Factors influencing job satisfaction among Jordanian occupational therapists: A qualitative study

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Purpose: The main purpose of this study was to explore factors influencing job satisfaction and dissatisfaction among Jordanian occupational therapists.

Methods: Ours was an explorative qualitative study involving the use of structured open-ended written questions. Participants were asked to answer in narrative their perception about the factors behind their job satisfaction and dissatisfaction. In addition, they were asked to express their suggestions, ideas, or solutions for increasing job satisfaction.

Results: Ninety-three occupational therapists responded to the survey. For job satisfaction questions, four themes emerged: a humanistic profession; professional issues; work benefits; and work environment. Participant’s comments at the end of the survey revealed one general theme for improving job satisfaction, ‘a call for improvement’.

Discussion: This qualitative study revealed that the humanistic nature of occupational therapist was counter-balanced by several dissatisfying factors for occupational therapy practitioners in Jordan. The need for better supported working conditions in terms of financial rewards, recognition, awareness and resources as well as public and professional recognition of occupational therapists are needed to enhance the occupational therapy profile in Jordan. A comprehensive collaboration is highly needed between the individual practitioners, representatives of the profession, government and hospital administrators.

KEY WORDS job satisfaction, occupational therapists, practice issues.

Introduction

Job satisfaction has been defined as the attitude the worker has towards his profession (Weiss, 2002). It is a widely studied concept because of its effects on productivity and retention of employees (Mount, Ilies & John- son, 2006; Saari & Judge, 2004; Wegge, Schmidt, Parkes & van Dick, 2007). Enhancing job satisfaction has a dual benefit: it has an impact on the employee’s overall performance and commitment to profession and it creates stability in organisations, as it decreases job turnover.

Job satisfaction in the profession of occupational therapy has been studied in developed countries worldwide such as Sweden (Eklund & Hallberg, 2000), Australia (Lloyd & King, 2004; Meade, Brown & Hawke, 2005; Moore, Cruickshank & Haas, 2006; Simon, 2006) and the United States (Hellickson, Knapp & Ritter, 2000; Randolp, 2005), to name a few. However, the topic has been significantly overlooked in developing countries such as those of the Middle East with only one study investigating job satisfaction in occupational therapist in Bahrain (Panchasharam & Jahrami, 2010).

Several studies have investigated job satisfaction among occupational therapists from different perspectives: practice setting, extrinsic versus intrinsic factors, gender and work stressors. For example, Hellickson et al. (2000) examined the difference in job satisfaction between occupational therapists working in school-based settings and non-school-based settings. The results showed that occupational therapists working in school-based settings were more satisfied than occupational therapists working in non-school-based settings. The major factor that influenced job satisfaction among both groups was the interaction with clients. On the other hand, the major stressor for school-based setting was the heavy caseload and
Extrinsic and intrinsic factors of job satisfaction among healthcare professionals including occupational therapists were explored by Randolph (2005). In this study, intrinsic factors (i.e. feeling valued as an employee, personal development, helping people get well and diversity of practice) were found to be more significant factors to predict job satisfaction than extrinsic job factors (salary, flexible timetable, continuing education and clinical ladder; Randolph, 2005).

Gender has been also explored as a potential contributing factor in job satisfaction for occupational therapists. Using a standardised job satisfaction instrument, Meade et al. (2005) found no significant differences between men and women on four factors (client contact, client success, teamwork and good relationships with colleagues) predicting job satisfaction for occupational therapists in Queensland Australia. In contrast, the factors influencing job dissatisfaction (limited earning potential/pay for men and lack of recognition and respect from others for women) were different between men and women (Meade et al., 2005). In another study including men only, less satisfaction was noticed in the less experienced therapists (less than seven years; Turgeon & Hay, 1994).

