January 2016

Measuring Job Satisfaction For Rural Mental Health Providers: A Social Cognitive Career Theory Approach

Erin L. Martin

MEASURING JOB SATISFACTION FOR RURAL MENTAL HEALTH PROVIDERS: A SOCIAL COGNITIVE CAREER THEORY APPROACH

by

Erin L. Martin
Bachelor of Arts, University of Minnesota, 2008
Master of Arts, University of North Dakota, 2011

A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

Grand Forks, North Dakota
May
2016

This dissertation, submitted by Erin L. Martin in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done, and is hereby approved.

Cindy Juntunen, Ph.D.

Rachel Navarro, Ph.D.

Ashley Hutchison, Ph.D.

John-Paul Legerski, Ph.D.

Manish Rami, Ph.D.

This dissertation is being submitted by the appointed advisory committee as having met all of the requirements of the School of Graduate Studies at the University of North Dakota and is hereby approved.

Dr. Wayne Swisher
Dean of the Graduate School

April 25, 2016
Date

PERMISSION

Title	Measuring Job Satisfaction for Rural Mental Health Providers: A Social Cognitive Career Theory Approach
Department	Counseling Psychology and Community Services
Degree	Doctor of Philosophy

In presenting this dissertation in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my dissertation work or, in her absence, by the Chairperson of the department or the dean of the Graduate School. It is understood that any copying or publication or other use of this dissertation or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of North Dakota in any scholarly use which may be made of any material in my dissertation.

Erin L. Martin
April 18, 2016

TABLE OF CONTENTS

LIST OF FIGURES ix

LIST OF TABLES x

ACKNOWLEDGMENTS xi

ABSTRACT xii

CHAPTER

I. INTRODUCTION 1

Statement of the Problem 1

Hypotheses and Research Question 2

II. LITERATURE REVIEW 5

Providing Mental Health Services in Rural Areas 5

Definition 5

Rural Mental Health 6

Struggles of Rural Practice 9

Job Satisfaction 11

Significance 12

Job Satisfaction Theories 14

Summary 21

Social Cognitive Career Theory 21

Personality Traits 22

Goal-directed Behaviors 23
Self-efficacy 24
Working Conditions and Outcomes 26
Goal-relevant Environmental Supports 26
Justification and Proposed Modifications to the SCCT Model 27
III. METHODS 31
Participants and Procedures 31
Measures 33
Demographic and Personal Information 33
Job Satisfaction 33
Positive Affectivity 34
Self-efficacy 35
Goal Progress 36
Goal Support 37
Work Conditions 39
Data Analysis 40
IV. RESULTS 41
Descriptive Statistics 41
Influential Relationships between Variables 42
Analysis of Variables' Contribution to Job Satisfaction 46
Testing Models 50
V. DISCUSSION 52
Population Studied 52

Hypothesis Testing 53
Limitations 56
Implications 58
Recommendations for Future Research 61
APPENDICES 63
Appendix A: Email Recruitment Materials 64
Appendix B: Informed Consent 66
Appendix C: Demographics and Personal Information 67
Appendix D: Index of Job Satisfaction 69
Appendix E: Minnesota Satisfaction Questionnaire 70
Appendix F: Positive and Negative Affect Scale (Positive Items) 72
Appendix G: Satisfaction with Life Scale 73
Appendix H: Life Orientation Test-Revised 74
Appendix I: Counselor Self-Efficacy Scale 75
Appendix J: Ethical Case Vignettes 77
Appendix K: Work-Related Goal Progress 78
Appendix L: Work-Related Goal Support 79
Appendix M: Supervisory Satisfaction Questionnaire 81
Appendix N: Crisis Support Scale 83
Appendix O: Perceived Organizational Support Scale 85
Appendix P: Person/Organization and Needs/Supplies Fit 87
Appendix Q: NASA-Task Load Index 88
Appendix R: Pay Satisfaction Questionnaire 89

Appendix S: Debriefing Page 91

Appendix T: Participant Submitted Ethical Struggles 92

REFERENCES 93

LIST OF FIGURES

Figure Page

1. Lent and Brown's (2006) Model of Work Satisfaction 28

2. Proposed Modifications to Lent and Brown's (2006) Model of Work Satisfaction 30

LIST OF TABLES

Table Page

1. One-Way Analysis of Variance of Job Satisfaction by Whether or Not Participants Live in the Same Community in Which They Work 41

2. Means, Standard Deviations, and Correlations of All Variables 45

3. Results of Stepwise Regression for Prediction of Job Satisfaction using the Index of Job Satisfaction 46

4. Results of Stepwise Regression for Prediction of Job Satisfaction using the Minnesota Satisfaction Questionnaire 47

5. Results of Stepwise Regression for Prediction of Job Satisfaction using the Research Question Variables and the Index of Job Satisfaction 49

6. Results of Stepwise Regression for Prediction of Job Satisfaction using the Research Question Variables and the Minnesota Satisfaction Questionnaire 49

7. Paths for proposed model of Job Satisfaction 50

ACKNOWLEDGMENTS

I wish to express my sincere gratitude to the members of my advisory committee for their guidance and support during my time in the doctoral program at the University of North Dakota. I would like to give particular appreciation to Dr. Cindy Juntunen for her unfailing encouragement and leadership throughout this process and to Dr. Marilyn Klug for teaching, advising, and mentoring me on the ins-and-outs of all things related to data analysis.

ABSTRACT

The current study employed online collection of self-report demographic data as well self-report aspects of job satisfaction such as: positive affectivity, self-efficacy, work-related goal progress, work-related goal support, and work conditions. Each consenting participant completed the same set of online questionnaires. Several participants chose to expand upon some of the unique stressors they experience as rural mental health providers in follow-up emails. Results of path analysis did not find the expected fit of observed data to the proposed structural model. Multiple regression analyses provided data about the importance of positive affectivity, work conditions, work-related goal support, and work-related goal progress to job satisfaction as reported by the rural mental health providers sampled. Implications for theory, research, and clinical practice are presented.

CHAPTER I

INTRODUCTION

Statement of the Problem

The mental health of individuals from rural areas is one of the top priorities for state and local rural health leaders in the United States (Gamm, Stone, & Pittman, 2010). Unfortunately, according to Smalley et al. (2010) a large proportion of rural areas lack full-time mental health providers. For those communities that do have mental health service workers, they are not typically counselors or psychologists but consist of one or two of the following: primary care physicians, nursing home staff, school counselors, social workers, ministers, law enforcement personnel, or even family and friends (Gamm et al., 2010). Gamm et al. (2010) go on to suggest that more needs to be done to improve the recruitment and training of rural mental health providers but fail to elaborate on what could be done to make those improvements.

Researchers who have looked into the concerns that mental health practitioners face when working in rural communities have discovered some themes that come up regularly. Ethical issues such as multiple relationships and confidentiality appear to be of particular concern for rural practitioners, because of the frequency with which these types of concerns occur and the lack of alternative providers for clients who are seeking mental health services (Roberts et al., 1999). Two other major concerns for rural practitioners are those related to burnout and a lack of support (Merwin, Goldsmith, & Manderscheid,

1995). Burnout is a problem for practitioners in rural areas because these providers face a high demand for their services, an expectation of maintaining community relationships, and overwhelming and taxing caseloads (Schank & Skovholt, 2006).

According to the United States Census Bureau (2010), around 20% of the United States population lives in areas defined as rural. That means that a large proportion of the population live in areas in which there are little if any resources for those dealing with mental health concerns. This is a major health issue and one that deserves to be studied and given the attention that may help to bridge the gap between service providers and those who are in need of services. Examining the factors that go into work satisfaction for rural mental health providers may serve as one step in the direction of increasing the recruitment and retention of rural mental health providers.

There are several theories associated with work satisfaction, including situational, dispositional, and interactive theories (Judge et al., 2002), each of which will be briefly described in the literature review. The theory that will be examined and used to measure work satisfaction in the current study is Lent and Brown's (2006) social cognitive career theory because it combines and unifies various aspects of the previously mentioned theories. This theory assesses career satisfaction through five different factors: affectivity, participation in goal-directed activities, self-efficacy, working conditions, and environmental supports and obstacles.

Hypotheses and Research Question

The purpose of the current study is (a) to examine the correlations between the variables in the model and work satisfaction for rural mental health providers (b) to determine if the proposed model of career satisfaction by Lent and Brown (2006)

provides a good fit for measuring the satisfaction of rural mental health providers, and (c) to examine each variable and its contribution to the variance in predicting work satisfaction.

Hypothesis 1: Positive affectivity will have a positive correlation with work satisfaction for rural mental health providers

Hypothesis 2: Progress at work-related goals will have a positive correlation with work satisfaction for rural mental health providers

Hypothesis 3: Self-efficacy will have a positive correlation with work satisfaction for rural mental health providers

Hypothesis 4: Working conditions will have a positive correlation with work satisfaction for rural mental health providers

Hypothesis 5: Work-related goal support will have a positive correlation with work satisfaction for rural mental health providers

Hypothesis 6: After accounting for the other predictor variables, unique variance in the prediction of work satisfaction for rural mental health providers will be added by:

a) positive affectivity

b) progress of work-related goals

c) self-efficacy

d) working conditions

e) work-related goal support

Hypothesis 7: The proposed model of work satisfaction for rural mental health providers will be a good fit

Research Question 1: How much variance do the rural mental health provider specific variables of ethics, workload, isolation, and compensation add to the prediction of work satisfaction?

CHAPTER II

LITERATURE REVIEW

In this section, I will present an argument for the necessity of the proposed research. I will begin by discussing the definition of "rural" and exploring some of the mental health issues that are prevalent in rural areas. I will then present some of the research that has been done regarding the struggles associated with practicing mental health in rural areas. The subsequent section will focus on job satisfaction, specifically the definition of this construct and some theories that have been widely studied and utilized. Finally, I will discuss the theory of job satisfaction that I am proposing to use for the current study, Social Cognitive Career Theory.

Providing Mental Health Services in Rural Areas

Definition

Many individuals, groups, and organizations have given the concept of "rural" a definition and these definitions vary importantly from one another. For example, Crandall and Weber (2005) classify a rural community as one that is 30 miles from the closest urban community. These authors indicate that rural areas may have some commercial businesses but do not have immediate access to essential facilities, such as clinics or hospitals. Hartlaub and Gordon (1993), on the other hand, are much less specific with their definition of rural. These authors describe rural as any area that a person works or lives in that is not considered urban.

For the purpose of the current study, the construct of rural will be defined using the United States Census Bureau's (2010) definition which is: towns or cities that have a population of less than 50,000. This definition gives enough structure to be able to classify data, but is not overly restricting and specific. The benefit associated with having a less restrictive classification for rural is that for many, the concept is highly subjective. For example, three common classification guidelines that are used to define "urban", which would also give specifications for what constitutes "rural", are based on: an administrative concept, which relies on municipal or jurisdictional boundaries; a land-use concept, which uses information related to how densely the area is settled; and an economic concept, which uses the amount of influence a city has on labor and trade that extends into broader areas (Cromartie & Bucholtz, 2008). Therefore, a group of individuals could each hold their own conceptualization of what urban/rural definitions are based on the previously mentioned classifications, or other systems all together.

Rural Mental Health

Some studies have shown that individuals from rural areas have higher levels of depression and substance abuse when compared to individuals from urban areas (Bushy, 1998; Cellucci & Vik, 2001). Additionally, as many as 40% of individuals with mental illness in rural areas also have a comorbid substance use disorder (Gogek, 1992). Suicide rates for individuals from rural areas have also been shown to be at an increased risk when compared with their non-rural counterparts.

When considering adolescents from rural areas, it appears as though there are increased rates of depression and substance use and abuse for this population as well. Some of the substances that appear to be used most frequently by adolescents from rural

areas are alcohol, tobacco, methamphetamines, inhalants, cocaine, and marijuana (National Center on Addiction and Substance Abuse, 2000; Substance Abuse and Mental Health Services Administration, 2001). Fontanella et al. (2015) found that the rate of suicide for young rural males was almost double that of young urban males from 2008 to 2010. These researchers also noted that suicide rates by firearm, as well as by hanging/suffocation, were much higher for rural youths when compared to urban youths. One of the major suggestions given to explain the increased rates of suicide among the young population in rural areas was isolation. Lower population density, less opportunity for face-to-face interactions, and fewer support networks may all contribute to the increase in suicidality (Fontanella el al., 2015).

Providing adequate mental health services to individuals residing in rural areas of the United States has been a longstanding issue for researchers and practitioners (Smalley et al., 2010). In the 1970s, there was an organized movement dedicated to improving community mental health in rural areas with special attention paid to the lack of training that mental health professionals were receiving to ready them for work with rural populations. This movement also focused on increasing the low number of doctoral-level psychologists working in rural community mental health centers and the high turnover rate of mental health professionals working in rural areas of the United States (Hollingsworth & Hendrix, 1977). In 1987, the US federal government recognized the need for more health and mental health services in rural areas by creating the Office of Rural Health Policy and the National Rural Health Advisory Committee under the Health Resources and Services Administration (HRSA; DeLeon, Wakefield, Schultz, Williams, & VandenBos, 1989). These organizations were created with the intention of promoting

both physical and mental health in rural areas; however, individuals in rural areas continue to face struggles and challenges in obtaining adequate mental health services.

