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Job satisfaction of dietitians in South Florida

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FLORIDA INTERNATIONAL UNIVERSITY

Miami, Florida

JOB SATISFACTION OF DIETITIANS IN SOUTH FLORIDA

A thesis submitted in partial fulfillment of the

requirements for the degree of

MASTER OF SCIENCE

in

DIETETICS AND NUTRITION

by

Sonia M. Batista

1999

To: Dean DeLois P. Weekes
College of Health Sciences

This thesis, written by Sonia M. Batista, and entitled Job Satisfaction of Dietitians in South Florida, having been approved in respect to style and intellectual content, is referred to you for judgement.

We have read this thesis and recommend that it be approved.

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Fatma Huffman, Major Professor

Date of Defense: July 15, 1999

The thesis of Sonia M. Batista is approved.

Dean DeLois P. Weekes
College of Health Sciences

Dean Richard L. Campbell
Division of Graduate Studies

DEDICATION

I dedicate this thesis to my wonderful family and my “Titi”. Their support, encouragement and love gave me the strength I needed to complete this endeavor. I especially want to dedicate this accomplishment to my beautiful mother, Sonia. With her life’s example she has shown me that I can have it all.

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It is my wish to extend the members of my committee my appreciation for their support and kind disposition throughout this process. I especially thank Dr. Fatma Huffman for believing in me and encouraging me to do the same. Her experience as a student advisor proved most helpful in the achievement of this goal. I thank Zaida Agramonte for her wonderful disposition and sense of humor- she helped me through many “snags”. Finally, I also wish to thank Dr. Paulette Johnson for repeatedly willing to “re-do” the statistics at her own time and expense.

My educational experience at Florida International University has been challenging and stimulating. I consider the resources in this institution to be priceless and invite all people to indulge in learning.

ABSTRACT OF THE THESIS
JOB SATISFACTION OF DIETITIANS IN SOUTH FLORIDA

by

Sonia M. Batista

Florida International University, 1999

Miami, Florida

Professor Fatma G. Huffman, Major Professor

The purpose of this study was to examine job satisfaction of dietitians in South Florida and to identify significant differences in job satisfaction between dietitians working in traditional versus non-traditional settings.

A job satisfaction questionnaire was developed, validated, and mailed to dietitians in Palm Beach, Broward, Dade, and Monroe counties. Out of 600 questionnaires mailed, 203 surveys were returned and 187 were valid and analyzed statistically.

Seventy three percent of subjects practiced in traditional and 17% in non-traditional settings. Eighteen percent of 187 subjects surveyed reported feeling dissatisfied with their jobs and 59% reported feeling satisfied. There was no significant difference in satisfaction due to practice settings (traditional versus non-traditional). The subjects reported satisfaction with co-workers and supervisors. The two major areas where dissatisfaction was reported were compensation and professional recognition.

The results showed that the majority of dietitians in South Florida are, in general, satisfied with their jobs. Although dietitians' salaries have increased by approximately 80% since 1982, compensation was still viewed as inadequate by 48% of the subjects, given dietitians' education, skills and experience.

Because legislation to approve reimbursement of medical nutrition therapy is pending, increase in dietitians' knowledge of reimbursement issues is recommended. Dietitians must also promote assertively their valuable contribution to wellness, health, and the treatment of disease.

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I. INTRODUCTION

South Florida has experienced and will continue to experience phenomenal growth in population in the next millenium. According to the 1995 U.S. Bureau of the Census, Florida ranked fourth in total population, with 14.2 million habitants. Florida is expected to be one of the top ten states in the U.S. with the fastest population growth; the population is projected to be 20.7 million by the year 2005. The greatest population densities are in districts 5 (Pasco county), 10 (Broward county), and 11 (Dade county). (Bureau, 1997).

The opportunity for growth in all areas of health care is strong as well; Florida has experienced tremendous influx of elders in the past eight years (15% increase) from other parts of the U.S. Furthermore, immigration from the Caribbean and Latin American countries (1.3 million in Dade, Broward, and Palm Beach counties) invite the emergence of new areas of practice for health care professionals, including dietitians. In 1993 there were 672 licensed dietitians in southeast Florida: 183 in Palm Beach county, 231 in Broward county, 249 in Dade county, and 9 in Monroe county. A growing and aging population is expected to increase the demand for dietitians and their skills in nursing homes, schools, community health programs, prisons, and home health care agencies through the year 2005, according to the Bureau of Labor Statistics (Bureau, 1996).

The impact of managed care on the operation of hospitals, nursing homes, and home health care agencies (traditional settings) has resulted in the reduction of staff in these facilities as a strategy for survival. Dietitians are considered to be on the “critical list” in these areas, as they experience increased job dissatisfaction and turnover. The

primary reason for dissatisfaction may be poor wages. According to the Occupational Outlook Handbook, full-time registered dietitians with five years or less of experience earned a median annual salary of \$29,600 in 1993; those with six to ten years of experience earned, on average, \$34,400 per year (Bureau, 1996). Furthermore, limitations in reimbursement observed in the traditional settings translate into added strain and burnout, as staff cuts affect dietitians' abilities to provide quality care. Research studies measuring job satisfaction of dietitians were done in 1982 (Agriesti-Johnson, 1982), 1989 (Beryl, et. al. 1989) and in 1993 (Dalton, et. al. 1993). The study published in 1982 was conducted at the national level, while the 1989 and 1993 studies focused on dietitians in South Carolina and New York City, respectively. The results of each of these studies revealed pay and opportunities for promotion as the main areas where job dissatisfaction was reported. Following these studies, a trend that may be observed for dietitians is the move away from traditional settings into non-traditional settings—business, industry and research—in search of better pay, opportunities for advancement and overall job satisfaction. Therefore, the main objective of this research study was to examine overall job satisfaction of dietitians in south Florida and to determine how satisfaction differs among those practicing in traditional versus non-traditional settings.

II. REVIEW OF LITERATURE

Job Satisfaction: a review

The study of job satisfaction dates back to 1935, when Hoppock published the first study (Spector, 1997). Job satisfaction is perhaps the most studied parameter in organizational psychology. Spector (1997) defined job satisfaction as “simply how people feel about their jobs and different aspects of their jobs. It is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs”.

In the past, perceptions of job satisfaction related it to the job’s ability to fulfill an individual’s physical and psychological needs. The current perception is that job satisfaction is a “global feeling” about the job or a “collection of attitudes” about the different aspects of a job—which parts of the job provide satisfaction or dissatisfaction. This “facet” approach identifies several parameters: Pay and fringe benefits, job conditions, nature of the work, personal growth, security, and supervision. When any or all of these parameters are in discordance with an individual’s needs and expectations, then job dissatisfaction occurs (Spector, 1997).

In studying job satisfaction, two main antecedents are proposed (Spector, 1997). First is the effect of the job environment—how one is treated; the nature of the work itself; working relationships with co-workers. Second is the individual factors brought into the job—personality and past work experiences. Both antecedents, in unison, affect job satisfaction. Hackman and Oldham (1980) proposed a theory that explains how job characteristics affect people’s motivation. The theory identified five “core characteristics” of a job: skill variety, task identity, task significance, autonomy, and job feedback. According to this theory, people can be motivated by the intrinsic satisfaction

they find in doing job tasks; as people find their work to be enjoyable and meaningful, they will like their jobs and be motivated to do it well. The “core characteristics” are proposed to lead to three distinct psychological states in the following manner: skill variety + task identity + task significance induce the experience of meaningfulness of work; autonomy leads to feeling responsible; feedback provides knowledge of the results of the work done. These provide information regarding motivation and subsequent satisfaction. Figure 1 describes each job characteristic.

