

# Job satisfaction, interest and control among Norwegian occupational therapists

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## JOB SATISFACTION, INTEREST AND CONTROL AMONG NORWEGIAN OCCUPATIONAL THERAPISTS

### Abstract

**Background:** In recent years, job satisfaction has become an area of interest within the health professions. Norwegian research on job satisfaction has mainly focused on physicians and nurses, and relatively little research has specifically targeted job satisfaction among occupational therapists internationally.

**Aim:** The study aimed to explore factors associated with job satisfaction, interest and control among Norwegian occupational therapists, and to compare occupational therapists in two geographical areas with regard to these variables.

**Methods:** One hundred and eight occupational therapists from Trondheim (n = 61) and Oslo (n = 47) participated in this cross-sectional study. Data were collected by self-report questionnaires concerned with job satisfaction, interest and control, in addition to sociodemographic variables. Data were analyzed with independent t-tests, Chi-square tests, and regression analysis.

**Results:** Overall, the participants reported high levels of job satisfaction, interest and control. Having more years of higher education and reporting more work-related interest were independently associated with a higher level of job satisfaction.

**Conclusion:** The study suggests that occupational therapists' job satisfaction can be enhanced by increasing their interest in the job, and by furthering their education.

**Keywords:** control, further education, higher education, interest, job satisfaction

## INTRODUCTION

Since the beginning of the 20th century, research into what constitutes a good work environment has been of interest. Building particularly on the historical account by Kaufmann and Kaufmann (2003), research on work environments originated from organization theory asking how one could improve productivity. Implicitly, thus, the importance of improving job satisfaction and the work environment was primarily a matter of what was functional for the organization or company, and not as much what was beneficial for the workers. Frederick Taylor, the inventor of «Scientific management», created a system aimed at discovering means of control to improve efficiency and productivity in organizations. It relied on two basic principles: problem solving aimed at rationalizing the work process, and improving worker motivation. The latter was attempted by paying salaries according to individual productivity (Kaufmann & Kaufmann, 2003).

Gradually, the understanding of work environments and job satisfaction became more oriented towards the importance of social relationships (Kaufmann & Kaufmann, 2003; Moore, Cruickshank, & Haas, 2006). The Hawthorne study conducted between 1927 and 1932 in Chicago eventually led the researchers to conclude that psychological factors, especially those connected to social relationships at the workplace, were important for the employees' motivation. With the results of this benchmarking study, a more social approach to understanding work environments and workers' motivation and performance was instigated (Kaufmann

& Kaufmann, 2003). Accordingly, research methodology also shifted from manipulating physical aspects of the work environment to interviewing workers about their job satisfaction and attitudes towards their work (Moore et al., 2006).

Recent research on work environments appears to have a dual perspective: embracing the focus on individual job satisfaction, while also attempting to ensure and improve productivity. In keeping with the organizational perspective, job satisfaction is important because people who are satisfied in their work are more likely to stay in their career and less likely to change jobs. As a result, job satisfaction among individuals is beneficial to the organization, and not just to the individual employee (Faragher, Cass, & Cooper, 2005). Taking the individual perspective, Kaufmann and Kaufmann (2003) suggested that the worker's level of job satisfaction depends on his or her perception of having values and needs met through the job. Conversely, when needs are not met within the workplace, the resulting low job satisfaction may negatively affect workers' health. In support of this idea, a British systematic review and meta-analysis, including 485 original studies with more than 267 000 individuals, concluded that low job satisfaction was strongly associated with burnout, low self-esteem, depression and anxiety (Faragher et al., 2005).

In recent years, job satisfaction has also become an issue of debate within the health professions. So far, research from within Norwegian contexts has mainly focused on physicians and nurses. A survey from 2008, including

1000 physicians as participants, showed that this group had a high level of job satisfaction, and that satisfaction increased with age (Nylenna & Aasland, 2010). A smaller, but more recently conducted study of job satisfaction among 79 physical therapists working in hospitals similarly showed a high level of job satisfaction among the participants (Stømner, 2013).