Smalley et al. (2010) identified a number of unique concerns that may plague residents from rural areas and act as barriers for seeking mental health services. Two consistently significant barriers appear to be poverty and how individuals pay for services. Approximately 14% of rural residents live below the federal poverty line compared to about 11% of urban residents (Economic Research Services, 2015). Broken down even further, it appears as though there are significant differences between urban/rural rates of poverty across different regions of the United States. For example, the gap has been measured as largest in the southern United States where rural poverty rates are 21.7% while urban rates are about 15% (Economic Research Services, 2015). Further, Mueller, Patil, and Ullrich (1997) indicated that individuals from rural areas tend to go longer periods of time without health insurance and are less likely to seek needed services when unable to pay. For those individuals who do attempt to seek mental health services, many face the challenge of finding a provider because of the shortage of mental health professionals in rural areas (Murray & Keller, 1991).

Mental health disorders in rural areas tend to have a greater impact because of a three-part problem that individuals in this area face; accessibility, acceptability, and availability of seeking out and receiving mental health services (HRSA, 2005). In considering barriers related to accessibility of these services, it includes knowledge of where to get services, transportation to and from services, and paying for the services received. When thinking about the factor of acceptability related to seeking and receiving mental health services, it is in reference to the impact that stigma has on how willing an

individual is to seek services. According to Hoyt et al., (1997) the level of stigma that individuals may hold toward seeking and receiving mental health services has an inverse relationship with population size. In other words, the smaller the community, the greater the stigma associated with mental health and seeking mental health services.

The availability issue related to providing services in rural America stems from the shortage of mental health professionals working in rural areas. More specifically, greater than 85% of Mental Health Professional Shortage Areas (MHPSAs) are in rural parts of the United States (Bird, Dempsey, & Hartley, 2001) and at least half of all of the counties in the US do not currently have a psychologist, counselor, psychiatrist, or social worker (American Psychological Association, 2001; National Advisory Committee on Rural Health, 1993).

Struggles of Rural Practice

Previous researchers have studied the struggles that some mental health practitioners face in terms of practicing in rural areas. One of the major concerns that rural practitioners have discussed in terms of practicing has been dealing with difficult and unique ethical challenges as well as a feeling of increased responsibility as a limited resource in the community, which could lead to an increase in anxiety about ethical decision-making (Roberts et al., 1999; Bauman, 1998; Osborn, 2012). For example, the concern of dealing with multiple relationships is very salient for many rural mental health providers. It would not be uncommon for a rural practitioner to have overlapping social relationships with clients whether it be through work, eating out, children or other family members, or various volunteer activities (Schank & Skovolt, 2006; Malone & Dyck, 2011; Werth, Hastings, & Riding-Malon, 2010).

Schank and Skovolt (2006) indicate that multiple relationships could also occur for individuals in rural areas through something as simple as purchasing goods and services within the community. For example, a dilemma that a rural mental health provider might face is when he or she needs to hire an electrician, and the only electrician in town is related to or knows one or numerous clients of the provider, or is a client of the provider him or herself. Werth et al. (2010) point out, however, that simply having a multiple relationship does not necessarily mean that the provider is acting unethically, it has more to do with how the provider deals with the relationship, as it will likely be an inevitable part of rural practice.

Another ethical concern that numerous rural mental health practitioners face is related to confidentiality. Rural practitioners may struggle with this concern more frequently because of the informal communication networks that are common in small communities. Some issues can come from attempts to communicate with other agencies, groups, or professionals in the community in order to collaboration on particular client cases (Schank & Skovholt, 2006). The issues related to confidentiality may reach into the personal lives of rural mental health providers, and how others in the community may view that individual and the work that they do (Schank & Skovholt, 2006). For example, confidentiality could be endangered when a client (or family member of a client) approaches a provider in the community to discuss something related to treatment.

Malone and Dyck (2011) note that although rural mental health providers may face several unique ethical issues in practice, many of them can be dealt with using creative solutions. For example, rural providers may form long-distance collegial networks and use technology in order to get the required consultation and professional

development credits. Brennan (2013) adds that it might be beneficial for rural practitioners to obtain their own mental health service, consultation, and/or supervision in order to gain support and protect against possible ethical pitfalls. Werth et al. (2010) note that having an extensive informed consent process could be a large protecting factor for rural mental health providers as well.

Job Satisfaction

Job satisfaction refers to the emotional reaction that one has in response to their job or job experiences (Locke, 1976). One can have positive or negative job satisfaction depending upon many factors such as pay, supervision, and working conditions. This definition of job satisfaction involves both individuals' thoughts and feelings about the work that they do. Weiss, Nicholas, and Daus (1999) conducted research that supported the definition of job satisfaction as having both cognitive and affective components. These researchers investigated the impact that cognitions and mood had on predicting job satisfaction and found that both factors had an influence on it, with very similar relative effect sizes. In other words, when an individual has thoughts about their job, they typically have feelings about those thoughts; alternatively, when individuals experience feelings while at work, they will typically think about those feelings. The two components go hand in hand (Weiss, Nicholas, & Daus, 1999).

As previously noted, there are several factors that go into the global concept of job satisfaction. The five most common facets of job satisfaction that researchers focus on when investigating the topic are pay, promotions, coworkers, supervision, and the work itself (Smith, Kendall, & Hulin, 1969). Locke (1976) added several more facets to the conceptualization of job satisfaction that he believed were necessary; comparison to

prior job experiences, the social context of work, recognition, personal dispositions, person-environment fit, working conditions, and the company/management itself. Along with the various facets that go into the concept of job satisfaction, there is also a separation between intrinsic and extrinsic work related elements (Judge et al., 2002). Intrinsic elements include coworkers, supervision, and the actual work while extrinsic elements include pay and promotions. Other researchers have thought of these elements as agents versus events or context versus rewards.

Significance

Judge et al., (2002) discussed several reasons that it is important to study job satisfaction. The authors suggested that the construct of job satisfaction plays an important role in numerous theories of individual attitudes and behaviors. Being able to predict one's job satisfaction may help to predict how one may behave in other facets of life. The inverse is true as well, in that knowing how one generally behaves may help to predict the amount of job satisfaction, or dissatisfaction that person may have.

Judge et al. (2002) also indicated that the research of job satisfaction can have practical implication for both individuals and organizations. Individuals who know what they need in order to achieve the greatest amount of satisfaction will, generally, have a higher life satisfaction as well. For organizations, if managers know what factors increase employee satisfaction, they may be able to help in facilitating those factors and increase work productivity as a result. For the purpose of the current study, it may be helpful to know and understand what factors go into work satisfaction for rural mental health providers so that this job can be more easily filled and rural communities are able to benefit from local service providers.

Alternatively, some studies have been conducted to measure the impact that job dissatisfaction can have on an individual at work and have found that greater levels of job dissatisfaction lead to increased frustration at work as well as acting out through physical symptoms (Chen & Spector, 1992; Duffy, Ganster, & Shaw, 1998; Keenan & Newton, 1984). Put another way, it is likely that those who are dissatisfied with the work that they do may utilize more sick days than those who are more satisfied with their work. Another issue that is related to job dissatisfaction is that of job turnover. There has been research conducted to study the link between job dissatisfaction and voluntary turnover, or seeking out and going to a different job. Some studies have found a correlation between the two factors (Dickter, Roznowski, & Harrison, 1996; Mitchell, Holtom, Lee, Sablynski, & Erez, 2001).

Burnout is another concern that has been studied by job satisfaction researchers because of the impact that it may have on one's job satisfaction. Burnout is a psychological concern that can impact an individual who has had to deal with chronic interpersonal stressors on the job. There are three key facets that contribute to burnout; overwhelming exhaustion, feeling detached or cynical about the work being done, and feeling a lack of accomplishment on the job (Maslach, Schaufeli, & Leiter, 2001). Burnout was not only negatively correlated with job satisfaction, but also with job commitment and organizational commitment. Maslach et al., (2001) indicated that burnout is most likely to occur when an individual has experienced a discrepancy on the job related to workload, rewards, fairness, community, and/or values.

Job Satisfaction Theories

There are several theories of job satisfaction that are used by researchers when investigating this concept and the impact that it has in individuals' lives. The theories that will be discussed here are situational, dispositional, and interactive. The particular theories that will be expanded upon are those that have gained a great deal of attention, research, and/or support since the time of their formulation.

Situational theories. Situational theorists hypothesize that job satisfaction and dissatisfaction are a product of the nature of the job itself or from environmental factors related to the job (Judge et al., 2002). In other words, these theories focus attention on the actual work tasks that an individual does and/or the environment in which these tasks take place as opposed to the individual who is completing the tasks. Three situational theories that will be reviewed here are Herzberg's two-factor theory (Herzberg, 1967), social information processing theory (Salancik & Pfeffer, 1977, 1978), and the job characteristics model (Hackman & Oldham, 1976).

Herzberg's two-factor theory posits that there are different factors that lead one to experience satisfaction with their work as well as different factors that lead one to experience dissatisfaction with their work. It is believed that the factors that contribute to satisfaction and dissatisfaction are different. In other words, simply eliminating factors that lead to dissatisfaction will not necessarily lead to satisfaction, it will only reduce the dissatisfaction associated with the work. Further, proponents of this theory suggest that work satisfaction is related to intrinsic factors, such as work responsibilities, work related achievements, and from completing the work itself (Herzberg, 1967).

Judge et al., (2002) have further indicated that theorists who support the Herzberg two-factor theory believe that work dissatisfaction is a result of extrinsic factors such as working conditions, the pay an individual receives, and company policies. To this end, it is the belief of these theorists that in order to bring out job satisfaction, the organization should focus on the intrinsic factors that are important to employees such challenging employees and making work more interesting and personally rewarding. This theory has garnered criticism by some researchers because of a number of unsuccessful replication attempts. Specifically, various researchers who have tried to replicate Herzberg's two-factor theory have found that intrinsic and extrinsic factors contribute to both satisfaction and dissatisfaction (Carroll, 1972; Wernimont, 1966).

Another situational theory is that of social information processing. Advocates of this theory suggest that the concept of job satisfaction is socially constructed. Social information processing theorists posit that individuals do not automatically form judgments regarding their job satisfaction or dissatisfaction until they are asked to do so. Further, these theorists believe that when an individual is asked to form a judgment related to job satisfaction, they will rely on their environment and social cues in order to do so (Salancik & Pfeffer, 1977, 1978). For example, an individual may attempt to make judgments based on interpretations of their own behaviors, coworker cues, or the way in which they are asked to make judgments.

Advocates of information processing theory postulate that when individuals are asked to make job satisfaction judgments, they give the responses that they feel they are expected to give, and rationalize their responses to themselves (Judge et al., 2002). There are also criticisms associated with this theory. It was noted that some of the factors that

appear to be related to increased job satisfaction are similar across cultures regardless of the social environments and values of the cultures, which are sometimes significantly different from one another (Hulin, 1991).

The job characteristics model is also a branch of the situational theories of job satisfaction. This model posits that individuals will have higher job satisfaction when working in a job that has intrinsically motivating aspects. Along with higher job satisfaction, it is suggested that intrinsic motivation leads to better work outcomes, increased job performance, and decreased rates of quitting (Hackman & Oldham, 1976). The five characteristics that this model takes into consideration for job satisfaction are task identity, task significance, skill variety, autonomy, and feedback (Hackman & Lawler, 1971; Hackman & Oldham, 1976).

According to Hackman and Oldham (1976), task identity refers to an individual's ability to see their work from start to finish. Task significance is how important and significant one believes their work to be, and skill variety is how much variety an employee is allowed to have within their job. Autonomy refers to the amount of independence and control employees have regarding the way in which the job is done, and feedback is the amount that an employee is able to gauge the quality of his or her work from the completed work itself. Proponents of this theory posit that when an employee has all of the previously listed core characteristics at work, they are more likely to have greater work satisfaction as well as have more motivation. These employees are also more likely to have increased meaningfulness experiences of the work s/he does, and are more likely to take a greater degree of responsibility for work outcomes in

comparison to employees who have jobs that do not provide all of the previously mentioned job characteristics (Hackman & Oldham, 1976).

One limitation that has been discussed in relation to the job characteristics model, and many of the other job satisfaction theories, is that it has primarily depended on self-report of participants in regard to whether or not the specified job characteristics are present (Roberts & Click, 1981). This could be problematic because different participants could have different perspectives of what the various job characteristics mean. It was also noted that the relationship between the presence of job characteristics and job satisfaction has been shown to be bidirectional so a causal effect cannot be assumed (James & Jones, 1980; James & Tetrick, 1986).

