbers were: 1 & 27, 2 & 28, 4 & 30, 7 & 33, 9 & 35, 11 & 37, 12 & 38, 14 & 40, 15 & 41, 17 & 43, 18 & 44, 20 & 46, 21 & 47, 22 & 48, and 24 & 50.

The results of testing the above hypotheses with students' t-ratio indicated that only one of the 15 hygiene factors, Home life, produced statistically significant t value (t=-3.55, p<.05). This result implies that among a population of community mental health workers, some aspect of the job affected some individual's personal lives in such a way that the effect was a factor in their feeling of being dissatisfied about their job.

The remaining 14 hygiene factors were either too weak to produce a statistically significant t value in either direction, or they were inclined to be a source of job satisfaction like a motivator factor. The hygiene factors of Administrative policies, Working conditions (secretarial assistance), Employee benefits, Salary, Work group, and Employee benefits, in a dissatisfying job situation, were not considered to be a source of dissatisfaction in the present study.

The designated population of community mental health workers in the present study considered the following hygiene factors to be a source of satisfaction when recalling a satisfying job situation:
Relations with peers, Professional autonomy, Relations with subordinates, Security, Relations with the agency administrator, Personal prestige in the agency, Prestige of the agency, Working conditions, and Technical supervision. For all of these factors the mean satisfaction score was significantly greater (p < .05 level or above) than the mean dissatisfaction score. For this group of community mental health workers, having good relationships with individuals at all levels in their work group (subordinate, peer, and supervisor), having the freedom to speak, to conduct therapy, and to do research from the theoretical position of their choice, having a feeling of security in their jobs, having both the feeling of positive personal position in an agency and that the agency itself was prestigious, having good technical supervision from their administrators, and having a feeling that good working conditions existed in the job were all significant sources of satisfaction in addition to the motivator factors already discussed. These results also mean that the null hypotheses for hygiene factors, that there is no difference between mean ratings for hygiene factors in satisfying mental health job experiences and in a dissatisfying mental health job experience, could not be rejected in 14 cases out of 15.
The Relationship Between Factors as Satisfiers and Dissatisfiers

Herzberg's dual-factor theory proposes that motivator and hygiene factors act independently. That is, motivators, when they are present, act exclusively on satisfaction; hygiene factors, when they are absent, act exclusively on dissatisfaction, and that conversely, the absence of motivator factors do not conclude that there is dissatisfaction or satisfaction respectively as would be implied in the bipolar model (Lindsay, 1965).

In the present study, an effort was made to investigate whether Herzberg's dual-factor proposition was functioning when applied to a designated population of community mental health workers. In hypotheses 23-26, it was predicted that the two specific factors, Achievement (motivator) and Professional autonomy (hygiene) would deviate from the dual-factor proposition because of the uniqueness of the population being examined. The following two null hypotheses were used as the basis for determining the results of these predictions:

\( H_{025} \): There is no relationship between the means of the motivator factor, Achievement, in a satisfying mental health job experience and in a dissatisfying mental health job experience.

\( H_{026} \): There is no relationship between the means of the hygiene factor, Professional autonomy, in a satisfying mental health job experience, and in a dissatisfying mental health job experience.
Pearson's Product-Moment Coefficient of Correlation was used to analyze the data. It was predicted that each of these factors would act both as a source of satisfaction and as a source of dissatisfaction, therefore, declaring that a high correlation would exist in the factor between the two job situations. The critical value of the correlation coefficient at the .05 level with 70 degrees of freedom was .23. The $r$ value for the factor, Achievement, was -.08. That is in relating the responses of the population on the factor Achievement in satisfying job situations and in dissatisfying job situations, no relationship was found to exist. If a community mental health worker felt that the presence of the factor Achievement was a source of satisfaction, the lack or absence of it was not a significant source of dissatisfaction. Therefore, the null hypothesis was not rejected.

The resulting $r$ value for the hygiene factor, Professional autonomy, at the .05 level with 70 degrees of freedom was -.017. Again, as was the case for the factor Achievement, no significant relationship was found. The only difference for this hygiene factor, Professional autonomy, was that it acted like a motivator. In other words, the respondents in the present study indicated that the factor's presence in a satisfying job situation was a source of satisfaction but the lack of it in a dissatisfying situation was not a substantial source of dissatisfaction. Therefore, the null hypothesis was not rejected.
The results of the analyses on the factors of Achievement and Professional autonomy tends to support Herzberg's dual-factor theory when the property of independent action is considered. However, the fact that the respondents in the present study treated the hygiene factor, Professional autonomy, as a motivator, is in conflict with Herzberg's theory.

Differences Among All the Factors in Satisfying and Dissatisfying Mental Health Job Experiences

The ratings of all factors, first in the satisfying job situation, and second, in the dissatisfying job situation, were examined. The objective of these examinations was to test the null hypotheses that (H₀₂₇) there are no differences among the means of the 24 motivator and hygiene factors in a satisfying mental health job experience, and (H₀₂₈) that there are no differences among the means of the 24 motivator and hygiene factors in a dissatisfying mental health job experience.