Qualitative studies of occupational therapist job satisfaction have revealed significant and interesting themes. In one study conducted in Australia, Moore et al. (2006) revealed six themes, four of which were related to job satisfaction: ‘I like the work I do’, ‘working with clients makes a difference’, ‘the diversity of occupational therapy’, and ‘autonomy as clinicians’. The two remaining themes were related to job dissatisfaction: ‘the unknown profession’ and ‘if only there was more money’ (Moore et al., 2006). Simon (2006) also used a qualitative methodology to try to investigate the satisfaction of occupational therapists working in physical acute care. The main themes discovered were support from other team members, working in a multidisciplinary team, lack of understanding of the role of occupational therapy, lack of professional status and communication obstacles (Simon, 2006).

Unfortunately, there is a remarkable dearth of information regarding job satisfaction among occupational therapists in the Middle East given the novelty of the profession in this part of the world, specifically, in Jordan. That is, the only study with Arab occupational therapists was conducted in Bahrain (Panchasharam & Jahrami, 2010). The study explored job satisfaction for occupational therapists working in mental health in Bahrain using the Job Satisfaction Survey (JSS). The results revealed that occupational therapists in Bahrain were moderately satisfied, with nature of the work and rewards contributing to job satisfaction and ‘salary’ contributing the most to job dissatisfaction (Panchasharam & Jahrami, 2010).

Jordan is one of the very few countries in the Middle East that provides educational programmes in occupational therapy which is, to Jordan, a new profession that started about two decades ago. A diploma level programme established in 1989 was the first occupational therapy programme in Jordan (Busuttil, 1991). The programme was then closed in 1996 and instead three bachelor-level occupational therapy programmes were established at three different national universities in 1999. The programmes accept limited number of students due to the shortage of teaching staff and training facilities. The number of graduates from all aforementioned programmes is estimated to be between 400 and 500, most of whom are working abroad, mainly in the Gulf area.

The main purpose of this study was to explore factors influencing job satisfaction and dissatisfaction among Jordanian occupational therapists.

Methods

Design

An explorative qualitative study, involving the use of structured open-ended written questions, was used. The study was approved by the Institutional Review Board (IRB) of the Hashemite University before the beginning of the data collection.

Participants

One hundred and ten survey forms were distributed among a purposive sample of Jordanian occupational therapists working in different practice settings. Hospitals, special education centres, rehabilitation centres and schools represent the major employment areas in Jordan. To be included in the study, participants need to have a minimum of six months in their career. Academicians involved only in teaching occupational therapy were excluded from the study.

Data collection and procedures

Structured, open-ended written questions were distributed to the target group. Participants were asked to answer in narrative the following questions/inquiries: (1) ‘What are the factors influencing your job satisfaction as an occupational therapist?‘; (2) ‘What are the factors influencing your job dissatisfaction as an occupational therapist?‘.
At the end of the survey, participants were provided with a space to express their suggestions, ideas, or solutions for increasing job satisfaction.

**Data analysis**

Four copies of the participants’ narratives were generated and distributed to four researchers for analysis. Inductive content analysis was performed by each researcher separately and consisted of identifying and coding the data according to participants’ responses on the two questions and participants’ comments at the end of the survey. Next, themes and related subthemes were identified with quotations from the participants’ responses listed under each related theme and subtheme. Researcher panel meetings were held to discuss the themes and subthemes.

**Trustworthiness**

As mentioned earlier, four of the authors were involved in the data analysis separately. Consensus among the four authors involved in the data analysis process was reached about the themes and subthemes. In addition to that, and to further ensure the trustworthiness of the results, a member-checking (Patton, 2002) approach was used. Five of the participants were contacted, and they confirmed the accuracy of the results.

**Results**

The response rate was 84.5%, with 93 occupational therapists participating in the study. Most of the participants were younger than 30 years (80%), women (61.3%) and had less than five years of experience (85%). Also, 42.6% practised in general occupational therapy settings (hospital setting where occupational therapists deal with a range of conditions and ages), 32.3% practised in paediatric settings, 7.5% practised in psycho-social or mental health settings, 5.4% worked in school-based settings, another 5.4% worked in physical disability settings and only 1% practised in a community-based rehabilitation centre (CBR; Table 1).