Dispositional Theories. Judge et al. (2002) indicated that one of the most recently evolved theories of job satisfaction is the dispositional approach, which indicates that job satisfaction is highly related to individuals' personalities. Different studies have used different methods of measuring the construct of personality, but one main group of studies has focused on positive and negative affectivity. Proponents of this theory have found that employees who have high levels of work satisfaction are more emotionally well-adjusted, or experience more instances of positive affectivity as opposed to negative affectivity, in comparison to dissatisfied employees (Weiss & Cropanzano, 1996). Staw and Ross (1985) conducted one of the first major longitudinal studies looking at the impact that an individual's disposition may have on job satisfaction. The study consisted of over 5,000 men who were measured at various times over 5 years. The researchers found that job satisfaction was stable over the period of time that the study was conducted. Staw and Ross (1985) concluded that organizations may easily be able to

increase overall job satisfaction by employing individuals with positive dispositions rather than attempting to encourage positive attitudes through environmental changes.

Within the dispositional approach, there are two broad categories of studies, indirect and direct (Judge et al., 2002). Indirect studies aim to utilize inferences when demonstrating that there is a dispositional source to job satisfaction. One study that helped to support this idea was conducted by Staw and Ross (1985) who found that participants showed significant stability of job satisfaction even with the presence of situational changes. In other words, the researchers found that even when employees switched jobs, job satisfaction remained fairly stable and did not change dramatically over a five-year period of time. One major criticism of this approach is that the stability of job satisfaction could be due to any number of factors, not solely disposition or personality (Gerhart, 1987; Gutek & Winter, 1992).

Direct studies, on the other hand, attempt to measure personality traits and assess how those personality traits directly affect job satisfaction (Judge et al., 2002). One study conducted by Watson, Clark, and Tellegen (1988) focused on both positive and negative affectivity and how it relates to job satisfaction. These researchers found that positive affectivity, characterized by attributes such as high energy, engagement in pleasurable activities, and a high degree of enthusiasm, appear to be related to employees who have a high degree of job satisfaction. Alternatively, negative affectivity, characterized by feelings of nervousness, engaging in unpleasant activities, and a general feeling of distress, appear to be related to employees experiencing low job satisfaction (Watson et al., 1988).

Thoresen and Judge (1997) also studied the relationship between positive and negative affectivity with job satisfaction by reviewing 70 studies. These researchers found that there was a correlation between positive affectivity and higher job satisfaction with a correlation of .52. They also found a correlation between negative affectivity and lower job satisfaction with a correlation of -.40. In other words, it was found that individuals with positive affectivity tended to have higher job satisfaction and individuals with negative affectivity tended to have lower job satisfaction.

Judge, Locke, and Durham (1997) introduced the idea of construct core self-evaluation within direct dispositional studies. Core self-evaluation is the thoughts that individuals hold about themselves and the world that they live in. There are specific traits that make up an individual's core self-evaluation: self-esteem, self-efficacy, locus of control, and neuroticism or emotional stability. These researchers have indicated that many studies looking at core self-evaluation have found a relationship between those self-evaluations and job satisfaction (Judge et al., 1997).

Interactive Theories. The next work satisfaction theories to be reviewed are the interactive theories. The interactive theories are unique because they consider both the individual and the situation when measuring job satisfaction (Judge et al., 2002). Within the interactive theories, the Cornell model (Hulon, Roznowski, & Hachiya, 1985) and the value-percept theory (Locke, 1976) will be expounded upon.

The Cornell model suggests that job satisfaction is a product of the balance between role inputs and role outcomes (Hulon el al., 1985; Hulin, 1991). In other words, job satisfaction depends on what an employee puts into their work role, such as time, effort, and training; along with what the employee receives for the work that they do,

such as status, pay, and working conditions. These researchers found that the more outcomes an employee received relative to the inputs they invested in the work completed, the greater the job satisfaction, everything else being equal.

One factor that these researchers controlled for was the impact that increased rates of unemployment would have on individuals' perceptions of their work inputs versus outcomes. For example, during times of high unemployment, employees might feel more satisfied with their outcomes because their opportunity for alternative jobs, and subsequent outcomes, are less commonplace. It was also noted that individuals' frames of reference were important when considering this balance. Employees will consider past experiences when comparing inputs and outcomes. For example, if an employee receives less pay in his/her current job than they did in a previous job doing the same type and amount of work, they will likely rate themselves as feeling less satisfied with the work that they are currently doing (Hulon et al., 1985; Hulin, 1991).

The value-percept theory was introduced by Locke (1976), who proposed that employees' value systems would be the determining factor in what they found to be satisfying on the job. Further, employees who had unfulfilled job values would have dissatisfying work situations. The equation that Locke (1976) used to describe the value-percept theory was, satisfaction = (want - have) * importance. In other words, the amount of job satisfaction one has is equal to the difference between what the individual wants and has, multiplied by the importance of what they want and have. It was also noted that since employees consider multiple facets when evaluating job satisfaction, the satisfaction equation is done with each of those facets.

Summary

The three theories of job satisfaction that were reviewed were the situational, dispositional, and interactive theories. The situational theories focus on the job itself and/or the environment in which the job takes place, the dispositional approach looks at the personality traits of employees, and the interactive theories attempt to evaluate both the individual and the situation (Herzberg, 1967; Weiss & Cropanzano, 1996; Hulon et al., 1985). Each theory has added a great deal of knowledge and development to the construct of job satisfaction, but each also has weaknesses such as unsuccessful replication attempts, potentially confusing constructs for participants, and finding bidirectional relationships which leads to an inability to establish cause and effect (Judge et al., 2002). The theory that will be discussed next is that of Social Cognitive Career Theory which attempts to further incorporate aspects of the previously mentioned theories in a more succinct and parsimonious manner.

Social Cognitive Career Theory

Social Cognitive Career Theory (SCCT) has its foundation in Bandura's (1986) social cognitive theory. Bandura (1986) believed that personality factors, behaviors, and environmental influences were all equally significant for individuals when making judgments about their ability to perform particular tasks. Lent, Brown, and Hacket (1994) introduced SCCT in an attempt to offer a unifying approach that brings together various aspects of previous career theorists' ideas. SCCT focuses mainly on how to encourage individuals to develop vocational interests, make vocational decisions and choices, attain varying levels of career success, and most recently, what factors promote career satisfaction for individuals (Lent et al., 1994; Lent & Brown; 2006).

Brown and Lent (2006) proposed a social cognitive view of career satisfaction that aims to give a more cohesive view of satisfaction by bringing together aspects of previously proposed and generally accepted theories. More specifically, the theory connects core social cognitive variables such as goals and self-efficacy with personality traits as well as contextual variables. The five key elements that Brown and Lent (2006) included as a part of their theory of job satisfaction are: personality traits, goals and goal-directed activities, self-efficacy, working conditions and outcomes, and goal-relevant environmental supports and obstacles.

In Lent and Brown's (2006) SCCT model of career satisfaction, each of the five predictor variables directly impact work satisfaction. Each variable also impacts one or more other variables. The predictor variable of positive affectivity influences an individual's feelings of self-efficacy as well as their ability to recognize and accept goal-related supports. The predictor variable of goal supports effects an individual's beliefs about their work environments as well as feelings related to self-efficacy. The variable of self-efficacy influences an individual's perceptions of the progress that they are making toward their goals and their beliefs about their work environment. Finally, the predictive variable of work environment impacts the perceptions that an individual has regarding the progress that they are making toward their goals (Lent & Brown, 2006). Each of the five predictor variables will be expanded upon in the following sections.

Personality Traits

There has been some conflicting evidence regarding the effect that personality traits have on job satisfaction (Judge et al., 2002; Connolly & Viswesvaras, 2000; Ilies & Judge, 2003; Thresen et al., 2003; Watson & Slack, 1993; Weiss, Nicholas, & Daus,

1999). Some studies have only been able to show a low to moderate correlation between certain personality traits and work satisfactions. A meta-analysis suggested that extraversion, emotional stability, and conscientiousness have small to moderate correlations with job satisfaction (Heller, Watson, & Illies, 2004; Judge, Heller, & Mount, 2002).

More specifically, Agho, Mueller, and Price (1993) found that employees were more likely to report satisfaction with their job if they had higher levels of positive affectivity, or the predisposition toward feeling positive states of emotion a majority of the time. Other researchers have found a moderate correlation (.34) between positive affectivity and global job satisfaction (Thoresen et al., 2003) as well as a moderate to strong correlation (.49) between positive affectivity and general satisfaction (Connolly & Viswesvaran, 2000). Personality characteristics remain a part of the job satisfaction puzzle, but because of the discrepancy regarding the effect that they actually have, Lent and Brown (2006) have made personality factors only one part of their theory as opposed to the crux of it.

Goal-directed Behaviors

Goal-directed behaviors are those that further an individual's determination to impact an outcome or get to a certain level of performance (Bandura, 1986). Researchers have studied the relationship between goals and satisfaction and have found a generally positive relationship between the two factors (Lent et al., 1994; Ryan & Deci, 2001; Cantor & Sanderson, 1999; Heller et al., 2004). Goal-directed behaviors may be seen as contributing to satisfaction because these behaviors allow individuals to contribute to their own well-being. Individuals who are able to set their own goals, decide how to

pursue them, and judge their progress towards their goals will perceive themselves as having a strong sense of agency over their own welfare (Cantor & Sanderson, 1999).

Ryan and Deci (2001) suggested that some various aspects of goals, such as simply having a goal, valuing held goals, and having a commitment to goals, can increase feelings of satisfaction and well-being. Further, it is suggested that goal commitment is at its peak when individuals believe that they can realistically attain their specified goal (Locke, Lattham, & Erez, 1988). Receiving feedback regarding goals that have been set has also been shown to have some impact on commitment to attaining set goals (Becker, 1978). Some work related goals that an individual may have are: meeting basic human needs, meeting specific ends, and can even be more self-actualizing, such as doing work that adds meaning to life (Lent & Brown, 2006).

Self-efficacy

Brown and Lent (2006) described self-efficacy as the personal beliefs that individuals hold about themselves regarding their abilities to perform particular tasks. Self-efficacy is not considered to be a global trait, but rather are self-beliefs that are connected to particular areas or activities. For example, an individual may feel a great deal of self-efficacy in one area of life, but may feel much less self-efficacy in another area. Self-efficacy beliefs are subject to change and are influenced by environmental stimuli.

According to Bandura (1986), beliefs about one's self-efficacy are among the most important factors that impact individuals' thoughts and actions. In other words, if a person holds the belief that he or she can accomplish a particular task, they are more likely to strategize how to accomplish and take action toward completing those tasks.

Self-efficacy has been shown to be related to various areas of career development such as career choice, career decision-making, and career indecisiveness (Hackett, 1995). For example, several studies have been conducted, and results indicate that interventions related to increasing self-efficacy around career decision making increased career decision-making for a significant proportion of research participants (Taylor & Betz, 1983; Luzzo & Day, 1999; Sullivan & Mahlik, 2000; Uffelman et al., 2004).

There are four primary sources of information that individuals utilize when assessing their self-efficacy beliefs: their own performance accomplishments, vicarious learning, social persuasion, and physiological states (Bandura, 1997). Success or failure experiences may also influence the feelings of self-efficacy that an individual experiences in relation to specific tasks. For example, if an individual has previous successes with a task, they will be more likely to feel greater self-efficacy with that task, or a similar task, in the future. Alternatively, if an individual has experiences of failure with a task, they may have a feeling of lower self-efficacy related to that task when faced with it in the future (Brown & Lent, 2013).

Related to job satisfaction, self-efficacy refers to an individual's belief that he or she can perform specific tasks that would support work related successes. Bandura (1986) noted that goal-directed behaviors are heavily influenced by self-efficacy. Put another way, individuals are much more likely to set and pursue goals that they believe they are able to accomplish as opposed to goals that they feel are impossible to complete. Self-efficacy has been found to have direct and indirect relationships with work satisfaction (Lent et al., 2005; Caprara et al., 2003).

Working Conditions and Outcomes

When assessing for work satisfaction, working conditions and outcomes have been shown to be an influence. Some examples of working conditions and outcomes that have been studied are role stressors such as overload and ambiguity, emotionally charged work events, and the fit between what an individual believes they need from work and what they actually receive (Beehr & Glazer, 2005; Weiss & Cropanzo, 1996; Kristoff-Brown, Zimmerman, & Johnson, 2005). Some theorists believe that job satisfaction is dependent upon the perception that an individual has regarding the favorableness of their work environment and/or the congruence between their own work values and that of the company that they work for (Hackman & Oldham, 1976, Dawis & Lofquist, 1984). For example, an employee may feel most comfortable and satisfied if they hold personal values of autonomy and variety regarding the work that they do and their company matches those values.