The null hypotheses H₀₂₇ and H₀₂₈ that there are no differences in importance among the factors as satisfiers and as dissatisfiers were tested by using the one-way analysis of variance, a repeated measures design. The summary data for the analysis of the various factors in a satisfying job situation are reported in Table 4.2, page 74. The F-ratio of 27.40 indicated in Table 4.2 clearly demonstrated

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**TABLE 4.2.** Repeated measures design one-way analysis of variance among all 24 motivator and hygiene factors as sources of job satisfaction

N=79

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between respondents</td>
<td>397.0496</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between sources of</td>
<td>543.3651</td>
<td>23</td>
<td>23.62</td>
<td>27.40</td>
<td>0.0000</td>
</tr>
<tr>
<td>satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>1547.0520</td>
<td>1794</td>
<td>.8623</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2487.466</td>
<td>1895</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
the differences among the factors as satisfiers. The critical $F$-value is 1.32. The corresponding $F$-value for the various factors in a dissatisfying job situation was 7.37, which also clearly demonstrates the differences among the factors (see Table 4.3, page 76). These data show that the various factors on the questionnaire did not have equal importance for the respondents as contributors to job satisfaction or job dissatisfaction. From these results, the null hypotheses $H_{o27}$ and $H_{o28}$ were rejected. For a population of community mental health workers, there were significant differences among the factors as satisfiers and as dissatisfiers.

Population Proportions of Motivator Factors And Hygiene Factors in Satisfying and Dissatisfying Mental Health Job Experiences

The twenty-ninth null hypothesis was proposed to answer the question, "Are motivator factors a source of satisfaction?" This hypothesis in its entirety is $H_{o29}$. There are no differences between the proportions of the ratings of importance of motivator factors in a satisfying job situation and in a dissatisfying job situation among a population of community mental workers. This null hypothesis was tested in an effort to answer the question: "Are the presence of motivator factors a source of satisfaction?"

The ability of motivator factors to produce job satisfaction is one of the propositions which are central to Herzberg's dual-factor
TABLE 4.3. --Repeated measures design one-way analysis of variance among all 24 motivator and hygiene factors as sources of job dissatisfaction

\[N=79\]

<table>
<thead>
<tr>
<th>Sources of Variance</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between respondents</td>
<td>693.9293</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between sources of dissatisfaction</td>
<td>178.7911</td>
<td>23</td>
<td>7.774</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1889.792</td>
<td>1794</td>
<td>1.053</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2762.513</td>
<td>1895</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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theory (Herzberg, 1959). The null hypothesis used to test this proposition was that $p$, the proportion of the 79 community mental health workers considering motivator factors more important in a satisfying mental health job situation, or conversely, considering hygiene factors more important in a dissatisfying mental health job situation was .50. In an effort to measure the importance of motivator factors to job satisfaction, the frequency ratings of 3 and 4 on all motivator factors in both job situations were applied to the proportion equation $p = \frac{\text{observed frequency of 3 and 4 ratings}}{\text{79 community mental health workers}}$

On the questionnaire a rating of 3 was: "The factor was present and fairly important." A rating of 4 was: "The factor was present and was of major importance." Table 4.4, page 78, depicts the resulting proportions for the motivator factors in the satisfying job situation and in the dissatisfying job situations. The critical value for the $z$ score was 1.645 ($p < .05$).

With the exception of the factors, Challenging assignments (committee and research projects), Promotion, and Achievement, motivator factors on the basis of proportions, are significantly more important as satisfiers than they are as dissatisfiers for the respondents in the present study. The Challenging assignments (committee and research projects) and Promotion are essentially
<table>
<thead>
<tr>
<th>Item Numbers</th>
<th>Factors</th>
<th>Satisfaction</th>
<th>Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 &amp; 29</td>
<td>Challenging assignments - committees</td>
<td>.55</td>
<td>1.066</td>
</tr>
<tr>
<td>5 &amp; 31</td>
<td>Challenging assignments - case load</td>
<td>.83</td>
<td>6.039*</td>
</tr>
<tr>
<td>6 &amp; 32</td>
<td>Promotion</td>
<td>.29</td>
<td>-3.730</td>
</tr>
<tr>
<td>8 &amp; 34</td>
<td>Recognition</td>
<td>.62</td>
<td>2.024*</td>
</tr>
<tr>
<td>10 &amp; 36</td>
<td>Responsibility</td>
<td>.68</td>
<td>3.197*</td>
</tr>
<tr>
<td>13 &amp; 39</td>
<td>Work itself</td>
<td>.97</td>
<td>8.526*</td>
</tr>
<tr>
<td>16 &amp; 42</td>
<td>Achievement</td>
<td>.97</td>
<td>8.526*</td>
</tr>
<tr>
<td>19 &amp; 45</td>
<td>Growth</td>
<td>.73</td>
<td>4.085*</td>
</tr>
<tr>
<td>23 &amp; 49</td>
<td>Use of best abilities</td>
<td>.88</td>
<td>6.930*</td>
</tr>
</tbody>
</table>

*p < .05

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shown to have little potency as a source of satisfaction or dissatisfaction. The resulting proportions (.97, .60) indicate importance for the factor in both job situations, whereas the majority of the motivators are seen as an important source of satisfaction but not dissatisfaction as would be predicted by Herzberg's dual-factor theory.