<u>Characteristics</u>	<u>Description</u>
Skill Variety	The skills needed to do a job
Task Identity	Identification of a complete job or part of a job
Task significance	The job’s impact on other people
Autonomy	Freedom to perform a job
Job Feedback	Information about the employee’s job performance
Job Scope	Overall complexity of a job based on characteristics

Figure 1. Job Characteristics

Adapted from Spector (1997)

The following are descriptions of additional parameters and their effects on job satisfaction:

1. **Organizational Constraints**: Refers to the conditions of a job, or the physical environment and the co-workers and how they affect satisfaction. Peters and O’Connor (1980) showed that employees who perceive high levels of constraints tend to be more dissatisfied with their jobs. The biggest constraint identified by subjects in their studies was the supervisor and his/her management style.

2. **Work and Family conflict:** A Gallup poll conducted in 1991 reported that 34% of Americans experience work and family conflict; in 4% of these families both parents are employed, while in 39% only one parent is employed. A correlation was established by Bedeian, et. al. (1988) between work and family conflict and job satisfaction—higher demands of family and job result in higher work-family conflict and higher job dissatisfaction. Organizational policies such as childcare and flexible work schedules may decrease conflict and increase job satisfaction.

3. **Pay:** Spector (1985) studied the correlation between pay and satisfaction. The resulting correlation was rather small when comparing pay level with satisfaction vs. pay fairness and satisfaction. The concern identified among employees is when co-workers doing the same job earn more pay. According to Spector, in a homogeneous sample, people are likely to compare themselves to one another and be dissatisfied if their pay is lower than others in the same job are. Fairness in procedural policies and in the administration of salaries may reduce job dissatisfaction related to pay.

4. **Job Stress:** Stress can be detrimental to an individual's physical and emotional well being. Job stress affects transitory emotional states as well as long-term job satisfaction. Behavioral reactions to job strains include frustration, illness and consequential resignation from the job (Spector, 1997).

5. **Burnout:** Defined as “a distress emotional and psychological state experienced on the job” (Spector, 1997). Periods of emotional exhaustion and low work motivation are symptoms, which mimic those of a depression. There are three components of burnout:

- **Depersonalization-** the emotional distancing from direct-care clients which result in an uncaring attitude towards others.

- Emotional exhaustion- the feeling of fatigue and lack of enthusiasm
- Reduced personal accomplishment- the sense that nothing of value is being done at work (Spector, 1997).

According to Lee and Ashforth (1993) the emotional exhaustion is a reaction to negative feelings a person is having when dissatisfied. The other components follow. Cordes and Dougherty (1993) established a correlation between burnout and other aspects of job satisfaction, stating that high levels of burnout, coupled with low levels of control and life satisfaction relate to higher levels of health symptoms and intentions to quit.

6. **Turnover**: Job satisfaction and turnover are directly related. The combination of individual characteristics and job environment determines the level of job satisfaction. When the level of dissatisfaction is high, the dissatisfied individual will begin to search for alternate employment, with intentions to terminate current employment. The result is job turnover (Blau, 1993).

Job turnover is common in the health care industry. The past ten years have brought changes in the funding and reimbursement guidelines that have maintained operations in health care facilities. Along with these financial changes come workforce shortages, competition from alternate providers as well as massive technological growth (Kilpatrick and Johnson, 1991). Many hospitals and investor-owned institutions has been the subject of mergers and acquisitions, while others have simply been forced out of business. The emphasis of hospitals and other health care facilities has been on downsizing as a strategy for survival. However, many of the strategies employed fail to consider the effects, as well as the costs incurred, when employees experience

organizational crisis. As stated by Kilpatrick and Johnson (1991), “while downsizing is perceived as a positive and often necessary strategy for organizational survival, the feelings of employees and human resource considerations are often secondary to financial concerns”. More often than not, the result of the shock and uncertainty of organizational downsizing is employee turnover.

The “revolving door syndrome” taking place in healthcare institutions includes most health care professionals, and is mostly due to dissatisfaction with the dynamics resulting from organizational crises. Dissatisfaction of registered nurses is well documented. A study performed in a hospital in the southwestern United States focused on job satisfaction of 317 Registered Nurses (RN) in an effort to identify the causes and solutions to shortages and staffing-pattern deficiencies in the nursing department (Johnston, 1997). In spite of the abatement of the shortage of registered nurses experienced in the healthcare industry in the 1980s, turnover continues to impinge on the stability and continuity of quality nursing care. Johnston (1997) distributed the Index of Work Satisfaction (IWS) questionnaire to 317 RNs. Using a stratified random sample, 30 RNs were selected for interviews about job satisfaction. The IWS measured the following six parameters, which were indicated in the study of job satisfaction: Pay, autonomy, task requirements, organizational policies, interaction, and professional status. Seventy-three percent of the nurses returned the questionnaires. The results of the study revealed significant levels of job dissatisfaction among RNs. More specifically, the nurses reported low levels of interaction among hospital staff, which indicated lack of loyalty and commitment to the institution. Nurses indicated that employment facilities were all the same or “interchangeable”-- the difference being in pay offered. This frame

of mind is, according to Johnston (1997), reinforced by the focus of health care facilities on recruitment, rather than retention, and perpetuating the “revolving door syndrome”. Current uncertainty, secondary to the re-structuring and re-engineering in healthcare facilities, is seen as the force that promotes nurses to move from hospital to hospital to maximize their gross incomes. According to statistics reported in this study, 80% of the nurses resigning a position in one facility resumed the same position at another facility. Health care facilities incur large costs in recruitment efforts such as sign-on bonuses and remuneration packages but fail to retain nurses by not addressing overall job satisfaction. The cost of replacing one registered nurse was reported in 1989 as approximately \$25,000.00 (Fenner and Fenner, 1989).

Documentation of job satisfaction of other health care professions has not been as extensive in the past ten years as it has been for registered nurses. Nevertheless, the satisfaction of dietitians in the health care arena may follow closely that of nurses.

Dietetics and Job Satisfaction

Dietitians are healthcare professionals whose expertise is mainly in the achievement of optimal nutritional status by the population. Preparation to work as a Registered Dietitian involves achievement of a Bachelor’s Degree in Nutrition and Dietetics, Food Science or Food Service Management. After completion of the academic component, registration status is awarded upon completion of a supervised practice (an internship program), which may last 9-12 months, followed by passing a national registration exam. In Florida, licensure to practice as a dietitian is awarded to candidates with a Bachelor’s degree in Dietetics, 900 clock-hours of supervised experience, followed by passing a state-licensure exam. To practice in research or advanced clinical

positions a graduate degree is required. According to the U.S. Bureau of Labor Statistics, in 1994 dietitians and nutritionists held about 53,000 jobs; over half of the dietitians worked in hospitals or nursing homes (traditional settings). Some dietitians specialize in areas such as diabetes education, renal or pediatric dietetics. Others were self-employed as consultants in hospitals and nursing homes; in private consultations with clients, or as sales representatives (non-traditional settings) (Fullerton, 1996).

Dietitians are the nutrition experts. As such, this group has demonstrated its value in the fields of medicine, food services, research and development, business and industry, and education. In education, dietitians continue to be involved in the formulation and implementation of guidelines for healthful eating habits in an effort to promote disease prevention and wellness. Examples of such guidelines include the National Cholesterol Education Program which outlines dietary modifications necessary to reduce the incidence of heart disease; the implementation of informative food labeling in an effort to increase awareness and educate consumers who are interested in good health. The relationship between lifestyle and behavior is of increasingly more importance to the general public and health care providers. According to the South Florida 1997 Health Data Sourcebook, poor nutrition is linked to the incidence of obesity, digestive disease and depression; furthermore, up to 70% of the health status of individuals is a direct result of personal lifestyle decisions and attitudes (Council, 1997). With their knowledge and skills as educators, dietitians can influence the decisions and attitudes of the population.