Relatively little research has specifically targeted job satisfaction among occupational therapists, and the available literature is ageing and focused on contexts other than Norway. In Australia, Meade and co-workers (2005) compared the level of job satisfaction between men and women in a sample of occupational therapists matched for geographical location and year of graduation. Both male and female therapists were very satisfied with their jobs across four aspects (work on the job, supervision, co-workers, and the job in general), but female therapists were significantly more dissatisfied with regard to opportunities for promotion. Another study using data from 400 American occupational therapists found that the participants held moderately positive attitudes towards their jobs and their autonomy at work (Davis & Bordieri, 1988). Their feelings of achievement, interpersonal relationships with coworkers, and the nature of the work itself were factors that improved job satisfaction. In another study of 413 American occupational therapists and physiotherapists, Akroyd and co-workers (1994) found that being interested in the work, or finding it rewarding, was the single most significant predictor for job satisfaction. Interest and reward were

rated as more important than autonomy, salary, relationships with co-workers, supervision, and general work conditions.

This focus on interest in and personal reward from the work, as opposed to autonomy or control in it, was in contrast to the findings from a study of 25 occupational therapists in Northern Ireland (Jenkins, 1991). In this study, involvement in decision-making was found to be extremely important for maintaining the participants' job satisfaction.

In line with the larger study by Meade and co-workers (2005), a more recent qualitative inquiry among occupational therapists in Australia found that the participants had a high level of job satisfaction, and that they were pleased with their chosen career (Moore et al., 2006). Autonomy was one of the factors of importance for their job satisfaction. Closer to the Norwegian context, Eklund and Hallberg (2000) conducted a study of factors influencing job satisfaction among Swedish occupational therapists working in psychiatric care. They found that older occupational therapists who had more years of experience within the profession had higher job satisfaction. They found no significant associations between further education and job satisfaction.

Research on job satisfaction within the health professions is important because it involves so many persons, both directly and indirectly, and because a welfare society like the one in Norway depends on a health services workforce that stays and finds opportunities for personal rewards and development within the system. Studies from Norway have so far found high levels of

job satisfaction among physicians and nurses. To date, there seems to be no research literature about job satisfaction among occupational therapists in Norway.

The few examples taken from the international literature, however, suggest moderate to high levels of job satisfaction in this group. In addition, studies seem to have come to different conclusions about the factors of importance for job satisfaction, be it interest and feelings of personal reward, or rather a sense of control and autonomy in the job situation. The inferences drawn from the few and rather aged studies from diverse geographical and cultural contexts must be considered preliminary. The present study appears to be the first study to address job satisfaction and associated factors among occupational therapists in Norway.

### **AIM OF THE STUDY**

The study aims to explore factors associated with job satisfaction, interest, and control among Norwegian occupational therapists. We also aimed to examine how the work-related variables were intrinsically related, and to compare occupational therapists in two geographical areas with regard to these work-related variables.

## **Method**

### **DESIGN, SAMPLE AND DATA COLLECTION**

We used a cross-sectional design and the data were collected in the autumn of 2015. The sample of occupational therapists were based in the Oslo and Trondheim areas. The recruitment procedure was one of convenience, due to a shortage of time and resour-

ces. Thus, we recruited at arenas where the participants were likely to be accessible, mainly at professional meetings in the nearby hospitals and municipalities.

Participants were also recruited among therapists who had taken on the role of fieldwork supervisor for students at the regional universities. The data were collected by self-report questionnaires.

### **VARIABLES**

#### *Work-related variables*

Given that this study was conducted in the context of a larger project involving a lengthy questionnaire to be completed, we decided to assess the participants' work situation as briefly as possible.

Thus, three single-item variables were developed for this study, concerning job satisfaction, interest, and control, and they are the focus of this article. Job satisfaction was assessed with the question: «In general, how satisfied are you with your job and your job assignments?» Response alternatives were:

- very unsatisfied (1)
- unsatisfied (2)
- about average (3)
- satisfied (4)
- very satisfied (5)

Work-related interest was assessed with the question: «In general, how interested are you in your job and your job assignments?» Response alternatives were:

- completely uninterested (1)
- a little interested (2)
- about average (3)
- interested (4)
- very interested (5)

Work-related control was assessed with the question: «In general,

to what degree are you in control of your situation at work?» Response alternatives were:

- almost none (1)
- to a little degree (2)
- about average (3)
- to a large degree (4)
- almost completely (5)

The participants were not given any supplementary instructions concerning the interpretation of these questions.