The analysis of motivator factors described above was performed on the hygiene factors. \( H_{0} \), there are no differences between proportions of the rating of importance of hygiene factors in satisfying job situations and dissatisfying job situations. The null hypothesis was tested to answer the question: "Does the absence of hygiene factors act as a source of dissatisfaction?" The capability of hygiene factors to produce job dissatisfaction when they are absent is a proposition of central importance to Herzberg's dual-factor theory.

The proportion .50 was used to test the null hypothesis that there would be differences between proportions of rankings of importance of hygiene factors in satisfying job situations and in dissatisfying mental health job situations. To measure the importance of hygiene factors on job dissatisfaction, the frequency rating of 3 and 4 on all the hygiene factors in both job situations were applied to the proportion equation \( p = \frac{f}{n} \) of the null hypothesis: \( p = .50 \).
\[
p = \frac{\text{observed frequency of 3 and 4 ratings}}{79 \text{ community mental health workers}}
\]

On the questionnaire a rating of 3 was: "The factor was present and fairly important." A rating of 4 was: "The factor was present and was of major importance." Table 4.5, page 81, depicts the resulting proportions for the hygiene factors in the satisfying job situations and in the dissatisfying job situations. The critical value for the \( z \) scores was 1.645 (\( p < .05 \)).

The only hygiene factor to produce a proportion in the dissatisfying situation that in turn produced a statistically significant \( z \) score (2.308) was the factor, Work group. However, for this factor it should be noted that the proportion and \( z \) score in the satisfying situation were also statistically significant (2.664). That indicates that none of the hygiene factors were found, on the basis of population proportions developed, to have enough importance as a source of dissatisfaction to be classified exclusively as a dissatisfier in the Herzberg sense.

In the present study, eight of the 15 hygiene factors in the present study functioned as motivator factors, as defined by Herzberg. That is, the hygiene factors Technical supervision, Professional autonomy, Relations with peers, Relations with the agency administrators, Working conditions, Security, Relations with subordinates, and Administrative policies were important, as a
TABLE 4.5. -- Population proportion values and $z$ transformations of hygiene factors in satisfying and dissatisfying mental health job experiences

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Factor</th>
<th>Satisfaction</th>
<th>Dissatisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 27</td>
<td>Salary</td>
<td>.40</td>
<td>-1.598</td>
</tr>
<tr>
<td>2 &amp; 28</td>
<td>Technical supervision</td>
<td>.60</td>
<td>2.308*</td>
</tr>
<tr>
<td>4 &amp; 30</td>
<td>Professional autonomy</td>
<td>.75</td>
<td>4.618*</td>
</tr>
<tr>
<td>7 &amp; 33</td>
<td>Relations with peers</td>
<td>.92</td>
<td>7.445*</td>
</tr>
<tr>
<td>9 &amp; 35</td>
<td>Relations with agency administrator</td>
<td>.78</td>
<td>5.151*</td>
</tr>
<tr>
<td>11 &amp; 37</td>
<td>Working conditions</td>
<td>.65</td>
<td>2.664*</td>
</tr>
<tr>
<td>12 &amp; 38</td>
<td>Work group</td>
<td>.65</td>
<td>2.664*</td>
</tr>
<tr>
<td>14 &amp; 40</td>
<td>Security</td>
<td>.77</td>
<td>4.795</td>
</tr>
<tr>
<td>15 &amp; 41</td>
<td>Working conditions - secretarial assistance available</td>
<td>.50</td>
<td>.1776</td>
</tr>
<tr>
<td>17 &amp; 43</td>
<td>Employee benefits</td>
<td>.22</td>
<td>-4.795</td>
</tr>
<tr>
<td>18 &amp; 44</td>
<td>Home life</td>
<td>.30</td>
<td>-3.534</td>
</tr>
<tr>
<td>20 &amp; 46</td>
<td>Relations with subordinates</td>
<td>.60</td>
<td>2.308*</td>
</tr>
<tr>
<td>21 &amp; 47</td>
<td>Personal prestige in agency</td>
<td>.55</td>
<td>1.065</td>
</tr>
<tr>
<td>22 &amp; 48</td>
<td>Prestige of agency</td>
<td>.50</td>
<td>.1776</td>
</tr>
<tr>
<td>24 &amp; 50</td>
<td>Administrative policy</td>
<td>.60</td>
<td>2.308*</td>
</tr>
</tbody>
</table>

$p < .05$

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source of satisfaction but not as a source of dissatisfaction.

The remaining six hygiene factors, Salary, Working conditions (secretarial assistance), Employee benefits, Home life, Personal prestige in agency, and Prestige of agency as related to the respondents' ratings of importance, did not achieve a proportion of statistically significant size in either a satisfying job situation or a dissatisfying mental health job situation.

The results of the analyses reported in Table 4.5, page 81, indicate that eight of the 15 hygiene factors in the present study were more likely to be a source of satisfaction than a source of dissatisfaction for a designated population of community mental health workers.