Closely related to education, dietitians involved in research provide the link between results of scientific studies and the application of such to solve human problems.

The involvement of dietitians in clinical research helps to rapidly reduce the gap and time lag which exists in applying new knowledge: their education and training provide them with familiarity of research techniques, knowledge of foods, as well as the practicality of getting people to eat (Dwyer, 1997). To further expand their skills and abilities for research, more dietitians today are pursuing masters' and doctoral degrees.

Dietitians who practice in traditional settings (hospitals, clinics, nursing homes, and public health) provide medical nutrition therapy in the treatment of disease. Perhaps the most important contribution is the effect of nutritional therapy on reducing treatment costs and length of hospital stays. The biggest challenge faced currently by the health care system is providing quality care with minimum resources. Managed care and proposed Medicare reforms limit the amount of money available for treating patients in hospitals, nursing homes and at home. Dietitians help reduce the costs of treatment with nutrition therapy. It has been shown that nutrition therapy may save facilities an average of \$8,000.00 per case by reducing length of stay, decreasing complications as well as the use of costly medications and high-tech treatments (Johnson, 1996). A review done by ADA of approximately 2,400 case studies yielded the following cost-saving estimates:

- \$18,500 per case in renal disease treatment- nutritional interventions may delay the need for dialysis.
- \$ 9,000 per case in IDDM treatment- nutrition and diabetes education reduce the complications associated with diabetes, thus reducing frequency of hospitalization.
- \$ 10,500 per case in cancer treatments- specialized nutrition helps in maximizing chemotherapy and radiation therapy.

- \$9,000 per case in treating heart disease- nutritional interventions reduces the need for drug therapy and invasive procedures. (ADA,1995)

The benefits of care provided by dietitians spans farther than the hospital setting. Nevertheless, in spite of the contribution this group of professionals makes, recognition is lacking and current salary scales do not reflect their apparent worth.

Job satisfaction of dietitians was studied in 1982 at the national level (Agriesti-Johnson and Broski, 1982). The Job Descriptive Index (JDI) was the tool used to survey 1,019 dietitians about their satisfaction with work, supervision, co-workers, pay, and opportunities for promotion. The sample was divided, for comparisons, into the following groups: clinical dietitians; researchers; community/public health dietitians; teachers; administrative dietitians; consultants; generalists, and other/private practice. The results of the study revealed the lowest levels of satisfaction in the promotion and pay categories (JDI scores 17.72 and 28.14, respectively); the highest satisfaction was identified in the work and supervision categories (JDI scores 35.55 and 35.91, respectively). When looking at the individual groups, consultant dietitians (n=121) reported the highest level of satisfaction with pay (JDI score 30.76), while clinical dietitians (n= 82) reported the second to lowest satisfaction with this parameter (JDI score 26.43). Dietitians in private practice (n= 64) were the most satisfied with opportunities for promotion (JDI score 23.52); clinical dietitians reported the second to lowest satisfaction with promotion opportunities (JDI score 14.40), as well as with (nature of) work (JDI score 33.44). The lowest satisfaction scores reported in the aforementioned categories were those of research dietitians (n=39). An overall look at annual salaries in this 1982 study revealed that 64% of dietitians surveyed earned

between \$14,000 and \$25,000, while less than 8% earned more than \$30,000. With respect to career advancement, 85% of respondents reported interest in advancement but were inhibited in achieving it. The factors cited as “blocks” to advancement included need for more work experience (n= 245); few or no advanced positions available (n= 218); need for graduate degree but no program available or too expensive (n= 168), and familial reasons (n= 191). Dietitians who worked in non-conventional settings appeared to enjoy higher levels of job satisfaction.

Other studies of job satisfaction followed the national study. In 1989 a study of satisfaction of 409 South Carolina dietitians yielded results similar to the national survey, with the lowest satisfaction reported with promotion and pay (Beryl, et. al., 1989). Job satisfaction of clinical, community, and long term care dietitians of the greater New York area was studied in 1993 (Dalton, et. al., 1993). Results of the study revealed higher satisfaction with “nature of work” reported by the clinical group. Community dietitians were least satisfied with pay and promotion in comparison with the clinical and long-term care groups. When comparing the Job In General (JIG) scores obtained in this study with the South Carolina (JIG score 43.0) study, dietitians in clinical, long-term care and community settings in New York were less satisfied with their jobs (JIG score 38.3).

Health Care Reform: Managed Care and its effects on the dietetics profession

The basic concept of Managed care is the provision of medical care in exchange for a set monthly fee. In the beginning stages of health care reform managed care was provided by not-for-profit organizations. Presently, there are 574 Health Maintenance Organizations (HMOs) in the United States-- 69% are for-profit. It is estimated that 51 million Americans are enrolled in HMOs, 57% of whom are members of for-profit plans

(Managed Care, 1997). As Managed Care has become the solution to soaring health care costs, many wonder if it improves the quality of the care provided to patients.

In the past ten years the health care system has been under massive remodeling. The emergence and proliferation of Managed Care during the past decade has brought the need for proactive and creative administrators and owners to financially manage health care facilities into survival. Strategies for survival include the reduction of departmental staffing in an effort to reduce operational costs. Departments, which are hit the hardest, include those that provide ancillary services such as Respiratory Therapy, Environmental Services and Nutritional Services. The basic premise for cutting down in these departments is that their services are included in the administrative costs of a facility. As such they generate little to no revenue to the facility. Revenue is mostly generated from reimbursement by private insurance and Medicare programs. Inpatient hospital services are reimbursed according to diagnoses and geography in a prospective payment system. Each diagnosis-related group (DRG) has its own payment rate. This means that, regardless of actual treatment costs, hospitals get a set payment rate. In order for hospitals to participate and receive payment under Medicare part A, they are required to provide dietary services (including a dietitian); again, the hospital will get the same rate regardless of the actual costs of nutrition therapy (Johnson, 1996). Exceptions do exist in which dietitians may generate reimbursement for nutrition therapy. Dietitians may submit bills and obtain reimbursement, through Medicare part B, for the treatments of diabetes mellitus and renal disease (Johnson, 1996). Furthermore, in limited cases, dietitians have billed and received reimbursement for diagnoses such as hyperlipidemia, hypertension, and obesity. Nevertheless reimbursement for nutrition services is limited

until direct payment to dietitians for their services is approved and included by Congress in the Social Security Act (Johnson, 1996). In the case of HMO programs, the services of a dietitian may be included as part of the philosophy of disease prevention and reduction of costs related to hospitalization. Nevertheless, involvement in this philosophy is limited, as customers may have to pay additional fees and co-payments to obtain nutrition counseling beyond what is allotted by their insurance plan (Fiedler, 1993). Staffing of dietitians in hospitals, as well as the salaries paid will continue to be affected by limitations in reimbursement and efforts to reduce costs.

In nursing homes, skilled nursing facilities, and home health agencies the involvement of dietitians is limited as well. Legislation in Florida may be, in part, responsible for the limited involvement of dietitians in these areas. The State of Florida Operations Manual requires a dietitian to provide nutritional services; however, the following excerpt reveals to what extent:

“The facility must employ a qualified dietitian either full-time, part-time, or on a consultant basis. If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food service who receives frequently scheduled consultation from a qualified dietitian” (Health Care Admin, 1995).

As long as nursing homes and skilled nursing facilities are not required to employ a full-time registered dietitian, nutritional services may continue to be provided by less skilled or qualified personnel. Common practice in these facilities is to employ dietary technicians and certified dietary managers in order to reduce costs.

Involvement of dietitians in home health care is also limited. Nurses provide nutrition services, such as assessments and interventions. Reimbursement issues again

play a larger role. Nursing services are reimbursable, while there are deficiencies in reimbursement for dietitian visits (Sousa, 1994). The role of dietitians that are employed (on consultation basis) by home health agencies is mainly to provide inservice education to the agency's employees on nutrition concepts.