Goal-relevant Environmental Supports

Cantor and Sanderson (1999) have suggested that having goal-relevant environmental supports are likely to promote satisfaction while the absence of such supports, along with the presence of some obstacles that may inhibit goal attainment and decrease satisfaction. Gil-Monte and Peiro (1997) noted that greater amounts of environmental supports protect against the effects of stress and subsequently, burnout. On the other hand, conflictual or a total lack of those supportive factors from the organization, colleagues, and/or supervisors may lead to increased levels of stress. One study found that social workers who felt high levels of support from colleagues had increased feelings of accomplishment related to work tasks (Coady et al., 1990). Koeske

and Koeske (1989) found similar results; employees who felt supported by colleagues and supervisors experienced decreased levels of burnout. Alternatively, the employees that did not feel supported were more likely to report low levels of job satisfaction.

Justification and Proposed Modifications to the SCCT Model

Social Cognitive Career Theory (SCCT) offers an integrated approach to career development and satisfaction by bringing together pertinent pieces of the previously mentioned theories (Brown & Lent, 2013). SCCT acknowledges and accounts for many personal and environmental factors that come into play for individuals when assessing and working toward greater career satisfaction. Overall, SCCT serves as a theory that emphasizes an individual's control of their own vocation related behaviors, as well as how they react and respond to environmental supports and barriers (Brown & Lent, 2013) (Figure 1).

As was previously noted, there are many struggles and stressors that are specific to providing mental health services in rural areas. Some of the concerns that are continually discussed are those related to ethics, workload, isolation, and compensation (Roberts et al., 1999; Schank & Skovolt, 2006; HRSA, 2005). The current study hopes to integrate the above noted factors into the established SCCT model of career satisfaction in order to create a better fit for measuring work satisfaction for rural mental health providers.

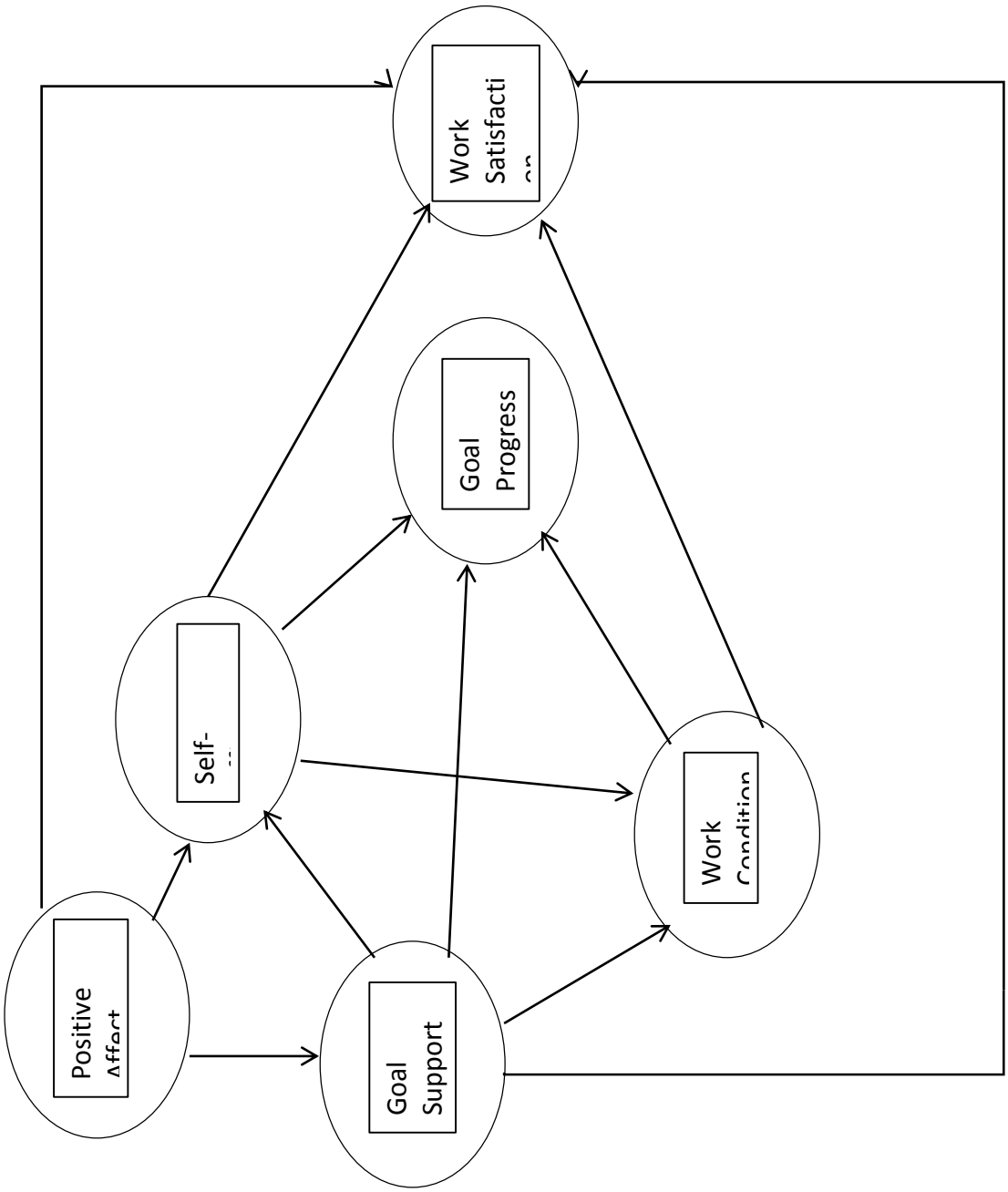

Figure 1. Lent and Brown's (2006) model of work satisfaction.

These concerns are more commonplace for rural practitioners because they are more likely to work in isolation as either the only provider or one of few providers in their communities. This means that rural mental health providers often work with very few resources at their disposal (Roberts et al., 1999). These providers may often feel as though they are required to provide care that is outside their area of expertise, practice a rationing of services for clients, and make clinical decisions that would typically be made with the consultation of various specialists (Schank & Skovolt, 2006).

In terms of financial compensation for rural mental health providers, there appears to be a gap in the research regarding this issue. However, there has been some research conducted regarding the recruitment and retainment of medical health providers in rural areas and the use of financial incentives to help with that process (Buykx et al., 2010). The current research on this area indicates that financial incentives appear to be somewhat successful, but more research on the effectiveness of this factor needs to be completed (Sempowski, 2004; Legarde & Blaauw, 2009; Humphreys et al., 2009).

Based on what is already known about the specific struggles associated with practicing mental health in rural areas, the current study will include ways of measuring the issues related to ethics, work load, isolation, and compensation into Lent and Brown's (2006) SCCT model of career satisfaction. This inclusion will be made by adding surveys that focus exclusively on the previously noted factors Based on these additions, this study will test the fit of the proposed model of job satisfaction for rural mental health providers (Figure 2).

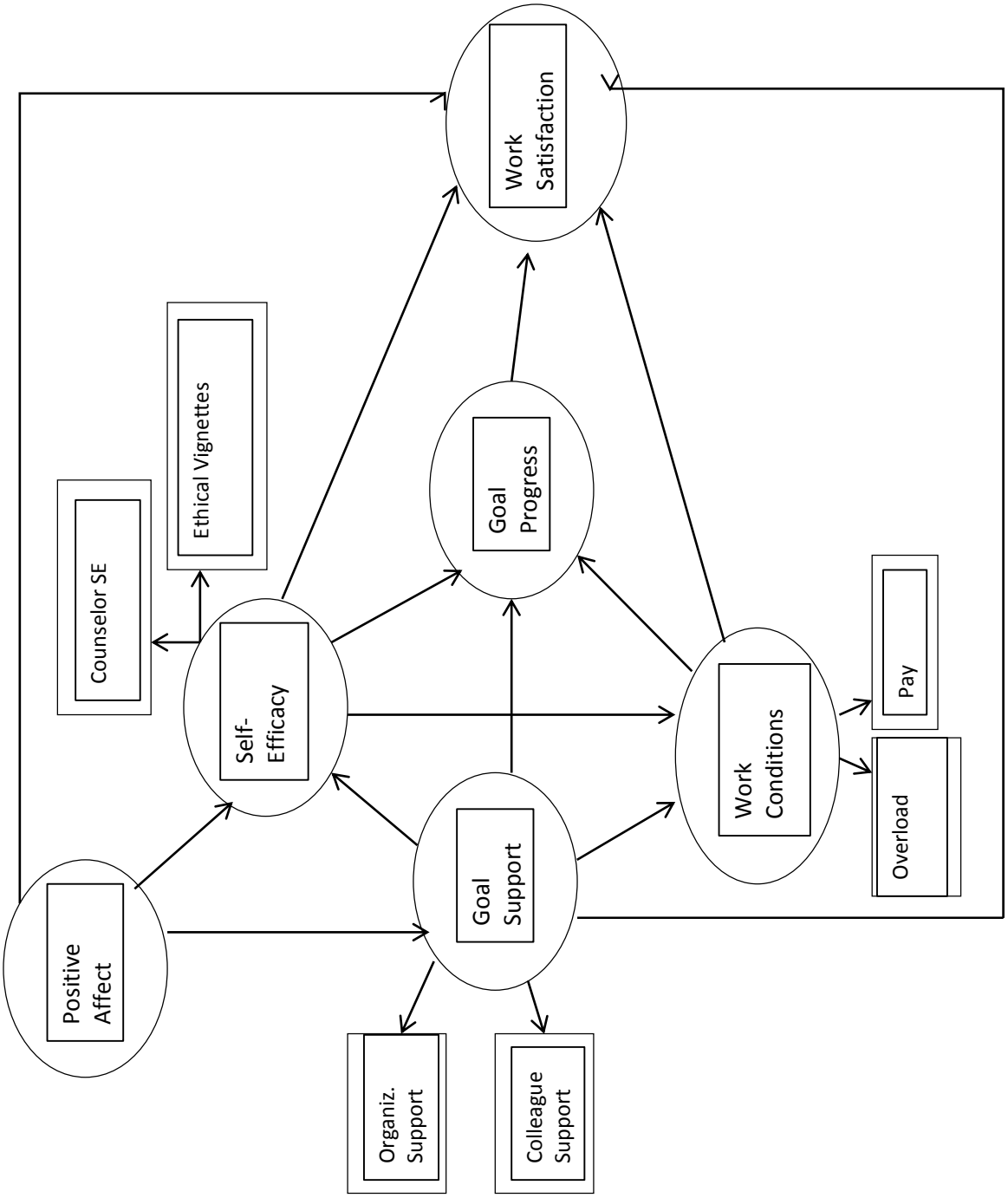

Figure 2. Proposed Modifications to Lent and Brown's (2006) model of work satisfaction.

CHAPTER III

METHODS

Participants and Procedures

For the purpose of this study, rural communities were defined using the United States Census Bureau. This organization denotes a rural community as any area other than a city that has a population greater than 50,000 and urbanized areas that are adjacent to such a city. The sample consisted of 119 participants, twenty-one (17.6%) males and ninety-five (79.8%) females. The remaining three participants chose not to identify a gender. Participants ranged in age from 24-years-old to 82-years-old, the mean age was 47-years-old with a standard deviation of 13.42.

In regard to race, 107 participants (89.9%) identified as Caucasian/White, four participants (3.4%) identified as American Indian/Native American, two participants (1.7%) identified as African American/Black, one participant (.8%) identified as Biracial/Multiracial, one participant (.8%) identified as Hispanic/Latino, and four participants (3.4%) chose not to identify a race. When asked about sexual orientation, 105 participants (88.2%) identified as heterosexual, six participants (5%) identified as bisexual, one participant (.8%) identified as gay, one participant (.8%) identified as lesbian, and six participants (5%) chose not to identify a sexual orientation.

Participants were asked to identify their current job; the most common responses to this inquiry were a provider within an agency (31.1%), private practice provider

(25.2%), school counselor (14.3%), and child and family therapist (8.4%). Participants indicated that they had held their current job from one month to thirty-five years; the average length of time was eight years with a standard deviation of eight years. Participants also indicated that they had worked in a rural setting from two months to thirty-eight years; the average length of time was thirteen years with a standard deviation of ten years. Participants were asked to identify what license (if any) they hold; the most common responses were Licensed Psychologist (25.2%), Licensed Clinical Social Worker (20.2%), and Licensed Professional Counselor (16.8%).

Participants were asked if they believed the town/city in which they worked to be rural, suburban, urban, or other. Most participants (N = 100, 84%) indicated that they believed the town/city in which they worked to be rural, sixteen participants (13.4%) indicated that they believed the town/city in which they worked to be suburban, 1 participant (.8%) chose "other" for this inquiry, and two participants (1.7%) chose not to respond. When asked the approximate distance from the town/city in which participants worked to the nearest city with a population of 50,000 or more, responses ranged from eight miles to 420 miles with a mean distance of 108 miles and a standard deviation of 86 miles. Of the 119 participants, sixty-eight (57.1%) indicated that they live in the same community in which they work, forty-seven (39.5%) indicated that they do not live in the same community in which they work, and four (3.4%) chose not to respond to this inquiry. Finally, participants were asked to identify the state in which they work and the most common responses were Montana (26.9%), Minnesota (17.6%), Alabama (16%), and South Dakota (16%).