In a related but different analysis of the motivator and hygiene factors, further indications of each type's capacity to produce job satisfaction or job dissatisfaction were examined in a population of community mental health workers. The mean for the means of the nine motivator factors in the satisfying job experience and the mean for means of the nine motivator factors in the dissatisfying job experience were calculated. After making appropriate corrections for the standard error of the mean, a t-test for correlated samples was performed on the means of the means, for the motivator factors in both the satisfying job situations and the dissatisfying job situations. The resulting t-ratio, with 8 degrees of
freedom, was statistically significant beyond the .001 level. This demonstrates that motivator factors were seen as sources of satisfaction but not sources of dissatisfaction by a population of community mental health workers.

The same procedure of calculating the mean of the means for hygiene factors in both the satisfying and dissatisfying mental health job experience was executed. The resulting $t$-ratio with 14 degrees of freedom was $-8.96$, and was also statistically significant beyond the .001 level. That result suggests that for the population of community mental health workers in the present study, the majority of the hygiene factors functioned primarily as sources of satisfaction.

Summary

In summary, using the .05 level of probability, the data in the present study supported the rejection of the following null hypotheses for the designated population of community mental health workers in Kalamazoo County.

(1) For each of these eight motivator factors, Challenging assignments (case load) ($H_{o1}$), Challenging assignments (committee or research projects) ($H_{o2}$), Growth ($H_{o3}$), Recognition ($H_{o4}$), Responsibility ($H_{o5}$), Use of best ability ($H_{o6}$), Work itself ($H_{o7}$), and
Achievement ($H_{09}$), there is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience.

(2) For the hygiene factor, Home life ($H_{011}$), there is no difference between the mean ratings in a satisfying mental health job experience and in a dissatisfying mental health job experience.

(3) There are no differences among means of the 24 factors as sources of satisfaction ($H_{027}$); and there were no differences among the means of the 24 factors as sources of dissatisfaction ($H_{028}$); and

(4) There was difference between the ratings of importance of motivator factors in a satisfying job situation and in a dissatisfying job situation ($H_{029}$).

In addition, using the .05 level of probability, the data in the present study did not support the rejection of the following null hypotheses. For the designated population of community mental health workers of Kalamazoo County.

(1) For each of these 14 hygiene factors, Organizational administration ($H_{010}$), Employee benefits ($H_{011}$), Relations with program administrator ($H_{013}$), Relations with subordinates ($H_{014}$), Relations with peers ($H_{015}$), Security ($H_{016}$), Organization status ($H_{017}$), Individual status ($H_{018}$), Technical supervision ($H_{019}$), Working conditions (secretarial assistance) ($H_{021}$), Work group ($H_{022}$), Salary ($H_{022}$), Professional autonomy ($H_{024}$), there is no difference between the mean rating in a satisfying mental health job experience and in a dissatisfying mental health job experience.
(2) There is no difference between the mean rating in a satisfying mental health job experience and in a dissatisfying mental health job experience for the motivator factor, Promotion.

(3) There is no relationship between the means of the motivator factor of Achievement in a satisfying mental health job experience and a dissatisfying mental health job experience.

(4) There is no relationship between the means of the motivator factor of Professional autonomy in a satisfying mental health job experience and a dissatisfying mental health job experience.

These findings provide the framework for statements, discussions, and conclusions presented in Chapter V.
CHAPTER V
SUMMARY, CONCLUSIONS AND DISCUSSION
AND IMPLICATIONS

The purposes of the present research, as outlined in Chapter I, were to investigate some of the sources of job satisfaction and job dissatisfaction for a population of community mental health workers and to ascertain the efficacy of applying the principles of Frederick Herzberg's Motivation-Hygiene Theory to such a population. More specifically, the research design permitted investigation in the following areas: The difference between motivator factors, as defined by Herzberg, as sources of satisfaction and as sources of dissatisfaction; the difference between hygiene factors, as defined by Herzberg, as sources of satisfaction and as sources of dissatisfaction, the relationships that exist for specified factors as both a source of satisfaction and as a source of dissatisfaction; the differences in importance which exist among all the factors in a satisfying job experience; and the differences in importance which exist among all the factors in a dissatisfying job experience. Within the experimental design, the capability of motivator factors to act as sources of satisfaction, and the capability of hygiene factors to act as sources of dissatisfaction, as theorized by Herzberg, were also investigated within this population.
In a review of related literature, there was little to indicate that much consideration has been given to the effective leadership of community mental health worker personnel. There was much, however, written about the supposed relationship in work between job satisfaction and job performance, though in most of the more current professional literature, it was concluded that the relationship between these aspects of work are confounded. Despite this, the significance of job satisfaction of all workers was recognized from an humanitarian—mental health point of view as being an important entity of work. The literature pertaining to the Motivation-Hygiene Theory was plentiful. Although the results were varied in the published studies, the use of theory as an assessment device was considered viable for the present research endeavor. It was also apparent from a review of selected literature on Herzberg's theory that no application had been made in which the subjects were community mental health workers.