#### *Sociodemographic variables*

This information included:

- age in years
- sex (1 = male, 2 = female)
- years of higher education
- years since graduating as occupational therapist
- geographical location (1 = Trondheim area, 2 = Oslo area)
- field of practice (1 = somatic health, 2 = mental health, alone or in combination with somatic health, or other)

#### **DATA ANALYSIS**

Prior to analysis, 10 percent of the dataset was checked against the questionnaires for correctness. No error was detected. One hundred and thirteen persons gave their consent to participate in the study and completed the questionnaires. For this study, five therapists (4.4 percent) were excluded from the sample due to missing responses on one or more variables, leaving a sample of 108 therapists.

The IBM SPSS software was used in the statistical analyses (IBM Corporation, 2016). Descriptive analyses using means ( $M$ ) and standard deviations ( $SD$ ) were performed, and the subsample from the Oslo and Trondheim areas were compared using

Chi-square tests and independent  $t$ -tests. These are the appropriate analytic procedures by which to assess group differences on categorical and continuous variables, respectively (Field, 2005). Bivariate analyses were performed using Pearson's correlation coefficient  $r$ . Then, three linear hierarchical regression analyses were performed, consecutively using job satisfaction, work-related interest, and work-related control as dependent variables. For each of these regressions, the independent variables were included in three blocks:

- 1) age and sex,
- 2) years of experience as occupational therapist and years of higher education, and
- 3) geographical area and field of practice.

A fourth regression analysis was performed to examine whether work-related interest and control were independently associated with job satisfaction, when controlling for the same variables. Therefore, in this analysis, the dependent variable was job satisfaction, and the independent variables were included in four blocks:

- 1) age and sex,
- 2) years of experience as occupational therapist and years of higher education,
- 3) geographical area and field of practice, and
- 4) work-related interest and control.

The level of statistical significance was set at  $p < 0.05$ , and effect sizes were reported as standardized  $\beta$  weights.

#### **ETHICS**

The study was conducted according to ethical guidelines for rese-

arch (World Medical Association, 2008). The researchers informed the participants appropriately about the aims and procedures of the study, and all participants provided a written consent form. The participant information emphasized that the collected data would be analyzed at an aggregated group level.

In addition, it was emphasized that participation in the study was optional. No benefits were related to individuals' participation, and conversely, no disadvantages were related to non-participation. The therapists completed the questionnaires at a time and a place of their own choosing. The study received approval from the Norwegian Data Protection Official for Research (project number 43954).

## **Results**

#### *Sample characteristics*

The sample characteristics are provided in Table 1. One hundred and eight therapists were included in the study, and the larger proportion ( $n = 61$ , 56.5 percent) of the sample practiced in the Trondheim area compared to the smaller proportion who practiced in the Oslo area ( $n = 47$ , 43.5 percent).

The participants were 11 (10.2 percent) men and 97 (89.8 percent) women, with a mean age of 40.8 years ( $SD = 10.8$  years). Overall, the participants reported high levels of job satisfaction ( $M = 4.50$ ,  $SD = 0.58$ ), interest ( $M = 4.35$ ,  $SD = 0.59$ ), and control ( $M = 3.92$ ,  $SD = 0.61$ ). The participants based in Trondheim were, at the group level, older than the participants in Oslo, and they had more experience. The participants based in Oslo reported to be more interested in their

job and their work assignments, compared to their counterparts in Trondheim. Otherwise, no statistically significant differences were detected.

### FACTORS ASSOCIATED WITH JOB SATISFACTION, INTEREST AND CONTROL

Table 2 shows the results from the bivariate correlation analysis. More years of higher education showed a statistically significant association with higher levels of job satisfaction. In addition, echoing the analysis shown in Table 1, the participants from the Oslo area reported more work-related interest than their counterparts from the Trondheim area.

The three variables concerning work perceptions were also intrinsically related. Higher job satisfaction was associated with more interest ( $r = 0.61, p < 0.001$ ) and with more control ( $r = 0.36, p < 0.001$ ), and more interest was associated with more control ( $r = 0.47, p < 0.001$ ).

Table 3 shows the controlled associations between the independent variables and the three work-related perceptions. In general, the models had little explanatory power, i.e., they explained about 10 percent of the variance in job satisfaction and interest, whereas only 2.9 percent of the variance in control was explained by the same set of variables. Controlling for all variables, having more years of higher education was independently associated with higher levels of job satisfaction.