The participants were recruited from listservs such as those associated with the National Association for Rural Mental Health (NARMH), the Western Interstate Commission for Higher Education (WICHE), the Center for Rural Psychology (CRP), and the Center for Rural Health (CRH). After making contact with organizations or participants who were interested in completing the research questionnaires, the study and its benefits and possible implications were discussed (Appendix A). After consent for participation was gained, participants were given a link to the website (Qualtrics) where the surveys were filled out (Appendix B). Upon completion of the questionnaires, participants were provided with a debriefing form (Appendix S). Completed data was input from Qualtrics to SPSS Statistics Version 23 for data analysis.

Measures

Demographic and Personal Information

This data was gathered from participants and included information such as age, sex, race, ethnicity, current job held, and how long the current position has been held. Information was also gathered from participants regarding the size of the community in which they work and the distance between the rural town they work in and the next closest town with a population of 50,000 or more in order to measure level of isolation (Appendix C).

Job Satisfaction

This is a 5-item version of the Brayfield and Rothe's (1951) Index of Job Satisfaction which was used as an instrument in measuring job satisfaction by Judge, Locke, Durham, and Kluger (1998). Participants responded to each of the items using a seven-point scale, which ranged from *strongly agree* to *strongly disagree*. Judge et al.,

(1998) found a reliability estimate of .88 when given to over 200 university employees. The reliability coefficient for the current sample was .87. This scale has been found to have strong correlations with life satisfaction (r = .68), the Job Descriptive Index (r = .89), and observer ratings of job satisfaction (r = .59) (Appendix D).

The Minnesota Satisfaction Questionnaire- Short Form (Weiss et al., 1967) was also used to measure job satisfaction. This questionnaire was developed to assess employees' satisfaction with various aspects of their work and work environments. It is a 20-item instrument with a Likert-type scale ranging from *very dissatisfied* to *very satisfied*. The reliability estimate for this questionnaire was strong with a Cronbach's alpha of .87-.92. The reliability coefficient for the current sample was .90 (Appendix E).

Positive Affectivity

Measurement of this construct was completed by using the positive affect items from the Positive and Negative Affect Scales (PANAS; Watson, Clark, & Tellegen, 1988). In this 10-item scale, participants were asked to indicate the frequency with which they have felt the presented emotions within the previous weeks. Answers were given on a five-point scale ranging from *extremely* to *slightly*. According to Watson et al., (1988) the internal consistency for the Positive Affect scale is .88 and it has a negative correlation with state anxiety (r = -.35) and symptoms of depression (r = -.36). Alternatively, positive affect has been found to have a positive correlation with job satisfaction (r = .34) (Thoresen et al., 2003). The reliability coefficient for the current sample was .91 (Appendix F).

Another scale that was used to measure this construct was the Satisfaction with Life Scale (SWLS; Diener et al., 1985). The items in this scale are global and focus more

on the overarching idea of life satisfaction. This scale consists of 5 items that are responded to on a Likert-type scale ranging from *strongly disagree* to *strongly agree*, and can be administered to adults with a 6^{th} to 10^{th} grade reading level. Diener et al., (1985) found strong internal reliability with a coefficient alpha of .87. The SWLS has been shown to have a correlation of .44 with positive affectivity on the Positive and Negative Affectivity Scale (Watson et al., 1988). The reliability coefficient for the current sample was .86 (Appendix G).

The final scale that was used to measure positive affectivity was the Life Orientation Test-Revised (LOT-R; Scheier, Carver, & Bridges, 1994). This assessment was originally constructed to measure individuals' general feelings of optimism and pessimism. The LOT-R consists of 10 items that are responded to on a Likert-type scale ranging from *strongly disagree* to *strongly agree*. This scale has satisfactory scale reliability with an alpha of .78. The reliability coefficient for the current sample was .77 (Appendix H).

Self-efficacy

The Counselor self-efficacy scale was used to measure participants' feelings of self-efficacy in regard to counseling knowledge and skills. The questions reflect global counseling skills as opposed to specific theories or techniques (Melchert et al., 1996). This 20-item assessment is a Likert-type scale with scores ranging from *strongly agree* to *strongly disagree* on a 5-point scale. The Cronbach's alpha for this instrument was .91 and it was found to have a moderately high convergent construct validity with the Self-Efficacy Inventory (r - .83) which was developed by Friedlander and Snyder (1983). The reliability coefficient for the current sample was .83 (Appendix I).

Self-efficacy was also measured through the use of two case vignettes that described specific ethical issues that a rural health practitioner may face. The respondents read each vignette then rated, on a Likert-type scale, how confident they would feel about dealing with the ethical concern presented in the vignette. The first vignette asked participants to imagine a scenario in which a crisis client was someone that they were personally familiar with and the second vignette related to a client who required specialized treatment in an area in which the participant (clinician) does not have specialized training. The full case vignettes can be found in Appendix J. Case vignettes are typically used in research to prompt participants to consider how they would react or respond in a hypothetical situation (Alexander & Becker, 1978). For the current study, however, many of the participants have faced similar situations as the ones presented in the vignettes and were able to recall how they felt in those situations in order to respond to the question. Previous researchers have also used vignettes in order to get data regarding participants' ethical frameworks, which is what the vignettes in the current study are being utilized for (Wade, 1999). Vignettes are often used in conjunction with other methods of data collection in order to get a more well rounded picture of the construct being studied (Hazel, 1995). The reliability coefficient for the current sample was .63.

Goal Progress

Lent et al. (2005) developed a scale to measure work-related goal progress. Participants responded to items that were related to their most important work-related goal using a five-point scale, which ranged from *strongly agree* to *strongly disagree*. This scale has been found to have good internal consistency reliability (r = .89); it also has

strong correlations with life satisfaction (r = .42), domain-specific goal self-efficacy (r = .46), and domain satisfaction (r = .66). The reliability coefficient for the current sample was .90 (Appendix K).

Goal Support

Duffy et al., (2009) modified a previously developed assessment to measure marital partner goal support for measuring work-related goal support. The unmodified marital partner goal scale was used to assess the amount of support that participants felt when pursuing goals (Brunstein et al., 1996). The modified assessment measures the amount of support participants feel when pursuing their work-related goals from three different individuals in the work environment: colleagues, immediate supervisors, and organizational administrators (Duffy et al., 2009). Participants rated each item on a 7-point scale with ranges from *completely agree* to *completely disagree*. Duffy et al., (2009) found item correlations for the goal support scale of: colleague support (.45), immediate supervisor support (.55), and administration support (.69). The reliability coefficient for the current sample was .80 (Appendix L).

This construct was also measured using the Supervisory Satisfaction Questionnaire (SSQ; Ladany, Hill, & Nutt, 1996). This scale helped to show how much support respondents felt as though they have received from supervisors and/or colleagues and items were worded to include both, as opposed to just supervisors. This questionnaire consists of 8 items that respondent's rated on a Likert scale ranging from *low* to *high*; higher scores indicate a greater feeling of satisfaction. Internal consistency for this scale was found to be around .96. The reliability coefficient for the current sample was .90 (Appendix M).

Another scale used to measure goal support was the Crisis Support Scale (CSS; Joseph, Williams, & Yule, 1992). This scale was developed to measure perceived support that respondents felt they received after a crisis situation. This scale was included because crisis situations can arise in clinical work and practicing in rural areas may prevent a practitioner from receiving the necessary support she or he needs when dealing with a crisis situation. The CSS is a 14-item scale and respondents were asked to respond on a Likert scale ranging from *never* to *always*. Higher scores indicate higher levels of perceived support. This scale has a moderate level of internal consistency with a Cronbach's alpha of .67. The reliability coefficient for the current sample was .92 (Appendix N).

In order to measure the amount of support participants felt they received from their organization, the Perceived Organizational Support Scale – Short Form was used (POSS) (Eisenberger et al., 1986). This scale consists of the 16 highest-loading items from the full length 36-item Perceived Organizational Support Scale. Participants were asked to rate each item on a 7-point scale ranging from *strongly agree* to *strongly disagree*. For each item, the author of the assessment suggests inserting the specific organization or general type of work. For example, "The mental health center in which I work values my contribution to its well-being." The POSS was shown to have an internal consistency reliability estimate from between .80 - .93 (Eisenberger et al., 1986). A meta-analysis found that perceived organizational support was significantly correlated with job satisfaction (r = .59) and organizational commitment (r = .60) (Rhoades & Eisenberger, 2002). The reliability coefficient for the current sample was .97 (Appendix O).

Work Conditions

This construct was measured using two scales assessing person/organization (PO) fit and needs/supplies (NS) fit (Cable & Derue, 2002). Each scale consists of three items and participants were asked to respond to each item using a 7-point scale ranging from *strongly agree* to *strongly disagree*. The PO fit and NS fit scales were found to have strong internal consistency estimates of around .89 - .91. Further, the variables have been found to have significant correlations with job satisfaction (.53 - .61), occupational commitment (.33 - .43), and perceived organizational support (.40 - .53) (Cable & Derue, 2002). The reliability coefficient for the current sample was .93 (Appendix P).

This construct will also be measured using a modified version of the NASA-Task Load Index (NASA-TLX; Hart & Staveland, 1988). This scale was used to assess how respondents perceived their work-related caseloads. Respondents were asked to rate their personal experiences regarding their caseloads on the dimensions of mental demand, physical demand, temporal demand, performance, effort, and frustration. Since this index has not been used for this purpose in previous research, reliability and validity information is not available. The reliability coefficient for the current sample was .63 (Appendix O).

The final questionnaire that was used to measure work conditions was the Pay Satisfaction Questionnaire (Heneman & Schwab, 1985). This questionnaire consists of 15 items asking respondents to rate their satisfaction with different variables related to their work-related pay and compensation. Respondents answer using a Likert-type scale ranging from *strongly dissatisfied* to *strongly satisfied*. This scale appears to have strong

reliability with a coefficient alpha of .89. The reliability coefficient for the current sample was .96 (Appendix R).

Data Analysis

Data was analyzed using structural equation modeling in order to test the potential relationships between each of the five predictor variables and how they related to job satisfaction for rural mental health providers. The modifications were also tested in order to see if the considerations of ethics, workload, isolation, and compensation were effective in measuring rural mental health provider work satisfaction. Each variable was also analyzed in an attempt to discover which, if any, of the predictor variables was most and least essential for rural mental health providers and their levels of work satisfaction. Other variables were taken into account for analysis as well in order to test between group differences of work satisfaction as they relate to various demographics such as age and sex.

CHAPTER IV

RESULTS

Descriptive Statistics

A one-way analysis of variance (ANOVA) showed significant differences in job satisfaction scores, as measured by the Minnesota Satisfaction Questionnaire, between participants who live and work in the same community (n = 68, M = 84.10, SD = 10.62) versus those who live in a different community than they work (n = 47, M = 79.21, SD = 10.31) $F(2, 116) = 5.27$, $p = .006$, $d = .47$. The observed statistical power for this analysis was .94. There were also differences scores on the Index of Job Satisfaction between participants who live and work in the same community (n = 68, M = 29.85, SD = 4.37) versus those who live in a different community than they work (n = 47, M = 28.45, SD = 4.86) which were statistically significant $F(2, 116) = 7.70$, $p = .001$, $d = .30$ (Table 1). The observed statistical power for this analysis was .65.

Table 1. One-Way Analysis of Variance of Job Satisfaction by Whether or Not Participants Live in the Same Community in which they Work.

	Yes		No				
Scale	*M*	*SD*	*M*	*SD*	*F(1,116)*	*p*	*d*
IJS	29.85	4.37	28.45	4.86	7.70	.001*	.30
MNSQ	84.10	10.62	79.21	10.31	5.27	.006*	.47

Note. Rural Mental Health Providers, n = 115; Yes, n = 68; No, n = 47. IJS = Index of Job Satisfaction, MNSQ = Minnesota Satisfaction Questionnaire. *$p < .05$.

Influential Relationships between Variables

Hypothesis one of this study pertained to the relationship between job satisfaction and positive affectivity, there were significant positive correlations between these two factors. For the participants, the scores on the Index of Job Satisfaction were positively correlated with the Positive and Negative Affect Scales (r (118) = .70, p = .001), the Satisfaction with Life Scale (r (118) = .50, p = .001), and the Life Orientation Test – Revised (r (118) = .42, p = .001). Similarly, the scores on the MN Satisfaction Questionnaire were positively correlated with the Positive and Negative Affect Scales (r (118) = .60, p = .001), the Satisfaction with Life Scale (r (118) = .50, p = .001), and the Life Orientation Test – Revised (r (118) = .35, p = .001). Therefore, Hypothesis 1 was supported.