In this study the issue of job satisfaction among community mental health workers was approached with a modified version of Herzberg's critical incident technique. An instrument was administered that contained factor-related statements pertaining either to a satisfying mental health job experience or a dissatisfying mental health job experience. The subjects responded to the instrument by rating, on a four-point score, the importance of each factor...
related item to either a remembered exceptionally satisfying or exceptionally dissatisfying mental health job experience. In addition, the 79 community mental health job workers who returned completed questionnaires aslo responded to measures of overall feelings about their job at the times of the critical incident and their feelings about their present position as well. Demographic data included the respondent's earned academic degree, professional title, number of years worked at present agency, total number of years worked at mental health service, age, sex, and marital status. The respondents in the present study consisted of individuals drawn from the treatment staffs of ten different mental health agencies who contracted with the Kalamazoo County Mental Health Board to provide a variety of community mental health services.

Initially, the data for all 79 respondents were arranged to determine whether motivator factors acted as a source of job satisfaction and whether hygiene factors acted as a source of job dissatisfaction. A t-test for correlated samples was used to analyze the difference between the mean of each motivator factor in a satisfying mental health job experience and the mean of each motivator factor in a dissatisfying mental health job experience. The same analyses were applied to the means of each of the hygiene factors in both job situations. A Pearson Product-Moment Correlation was used to ascertain whether a relationship existed between the motivator
factor, Achievement, as a satisfier and as a dissatisfier. For the same purpose, the identical procedure was used on the hygiene factor, Professional autonomy. These statistical analyses were applied in an effort to ascertain whether either of these factors exist on a bipolar continuum. It was also determined through the use of the one-way analysis of variance for repeated measures whether differences in importance occurred between the factors in a satisfying mental health job experience and in a dissatisfying job situation. Finally, in an effort to determine whether motivator factors influence the job satisfaction and whether hygiene factors influence job dissatisfaction of a designated population of community mental health workers, a population proportion analysis was applied to each of the nine motivator factors and each of the 15 hygiene factors.

Conclusions and Discussion

The purpose of this section is to summarize and discuss the conclusions, based upon the results of testing the specific hypotheses which were presented in Chapter IV. The sequence of reporting the conclusions and interpretations of the results is as follows: (1) individual motivator and hygiene factors as sources of job satisfaction and job dissatisfaction; (2) differences among all 24 motivator and hygiene factors in a satisfying mental health job experience and
in a dissatisfying mental health job experience; and (3) the influence of motivator factors on job satisfaction, and the influence of hygiene factors on job dissatisfaction.

Individual Motivator and Hygiene Factors

To review, the ratings of eight of the nine motivator factors in the satisfying mental health job experience proved to differ significantly from the ratings of those same factors when considered in the dissatisfying mental health job experience. That is, for the community mental health workers in this study, the motivator factors of Work itself, Challenging assignment (case load), Achievement, Growth, Use of best abilities, Responsibility, Recognition, and Challenging assignments (committee or research projects) were sources of satisfaction when they were present, but not sources of dissatisfaction when they were absent. The motivator factor, Promotion, did not attain significant status in either job situation. These results support Herzberg's position that motivator factors, when present, are a source of job satisfaction. The designated population of community mental health workers investigated in this study responded to motivator factors in a manner that is very similar to individuals whose work is very different from mental health work.

A review of the ratings of hygiene factors by the community mental health workers of Kalamazoo County reveals a very
different picture from that of the motivator factors. One hygiene factor, Home life, proved to be significantly different in the predicted direction. That suggests, when this particular group of community mental health workers recalled a dissatisfying mental health job experience, the dissatisfying aspects of their work concomitantly aggravated their home life and this was definitely dissatisfying to them. Home life was the only hygiene factor in this study that, when analyzed, was found to be functioning in a manner consistent with Herzberg's dual-factor theory.

Twelve of the remaining hygiene factors could be considered reversals from the Herzberg position. All of the following hygiene factors functioned as sources of satisfaction rather than dissatisfaction, as was predicted: Relations with peers, Professional autonomy, Relations with subordinates, Security, Relations with the agency administrator, Personal prestige in the agency, Agency prestige, Working conditions, Technical supervision, Working conditions (secretarial assistance), Administrative policies, and Employee benefits. That is, for the community mental health workers of Kalamazoo County, 80% of the Herzberg defined hygiene factors were more important when they functioned as sources of satisfaction.
The two remaining hygiene factors, Salary and Work group, proved to be rather indistinguishable as either factors of mental health job satisfaction or mental health job dissatisfaction.

A partial explanation for the finding that more than 80% of the 24 factors used in the study were clearly sources of job satisfaction lies in the comparison of these findings with the subjects' overall feelings about their present position. The 79 subjects' overall rating of satisfaction was 7.27 on a 10 point scale. Such a rating was interpreted as indicating that a substantial majority of the 79 subjects in this study were no less than moderately satisfied with their work. Knowing that the subjects are generally satisfied with their work and that they tend to draw that satisfaction from a wide variety of factors, a conclusion that might be drawn is that the adaptation of Herzberg's "critical incident technique" used in the present study did not allow for a fair and precise assessment of the dual-factor theory's applicability to workers in the community mental health service field.