Table 4 shows results from the fourth regression analysis, where also work-related interest and control were examined as potential predictors of job satisfaction controlling for the same set of

	All (n = 108)	Oslo (n = 47, 43.5 %)	Trondheim (n = 61, 56.5 %)	
Variables	M (SD)	M (SD)	M (SD)	$p$
Years of age	40.8 (10.8)	37.5 (10.3)	43.4 (10.5)	< 0.01
Years of higher education	4.7 (1.5)	4.9 (1.7)	4.5 (1.4)	0.27
Years of experience	14.1 (9.8)	11.6 (8.7)	16.0 (10.2)	0.02
Sex	n (%)	n (%)	n (%)	
Male	11 (10.2)	4 (8.5)	7 (11.5)	0.61
Female	97 (89.8)	43 (91.5)	54 (88.5)	
Field of practice	n (%)	n (%)	n (%)	
Somatic health	51 (47.2)	24 (51.1)	27 (44.3)	0.07
Mental health	32 (29.6)	17 (36.2)	15 (24.6)	
Combined somatic /mental health	25 (23.1)	6 (12.8)	19 (31.1)	
Work-related variables	M (SD)	M (SD)	M (SD)	
Job satisfaction	4.50 (0.58)	4.50 (0.60)	4.51 (0.57)	0.94
Interest	4.35 (0.59)	4.48 (0.56)	4.25 (0.60)	0.04
Control	3.92 (0.61)	4.01 (0.61)	3.85 (0.60)	0.18

Table 1. Sample characteristics (n = 108).

Note. Higher scores on the work-related variables indicate higher levels of job satisfaction, interest, and control, respectively. Statistical tests are Chi-square tests (for categorical variables) and independent t-tests (for continuous variables).

Variables	Job satisfaction	Interest	Control
Age	0.04	-0.09	0.04
Sex	-0.08	0.04	-0.04
Years of experience	-0.02	-0.12	-0.05
Years of higher education	0.27**	0.19	0.09
Practice field	0.17	0.13	0.05
Geographical area	-0.01	0.20*	0.13

Table 2. Bivariate associations with job satisfaction, interest, and control in the sample (n = 108)

Note. Table content is Pearson's correlation coefficient  $r$ , showing the variables' bivariate association with job satisfaction, interest, and control. Sex is coded male = 1, female = 2. Practice field is coded somatic health = 1, mental health and combined somatic/mental health = 2. Geographical area is coded 1 = Trondheim area, 2 = Oslo area \* $p < 0.05$  \*\* $p < 0.01$

variables. This model explained 44.3 percent of the variance in job satisfaction with the last block (consisting of work-related interest and control) accounting for 33.5 percent of the variance in job satisfaction. Controlling for

all variables, having more years of higher education and reporting more interest in work were independently associated with higher levels of job satisfaction. Figure 1 (Page 50) illustrates the final predictive model of job satisfaction.

Variables	Job satisfaction	Interest	Control
Age	0.07	0.01	0.00
Sex	-0.07	0.06	-0.05
<b>Explained variance</b>	<b>0.8 %</b>	<b>1.0 %</b>	<b>0.3 %</b>
Years of experience	-0.10	-0.10	-0.02
Years of higher education	0.28 **	0.17	0.09
<b>R<sup>2</sup> change</b>	<b>8.5 % *</b>	<b>4.7 %</b>	<b>1.1 %</b>
<b>Explained variance</b>	<b>9.2 % *</b>	<b>5.7 %</b>	<b>1.5 %</b>
Geographical area	-0.03	0.17	0.12
Practice field	0.13	0.15	0.04
R <sup>2</sup> change	1.5 %	4.0 %	1.4 %
<b>Explained variance</b>	<b>10.7 %</b>	<b>9.7 %</b>	<b>2.9 %</b>

Table 3. Hierarchical linear regression analyses showing direct associations with job satisfaction, interest, and control in the sample (n = 108).