The dynamics of health care in the traditional settings may be negatively affecting dietitians' satisfaction with their jobs. The emergence and effects of managed care may be forcing dietitians out of hospitals and nursing homes and into non-traditional settings. Following are two examples of emerging opportunities for dietitians:

Dietitians in business and industry: The trend of hiring dietitians in this arena is increasing. Communication and general management skills are essential for the success of dietitians in the transition from the health care setting. Examples of positions in this arena include sales, marketing and public relations, management consultants, and communications. Salaries reported by a group of surveyed dietitians in the business and industry were, on average, above \$40,000 per year (Boudreaux, et. at. 1991).

Dietitians in research: More dietitians are returning to school to obtain Masters and Doctoral degrees in order to participate in research and development. The number of clinical trials funded by the National Institutes of Health (NIH) and pharmaceutical companies, and which involve diet, has increased in the past twenty years. More dietitians are concerning themselves with these trials as they feel comfortable as co-investigators and educators (Dwyer, 1997).

As the health care industry struggles to survive the growing pains associated with managed care and Medicare reform, health care practitioners struggle to provide patient care while keeping a feeling of satisfaction and professional fulfillment. Dietitians, in the

search for balance, may shift their practice to areas outside the traditional settings where higher compensation and professional recognition are prevalent.

III. PURPOSE

The changes experienced in the health care industry during the past ten years have brought a need for modification of the work force in acute, as well as long-term care settings. Mergers and acquisitions of hospitals have affected the traditional functions of these facilities. Cost-saving measures such as elimination of departments with consequent reductions in staffing have forced health-care professionals to develop their skills in areas outside acute and long-term care settings. In this re-structuring and re-planning dietitians are involved.

During the past ten years dietetics has moved from an obscure and hardly-recognized profession to the forefront of preventive medicine. However, the following questions arise: How are dietitians coping with the changes in health care? Are dietitians receiving the professional recognition they deserve for the skills and experience brought to the health care arena? Are compensation and fringe benefits offered to this professional group adequate in an era of uncertainty and job insecurity? Are dietitians today satisfied with their jobs?

The purpose of this study was to examine job satisfaction among dietitians in South Florida. The outcome identifies areas where dissatisfaction exists among dietitians in South Florida. This information may assist in minimizing the “revolving door syndrome” in health care facilities by providing employers with data to improve dietitians’ hiring and retention practices. This data may also provide insight for professional dietetic organizations in their lobbying efforts on factors identified in this research to be associated with job satisfaction.

IV. HYPOTHESES TO BE TESTED

- Dietitians in South Florida are dissatisfied with their jobs.
- There is a significant correlation between job satisfaction and pay level for dietitians.
- There is a significant correlation between level of education and job satisfaction for dietitians.
- Dietitians in non-traditional job settings have significantly higher levels of job satisfaction than dietitians in traditional job settings.

Specific Objectives

The specific objectives of this study are the following:

- To examine job satisfaction of dietitians with varying levels of education.
- To compare job satisfaction of dietitians in traditional vs non-traditional settings.
- To identify factors which influence dietitians' job satisfaction and, where applicable, migrations to non-traditional job settings.
- To determine South Florida dietitians' perceptions of the effects of Managed Care on the dietetics profession.
- To identify demographical factors that influence dietitians' job choices.

V. METHODOLOGY

Subjects

The listing of dietitians' addresses was obtained by submitting a written request to the Florida Department of Business and Professional Regulation (Appendix A).

Licensed dietitians who reside in Palm Beach, Broward, Dade, and Monroe counties were asked to participate in this study, and surveyed to determine job satisfaction

Instrument

A job satisfaction survey (Appendix B), developed by the researcher was used. This survey consisted of questions which measured dietitians' satisfaction in the following areas of their jobs: pay and fringe benefits, nature of their work, supervisors and co-workers, personal growth, and job security. The questionnaire also measured dietitians' perceptions of the effect that Managed Care exerts on their opportunities for career advancement.

Testing the instrument for validity and reliability involved the faculty of the Department of Dietetics and Nutrition at F.I.U. Once completed the questionnaire was administered to a sample of twenty dietitians in the community. Further adjustments in the content, format and ability of the questionnaire to measure job satisfaction followed the feedback from these dietitians. Dietitians involved in the testing of the instrument were excluded from the study. The researchers also consulted with an expert in research methodology to determine the questionnaire's validity. The consultant provided input to assure that the questions asked in the survey addressed the hypotheses formulated for the study.

Data Collection

Once the validity and reliability of the instrument were established, the questionnaire was mailed to 600 dietitians in southeast Florida. A self-addressed and stamped return envelope and brief letter explaining the purpose of the survey were included with the questionnaire. Three weeks after the questionnaires were mailed a reminder card was sent to all subjects. The card provided a reminder as well as the telephone number of the department of Dietetics and Nutrition at F.I.U. should a subject need to request a duplicate of the questionnaire.

Statistical Analysis

The survey tool used addressed demographical differences. The SPSS statistical software for Windows (8.0) and statistical-consulting service were employed to perform the statistical analyses. Frequencies and percentages were calculated, and included items such as marital status, age group, ethnic origin and current annual salary. Pearson's correlations were used to calculate any correlation between job satisfaction and pay status, and between job satisfaction and level of education. T-tests were used to determine job satisfaction in traditional versus non-traditional settings. Frequencies and percentages were used to analyze the factors that influenced job choices of dietitians and overall job satisfaction.

VI. RESULTS

Description of the study population

A total of 203 questionnaires were returned (30% response rate). One hundred eighty seven surveys were valid and analyzed, statistically. Questionnaires were deemed valid for analysis if, at least, 90% of the questions were answered according to the instructions. Sixteen questionnaires were not deemed valid since they were incomplete or answered inadequately.

Demographic information pertaining to the subjects is outlined in Table 1. Ninety percent (168) of the respondents were female and 5% (10) were male. Forty two percent (80) of the subjects were 35-44 years of age. Ninety percent (166) of the subjects were registered dietitians and all (187) were also licensed dietitians. Forty eight percent (89) of the subjects held Bachelor's degrees, while 35 % (65) also held Master's degrees. As reported in Table 2, practice areas of the respondents were as follows: Seventy three percent (136) practiced in traditional settings and 17% (31) practiced in non-traditional settings. Eight percent (16) of the subjects reported no longer working as dietitians. These subjects reported unanimously that inadequate pay drove them to seek employment in areas outside of dietetics.

The annual salary range reported by 33 % (61) of the subjects was \$35,000-\$44,999, followed by a range of \$25,000-\$34,999 reported by 23 % (43) of the respondents. Twenty percent (38) of the dietitians surveyed reported earning between \$45,000 and \$60,000 annually. Table 3 shows reported earnings of dietitians as well as differences in salaries for dietitians in traditional versus non-traditional settings.