One motivator factor, Achievement, and one hygiene factor, Professional autonomy, were expected to possess properties, for community mental health workers, that would cause them to function in a reciprocally related way. The results of the analyses used to test these contentions were negative. The low correlation coefficients yielded on these two factors rendered support to Herzberg's
theory because the results indicate that for these two factors, knowing an individual's job dissatisfaction is caused in part by the absence of either Achievement or Professional autonomy would not be an accurate cause to conclude that job satisfaction would necessarily be positively affected by the addition of these two factors. Thus, the bipolar model does not apply to the factors, Achievement and Professional autonomy, for this designed population of community mental health workers.

An observation of the results related to the motivator factor, Achievement, is worthwhile, in that the research design of this study did not sufficiently test the prediction. This point is made despite the fact that a significant *t*-ratio was obtained, which was supportive of the Herzberg position, and despite the fact that no significant correlation coefficient was obtained, which supposedly again supported the Herzberg position and refuted the bipolar concept. Neither of these concepts, however, accounted for Achievement's emergence as the number one source of dissatisfaction. This occurrence must certainly be related to the hypotheses, though it is recognized that no research conclusions are warranted due to the design limitation previously mentioned.

Significant differences of importance were revealed by the analysis of all the factors in both satisfying and dissatisfying job...
experiences. The statistically significant results obtained in the satisfying and dissatisfying job experience implies that all of the factors on the questionnaire did not share equal importance in their contributions to either job satisfaction or job dissatisfaction. In essence, some factors were of more importance than others. These results, though simplistic, are basic underpinning to Herzberg's concept of discriminations between motivator and hygiene factors.

Influence of Motivator Factors on Job Satisfaction

The population proportions calculated on all nine motivator factors in both satisfying and dissatisfying mental health job experiences revealed that six of the nine motivator factors were an important influence on the job satisfaction of the mental health workers in this study. A t-test conducted between the mean of the motivator means in the satisfying job experience against the mean of the motivator means in the dissatisfying job experience produced a statistically and positive t-ratio. Therefore, the community mental health workers of Kalamazoo County found the motivator factors to be a strong source of job satisfaction.

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Influence of Hygiene Factors of Job Dissatisfaction

The same population proportion analyses were applied to hygiene factors in both the satisfying and dissatisfying job experiences. The results showed that eight of the 15 hygiene factors influenced satisfaction, but not dissatisfaction as was predicted. The additional t-test was calculated between the mean of the hygiene factors in the satisfying job experience and the mean of the hygiene factors in the dissatisfying job experience. The resulting t-ratio was statistically significant (.001), which implied that hygiene factors were sources of satisfaction for the community mental health workers in this study.

In summary, the data collected for the present study indicate that for the participating community mental health workers: The bipolar concept did not apply, satisfaction and dissatisfaction reside on separate continua; differences existed among all the factors in both a satisfying and dissatisfying mental health job experience; the contribution to a feeling of job satisfaction by a factor when it is present is not a signal for its absence to be a source of job dissatisfaction; and some motivator and hygiene factors contribute to both job satisfaction and job dissatisfaction as well. Despite the fact that the results of the present study
failed to demonstrate the unequivocal efficacy of applying Herzberg's theory to a designated population of community mental health workers, the importance of the concept of job satisfaction is still considered as issue of substantial importance to mental health agency management and mental health service delivery.

Implications

The results of this study lend only partial support to Herzberg's Motivation-Hygiene Theory. The community mental health workers of Kalamazoo County found satisfaction not only in most of the motivator factors but most of the hygiene factors as well. These findings should not be misconstrued, however, to indicate that the respondents in this study are what Myers (1964) termed "maintenance seeker," since, "maintenance seekers" have little interest for the kind and quality of work they are involved in. The community mental health workers of Kalamazoo County offered amply evidence of the fact that they care about their work which is, of course, the people they treat.

The findings from this study, though limited in generalizability, are similar to those obtained in earlier studies utilizing the Herzberg theory (Friedlander, 1964; Wernimont, 1966; Burke, 1966; Dunnette, 1967; Swierenga, 1970; and Armstrong, 1971).
Future research of community mental health workers is needed which especially seeks to produce more data on factors which are consistent sources of job dissatisfaction. From the results of this study and the review of related research, it has been demonstrated that the studies which obtain the results that are most complimentary to Herzberg's theory are those which totally replicate his initial research design, specifically, the "critical incident interview technique" (House & Wigdor, 1967). Therefore, future research in another similar community mental health service organization could use a design which compares the results leaned from both the "critical incident interview technique" and a questionnaire instrument from the same sample.

Finally, the nature of the client contact in community mental health work was, and continues to be, considered an important independent variable related to job satisfaction for this particular group of workers. Future research might attempt to examine possible relationships between factors of job satisfaction and personality variables among community mental health workers in an effort to establish a clearer definition of these individuals and their work attitudes.

Job satisfaction and community mental health ideology are variables related to community mental health workers which bear
scientific scrutiny. Community mental health ideology, in this instance, is referring to what Wagenfeld, et al. (1974) described as "an index of the belief systems that guide treatment policy decisions." A comparison of community mental health ideology and factors of community mental health worker job satisfaction hopefully would add further knowledge about the job functioning of these individuals.