Four themes emerged from the job satisfaction questions: a humanistic profession; professional issues; work benefits; and work environment. Participant’s comments at the end of the survey revealed one general theme for improving job satisfaction, ‘a call for improvement’. Tables 2 and 3 delineate subthemes under each related theme.

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>n (%)</th>
</tr>
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<tbody>
<tr>
<td>Number of participants</td>
<td>93</td>
</tr>
<tr>
<td>Women</td>
<td>57 (61.3%)</td>
</tr>
<tr>
<td>Men</td>
<td>36 (38.7%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>20–25 years old</td>
<td>55 (59.1%)</td>
</tr>
<tr>
<td>26–30 years old</td>
<td>27 (29%)</td>
</tr>
<tr>
<td>31–35 years old</td>
<td>8 (8.6%)</td>
</tr>
<tr>
<td>36–40 years old</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>&gt;40 years old</td>
<td>2 (2.2%)</td>
</tr>
<tr>
<td>Years of experience</td>
<td></td>
</tr>
<tr>
<td>6 months–2 years</td>
<td>52 (55.9%)</td>
</tr>
<tr>
<td>&gt;2–5 years</td>
<td>27 (29%)</td>
</tr>
<tr>
<td>&gt;5–10 years</td>
<td>7 (7.5%)</td>
</tr>
<tr>
<td>&gt;10–15 years</td>
<td>4 (4.3%)</td>
</tr>
<tr>
<td>&gt;15 years</td>
<td>3 (3.2%)</td>
</tr>
<tr>
<td>Area of practice</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>5 (5.4%)</td>
</tr>
<tr>
<td>CBR</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Physical disability</td>
<td>5 (5.4%)</td>
</tr>
<tr>
<td>Paediatrics occupational therapy</td>
<td>30 (32.3%)</td>
</tr>
<tr>
<td>Psychosocial occupational therapy</td>
<td>7 (7.5%)</td>
</tr>
<tr>
<td>General</td>
<td>43 (42.6%)</td>
</tr>
<tr>
<td>Others</td>
<td>2 (2.2%)</td>
</tr>
</tbody>
</table>

CBR, community-based rehabilitation centre.

<table>
<thead>
<tr>
<th>TABLE 2: Factors influencing job satisfaction among Jordanian occupational therapists (main themes and subthemes)</th>
</tr>
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<tbody>
<tr>
<td>A humanistic profession</td>
</tr>
<tr>
<td>Relationship with patients and their families</td>
</tr>
<tr>
<td>Passion for the profession</td>
</tr>
<tr>
<td>Professional issues</td>
</tr>
<tr>
<td>Lack of awareness</td>
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<tr>
<td>Advocacy</td>
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<tr>
<td>Practice-related issues</td>
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<tr>
<td>Academic-related issues</td>
</tr>
<tr>
<td>Work benefits</td>
</tr>
<tr>
<td>Work environment</td>
</tr>
<tr>
<td>Social environment</td>
</tr>
<tr>
<td>Physical environment</td>
</tr>
</tbody>
</table>

Themes related to job satisfaction (Table 2)

**A humanistic profession**

The humanistic nature of the profession, that is, its focus on the relationship between the therapist and client, was mentioned by majority of the participants. ‘My work in this humanistic profession is what I consider a major job satisfaction’ stated by one of the participants was a typical comment. The demand for creativity in working with each client, as well as the variety of cases that occupational therapists deal with, was reported as satisfying aspects of practice. Two subthemes emerged from this theme: relationship with patients and their families, and personal traits that support that relationship.
Relationship with patients and their families
Relationships with patients and their families were reported as a factor for job satisfaction. The therapist–client interaction, therapist–family interaction, improvements in clients’ conditions and positive feedback from clients and their families were relationship factors perceived by the participants as sources for job satisfaction.