Table 1. Description of the Study Population

	Frequency	%
Gender		
Female	168	90
Male	10	5
Missing	9	5
Total	187	100
Marital status		
Single	28	15
Married	131	71
Divorced	24	12
Widowed	2	1
Missing	2	1
Total	187	100
Age		
Less than 25	2	1
25 to 34	46	25
35 to 44	80	42
45 to 65	52	28
Over 65	5	3
Missing	2	1
Total	187	100
Ethnic Origin		
White	141	76
Hispanic	28	15
African American	8	4
Asian	4	2
Caribbean		
Islander	6	3
Total	187	100

Table 2. Distribution of Subjects According to Practice Areas

Practice area	Frequency	%
Traditional		
Acute Care	48	26
Food Services	14	8
Specialty- Renal, Diabetes	13	7
Home Health Care	2	1
Academia / Education	9	5
Long Term Care	23	12
Public Health	27	14
Non-traditional		
Sales	5	3
Private Practice	26	14
Not currently in dietetics	16	8
Missing	4	2
Total	187	100

Table 3. Reported Yearly Earnings by Dietitians

Income Range per Year	Traditional		Non-traditional		Total Population	
	Frequency	%	Frequency	%	Frequency	%
Less than \$25,000	12	8	7	22	19	10
\$25,000 to \$34,999	35	22	8	26	43	23
\$35,000 to \$44,999	56	36	5	16	61	33
\$45,000 to \$60,000	31	20	7	23	38	20
More than \$60,000	13	8	4	13	17	9
Missing	9	6	0	0	9	5
Total	156	100	31	100	187	100

Reported length of practice as dietitians was as follows: One percent (3) had been practicing for less than 2 years; 15% (28) for 2 to 5 years; 22% (40) for 6 to 10 years; 39% (73) for 11 to 20 years; 19% (35) had been practicing for over 20 years (Table 4).

Job satisfaction of the study population

Dietitians in the study were asked how satisfied they were with their current jobs. The results are presented in Table 5. Of the 187 surveyed, 59% (111) reported feeling satisfied with their jobs, while 18% (33) reported feeling dissatisfied.

A statistically significant, positive Pearson's correlation was found between the salary range and degree of job satisfaction. As salary range increased, the subjects' job satisfaction also increased (Table 6).

The results of the study did not show a significant correlation between level of education and job satisfaction. Nevertheless, when the subjects were asked to indicate their agreement with the statement "Dietitians with higher levels of education are more satisfied with their jobs," 23% (43) agreed and 41% (78) disagreed (Table 7).

There was no significant difference in job satisfaction between dietitians practicing in traditional versus those practicing in non-traditional job settings. However, 53% (99) of the subjects agreed with the statement "dietitians in non-traditional settings are more satisfied with their jobs," while 14% (26) disagreed with the statement (Table 7). Furthermore, when inquiring about the subjects' intentions to change jobs in the future, 81% (25) of the dietitians who practiced in non-traditional settings reported that they had no intentions of changing jobs in the future. In comparison, 47% (65) of dietitians who worked in traditional settings reported no intentions to switch jobs.

Table 4. Reported Length of Practice

Length of Practice	Frequency	%
Less than two years	3	1
2 to 5 years	28	15
6 to 10 years	40	22
11 to 20 years	73	39
More than 20 years	35	19
Missing	8	4
Total	187	100

Table 5. Levels of Job Satisfaction

	Frequency	%
Very dissatisfied	13	7
Dissatisfied	20	11
Neither satisfied nor dissatisfied	32	17
Satisfied	66	35
Very satisfied	45	24
Missing	11	6
Total	187	100

Table 6. Pearson's Correlations Between Job Satisfaction and Other Variables

Variable	N	Pearson's Correlation	Significance
Salary vs. Job Satisfaction	172	0.177	$p < 0.05$
Perception of adequacy of salary vs. Job Satisfaction	175	0.284	$p < 0.01$

Table 7. Perceptions of Job Satisfaction and Other Variables

Statement	N	Degree of Agreement					Missing
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
		n (%)	n (%)	n (%)	n (%)	n (%)	
Dietitians with higher levels of education are more satisfied with their jobs	187 (99)	8 (4)	35 (19)	53 (28)	25 (13)	60 (32)	6 (3)
Dietitians in non traditional job settings are more satisfied with their jobs	187 (100)	31 (17)	68 (36)	23 (12)	3 (2)	53 (28)	9 (5)

Factors influencing job satisfaction

The survey asked dietitians the number of job changes they experienced since the beginning of their practice (Table 8). Ten percent (18) of the subjects reported no job changes; 68% (127) had changed jobs between two to seven times, and 5% (10) had switched jobs more than seven times since becoming dietitians. The primary reason reported for the last job change ranged from “better pay and fringe benefits” (reported by 20% (37) of the subjects) to “geographic relocation” (reported by 16% (30) of the subjects) to “nature of the current work” (reported by 11% (21) of the subjects) (Table 9). When the subjects were asked if they had intentions to change jobs in the future, 168 out of 187 surveyed dietitians responded. Forty eight percent (90) of the subjects were “not considering changing jobs,” while 13% (25) were considering changing jobs within one to six months and 18% (33) within three years (Table 10). Of the 78 dietitians who were considering changing jobs in the future, 28% (22) will do so for “better pay and fringe benefits,” 18% (14) will change jobs because of the “nature of the current work,” and 14% (11) due to “geographical relocation”.

The subjects were asked to rate their annual salaries given the responsibilities they had in their jobs (Table 11). Forty eight percent (89) of the subjects rated their current salaries as “less than adequate”, 42% (78) rated their salaries as “adequate,” and 4% (8) as “more than adequate.” Table 12 shows the perceptual differences of salaries between dietitians in traditional settings versus those in non-traditional settings. More dietitians in non-traditional settings perceived that their salary was more than adequate for their responsibilities.

Table 8. Reported Job Changes Since Subjects Began Their Practice

Number of changes	Frequency	%
None	18	10
One	23	12
2 to 4	90	48
5 to 7	37	20
More than 7	10	5
Missing	9	5
Total	187	100

Table 9. Reasons for Past and Future Job Changes

Reasons	Past Changes		Future changes	
	Frequency	%	Frequency	%
Nature of the current work	21	11	14	18
Lack of job security	8	4	3	4
Geographic relocation	30	16	11	14
Supervisor / co-workers	11	6	4	5
Familial reasons	12	6	7	9
Better pay and benefits	37	20	22	28
Other	31	17	17	22
Not applicable	20	11	0	0
Missing	17	9	0	0
Total	187	100	78	100

Table 10. Intentions to Change Jobs in the Future.

Intention	Setting		Total n (%)
	Traditional n (%)	Non-traditional n (%)	
Not considering change	65 (42)	25 (81)	90 (48)
Change in 1-6 months	24 (15)	1 (3)	25 (13)
Change in 6 mo. - 1 year	18 (12)	2 (6)	20 (11)
Change within 3 years	30 (19)	3 (10)	33 (18)
Missing	19 (12)	0 0	19 (10)
Total	156 (100)	31 (100)	187 (100)

Table 11. Perception of Salary According to Responsibilities

Perception of Salary	Frequency	%
Less than adequate	89	48
Adequate	78	42
More than adequate	8	4
Missing	12	6
Total	187	100

Table 12. Perception of Salary According to Job Setting

Perception of Salary	Setting		Total
	Traditional	Non-traditional	
	n (%)	n (%)	n (%)
Less than adequate	79 (50)	10 (32)	89 (48)
Adequate	62 (40)	16 (52)	78 (42)
More than adequate	3 (2)	5 (16)	8 (4)
Missing	12 (8)	0 0	12 (6)
Total	156 (100)	31 (100)	187 (100)

The subjects' perceptions of the adequacy of salaries given their skills and experience were also measured. Dietitians were asked if they agreed with the statements "Dietitians are compensated adequately for their skills" and "Dietitians are compensated adequately for their experience." Eighty four percent (157 and 154, respectively) of the respondents disagreed with each of the statements (Table 13).

Subjects' perceptions of professional recognition were also assessed by the study. The dietitians surveyed responded to the question "How would you rate your professional qualifications for your current position?" Fifty three percent (99) of the respondents felt being "more than qualified", while 40% (76) felt professionally "qualified" for their current position. (Table 14). When asked to rate agreement with the statement "Dietitians get the professional recognition deserved," 78% (146) of the subjects disagreed, while 19% (35) agreed (Table 15). A statistically significant, positive correlation was found between the degree of job satisfaction and degree of agreement with the statement "Dietitians get the professional recognition deserved" (Table 16). This demonstrated that the dietitians who reported higher levels of job satisfaction also agreed more that they receive the professional recognition they deserve.