Note. Table content is standardized  $\beta$  weights, showing the independent variables' association with the dependent variables while controlling for all variables in the model. Sex is coded male = 1, female = 2. Geographical area is coded 1 = Trondheim area, 2 = Oslo area. Practice field is coded somatic health = 1, mental health and combined somatic/mental health = 2. \*p < 0.05 \*\*p < 0.01

Variables	Job satisfaction
Age	0.06
Sex	-0.10
<b>Explained variance</b>	<b>0.8 %</b>
Years of experience	-0.04
Years of higher education	0.18 *
<b>R<sup>2</sup> change</b>	<b>8.5 % *</b>
<b>Explained variance</b>	<b>9.2 % *</b>
Geographical area	-0.13
Practice field	0.05
<b>R<sup>2</sup> change</b>	<b>1.5 %</b>
Explained variance	10.7 %
Interest	0.56**
Control	0.09
<b>R<sup>2</sup> change</b>	<b>33.5 % **</b>
<b>Explained variance</b>	<b>44.3 % **</b>

Table 4. Hierarchical linear regression analysis showing direct associations with job satisfaction in the sample (n = 108).

Note. Table content is standardized  $\beta$  weights, showing the independent variables' association with job satisfaction while controlling for all variables in the model. Sex is coded male = 1, female = 2. Geographical area is coded 1 = Trondheim area, 2 = Oslo area. Practice field is coded somatic health = 1, mental health and combined somatic/mental health = 2. \*p < 0.05 \*\*p < 0.01

## Discussion

The aim of the study was to explore factors associated with job satisfaction, interest, and control among Norwegian occupational therapists. We also aimed to examine how the work-related variables were intrinsically related.

We found that having more years of higher education was significantly associated with higher levels of job satisfaction. Job satisfaction, interest and control showed bivariate intrinsic relationships:

A higher level of job satisfaction was associated with more interest and with more control, and more interest was associated with more control. Having more years of education and reporting more interest were independently associated with higher levels of job satisfaction.

None of the independent variables included in the multivariate analysis were significantly associated with control (Table 3), and the variables included in the analysis explained only 2.9 percent of its variance. When using control as an independent variable for explaining job satisfaction, control did not show a significant association with job satisfaction (Table 4). In agreement with Karasek and Theorell's (1990) theory, low control has been connected to work-related stress. As evidenced from reviews (Kelloway & Day, 2005) and studies of mixed groups of workers (Day & Jreige, 2002) and of occupational therapists (Wressle & Samuelsson, 2014), stress is induced when there is imbalance between high job demands, inadequate social support and low personal control over work tasks and their pacing. Scanlan and Still (2013) found that low levels of job control was associated with turnover intention and disengagement with the job, and Faragher and co-workers (2005) concluded that control is one important determinant of job satisfaction. We did not find any association between high levels of work-related control and job satisfaction, which may be due to the small variation shown for the control variable – there was much agreement among the participants that they felt much in control over their work situation. Alternatively, or in addition,



Figure 1. A model of factors associated with job satisfaction in the sample.

the participants may not value personal control over their work situation so much. If so, the level of control may be less relevant for how they experience job satisfaction.

In the initial bivariate analysis, working in Oslo (as opposed to working in Trondheim) was associated with having higher levels of interest in the job and the job assignments (Table 2). In the multivariate analysis, however, this association became weaker and was no longer statistically significant (Table 3). Given that the participants from Oslo were younger and had fewer years of experience than the participants from Trondheim had (Table 1), it is interesting to speculate whether these factors could contribute to explain this result. Theoretically, if practicing occupational therapy is considered stressful and otherwise demanding, then it makes sense that those who have experienced such working conditions across a longer time span would be most inclined to decrease their interest in the job. In the context of a survey on assessment practices among Norwegian occupational therapists (Horghagen et al., 2015), many participants

did describe having a high workload, which may indicate a low level of work-related control. In Sweden, Wressle and Samuelsson (2014) found that work-related stress among Swedish occupational therapists was associated with a lack of resources and a high workload. In support of this reasoning is also Scanlan and Still's (2013) research into job satisfaction, burnout, and turnover intentions in occupational therapists working in mental health. In their study, a high workload was reported to be one of the most common negative aspects of the occupational therapists' work. However, it should be noted that a high workload may be preferred, perhaps in particular among energetic and ambitious occupational therapists. What may give cause for worry is perhaps not the workload itself, but a workload that is beyond personal control.