Passion for the profession
The participants also indicated that it was their passion for occupational therapy and for helping people that made them satisfied with their work as occupational therapists. Some of the comments the participants made were: ‘my passion and love for OT made me more satisfied with the work I am doing...’; ‘my passion for alleviating suffering of others ...’; and ‘I enjoy working with my patients’.

Professional issues
Four subthemes emerged from the ‘professional issues’ theme; lack of awareness, advocacy, practice-related issues and academic-related issues.

Lack of awareness
The most reported factor for dissatisfaction was the lack of awareness about occupational therapy among the public, other health professionals, and the clients and their families. ‘Occupational therapy is unknown to those whom I deal with ...’, one of the participants stated. Improving public awareness about occupational therapy was also related to improving their sense of job satisfaction, as some participants stated.

Advocacy
Job dissatisfaction was also related to the need for representative advocates and/or legislators. One of the participants stated: ‘we do not have a strong body of the profession (association) to defend our rights’. Another participant wrote: ‘the rights of the occupational therapists are not protected as they should be ... some centers abuse occupational therapists by not giving them their rights’.

Practice-related issues
Job satisfaction was related to the medical and occupational therapy knowledge and skills that occupational therapists gain during their education and practice. Another contributor to an enhanced job satisfaction was the high standard of practice that some centres follow. One participant summarised this as: ‘I am satisfied because we follow a high standard of OT practice’.

On the other hand, job dissatisfaction was related to factors such as the overlooked areas of practice in some centres (e.g. home-based occupational therapy). ‘We are unable to make home visits and home evaluation since it is not part of our working system’, one of the participants stated. Another factor influencing job satisfaction was the fact that some centres, due to their policies, do not give the occupational therapists the freedom or flexibility to provide the proper occupational therapy services that they learned and practised in their education. This was illustrated by one participant who stated: ‘in the special education center that I work, they want me to practice OT their way, not the way I learned and practiced’.

Other factors identified included poor documentation system; the lack of expert occupational therapists due to the fact that, ‘occupational therapists with some experience leave Jordan to work in the Gulf area for better salaries’ and thus there is a lack of occupational therapist role models; poor quality of some occupational therapists, the distorted occupational therapist image reflected by some former occupational therapy practitioners, limited spread of occupational therapy services in Jordan, the overlap between the occupational therapy and the physical therapy roles, and lack of insurance coverage for the occupational therapy services.

Academic-related issues
Participants expressed that some academic-related factors resulted in various difficulties faced by the profession. The unavailability of graduate occupational therapy programmes in Jordan and the poor quality of occupational therapy graduates were reported by some of the participants. In addition, some of the participants pointed out that the lack of research activities in the occupational therapy field in Jordan was another problematic area for the profession in this country. Participants also pointed out the lack of continuing education opportunities and the limited workshops and training courses available for them.

Work benefits
As clearly delineated by the participants’ comments, the main reasons behind the Jordanian occupational therapists dissatisfaction were related to the poor work benefits. This included poor salary and lack of health insurance; difficult and expensive transportation fees to and from the workplace; and long working hours with short breaks. It was noteworthy that ‘poor salary’ was the most consistently reported factor by the majority of the participants as one of the major sources of job dissatisfaction.

Work environment
Some participants reported factors related to their work environment that influenced their job satisfaction. This theme was discussed under two subthemes: social environment and physical environment.

Social environment
Co-workers and other health team members for some participants were a source of job satisfaction, ‘the health
team members I work with are cooperative and appreciate role of OT...", one of the participants declared. The good general working atmosphere and the sense of appreciation they gain from other health team members were also sources of job satisfaction.

On the other hand, some participants reported that they deal with some uncooperative health team members or a head of department that makes their working atmosphere uncomfortable. One of the participants stated: ‘the head of the OT department is not an occupational therapist which makes it difficult since he does not know the scope of practice of OT’.