Factors other than the salary and professional recognition were studied, since they also affect job satisfaction. The other factors included rapport developed with co-workers and supervisors and professional accomplishment.

With regard to working relationships, the subjects were asked to rate their agreement with the statement "I enjoy working with my co-workers." Eighty six percent (162) of the subjects agreed with the statement and 4% (8) disagreed. Another statement was posed for subjects to state their agreement (Table 15): "I enjoy working with my

Table 13. Dietitians' Perceptions of Compensation Practices

Statement	N	Degree of Agreement					Missing
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
		n (%)	n (%)	n (%)	n (%)	n (%)	
Dietitians are compensated adequately for their skills	187 (100)	1 (0.5)	17 (9.1)	75 (40.1)	82 (43.9)	6 (3.2)	6 (3.2)
Dietitians are compensated adequately for their experience	187 (100)	9 (4.8)	11 (5.9)	64 (34.2)	91 (48.7)	7 (3.7)	5 (2.7)

Table 14. Perceptions of Professional Qualifications for Current Job

Perception	Frequency	%
Less than qualified	1	0.5
Qualified	76	40.6
More than qualified	99	52.9
Missing	11	5.9
Total	187	100

Table 15. Perception of Variables Affecting Job Satisfaction

Statement	N	Degree of Agreement					Missing
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	
		n (%)	n (%)	n (%)	n (%)	n (%)	
Dietitians get the professional recognition deserved	187 (100)	2 (1.1)	33 (17.6)	81 (43.3)	65 (34.8)	1 (0.5)	5 (2.7)
I enjoy working with my co-workers	187 (100)	70 (37.4)	92 (49.3)	4 (2.1)	4 (2.1)	4 (2.1)	13 (7.0)
I enjoy working with my current supervisor	187 (100)	55 (29.4)	72 (38.5)	16 (8.6)	19 (10.2)	6 (3.2)	19 (10.2)
The implementation of managed care provides opportunities for dietitians to advance in their careers	187 (100)	8 (4.3)	35 (18.7)	49 (26.2)	34 (18.2)	53 (28.3)	8 (4.3)

current supervisor.” Sixty nine percent (127) indicated agreeing with the statement, while 18% (35) disagreed.

Perceptions of the effect that managed care exerts on dietitians’ opportunities for career advancement were also measured. Dietitians were asked to state their agreement with the following statement: “The implementation of managed care provides opportunities for dietitians to advance in their careers.” Twenty three percent (43) agreed with the statement, while 44% (83) disagreed and 29% (53) indicated that they “don’t know” (Table 15). A significant correlation was established between salary and degree of agreement with the aforementioned statement. As the salary range increased, the subjects agreed more that managed care provides opportunities for advancement (Table 16).

The subjects were asked to list three things that would make their jobs more satisfying. Responses were listed in Table 17. A total of 311 responses were given. To receive “better pay” was the most commonly given answer (29% of total answers, or 89), followed by “more support from administration” (11% of total answers, or 34), and “more recognition” (7% of total answers, or 23). Three percent of the responses (10) indicated that “approval of medical nutrition therapy” would make their jobs more satisfying. Conversely, when asked to list the three most satisfying aspects of their jobs, the subjects’ top three responses were the following (375 total responses): “helping patients/clients” (19% of total answers, or 71), “having a flexible schedule” (13% of answers, or 49), and “enjoy working with my supervisor/co-workers” (13% of total answers, or 49) (Table 18).

Dietitians were asked to state their agreement with the following statement: “If I could go back in time, I would choose Dietetics again.” One hundred sixty seven subjects

responded in the following manner: 40% (76) agreed with the statement, 49% (91) disagreed, and 8% (15) did not know (Table 19). There was a significant correlation between degree of satisfaction and subjects' agreement with the above statement (0.228, $p < 0.01$). The subjects who were more satisfied with their jobs indicated greater agreement that they would choose dietetics as a profession, if given the choice again.

Table 16. Pearson's Correlations Among Variables Related to Job Satisfaction

Variable	N	Pearson's Correlation	Significance
Degree of job satisfaction vs. perception of recognition	173	0.203	$p < 0.01$
Salary vs. perception of managed care	174	0.154	$p < 0.05$

Table 17. Items That Would Make Current Job More Satisfying*

Item	Frequency	%
Better pay and benefits	89	29
More support from administration	34	11
More recognition	23	7
Lighter workload / more time to see patients	22	7
Adequate support staff	18	6
More flexible schedule	16	5
Approval of reimbursement for medical nutrition therapy	10	3

* Subjects were asked to provide no more than three answers. The seven most frequently reported answers are included in the table.

Table 18. Most Satisfying Aspects of Current Job*

Aspect	Frequency	%
Helping patients / clients	71	19
Having flexible schedule	49	13
Enjoy working with supervisor and co-workers	49	13
Having autonomy	37	10
Enjoy nature of the job	32	9
Pay and benefits	21	6
Support from other disciplines	21	6

* Subjects were asked to provide no more than three answers. The seven most frequently reported answers are included in the table

Table 19. Subjects' Perception of Choice of Profession

Statement	Degree of Agreement						
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Missing
	N	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
If I could go back in time, I would choose Dietetics again	187 (100)	29 (15.5)	47 (25.1)	37 (19.8)	54 (28.9)	15 (8.0)	5 (2.7)

VII. DISCUSSION

The results of the study revealed that, in general, dietitians in South Florida are satisfied with their jobs, regardless of whether they practice in traditional or non-traditional settings. Consequently, the first hypothesis of this study, “dietitians in South Florida are dissatisfied with their jobs” was rejected.

The subjects’ reported satisfaction with their jobs might be a result of professional fulfillment related to their ability to provide care to patients and clients. Satisfaction may also be the result of developing positive working relationships with co-workers and supervisors. Job satisfaction studies done in 1982, 1989 and 1993 also reported that subjects’ highest levels of satisfaction were in the areas of professional fulfillment and working relationships (Agriesti-Johnson, 1982; Beryl, 1989; Dalton, 1993).

Dissatisfaction was reported in the areas of salary and professional recognition. A significant and positive correlation found between salary and job satisfaction ($p < 0.05$) accepted the second hypothesis formulated for the study.

The majority of the subjects reported earning between \$25,000 and \$45,000 annually (a mean annual salary of \$35,000). This is equivalent to an hourly wage of \$15.00. The average salary reported by Agriesti and Johnson (1982) in their national study sixteen years ago was \$19,000 annually. The researcher can estimate that the salaries of dietitians today are approximately 80% higher—an increase of 5% per year. Nevertheless, a large part of the subjects in this study perceived that their salaries were less than adequate, given the responsibilities they faced and the level of education they had achieved. More dietitians today have advanced degrees—35% of the subjects in this study held a Master’s degree and 11% were working towards earning one. Professionals

with higher educational levels should, ideally, command higher salaries. The perception of dietitians, especially those who practice in traditional settings is that higher level of education does not guarantee higher salaries. Although there was no significant correlation found between the level of education of the subjects and their degree of satisfaction, (which rejects the third hypothesis of the study) this perception may consequently, and negatively, affect subjects' job satisfaction.

Managed Care and recent changes implemented in the Medicare reimbursement program, known as Prospective Payment System, are the influential forces behind compensation of health care professionals. In the case of dietitians, low wages are due, in large part, to limited reimbursement from private health insurance for nutritional services. Legislative approval of reimbursement for medical nutrition therapy should be a priority for the dietetics community. Nevertheless, as this study revealed, many of the dietetic professionals reported not knowing if managed care affects their opportunities for advancement. Success in commanding higher salaries for dietitians depends on the approval of medical nutrition therapy reimbursement. Until key legislation is implemented, dissatisfaction with salary may prevail.