In regard to hypothesis two, the relationship between job satisfaction and progress on work-related goals, there were no significant positive correlations. For the participants, the scores on the Index of Job Satisfaction and the Work Related Goal Progress Scale were not significantly correlated (r (118) = .09, p = .309). Similarly, the scores on the MN Satisfaction Questionnaire and the Work Related Goal Progress Scale were not significantly correlated (r (118) = .12, p = .183). Therefore, Hypothesis 2 was not supported.

In regard to hypothesis three, the relationship between job satisfaction and counseling self-efficacy, there were significant positive correlations between these two factors. The scores on the Index of Job Satisfaction were positively correlated with the Counselor Self-Efficacy Scale (r (118) = .23, p = .014). Similarly, the scores on the MN

Satisfaction Questionnaire were positively correlated with the Counselor Self-Efficacy Scale (r (118) = .25, p = .007). Therefore, Hypothesis 3 was supported.

Hypothesis four stated that there would be a positive correlation between work satisfaction and working conditions. Working conditions were measured using the Person/Organization Fit Scale, the Needs/Supplies Fit Scale, the NASA – Task Load Index, and the Pay Satisfaction Questionnaire. There were significant positive correlations between all of the working condition scales and both of the work satisfaction scales.

For the participants, the scores on the Index of Job Satisfaction were positively correlated with the Person/Organization Fit Scale (r (118) = .33, p = .001), the Needs/Supplies Fit Scale (r (118) = .63, p = .001), the NASA – Task Load Index (r (118) = .46, p = .001), and the Pay Satisfaction Questionnaire (r (118) = .27, p = .001). Similarly, the scores on the MN Satisfaction Questionnaire were positively correlated with the Person/Organization Fit Scale (r (118) = .48, p = .001), the Needs/Supplies Fit Scale (r (118) = .72, p = .001), the NASA – Task Load Index (r (118) = .38, p = .001), and the Pay Satisfaction Questionnaire (r (118) = .53, p = .001). Therefore, Hypothesis 4 was supported.

Hypothesis five stated that there would be a positive correlation between work satisfaction and work-related goal support. Work-related goal support was measured using the Work Related Goal Support Scale, the Supervisory Satisfaction Questionnaire, the Crisis Support Scale, and the Perceived Organizational Support Scale. There were some significant correlations between the work-related goal support scales and the work satisfaction scales, although some correlations were negative.

Participants' scores on the Index of Job Satisfaction were negatively correlated with the Work-Related Goal Support Scale (r (118) = -.23, p = .012). The scores on the Index of Job Satisfaction were not correlated with the Supervisory Satisfaction Questionnaire (r (118) = -.02, p = .846) or the Crisis Support Scale (r (118) = .10, p = .265). However, the scores on the Index of Job Satisfaction were positively correlated with the Perceived Organizational Support Scale (r (118) = .32, p = .001).

Scores on the MN Satisfaction Questionnaire were negatively correlated with the Work-Related Goal Support Scale (r (118) = -.23, p = .012). The scores on the MN Satisfaction Questionnaire were not correlated with the Supervisory Satisfaction Questionnaire (r (118) = -.07, p = .479). Finally, the scores on the MN Satisfaction Questionnaire were positively correlated with the Crisis Support Scale (r (118) = .29, p = .001) and the Perceived Organizational Support Scale (r (118) = .58, p = .001). These findings show partial support for Hypothesis 5. Specifically, there was a positive correlation between work satisfaction and the factors of perceived organizational support and crisis support which make up the variable of work-related goal support.

Table 2. Means, Standard Deviations, and Correlations of All Variables.

Variable	*M*	*SD*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*
1. IJS	28.97	5.17	1																	
2. MNSQ	81.70	11.19	.74*	1																
3. PNAS	45.93	7.45	.69*	.60*	1															
4. SWLS	27.61	5.61	.50*	.50*	.51*	1														
5. LOTR	19.92	5.75	-.42*	-.35*	-.42*	-.35*	1													
6. CSES	87.45	8.12	.23*	.25*	.32*	.18	-.34*	1												
7. Vign	4.53	1.93	-.07	-.01	-.11	-.20*	.20*	-.22*	1											
8. WRGP	17.62	2.25	.09	.12	.22*	.15	-.21*	.32*	-.07	1										
9. WRGPpr	7.66	1.72	.06	.10	.18*	.11	-.19*	.33*	-.03	.90*	1									
10. WRGPpa	9.97	1.03	.11	.11	.17	.15	-.13	.15	-.11	.68*	.28*	1								
11. WRGS	19.47	9.81	-.23*	-.27*	-.20*	-.27*	.09	-.05	.05	-.01	.01	-.04	1							
12. SSQ	15.89	8.30	-.02	-.07	.13	-.05	-.03	-.02	.06	.10	.09	.08	.06	1						
13. CSS	63.50	13.12	.10	.29*	.24*	.21*	-.26*	.27*	-.23*	.23*	.16	.24*	.13	.02	1					
14. POSS	77.54	22.37	.32*	.58*	.30*	.25*	-.20*	.20*	.01	.11	.06	.14	.04	.08	.55*	1				
15. POF	14.79	4.62	.33*	.48*	.22*	.21*	-.06	.18	-.04	.04	-.01	.10	-.06	-.07	.44*	.81*	1			
16. NSF	15.39	4.77	.63*	.72*	.41*	.39*	-.26*	.20*	-.03	.13	.08	.16	-.15	-.14	.29*	.61*	.65*	1		
17. NASA	18.38	4.49	-.46*	-.38*	-.22*	-.28*	.26*	.01	.01	-.20*	-.23*	-.04	.07	.04	-.04	-.21*	-.22*	-.26*	1	
18. PSQ	46.39	14.29	.27*	.53*	.20*	.39*	-.16	.11	-.09	.24*	.15	.27*	.07	-.08	.17	.40*	.34*	-.31*	-.31*	1

Note. N = 119. IJS = Index of Job Satisfaction, MNSQ = Minnesota Satisfaction Questionnaire, PNAS = Positive and Negative Affect Scale, SWLS = Satisfaction with Life Scale, LOTR = Life Orientation Test-Revised, CSES = Counselor Self-Efficacy Scale, Vign = Ethical Vignettes, WRGP = Work Related Goal Progress, WRGPpr = Work Related Goal Progress-present worded items, WRGPpa = Work Related Goal Progress-past worded items, WRGS = Work Related Goal Support, SSQ = Supervisory Satisfaction Questionnaire, CSS = Crisis Support Scale, POSS = Perceived Organizational Support Scale, POF = Person/ Organization Fit, NSF = Needs/Supplies Fit, NASA = NASA-Task Load Index, PSQ = Pay Satisfaction Questionnaire. * p <.05.

Analysis of Variables' Contribution to Job Satisfaction

Hypothesis six predicted that the variables of positive affectivity, progress of work-related goals, self-efficacy, working conditions, and work-related goal support would contribute unique variance in the prediction of work satisfaction for rural mental health providers. A stepwise multiple regression was conducted, and it was found that the variables of positive affectivity, work conditions, work related goal support, and work related goal progress explained a significant amount of variance in the amount of job satisfaction that the rural mental health provider sample reported via the Index of Job Satisfaction ($F(6, 112) = 49.33$, $p = .001$, $R^2 = .73$, $f^2 = 2.70$, $R^2_{Adjusted} = .71$ (Table 3). The observed statistical power for this analysis was 1.0.

Table 3. Results of Stepwise Regression for Prediction of Job Satisfaction using the Index of Job Satisfaction.

Predictor Variables	*B*	ß	*t*
Model 1			
PNAS	.48	.69	3.21*
Model 2			
PNAS	.36	.52	8.32*
NSF	.46	.42	6.76*
Model 3			
PNAS	.34	.48	8.37*
NSF	.40	.37	6.34*
NASA	-.30	-.26	-4.72*
Model 4			
PNAS	.35	.51	8.90*
NSF	.44	.41	6.95*
NASA	-.29	-.25	-4.68*
CSS	-.06	-.15	-2.71*
Model 5			
PNAS	.36	.52	9.21*
NSF	.43	.40	6.89*
NASA	-.31	-.27	-5.07*
CSS	-.05	-.13	-2.45*
RGPpresent	-.32	-.11	-2.05*

Table 3. cont.

Predictor Variables	*B*	*ß*	*t*
Model 6			
PNAS	.34	.48	8.24*
NSF	.43	.39	6.92*
NASA	-.29	-.25	-4.72*
CSS	-.06	-.15	-2.77*
RGPpresent	-.35	-.12	-2.22*
LOTR	-.10	-.11	-1.99*

Note. N = 119. PNAS = Positive and Negative Affect Scale, NSF = Needs/Supplies Fit, NASA = NASA-Task Load Index, CSS = Crisis Support Scale, WRGPpresent = Work Related Goal Progress-present worded items, LOTR = Life Orientation Test-Revised. R^2 = .48 for Model 1, $p < .001$; $R^2\Delta = .15$ for Model 2, $p < .001$; Total $R^2 = .63$, $p < .001$; $R^2\Delta = .06$ for Model 3, $p < .001$; Total $R^2 = .69$, $p < .001$; $R^2\Delta = .02$ for Model 4, $p < .001$; Total $R^2 = .71$, $p < .001$; $R^2\Delta = .01$ for Model 5, $p < .001$; Total $R^2 = .72$, $p < .001$; $R^2\Delta = .01$ for Model 6, $p < .001$; Total $R^2 = .73$, $p < .001$.
* $p < .05$.

It was also found that the variables of work conditions, positive affectivity, work related goal support, and work related goal progress explained a significant amount of variance in the amount of job satisfaction that the rural mental health provider sample reported when measured using the Minnesota Satisfaction Questionnaire ($F(8, 110) = 48.41$, $p = .001$, $R^2 = .78$, $f^2 = 3.55$ $R^2_{Adjusted} = .76$ (Table 4). Therefore, hypothesis 6 was partially supported. The observed statistical power for this analysis was 1.0.

Table 4. Results of Stepwise Regression for Prediction of Job Satisfaction using the Minnesota Satisfaction Questionnaire.

Predictor Variables	*B*	*ß*	*t*
Model 1			
NSF	.15	.72	11.24*
Model 2			
NSF	.15	.57	9.21*
PNAS	.09	.36	5.84*
Model 3			
NSF	.14	.48	8.19*
PNAS	.08	.34	6.19*
PSQ	.04	.30	5.53*

Table 4. cont.

Predictor Variables	*B*	*ß*	*T*
Model 4			
NSF	.13	.46	8.12*
PNAS	.08	.31	5.82*
PSQ	.04	.32	6.17*
WRGS	.06	-.16	-3.28*
Model 5			
NSF	.13	.46	8.33*
PNAS	.08	.33	6.14*
PSQ	.04	.35	6.67*
WRGS	.06	-.17	-3.42*
WRGPpast	.54	-.12	-2.38*
Model 6			
NSF	.15	.38	6.06*
PNAS	.08	.32	6.08*
PSQ	.04	.32	6.09*
WRGS	.06	-.19	-3.79*
WRGPpast	.53	-.12	-2.42*
POSS	.03	.15	2.38*
Model 7			
NSF	.15	.44	6.71*
PNAS	.08	.30	5.75*
PSQ	.04	.32	6.24*
WRGS	.06	-.20	-4.16*
WRGPpast	.52	-.12	-2.61*
POSS	.04	.29	3.53*
POF	.20	-.21	-2.57*
Model 8			
NSF	.15	.43	6.66*
PNAS	.08	.28	5.54*
PSQ	.04	.30	5.63*
WRGS	.05	-.19	-4.12*
WRGPpast	.51	-.12	-2.50*
POSS	.04	.30	3.66*
POF	.20	-.22	-2.72*
NASA	.12	-.10	-2.02*

Note. N = 119. PNAS = Positive and Negative Affect Scale, NSF = Needs/Supplies Fit, NASA = NASA-Task Load Index, CSS = Crisis Support Scale, WRGPpresent = Work Related Goal Progress-present worded items, LOTR = Life Orientation Test-Revised. $R^{2\,=}$ .48 for Model 1, $p < .001$; $R^2\Delta = .15$ for Model 2, $p < .001$; Total $R^2 = .63$, $p < .001$; $R^2\Delta = .06$ for Model 3, $p < .001$; Total $R^2 = .69$, $p < .001$; $R^2\Delta = .02$ for Model 4, $p < .001$; Total $R^2 = .71$, $p < .001$; $R^2\Delta = .01$ for Model 5, $p < .001$; Total $R^2 = .72$, $p < .001$; $R^2\Delta = .01$ for Model 6, $p < .001$; Total $R^2 = .73$, $p < .001$.
* $p < .05$.

A stepwise multiple regression was also conducted to determine which of the research question variables (ethics, workload, isolation, compensation) predicted job satisfaction most significantly among rural mental health providers. Using the stepwise method, it was found that the variable of workload was the only one that significantly predicted job satisfaction for rural mental health providers using the Index of Job Satisfaction ($F(1, 117) = 30.93$, $p = .001$, $R^2 = .21$, $f^2 = .27$, $R^2_{Adjusted} = .20$ (Table 5). The observed statistical power for this analysis was .99.