Implications for Community Mental Health Administrators

One insight that evolved from reviewing the literature about the characteristics of community mental health workers and satisfaction was that a comparatively small amount of such literature exists. The explanation for this situation's existence is a matter for speculation. One explanation might be the relative youth of the field (Sarason, et al., 1966). Another reason might be the effect of the dominance that the medical model has had over the field of mental health (Cowen, et al., 1967). Combining these two speculations, the explanations might be that there has been too little time and too little inclination for consideration of what makes community mental health workers feel satisfied about their jobs.

Though it is an elusive entity, job satisfaction has been
recognized as an important concept to business and industry for over a half a century. People in America know about job satisfaction primarily by experiencing the lack of it. Reports of labor strife are a common occurrence. Historically, labor problems were thought to be limited to blue-collar workers. Within the last 15 years, however, strikes among such white-collar workers as teachers, accountants, policemen, physicians and mental health workers have occurred. To be sure, the incidence of actual walkouts by policemen, physicians and mental health workers have been, thankfully, few and infrequent. Still, the fact remains, strikes have occurred and if Herzberg's nomenclature were used to describe the causes for these disputes, they would center around the conflicts which arise from the lack of attention to hygiene factors. The danger that the community mental health administrator must be aware of under these circumstances is the possible impact that non-attention or only crisis attention may have on the community mental health consumer—clients or patients. Of course, "coddling" of community mental health workers, like any other worker, is ill-advised, but the depersonalizing effect that comes from no consideration of job satisfaction could be devastating, as is aptly reflected by Carkhuff (1969), in his description of the helping process:
the essential proposition upon which the helping process is based--and without which it cannot take place--is that the helper must be functioning at higher levels than the helpee . . . (p. XII).

Therefore, the maintenance of any existing efforts designated to consider job satisfaction and mental health workers should be applauded, and efforts in this direction by community mental health service organizations where this concern does not exist, are in order.
REFERENCES


Dunnette, M. D., Campbell, J. P., and Hackel, M. D. Factors contributing to job satisfaction and job dissatisfaction in six occupational groups. Organizational Behavior and Human Performance, 1967, 2, 143-172.


REFERENCE NOTES


APPENDIX A

FIRST LETTER TO COMMUNITY MENTAL HEALTH WORKERS
February 10, 1976

Dear

I am currently conducting my doctoral research project for the Counseling and Personnel Department of Western Michigan University. The project includes all agencies that contract for services with the Kalamazoo County Mental Health Board. All individuals whose job requires them to provide some amount of actual mental health treatment with clients at these agencies will be participating in the study. In the near future you will receive the questionnaire that is being used for the project. The time required to complete it will be approximately fifteen minutes.

Information obtained from this questionnaire will be kept confidential; however, summary data can be provided to the Mental Health Board, the Director's Council, and individual agencies they serve.

In closing, may I thank you in advance for your consideration and cooperation in this matter.

Cordially,

Fred Greaves
Doctoral student, WMU, Counseling and Personnel Dept.
Dr. Kenneth Engle
Committee Chairman, Counseling and Personnel Dept., WMU
APPENDIX B

SECOND LETTER TO COMMUNITY MENTAL HEALTH WORKERS
TO:                    FROM:    Fred Greaves
DATE:  February 17, 1976
RE:       Study of Job Satisfaction and Job Dissatisfaction

The purpose of this memorandum is to solicit your help and cooperation in completing the attached questionnaire dealing with job satisfaction and job dissatisfaction that I indicated in my first letter of February 10, 1976. This instrument can be completed in approximately fifteen minutes, and your responses will be kept anonymous.

Please do the following:

1. Remove this sheet from the attached questionnaire and place it in one of the enclosed self-addressed and stamped envelopes. This sheet will be used only to determine which individuals returned the questionnaire.

2. Complete the questionnaire and place it in the other self-addressed and stamped envelope.

3. Return the two envelopes by United States mail as soon as possible.

If you have any questions, please call me at 383-1975, the office of the Department of Counseling and Personnel, WMU. I realize your time is very limited and I sincerely appreciate your cooperation in this research project.
Think of a time when you felt exceptionally good about your job, either your present or any other mental health service job you have had. The following is a list of some factors which may have contributed to your positive feelings at that time. Please indicate how important each of these factors was in the particular experience you are describing. Check (✓) only one response for each item.