Comparing this job satisfaction study with the national satisfaction study of 1982 (Agriesti-Johnson, 1982) and the study done in South Carolina in 1989 (Beryl, 1989) revealed that little has changed with respect to the practice areas where dietitians experience job dissatisfaction. The results of this study did not find a significant difference in job satisfaction among dietitians in traditional settings versus those in non-traditional settings, thus rejecting this study's fourth hypothesis. Nevertheless, in the previous studies there were significant differences in the levels of satisfaction reported by

the dietitians who worked in traditional settings versus those who practiced in non-traditional settings. Higher satisfaction with pay, nature of work and opportunities for promotion were reported by dietitians who practiced in the private sector and as consultants (non-traditional). Community and clinical dietitians (traditional) reported two of the lowest levels of satisfaction in the pay, promotion, and nature of work categories.

Based on the results of previous studies it would not be surprising if inadequate wages and increased workloads, accompanied by poor professional recognition are enough to drive dietitians in traditional settings to seek satisfaction in non-traditional jobs, or even outside of health care altogether. There were sixteen subjects who reported no longer working in dietetics and ninety-one dietitians who indicated that they would not choose dietetics as a profession again if given the choice. Health care facilities may, therefore, continue to experience job turnover and the “revolving-door syndrome” may not cease. According to the results of this study, approximately 80% of the subjects have experienced more than two job changes since beginning their practice (mean range of practice was 11-20 years). Fifty percent of the dietitians in traditional settings are considering changing jobs again in the future. The result of this turnover may be, inevitably, the deterioration in the quality of the services provided to patients and of the role of the dietetics profession in this setting.

South Florida is expected to experience a large growth in population in the years ahead. The growth and cultural diversity of this population so far provide opportunities for dietitians to promote the value of their services. The field of nutrition has never been as popular as it is today. As the nutrition experts, dietitians must be at the forefront of wellness promotion and the provision of cost-effective patient care. Success in achieving

satisfaction with the profession depends on dietitians' willingness to promote their valuable role in the community as much as it depends on legislative approval of reimbursement for medical nutrition therapy. Dietitians must, therefore, fight for the recognition and compensation they deserve.

VIII. CONCLUSIONS

The following conclusions can be made, following the results obtained:

- Dietitians in South Florida are satisfied with their jobs, regardless of practice settings.
- Satisfaction with the nature of their work (providing care) and with co-workers and supervisors contributes to dietitians' overall satisfaction.
- Dissatisfaction with inadequate pay levels and lack of professional recognition contributes to dissatisfaction, and consequently, to job turnover.
- Dietitians who practice in traditional settings may perceive that those who practice in non-traditional settings enjoy higher levels of satisfaction and consider future employment in such settings.
- Higher compensation for dietitians may be key to retention in traditional job settings. Until reimbursement for medical nutrition therapy is approved, the "revolving-door syndrome" may prevail and affect negatively the provision of quality patient care.
- Dietitians must promote the value of their services to the community at large, both from the cost-saving perspective as well as the perspective of health and wellness promotion.

IX. LIMITATIONS OF THE STUDY

This study's limitation may be related to the pool of dietitians from which the subjects were drawn. Distribution of the subjects by their credentials were 100% Licensed Dietitians, while 90% were Registered Dietitians. The subjects

were recruited from a pool of Florida-licensed dietitians. As such, dietitians with Florida licensure may practice in some settings that do not require national registration status (with the American Dietetic Association). Conversely, some practice settings do not require Florida licensure. By choosing the subjects from one pool, a section of the population of dietitians in South Florida may have been inadvertently omitted from the study.

LIST OF REFERENCES

1. Agriesti-Johnson, C.A. and Broski, D. Job satisfaction of dietitians in the United States. *J Am Diet Assoc.* 1982;81: 555-559.
2. Beryl, L.R., Stallings, S. F., Giblin Wolman, P. and Cullen, R.W. Job satisfaction of South Carolina dietitians. *J Am Diet Assoc.* 1989;89: 979-981.
3. Bedeian, A.G., Burke, B.G. and Moffett, R.G. Outcomes of work-family conflict among married male and female professionals. *J of Management.* 1988;14: 475-478.
4. Blau, G. Further exploring the relationship between job search and voluntary individual turnover. *Personnel Psychology.* 1993;46: 313-320.
5. Bourdeaux, L.J., Shanklin, C.W. and Johnson, J.T. Factors influencing success of dietitians employed in business and industry. *J Am Diet Assoc.* 1991;91: 1227-1232.
6. Cordes, C.L. and Dougherty, T.W. A review and an integration of research on job burnout. *Academy of Management Review.* 1993;18: 621-624.
7. Dalton, S., Gilbride, J., Russo, L., and Vergis, L. Job satisfaction of clinical, community, and long-term care dietitians in New York City. *J Am Diet Assoc.* 1993; 93: 184-186.
8. Health Care Financing Administration. *State of Florida Operations Manual.* Winter Park, Fla: Prestige Printing and Design; 1995.
9. Dwyer, J.T. Scientific underpinnings for the profession: Dietitians in research. *J Am Diet Assoc.* 1997;97: 593-597.
10. Bureau of Labor Statistics. Dietitians and Nutritionists: 1996. [Cosca T a.bls.gov](http://cosca.bls.gov) Accessed December 15, 1997.
11. Fenner, K and Fenner, P. *Manual of Nurse Recruitment and Retention.* Rockville, Md: Aspen Publications; 1989.
12. Fiedler, K.M. Managed health care: Understanding the role of the nutrition professional. *J Am Diet Assoc.* 1993;93: 1111-1112.
13. Hackman, J.R. and Oldham, G.R. *Work Redesign* . Reading, MA: Addison-Wesley; 1980.
14. Hahn, N.I. Home is where the jobs are: Home health care offers dietitians new career option. *J Am Diet Assoc.* 1996;96(4): 332.

15. Health Council of South Florida. *Florida 1997 Health Data Source Book*. Miami, Fla; 1997.
16. Johnson, R.K. and Coulston, A.M. Medicare: Reimbursements, rules, impediments and opportunities for dietitians. *J Am Diet Assoc*. 1996;95: 1378-1380. Commentary
17. Johnston, C.L. Changing care patterns and Registered Nurse job satisfaction. *Holistic Nurs Pract*. 1997;11(3): 69-77.
18. Lee, C. and Ashforth, B.E. A further examination of managerial burnout: Toward an integrated model. *Journal of Organizational Behavior*. 1993;14: 3-7.
19. Legislative Highlights. ADA urges congress to expand Medicare coverage for medical nutrition therapy. *J Am Diet Assoc*. 1994;95: 214.
20. Legislative Highlights. State and Federal Efforts to trim health care costs embrace Medicaid waivers and managed care. *J Am Diet Assoc*. 1995;95: 750.
21. McCulley, J.A. Dietitians take lead in diagnosis-related group coding. *J Am Diet Assoc*. 1994; 94: 650-651.
22. McNabb, L. Dietitians as preferred providers. *Food Management*. April, 1994: 56.
23. Metzger, N. The changing health care workplace: A challenge for management development. *J Management Development*. 1991;10: 53-64.
24. Osborne Kilpatrick, A., Johnson, J.A. and Jones, J.K. Organizational downsizing in hospitals: Considerations for management development. *J Management Development*. 1991;10: 45-52.
25. Owen, A.L. Windows of opportunity for dietitians in public policy. *J Am Diet Assoc*. 1988;88:907-908.
26. Peters, L.H. and O'Connor, E.J. Situational constraints and work outcomes: The influences of a frequently overlooked construct. *Academy of Management Review*. 1980;5: 391-402.
27. Sousa, A.M. Benefits of dietitian home visits. *J Am Diet Assoc*. 1994; 94: 1149-1151
28. Spector, P. *Job Satisfaction: Application, Assessment, Causes, and Consequences*. London: Sage Publications; 1997.
29. Spector, P.E. Measurement of human service staff satisfaction: Development of the job satisfaction survey. *American Journal of Community Psychology*. 1985;13: 693-699.