However, explaining lower interest with reference to possibly higher stress levels accumulated over time among the older participants from Trondheim appears to contradict previous research conducted with occupational therapists in psychiatric care in

Sweden. To the contrary, Eklund and Hallberg (2000) reported that higher age and more years of experience in the profession was associated with higher job satisfaction among the participants. Job satisfaction associated with higher age has also been found in a survey among Norwegian physicians, where it was reported that job satisfaction among the physicians was high, and increased with age (Nylenna & Aasland, 2010). The present study is relatively small-scale, with few independent variables included in the analysis, and the regression model explained only a modest amount of the variance in work-related interest. Considering this fact, in combination with few relevant research results with which we can compare, we need to stay inconclusive in the matter of which factors can contribute to explaining work interest among occupational therapists in Norway.

Job satisfaction can be viewed as one of the «soft aspects» of work, as opposed to the physical aspects of the work environment. Job satisfaction may rely on having good relationships with colleagues and managers, being able to engage in personally interesting and developing work, and working in accordance with skills and capacities – all of which are encompassed by the «Healthy Workplace» concept, as introduced by Kelloway and Day (2005). As a result, job satisfaction is strongly linked to psychosocial factors. When controlling for all variables in the multivariate analysis, we found that having more years of higher education and reporting more interest in the job were independently associated with higher levels of job satis-

faction. The final model explained a large proportion (44.3 percent) of the variance in job satisfaction. Thus, our findings are in line with research findings emphasizing the role of personal interest (Akroyd et al., 1994; Davis & Bordieri, 1988; Scanlan & Still, 2013), but appear to be in contrast to research rather emphasizing the role of autonomy and control as a route to job satisfaction (Jenkins, 1991; Moore et al., 2006). In light of the evidence connecting employee job satisfaction with good leadership in the workplace (Kuoppala, Lamminpää, Liira, & Vaino, 2008), this also suggests that good leadership may encompass motivational work to enhance interest among employees.

A previous survey of 1286 Norwegian occupational therapists' clinical assessment routines found that 56.2 percent of the participants had further education in addition to their basic occupational therapy education (Hagby et al., 2014). In spite of Eklund and Hallberg's (2000) results, where no statistically significant associations between more years of further education and job satisfaction were found, a reciprocal relationship appears logical: higher job satisfaction and interest in the job may lead to higher motivation for further education, while further education in turn may lead to increased job satisfaction and interest. In line with the results of Vax and coworkers (2012), one could also claim that obtaining further education may make the occupational therapist feel more secure in his or her work performance. In turn, feeling more secure about one's own job performance may lead to higher levels of satisfaction with it.

## STRENGTHS AND LIMITATIONS

The study appears to be the first to address job satisfaction and its associated factors among Norwegian occupational therapists, and this makes the study unique in the field of Norwegian occupational therapy. However, the results are based on a relatively small sample, recruited by convenience, and on crude not yet validated one-item measures of job satisfaction, control and interest. These questions were stated in the Norwegian language. Thus, when comparing our results to the international studies, the comparisons may be limited by different interpretations of the questions and the concepts they purport to assess. These are limitations of the study. In addition, few independent variables were employed in the multivariate analysis, and overall, the regression models accounted for small portions of the variance in the outcome measures. Future studies may include larger samples, specifically considering the need to explore job satisfaction, control, and interest among occupational therapists working within different areas. Based on sound theoretical reasoning, more independent variables should be included in multivariate analyses in order to be able to explain more of the variance in the outcomes, and validated outcome measures should preferably be used in such studies.

## CONCLUSION

This study aimed to explore factors associated with job satisfaction, interest and control among Norwegian occupational therapists. Overall, the participants reported high levels of job satisfaction, interest and control. Having more years of higher edu-

cation and having more work-related interest were significantly associated with higher levels of job satisfaction. This may suggest that job satisfaction among occupational therapists can be promoted by increasing their interest in the job, and by furthering their education. However, given the exploratory nature of this small-scale study, more research should be directed towards what factors can contribute to explaining job satisfaction among occupational therapists.