<table>
<thead>
<tr>
<th>This factor was not present</th>
<th>This factor was present but was not important</th>
<th>This factor was present and fairly important</th>
<th>This factor was present and of major importance</th>
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<tbody>
<tr>
<td>1. I was expecting a salary increase.</td>
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<tr>
<td>2. I was working under an agency administrator who really knew his job.</td>
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<tr>
<td>3. I participated in a particularly challenging project such as a committee or research project.</td>
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<tr>
<td>4. I had the freedom to speak, conduct therapy or research and write in the theoretical technical position of my choice.</td>
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<tr>
<td>5. I thought my case load assignments were particularly challenging.</td>
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<tr>
<td>6. I felt there was a good chance I'd be promoted.</td>
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<tr>
<td>7. The working relationship I had with my colleagues was very good.</td>
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<tr>
<td>8. I did a project that received recognition as being a particularly good piece of work.</td>
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<tr>
<td>9. The working relationship I had with the agency administrator was very good.</td>
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<tr>
<td>10. I was given increased responsibility.</td>
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<tr>
<td>11. I had exceptionally good working conditions.</td>
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<tr>
<td>12. I was working with an agency that operated very smoothly.</td>
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</table>
13. I liked what I was doing. 
15. Good secretarial assistance was always available to me. 
16. I had a real feeling of achievement in the work I was doing. 
17. The agency improved an employee benefit program that was of importance to me. 
18. My job situation improved in such a way as to improve my home life. 
19. I was getting experiences on the job that were helping me advance professionally. 
20. The working relation I had with my subordinate(s) was very good. 
21. I had prestige in my agency. 
22. I was working in an agency of high prestige. 
23. The job required the use of my best abilities. 
24. The administrative policies of my agency took into consideration the personal feelings of employees. 
25. What was your academic degree level at the time you just described? 
   MD( ) PhD( ) EdD( ) MSW( ) MA( ) MS( ) MSW( ) MA( ) MS( ) MSW( ) 
26. What were your overall feelings about your job at the time you just described?

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<tr>
<th>NO SATISFACTION</th>
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Think of a time when you felt exceptionally dissatisfied about your job, either your present or any other mental health service job you have had. The following is a list of some factors which may have contributed to your dissatisfied feelings at that time. Please indicate how important each of these factors was in the particular experience you are describing. Check (✓) only one response for each item.

<table>
<thead>
<tr>
<th></th>
<th>This factor was not present.</th>
<th>This factor was present but was not important.</th>
<th>This factor was present and fairly important.</th>
<th>This factor was present and of major importance.</th>
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<tbody>
<tr>
<td>27. I was not expecting (or did not receive) a salary increase.</td>
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<td>28. I was working under an agency administrator who really did not know his job.</td>
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<td>29. I participated in few particularly challenging projects such as a committee or research projects.</td>
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<tr>
<td>30. I had little freedom to speak, conduct therapy or research or write in the theoretical technical position of my choice.</td>
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<td>31. I thought my case load assignments were not particularly challenging.</td>
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<td>32. I felt there was a poor chance I'd be promoted.</td>
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<td>33. The working relationship I had with my colleague(s) was very poor.</td>
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<tr>
<td>34. I did a project that received little recognition as being a particularly good piece of work.</td>
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<tr>
<td>35. The work relationship I had with my agency administrator was very poor.</td>
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<td>36. I was not given increased responsibility.</td>
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<tr>
<td>37. I had exceptionally poor working conditions.</td>
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<tr>
<td>38. I was working in an agency that operated with discord and inefficiency.</td>
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</tbody>
</table>
39. I disliked what I was doing. ( ) ( ) ( ) ( )
40. I felt insecure in my job. ( ) ( ) ( ) ( )
41. Good secretarial assistance was seldom available to me. ( ) ( ) ( ) ( )
42. I had little feeling of achievement in the work I was doing. ( ) ( ) ( ) ( )
43. The agency did not introduce an employee benefit program that was of importance to me. ( ) ( ) ( ) ( )
44. My job situation changed in such a way as to aggravate my home life. ( ) ( ) ( ) ( )
45. I was not getting experiences on the job that were helping me advance professionally. ( ) ( ) ( ) ( )
46. The working relation I had with my subordinate(s) was very poor. ( ) ( ) ( ) ( )
47. I had no prestige in my agency. ( ) ( ) ( ) ( )
48. I was working in an agency of low prestige. ( ) ( ) ( ) ( )
49. The job did not require the use of my best abilities. ( ) ( ) ( ) ( )
50. The administrative policy of my agency did not take into consideration the personal feelings of employees. ( ) ( ) ( ) ( )
51. What was your academic degree level at the time you just described?
   MD ( ) PhD ( ) EdD ( ) MSW ( ) MA ( ) MS ( ) BA or BS ( ) HS ( )
52. What were your overall feelings about your job at the time you just described?
   NO DISSATISFACTION ( ) ( ) ( ) ( )
   HIGHLY DISSATIFIED ( ) ( ) ( ) ( )

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BIографическая ДАННАя

Полученные академические степени: MD ( ), PhD ( ), EdD ( ), MSW ( ), MA ( ), MS ( ), BA or BS ( ), HS ( )

Когда вы получили ваш текущий степень ____________________________

Профессиональное звание: Psychiatrist ( ); Clinical Psychologist ( ); Social Worker ( ); Psychiatric Social Worker ( ); Psychologist ( ); Counselor ( ); Intake Worker, Community Worker, Mental Health Specialist, or Resident Manager ( )

Годы работы по текущему званию ________________________________

Годы работы в текущей организации ________________________________

Всего лет работы на службе по заботе о психическом здоровье ________________

Возраст _________ \ Sex: M ( ) F ( )

Статус: Married ( ); Divorced ( ); Separated ( ); Single ( )

Насколько вы довольны своим текущим работой? Проверьте ( ) одно.

HIGHLY DISSATISFIED \ NO SATISFACTION \ HIGHLY SATISFIED

NO DISSATISFACTION

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

1 2 3 4 5 6 7 8 9 10

YOUR ASSISTANCE IS GREATLY APPRECIATED!