30. Torin, B. and O'Keefe, P. Clinical dietitians: On the critical list. *Food Management*. July, 1989:68. Dietitian's Forum.
31. Watkins, L., Blue, L., Cator, K., Miller, S., Roberts, S., and Suneson, J. Dietitians and a clinical ladder program: A successful combination. *J Am Diet Assoc*. 1994;94: 1038-1039.
32. Westbrook, N.H. Applying the 1995 JCAHO standards to dietetics practice in home care. *J Am Diet Assoc*. 1996;96(4): 404-406.

Appendix A

Department of Business and Professional Regulation
Client Information Distribution Services
1940 N. Monroe Street
Tallahassee, Fla. 32399-0781

To whom it may concern:

We are conducting a study to determine job satisfaction among dietitians in South Florida. We would like to request the names and addresses of dietitians who reside in the Palm Beach, Broward, Dade, and Monroe counties. Participation in the study will be voluntary and the subjects will be free not to participate. Enclosed please find a check for the fee for this service. We would appreciate if, in any way possible, this process were expedited. You may send the lists to the address below. Should you have any questions, please feel free to call Fatma Huffman, Ph.D. at (305) 348-3788 or Sonia Batista at (305) 867-8978 (the researchers). Thank you in advance for your help.

Sincerely,

Sonia M. Batista, L.D.
9200 E. Bay Harbor Dr.
Apt. 7
Bay Harbor Island, Fla. 33154

Fatma G. Huffman, Ph.D.
Professor and Director of Graduate Programs
Dept. of Dietetics and Nutrition
Florida International University
University Park
Miami, Fla. 33199

Appendix B

Dear colleague:

Greetings!

We are conducting a survey of job satisfaction among dietitians in South Florida.

Enclosed you will find a questionnaire developed to measure job satisfaction. Please take a few minutes to complete the questionnaire.

Your cooperation in returning the completed survey will be greatly appreciated. For your convenience, a self-addressed and stamped envelope is also enclosed.

If you have any questions, please call Dr. Fatma G. Huffman at (305) 348-2878 or Sonia Batista at (305) 456-8464.

Thank you.

Sonia M. Batista, L.D. and Fatma G. Huffman, Ph.D, R.D.

Florida International University

University Park

Miami, Florida 33199

JOB SATISFACTION SURVEY

Please circle your answer to the following questions.

Personal Information

1. What is your gender?

2. Marital Status:

- | | |
|------------|-------------|
| a) Single | c) Divorced |
| b) Married | d) Widowed |

3. Number of dependents: _____.

4. Age group:

- | | |
|-----------------------|------------------|
| a) less than 25 years | d) 45-65 years |
| b) 25-34 years | e) Over 65 years |
| c) 35-44 years | |

5. Ethnic Origin:

- | | |
|---------------------|-----------------------|
| a) White | d) Asian |
| b) Hispanic | e) Caribbean Islander |
| c) African American | f) Other _____ |

6. Please indicate your current annual salary range:

- | | |
|-----------------------|-----------------------|
| a) less than \$25,000 | d) \$45,000-\$60,000 |
| b) \$25,000-\$34,999 | e) more than \$60,000 |
| c) \$35,000-\$44,999 | |

7. Are you a Registered Dietitian _____, Licensed _____, or Both? _____

8. Please indicate the highest level of education achieved:

- | | |
|--------------------------------------|---------------------------------|
| a) Associate's Degree | d) Master's Degree |
| b) Bachelor's Degree | e) Working towards a Doctorate. |
| c) Working towards a Master's Degree | f) Doctorate |

9. Please indicate your primary area of current practice:

- | | |
|--|---|
| a) Acute Care Dietetics | f) Long Term Care |
| b) Food Services | g) Pharmaceutical/ Nutraceutical Sales |
| c) Specialty Dietetics (Renal, Diabetes) | h) Private Practice |
| d) Home Health Care | i) Other _____ |
| e) Academia/ Education | j) I am not currently employed in dietetics |

10. Please tell us the title of your current position:

11. How long have you been practicing as a dietitian?

- a) Less than 2 years
- b) 2 years to 5 years
- c) 6 years to 10 years
- d) 11 years to 20 years
- e) over 20 years

12. Considering the responsibilities you have, how would you rate your current salary?

- a) Less than adequate
- b) Adequate
- c) More than adequate

13. How would you rate your professional qualifications for your current position?

- a) Less than qualified
- b) Qualified
- c) More than qualified

14. How satisfied are you with your current job?

- a) very dissatisfied
- b) dissatisfied
- c) neither satisfied nor dissatisfied
- d) satisfied
- e) very satisfied

15. How many job changes have you experienced since becoming a dietitian?

- a) None
- b) One
- c) 2 to 4
- d) 5 to 7
- e) more than 7

16. Please indicate the primary reason for the last job change.

- a) Not Applicable
- b) Nature of the current work
- c) Lack of job security
- d) Geographic relocation
- e) Supervisor/ co-worker grievance
- f) Familial reasons
- g) Better pay and fringe benefits
- h) Other_____

17. What is the primary reason for staying in your current position?

- a) Acceptable pay and fringe benefits
- b) Acceptable work environment
- c) Provides job security
- d) Familial reasons
- e) No other feasible alternatives
- f) Other_____

18. Are you considering changing jobs?

- a) I am not considering changing jobs
- b) Yes, within one to six months
- c) Yes, within six months to one year
- d) Yes, within three years

19. If you answered "Yes" to question 18, then please indicate the main reason for this consideration:

- a) Nature of the current position
- b) Familial reasons
- c) Lack of job security
- d) Better pay and fringe benefits
- e) Geographical relocation
- f) Supervisor/ co-worker grievance
- g) Other_____

Please rate the degree of agreement with the following statements by circling the appropriate letter:

a. Strongly Agree (SA) b. Agree (A) c. Disagree (D) d. Strongly Disagree (SD) e. Don't know (DK)

	<u>SA</u>	<u>A</u>	<u>D</u>	<u>SD</u>	<u>DK</u>
20. Dietitians get the professional recognition deserved	a.	b.	c.	d.	e.
21. If I could go back in time, I would chose a field Dietetics again	a.	b.	c.	d.	e.
22. Dietitians in non-traditional job settings are more satisfied with their jobs	a.	b.	c.	d.	e.
23. Specializing in a particular area of dietetics is necessary for career advancement	a.	b.	c.	d.	e.
24. Higher education credentials will result in higher pay status	a.	b.	c.	d.	e.
25. Dietitians are compensated adequately for their experience	a.	b.	c.	d.	e.
26. I enjoy working with my current supervisor	a.	b.	c.	d.	e.
27. I feel professionally fulfilled in my current job	a.	b.	c.	d.	e.
28. Changes in health care exert positive effects on our profession	a.	b.	c.	d.	e.
29. Dietitians in general are satisfied with their jobs	a.	b.	c.	d.	e.
30. Dietitians with higher levels of education are more satisfied with their jobs	a.	b.	c.	d.	e.
31. My job is interesting	a.	b.	c.	d.	e.
32. I get a sense of accomplishment from doing my job	a.	b.	c.	d.	e.
33. The implementation of Managed Care provides opportunities for dietitians to advance in their careers	a.	b.	c.	d.	e.

Please list three things that would make your job more satisfying:

a)

b)

c)

Please list the three most satisfying aspects of your current job:

a)

b)

c)