## Reference list

- Akroyd, D., Wilson, S., Painter, J., & Figuers, C. (1994). Intrinsic and extrinsic predictors of work satisfaction in ambulatory care and hospital settings. *Journal of Allied Health, 23*(3), 155-164.
- Davis, G. L., & Bordieri, J. E. (1988). Perceived autonomy and job satisfaction in occupational therapists. *American Journal of Occupational Therapy, 42*(9), 591-595.
- Day, A. L., & Jreige, S. (2002). Using Type A behavior pattern to explain the relationship between job stressors and psychosocial outcomes. *Journal of Occupational Health Psychology, 7*(2), 109-120.
- Eklund, M., & Hallberg, I. R. (2000). Factors influencing job satisfaction among Swedish occupational therapists in psychiatric care. *Scandinavian Journal of Caring Sciences, 14*(3), 162-171. doi:10.1111/j.1471-6712.2000.tb00576.x
- Faragher, E. B., Cass, M., & Cooper, C. L. (2005). The relationship between job satisfaction and health: a meta-analysis. *Occupational and Environmental Medicine, 62*(2), 105-112. doi:10.1136/oem.2002.006734
- Field, A. (2005). *Discovering statistics using SPSS* (2 ed.). London: Sage Publications.
- Hagby, C., Bonsaksen, T., Dolva, A. S., Horghagen, S., Sveen, U., Solbakken, A. I., & Thyness, E. M. (2014). Bruker

- norske ergoterapeuter undersøkelses- og vurderingsredskaper? Resultater fra medlemsundersøkelsen i 2013: Del 1. *Ergoterapeuten*, 57(4), 22-27.
- Horghagen, S., Bonsaksen, T., Dolva, A. S., Hagby, C., Solbakken, A. I., Sveen, U., & Thyness, E. M. (2015). På vei inn i en kunnskapsbasert praksis: Ergoterapeuters begrunnelser for bruk eller ikke bruk av vurderingsredskaper. *Ergoterapeuten*, 58(6), 48-59.
- IBM Corporation. (2016). SPSS for Windows, version 24. Armonk, NY: IBM Corp.
- Jenkins, M. (1991). The problems of recruitment: A local study. *British Journal of Occupational Therapy*, 54(12), 449-452. doi:10.1177/030802269105401203
- Karasek, R. A., & Theorell, T. (1990). *Healthy work: stress, productivity and the reconstruction of working lives*. New York, NY: Basic Books.
- Kaufmann, G., & Kaufmann, A. (2003). *Psykologi i organisasjon og ledelse [Psychology in organization and administration]*. Bergen: Fagbokforlaget.
- Kelloway, E. K., & Day, A. L. (2005). Building healthy workplaces: what we know so far. *Canadian Journal of Behavioural Science*, 37(4), 223-235.
- Kuoppala, J., Lamminpää, A., Liira, J., & Vaino, H. (2008). Leadership, job well-being, and health effects - a systematic review and meta-analysis. *Journal of Occupational and Environmental Medicine*, 50(8), 904-915.
- Meade, I., Brown, G. T., & Trevan-Hawke, J. (2005). Female and male occupational therapists: A comparison of their job satisfaction level. *Australian Occupational Therapy Journal*, 52(2), 136-148. doi:10.1111/j.1440-1630.2005.00480.x
- Moore, K., Cruickshank, M., & Haas, M. (2006). Job satisfaction in occupational therapy: a qualitative investigation in urban Australia. *Australian Occupational Therapy Journal*, 53(1), 18-26. doi:10.1111/j.1440-1630.2006.00539.x
- Nylenna, M., & Aasland, O. G. (2010). Jobbtilfredshet blant norske leger [Job satisfaction among Norwegian physicians]. *Tidsskrift for norske legeförening*, 130(10), 1028-1031. doi:10.4045/tidsskr.09.0955
- Scanlan, J. N., & Still, M. (2013). Job satisfaction, burnout and turnover intention in occupational therapists working in mental health. *Australian Occupational Therapy Journal*, 60(5), 310-318. doi:10.1111/1440-1630.12067
- Stømner, H. C. (2013). *Jo mer vi er sammen...* (MSc. thesis), Diakonhjemmet høyskole, Oslo.
- Vax, S., Schreuer, N., & Sachs, D. (2012). Work-related self-efficacy of occupational therapists in mental health. *Scandinavian Journal of Occupational Therapy*, 19(1), 42-48. doi:10.3109/11038128.2010.527366
- World Medical Association. (2008). *WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects*: World Medical Association.
- Wressle, E., & Samuelsson, K. (2014). High job demands and lack of time: A future challenge in occupational therapy. *Scandinavian Journal of Occupational Therapy*, 21(6), 421-428. doi:10.3109/11038128.2014.941929.