Table 5. Results of Stepwise Regression for Prediction of Job Satisfaction using the Research Question Variables and the Index of Job Satisfaction.

Predictor Variables	*B*	ß	*t*
Model 1			
NASA	-.53	-.46	21.58*

Note. N = 119. NASA = NASA-Task Load Index. $R^2 =$ -.53 for Model 1, $p < .001$.
* $p < .05$.

It was also found that the variables of compensation and workload explained a significant amount of variance in the amount of job satisfaction that the rural mental health provider sample reported when measured using the Minnesota Satisfaction Questionnaire ($F(2, 116) = 29.20$, $p = .001$, $R^2 = .34$, $f^2 = .52$, $R^2_{Adjusted} = .32$ (Table 6). The observed statistical power for this analysis was 1.0.

Table 6. Results of Stepwise Regression for Prediction of Job Satisfaction using the Research Question Variables and the Minnesota Satisfaction Questionnaire.

Predictor Variables	*B*	ß	*t*
Model 1			
PSQ	.42	.53	20.97*
Model 2			
PSQ	.36	.46	5.74*
NASA	-.60	-.24	-3.02*

Note. N = 119. PSQ = Pay Satisfaction Questionnaire, NASA = NASA-Task Load Index. $R^2 =$ .52 for Model 1, $p < .001$; $R^2\Delta = .06$ for Model 2, $p < .001$; Total $R^2 = .58$, $p < .003$.
* $p < .05$.

Testing Models

Hypothesis seven of this study pertained to the fit of the entire model of job satisfaction for rural mental health providers. A path analysis with the latent variables of positive affectivity, self-efficacy, work related goal progress, work conditions, and work related goal support was conducted in order to test the primary hypothesis of this study, that the proposed model will be a good fit for predicting work satisfaction for rural mental health providers. The result indicated a poor fit for the proposed model. The reported fit indices were $\chi^2(106, n = 119) = 283.22$, $p = .001$; NFI = .69; TLI = .70; CFI = .77; RMSEA = .12 (Table 7). Therefore, hypothesis 7 was not supported. Prior to collecting data, it was calculated that in order to have enough statistical power for this analysis, this researcher would need about 300 participants. This participant minimum was not met, and so there was insufficient statistical power to fully measure the model.

Table 7. Paths for Proposed Model of Job Satisfaction.

Parameter Estimate	*Unstandardized*	*Standardized*	*p*
Measurement Model Estimates			
Positive Affect → Work-Related Goal Support	.03	.32	.542
Positive Affect → Self-Efficacy	.55	.75	.001
Work-Related Goal Support → Self-Efficacy	.22	.03	.863
Work-Related Goal Support → Work Conditions	5.30	.74	.534
Self-Efficacy → Work Conditions	.25	.30	.013
Self-Efficacy → Work-Related Goal Progress	.16	.71	.028
Work-Related Goal Support → Work-Related Goal Progress	.24	.12	.745
Work Conditions → Work-Related Goal Progress	-.06	-.21	.626

Table 7. cont.

Parameter Estimate	*Unstandardized*	*Standardized*	*p*
Self-Efficacy → Work Satisfaction	-.64	-.66	.164
Work Conditions → Work Satisfaction	1.41	1.19	.003
Work-Related Goal Progress → Work Satisfaction	-.26	-.06	.755
Positive Affect → Work Satisfaction	.76	1.07	.002
Work-Related Goal Support → Work Satisfaction	-5.42	-.64	.548

Note: $\chi^2(106, n = 119) = 283.22$, $p = .001$; NFI = .69; TLI = .70; CFI = .77; RMSEA = .12

CHAPTER V

DISCUSSION

Interpretation of data and conclusions about the hypotheses and research questions are presented in the following pages. In the first section, I will review the population being studied, the importance of this study, and previous literature on the topic. Next, I will summarize the results and provide interpretation for statistically significant results, and hypotheses about non-significant results. Finally, I will discuss limitations of the current study, implications for the research results, and recommendations for future studies in this field.

Population Studied

The current study examined data from a sample of rural mental health providers. Three of the greatest concerns that previous researchers have noted for rural mental health providers are ethical concerns, burnout, and a lack of support (Roberts et al., 1999; Schank & Skovholt, 2006). Since the 1970s, there has been an effort to increase the number of mental health professionals in rural areas because these are typically underserved areas (Hollingsworth & Hendrix, 1977). However, mental health and substance use issues for individuals from rural areas remains a prominent concern despite the creation of the Office of Rural Health Policy and the National Rural Health Advisory Committee in 1987 to promote both physical and mental health for rural residents

(Bushy, 1998; Cellucci & Vik, 2001; DeLeon, et al., 1989; Werth et al., 2010; Fontanella et al., 2015).

Hypothesis Testing

Seven hypotheses and one research question were proposed for the current study. Hypotheses one through five were related to the correlation of job satisfaction and the various proposed components of job satisfaction. Hypothesis one predicted that positive affectivity would have a positive correlation with job satisfaction for the population being studied; this hypothesis was supported. Therefore, employees who endorsed traits related to positive affectivity such as cheer, enthusiasm, and energy were more likely to experience greater levels of job satisfaction.

Hypothesis two stated that progress at work-related goals would have a positive correlation with work satisfaction; this hypothesis was not supported. In other words, it did not appear that making progress on work related goals was related to employee perceptions of job satisfaction. It was predicted in hypothesis three that self-efficacy would have a positive correlation with work satisfaction; this hypothesis was supported. This suggested that employees who had higher levels of self-efficacy, or confidence in their abilities, had more work satisfaction. Hypothesis four predicted that working conditions would have a positive correlation with work satisfaction; this hypothesis was supported. Therefore, employees who indicated that they felt as though they were personally a good fit within their organization and that they were getting the physical things that they needed from their work in order to do their work indicated higher levels of job satisfaction than those who did not.

Hypothesis five stated that work-related goal support, as measured by perceived organizational support, crisis support, work-related goal support, and supervisory support, would have a positive correlation with work satisfaction; this hypothesis was partially supported. Job Satisfaction was shown to have a positive correlation with perceived organizational support and crisis support, and no correlation with work-related goal support or supervisory support. In other words, employees who felt supported by their organization in general and those who felt support around crisis situations endorsed higher levels of work satisfaction than those who did not experience those types of support. However, work-related goal support and supervisory support did not appear to impact work satisfaction in a significant way.

Hypothesis six predicted that positive affectivity, progress on work-related goals, self-efficacy, working conditions, and work-related goal support would each add unique variance in the prediction of work satisfaction. This hypothesis was partially supported; positive affectivity, progress on work related goals, working conditions, and work-related goal support explained a significant amount of variance in job satisfaction for the rural mental health provider sample. The variable of self-efficacy did not appear to add a significant amount of variance in the prediction of work satisfaction. Put another way, the data indicated that positive affectivity (cheerfulness, enthusiasm, energy), progress on work related goals, working conditions, and work-related goal support all contributed to the job satisfaction of the rural mental health providers sampled in this study in significant ways. However, self-efficacy, or one's confidence in one's own abilities, did not appear to make a significant difference in the measurement of work satisfaction for this group. This would indicate that it may be helpful to focus on the affectivity, goal

progress, working conditions, and goal support of rural mental health providers when considering job satisfaction.

Hypothesis seven predicted that the proposed model of work satisfaction (including the variables of: personality traits, goals and goal-directed activities, self-efficacy, working conditions and outcomes, and goal-relevant environmental supports and obstacles) for rural mental health providers would be a good fit. The results indicated that the model was not a good fit; therefore, the hypothesis was not supported.

Putting all of the information from the hypotheses together, it appears as though the factors that, on their own, contributed to work satisfaction for the rural mental health providers sampled were positive affectivity, self-efficacy, work conditions, and the scales of organizational support and crisis support from the work-related goal support factor. This is meaningful in that employers of rural mental health providers, or the providers themselves, may be able to intervene with these particular factors when thinking about increasing job satisfaction. When looking at all of the factors of job satisfaction together and teasing apart which of them contribute unique variance to the measurement of job satisfaction, it appeared as though positive affectivity, progress of work related goals, working conditions, and work related goal support all contributed in meaningful ways. The factors of positive affectivity, work conditions, and work related goal support each contributed to the work satisfaction of the rural mental health provider sample on their own and when measured together. In other words, these appeared to be significantly important factors for this sample when considering job satisfaction.

The research question that this researcher posited was how much of the variance in job satisfaction was based on the predictor variables specific to rural mental health

practice; ethics, workload, isolation, and compensation. For this sample, it appears as though the two factors associated with job satisfaction were workload and pay, while the factors of ethics and isolation did not play as big of a role. This is an important consideration for rural mental health providers when thinking about their job satisfaction, it would be beneficial to remain aware of the amount of work and effort one is expending in order to try to maintain a healthy workload. The information pertaining to compensation is important to employers of rural mental health providers in order to recruit and retain qualified providers in these underserved areas.

Limitations

This project began with the limitation that there is not a great deal of prior research on the topic of job satisfaction for rural mental health providers. Job satisfaction is a topic that has been studied, which was helpful for laying a basic foundation for the current study. However, focusing specifically on rural mental health providers has not been done a great deal, and so it was difficult to find examples of what other researchers have looked at and found, as well as what has and has not worked when studying this particular population. There are a number of agencies and organizations that are working to increase access and availability of health services for individuals in rural areas so looking at the job satisfaction of the individuals who provide those services is a critical piece of that puzzle.

The current study involved a lengthy online survey, taking about 30-45 minutes to complete and including 15 questionnaires, as necessary to measure the proposed, complex, model. The length of the survey likely produced fatigue in some participants, which is made evident by a number of incomplete surveys as noted by the online survey

mechanism. Efforts were made to ethically interpret missing data, and several participants were removed from the total sample due to incomplete data. Fatigue could have also caused some participants to respond to earlier items more thoughtfully than later items. Future studies would benefit from incorporating randomized questionnaire order to account for potential fatigue bias.

Another limitation that was noted by several participants was related to access to technology in order to complete the survey. Although participants were able and encouraged to request a paper copy of the survey to fill out, only a few did so and none were returned. A number of the rural mental health providers indicated that they did not have internet access at work and so were not able or willing to complete the survey after work hours or when they reached a location in which they had internet access, thereby limiting the generalizability of these findings to workers in some rural settings.

The previously noted limitations contributed to the limitation of not having enough research participants to fully and accurately measure the proposed model. The sample size was small in comparison to the number of constructs that was being measured, which may have contributed to the difficulty in finding significant relationships from the data. A larger sample size is needed in order to ensure a representative distribution of the population when measuring the number of constructs that was measured in this study.

Additionally, several participants noted that some of the questions were difficult to respond to because they were in individual practice and so were unable to speak to the questions related to organizational support, supervisors, colleagues, etc. Although efforts were made by this researcher to provide the option of ‘not applicable’ to survey questions

that did not fit, this appeared to remain a struggle for some participants. Finally, a limitation that several participants noted in email correspondence with the researcher was the ethical questions that were presented. Voluntary participant reporting of these situations made it apparent that there are indeed unique ethical issues that rural mental health providers face, the extent of which were beyond the scope of this study. The list of situations submitted by participants are provided in Appendix T and provide significant opportunity for future research.

Implications

As was described previously, Social Cognitive Career Theory (SCCT) looks at the variables of self-efficacy, personality traits, and contextual variables in order to study job satisfaction (Brown & Lent, 2006). More specifically, Brown and Lent's (2006) SCCT theory of job satisfaction looks at personality traits, goals and goal directed activities, self-efficacy, working conditions and outcomes, and goal-relevant environmental supports and obstacles. The current study did not provide support for use of Brown and Lent's (2006) model of job satisfaction for rural mental health providers, but parts of the model did appear to have some significance. Further, because this researcher was unable to obtain the minimum number of participants in order to truly measure this model, it would be important for future research to make attempts to gather enough participants to be able to have the statistical power to validly run the necessary analysis. However, the current study did give support for use of some of the SCCT factors when measuring this construct.

It would be beneficial for individuals training future mental health providers as well as employers of mental health providers in rural areas to consider the results of the

current study in order to attempt to increase job satisfaction and subsequently decrease turnover for those jobs. The personality trait of positive affectivity, or a predisposition toward feeling positive states of emotion a majority of the time, is not something that can be easily taught, but it is certainly something that employers can consider when hiring for rural mental health provider positions. It would also be beneficial for individuals to evaluate whether or not they have positive affectivity when thinking about the type of work environment to pursue. If positive affectivity is a characteristic that an individual knows that they are low on, it might be a good idea to look at ways to increase it in themselves if they are looking to work as a mental health provider in a rural area.

Self-efficacy is described by Brown and Lent (2006) as the personal beliefs that individuals hold about themselves in regard to their ability to perform particular tasks; specifically, work-related tasks for the current study. Bandura (1986) posited that when individuals hold the belief that they can accomplish a task, they are likely to figure out how to do so and subsequently take action. Because self-efficacy appeared to have significance when predicting job satisfaction for rural mental health providers, it would be beneficial for training and employment purposes to focus on this construct. Self-efficacy is something that can be fostered and promoted for individuals and it would be beneficial to encourage this from the start of training in order to get the most value (Bandura, 1986).