**Physical environment**

Limited availability of treatment tools, equipment and assessment tools, mainly due to the high cost of such supplies, influenced the participants’ job satisfaction negatively. Moreover, the space provided for the occupational therapy department played a role in job satisfaction for some participants. The bigger the space of the occupational therapy department, the better the satisfaction reported.

**Theme related to the participant’s suggestions, ideas and solutions for enhancing job satisfaction (Table 3)**

**A call for improvement**

Participants suggested changes that are needed to improve the current situation of the occupational therapists’ profession in Jordan. The need for improvement theme was discussed under five subthemes: academic, continuing education and research; promotion and awareness; organising and regulating; improving general working conditions; and professional solutions.

**Academic, continuing education and research**

The participants suggested several solutions that are academic-related such as improving the quality of the occupational therapy academic programmes in Jordan; establishing graduate programmes in occupational therapy; investing in a better quality of occupational therapy teaching staff; enhancing the supervision system for occupational therapy students in the fieldwork; accepting only those students who are interested in the profession and increasing occupational therapy research funds. The idea of organising more workshops that improve the quality of occupational therapy practice in Jordan was also put forward by several participants.

**Promotion and awareness**

Increasing public as well as health team members’ awareness about occupational therapy through lectures and workshops was suggested by the majority of the participants. Many participants also suggested promoting the occupational therapists’ profession through the mass media.

**Organising and regulating**

Having a proper occupational therapy licensure system was suggested by many participants as one step towards solving some of the problems facing the profession in Jordan. Accepting limited number of students to study occupational therapy according to the need of the market; developing rules and regulations that govern the practice of occupational therapy in Jordan; establishing a council for occupational therapy in Jordan; starting a certification examination; keeping in contact with policy makers regarding the profession; having a clear job description for occupational therapists; and supervising the quality of occupational therapy services by specialised committees were other solutions for the issues, challenges and problems that face the profession in Jordan. Some participants suggested that the Jordanian Society for Occupational Therapy (JSOT) needs to do a better job in promoting the profession and establishing a better network among occupational therapists in the country. They also suggested that the JSOT needs to be more involved in controlling occupational therapy practice in Jordan.

**Improving general working conditions**

Advocating the rights of Jordanian occupational therapy practitioners by their association was suggested by several participants as one of the solutions for the profession’s struggles. Increasing the salaries and improving benefits as well as increasing the number of job opportunities for occupational therapists were also suggested.

**Professional solutions**

Another suggestion was to invest time in expanding occupational therapy services in abandoned areas of practice (e.g. psychiatry). Other suggestions from several participants were to improve the quality of occupational therapy services by obtaining occupational therapy assessment tools, supplies and assistive devices that are locally manufactured so as to decrease the cost; hiring more occupational therapists by the public sector; covering occupational therapy services by insurance companies; and requiring a one-year training post-graduation as a licensure requirement.
Discussion

The purpose of this study was to explore factors influencing job satisfaction among Jordanian occupational therapists. As occupational therapy is a young profession in Jordan, the literature review showed no previous studies investigating such perspectives. Hence, this study forms a foundation for future investigations in this regard.

Consistent with the literature (Moore et al., 2006; Panchasharam & Jahrami, 2010; Randolph, 2005), the results showed that a significant portion of Jordanian occupational therapists consider non-technical aspects of the occupational therapy practice as satisfying factors. For example, most participants liked the humanistic nature of the profession, as they could exercise their personal passion for working with people. An upside to working in a profession that was naturally and intrinsically rewarding is the continuity of this throughout one’s career. This may serve as an incentive for occupational therapy practitioners to keep their careers in the occupational therapy field regardless of its other dissatisfying aspects.

The therapeutic relationship with the clients and their families and the general working atmosphere created by the good relationship with colleagues and other health team members found in this study are consistent with findings of other studies (Eklund & Hallberg, 2000; Hellickson et al., 2000; Lloyd & King, 2004; Moore et al., 2006; Randolph, 2005; Simon, 2006). Furthermore, the personal gains, skills and knowledge acquired through delivering the occupational therapy services as well as the variety of cases therapists are exposed to, and the improvement in the clients’ conditions also played a role in job satisfaction. These results are consistent with findings of other studies (Eklund & Hallberg, 2000; Hellickson et al., 2000; Meade et al., 2005; Moore et al., 2006; Panchasharam & Jahrami, 2010).

However, this rewarding nature of the profession was contrasted with several dissatisfying factors for Jordanian occupational therapists. The majority reported dissatisfaction due to low salaries, lack of insurance coverage, long working hours, limited resources and heavy caseload. This was also consistent with the commonly reported factors affecting job satisfaction in the literature (Eklund & Hallberg, 2000; Lloyd & King, 2004; Panchasharam & Jahrami, 2010).

Significantly, the most frequently reported dissatisfying aspect of participants’ jobs is the lack of community and health team members’ awareness about the significant role of occupational therapists. This was explicitly reported to be the most devastating aspect and hindering factor to the participant’s professional growth. This finding indicates that there is a considerable need for occupational therapy practitioners and representatives of the profession (public universities offering occupational therapy programmes and the JSOT) to invest time and effort in reaching out to the community and to the public and private healthcare and education sectors. However, this requires both financial and sentimental support that is seldom available. That is, none of the participants indicated that it was part of their own responsibility to support the JSOT through active involvement in the activities (such as meetings and workshops) and responsibilities (such as advocating and promoting occupational therapy). Hence, occupational therapy practitioners and their representatives must collaborate in constructing a strategy to expand the recognition of the occupational therapy in the community and other related sectors.

The participants’ ideas and solutions to enhance job satisfaction included the need to improve the quality of teaching to solve the academic-related challenges. For example, some suggested adopting a better fieldwork supervision to ensure strong clinical training for the students. These kinds of solutions imply having adequately designed clinics for training which lies within the responsibilities of the hospitals’ administrators and the Ministry of Health.

Similarly, increasing awareness and promoting occupational therapy among the community requires the collaboration of the government, media and occupational therapy representatives in Jordan. Similarly, developing a licensure system in Jordan, one of the most significant suggestions, also requires collaboration between the government and the occupational therapy profession. Currently, occupational therapy graduates are licensed through registration with the JSOT. This registration does not require any kind of testing of knowledge or clinical skills and no ongoing requirement to demonstrate competence, which may result in having under-qualified but registered practitioners.

Future trends and research

Participants of the study indicated several factors related to job satisfaction, which have implications on the future of occupational therapy in Jordan. Organisations, such as the JSOT, should undertake further study of these factors and explore the possibility of implementing several of the solutions that were suggested to enhance occupational therapy profile in Jordan and thus, to enhance job satisfaction. Future research should then be conducted to investigate the effects of these solutions on job satisfaction. Quantitative studies can also be conducted, based on the findings of this qualitative study, through which a wider number of occupational therapist can be included. Studying factors related to job satisfaction in Jordanian occupational therapist working outside Jordan, specifically in the gulf area, could help identify the reasons why therapists leave Jordan and hence reduce the migration of qualified occupational therapist. The results of such studies would also help in understanding the perspective of occupational therapists in the regional area.

In conclusion, this qualitative study revealed that the humanistic nature of occupational therapy was counterbalanced by several dissatisfying factors for occupational
therapy practitioners in Jordan. The need for better supported working conditions, including better financial rewards, awareness and resources as well as public and professional recognition of occupational therapists are needed to enhance the occupational therapy profile in Jordan. To achieve this, collaboration is highly needed between the individual practitioners, representatives of the profession, government and hospital administrators.

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References