Work-related goal progress is connected to behaviors that individuals engage in which further their determination to achieve particular outcomes or levels of performance (Bandura, 1986). This was found to be significant in the current study in that individuals who reported more work-related goal progress were more likely to experience work

satisfaction. Prior research has suggested that work-related goals are most useful when they are set by the individual, the individual decides how to pursue them, and the individual is able to judge their own progress toward their goals (Cantor & Sanderson, 1999). Although individuals who train or employ rural mental health providers should not provide and assess individual goals as stated previously, it would be beneficial to provide support for trainees or employees who are setting goals and allow them time, space, and experience to follow through with those goals, which will subsequently increase job satisfaction.

The current study also provided evidence for the impact of considering several of the factors together when looking at job satisfaction for rural mental health providers. Rather than looking at the factors is isolation, it may be beneficial to consider those together which appeared to provide significance in the variance of job satisfaction. The factors of positive affectivity, work conditions, work related goal support, and work related goal progress provided explanation for a significant amount of the variance when looking at job satisfaction. These factors could be considered by individuals who train and/or employ rural mental health providers in order to get a better, more effective, idea of what these individuals are needing and looking for from their employment. The potential employees, themselves, could also consider the previously mentioned factors and how to implement them in order to increase their own job satisfaction.

In considering the research question, rural specific variables, and how they impact job satisfaction for this population, it appeared as though workload and compensation should be of particular concern. This would be important information for individuals training future rural mental health providers in order to gauge what a healthy workload is

for particular individuals. This information could also be helpful in deciding what an appropriate compensation package would be for individuals hiring for these positions and for individuals looking to be hired as mental health providers in rural areas. Ensuring that enough of the job satisfaction factors are in place would ideally help to ensure healthy, well-adjusted workers and decrease turnover for these important positions.

Recommendations for Future Research

Future research on the job satisfaction of rural mental health providers would benefit from further investigation into the factors that appeared to contribute to work satisfaction. Additional exploration of these factors would be beneficial for rural mental health providers in order to continue to make efforts to increase work satisfaction. Residents living in rural areas would also benefit from further research because it would contribute to the increase in job satisfaction of their mental health providers and subsequently decrease turnover for these positions.

Creating a shorter, more concise survey would be beneficial for future studies as well. After analyzing the data that was collected in the current study, it appeared as though several of the assessments could be done away with for future studies because they did not appear to have strong correlations with job satisfaction. For example, some of the questionnaires related to work-related goal support did not appear to have significant relationships with the construct of work satisfaction for rural mental health providers and so would not necessarily need to be measured in future studies. This would improve the research design by shortening the length of the survey and potentially avoid participant fatigue.

Future research would also benefit from taking the recommendations of participants into account in relation to technology and ethical concerns. According to the feedback received from research participants, technology appeared to be a major barrier for many rural mental health providers. It would be beneficial to think of other ways to collect data from this population; such as: sending out all paper surveys with stamped, return envelopes, traveling to mental health agencies in rural areas to drop off/pick up surveys, and attending trainings/conferences targeted to rural mental health providers to solicit survey responses.

Finally, future attempts to study the job satisfaction of rural mental health providers would benefit from looking more closely at the particular ethical concerns that this population faces, and how those can be avoided, dealt with, and/or processed. Some of the suggested ethical concerns that participants submitted in correspondence can be found in Appendix T.

APPENDICES

APPENDIX A

EMAIL RECRUITMENT MATERIALS

Recruitment Email:

Hello, my name is Erin Martin and I am a Counseling Psychology doctoral student at the University of North Dakota. I am in the process of completing my dissertation, which is examining the **work satisfaction of rural mental health providers** (IRB Approved, IRB-201407-004). Providing mental health services in rural areas can be particularly stressful because of a variety of different factors; I am interested in discovering what those factors are and how impactful they are to the individuals who do this important work. My goal through this research is to increase the awareness of the factors that contribute to job satisfaction for rural mental health providers as well as those that decrease job satisfaction. Another goal is to put this information to use in order to increase job satisfaction, decrease turnover for rural mental health providers, and provide optimal services for individuals who reside in rural areas.

I am writing today because I am wondering if I would be able to obtain a list of licensed (psychologists, counselors, social workers) in (state). If at all possible, I wondered if I could get a list of the providers as well as the city in which they practice and an email address in order to be able to send recruitment emails. Alternatively, if you have a listserv of licensed providers that you send information to, would I be able to provide you with my recruitment email and the link to the survey, which could be sent out to your listserv.

Thank you for your consideration,
Erin

I am writing today because I am wondering if I would be able to recruit participants through your organization (listserv, newsletter, etc.). Participation in my survey is totally voluntary and confidential. Participants may also be entered to win 1 of 4 $25 gift certificates. The survey takes about 15-20 minutes to complete. If you allow me to recruit through your organization, my IRB at the University of North Dakota has asked me to submit correspondence in which you indicate your consent. Simply reply to this email indicating whether or not your organization will allow recruitment for participation, and if so, I will send you the survey link in a follow-up email which can be sent to your members.

Thank you for your consideration.

If you are interested and willing to participate in this survey, you can either do so by following the website link at the bottom of the email or by requesting a paper and pencil copy of the survey which I will send to you. **Participation in this survey is totally voluntary and confidential**. Completion of the survey will take about 15-20 minutes of your time, and after completion, you have the opportunity to enter a drawing for 1 of 4 $25 gift certificates to Target, Walmart, or Best Buy.

If you have any questions or concerns about this research and/or your participation, please contact me, Erin Martin, M.A. at Erin.L.Martin@und.edu

<<survey link will go here>>

Thank you,

Erin

APPENDIX B

INFORMED CONSENT

Informed Consent:

This study is looking at the job satisfaction for rural mental health providers. The goal of the research is to become more aware of the factors that increase work satisfaction for this population as well as the factors that may decrease work satisfaction. By continuing on to the questions, you are giving consent to participate in the research. You may withdraw your participation at any time by simply exiting the survey. At the end of the survey, you will be given the opportunity to enter a drawing for 1 of 4 $25 gift cards to Target, Walmart, or Best Buy. You will be asked to include your name, email address, and telephone number (optional) for the drawing and this information will be kept separate from the research data. If you have any questions or concerns about this research, please feel free to contact the primary researcher, Erin Martin, at Erin.L.Martin@und.edu

Please answer all questions as truthfully and honestly as possibly. Thank you.

APPENDIX C

DEMOGRAPHICS AND PERSONAL INFORMATION

Demographics and Personal Information:

Gender
- Male
- Female
- MF Transgender
- FM Transgender
- Other

Age _____

Race, please choose one
- African American/Black
- American Indian/Native American
- Asian American/Pacific Islander
- Biracial/Multiracial
- Caucasian/White
- Hispanic/Latino
- International
- Other

Sexual Orientation, please choose one
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Other

Please specify the job you currently hold _____

Please indicate how long you have held this job _____

Please indicate what mental health license (if any) you currently hold _____

Do you consider the town/city in which you work to be

- Urban
- Rural
- Suburban
- Other

What is the approximate population of the town/city in which you work?
_____

What is the approximate distance from the town/city in which you work to the nearest city with a population of 50,000 or more? _____

Do you live in the same community in which you work?

- Yes
- No

Please indicate the state in which you work _____

APPENDIX D

INDEX OF JOB SATISFACTION

Index of Job Satisfaction: Please choose one response to each of the following statements

	Strongly Disagree	Disagree	Slightly Disagree	Unsure	Slightly Agree	Agree	Strongly Agree
I feel fairly well satisfied with my present job							
Most days I am enthusiastic about my work							
Each day of work seems like it will never end							
I find real enjoyment in my work							
I consider my job rather unpleasant							

APPENDIX E

MINNESOTA SATISFACTION QUESTIONNAIRE

Minnesota Satisfaction Questionnaire: Ask yourself, how satisfied am I with this aspect of my work?

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	N/A
Being able to keep busy all the time						
The chance to work alone on the job						
The chance to do different things from time to time						
The chance to be "somebody" in the community						
The way my boss handles his/her workers						
The competence of my supervisor in making decisions						
Being able to do things that do not go against my conscience						
The way my job provides for steady employment						
The chance to do things for other people						
The chance to tell people what to do						

The chance to do something that makes use of my abilities	
The way company policies are put into practice	
My pay and the amount of work I do	
The chance for advancement on this job	
The freedom to use my own judgment	
The chance to try my own method of doing the job	
The working conditions	
The way my co-workers get along with each other	
The praise I get for doing a good job	
The feeling of accomplishment I get from the job	

APPENDIX F

POSITIVE AND NEGATIVE AFFECT SCALE (POSITIVE ITEMS)

Positive and Negative Affect Scale (positive items): This scale consists of a number of words that describe different feelings and emotions. Read each item and then choose the appropriate responses in the space next to that word. Please indicate to what extent you have felt this way during the past few weeks.

	Very Slightly	A little	Moderately	Quite a bit	Extremely
Interested					
Alert					
Excited					
Inspired					
Strong					
Determined					
Attentive					
Enthusiastic					
Active					
Proud					

APPENDIX G

SATISFACTION WITH LIFE SCALE

Satisfaction with Life Scale: Below are five statements that you may agree or disagree with. Using the 1-7 scale below, please indicate your agreement with each item.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
In most ways my life is close to my ideal							
The conditions of my life are excellent							
I am satisfied with my life							
So far I have gotten the important things I want in life							
If I could live my life over, I would change almost nothing							

APPENDIX H

LIFE ORIENTATION TEST-REVISED

Life Orientation Test-Revised: Please answer according to your own feelings, rather than how you think "most people" would answer.

	I agree a lot	I agree a little	I neither agree nor disagree	I disagree a little	I disagree a lot
In uncertain times, I usually expect the best					
It's easy for me to relax					
If something can go wrong for me, it will					
I's always optimistic about my future					
I enjoy my friends a lot					
It's important for me to keep busy					
I hardly ever expect things to go my way					
I don't get upset too easily					
AI rarely count on good things happening to me					
Overall, I expect more good things to happen to me than bad					

APPENDIX I

COUNSELOR SELF-EFFICACY SCALE

Counselor Self-Efficacy Scale: Using the following options, please rate your counselor (provider) self-efficacy or ability to do the following counseling skills.

	Disagree Strongly	Disagree Moderately	Neutral/ Uncertain	Agree Moderately	Agree Strongly
My knowledge of personality development is adequate for counseling effectively					
My knowledge of ethical issues related to counseling is adequate for me to perform professionally					
My knowledge of behavior change principles is not adequate					
I am not able to perform psychological assessment to professional standards					
I am able to recognize the major psychiatric conditions					
My knowledge regarding crisis intervention is not adequate					
I am able to effectively develop therapeutic relationships with clients					
I can effectively facilitate client self-exploration					
I am not able to accurately identify client affect					
I cannot discriminate between meaningful and irrelevant client data					

I am not able to accurately identify my own emotional reactions to clients	
I am not able to conceptualize client cases to form clinical hypotheses	
I can effectively facilitate appropriate goal development with clients	
I am not able to apply behavioral change skills adequately	
I am able to keep my personal issues from negatively affecting my counseling	
I am familiar with the advantages and disadvantages of group counseling as a form of intervention	
My knowledge of the principles of group dynamics is not adequate	
I am able to recognize the facilitative and debilitate behaviors of group members	
I am not familiar with the ethical and professional issues specific to group work	
I can function effectively as a group leader/facilitator	

APPENDIX J

ETHICAL CASE VIGNETTES

Ethical Case Vignettes: Please read the following case vignettes and indicate how comfortable you would feel in dealing with each scenario

1. You are the only mental health practitioner in your community and you are frequently on-call for the local hospital. During one on-call shift, you are called in to the emergency room to evaluate a 17-year-old female for risk of suicide. You are told by the nurse that the young woman appears to be drunk or on another substance. The nurse also tells you who the patient is, and you discover it is the daughter of one of your best friends in the community. How comfortable would you feel in knowing how to deal with this scenario?

2. You are seeing a new client and discover that she has a severe eating disorder that she has been dealing with for about 5 years. You do not have any specialized training in treating eating disorders but the nearest eating disorder clinic is located about 150 miles away and you know your client is a single mother with little support so getting to the clinic would be a potential issue for the client. How comfortable would you feel in knowing how to deal with this scenario?

APPENDIX K

WORK-RELATED GOAL PROGRESS

Work-Related Goal Progress:

A self set work goal is defined as something you personally aspire to achieve in your job. Examples of work goals for counselors (providers) might be, “improving my therapy skills”, “managing my paperwork better”, or “being less stressed at work”.

Please list your most important work goal, which you have set on your own and was not assigned by the administration_____

Considering your work-related goal, choose one answer to each of the following statements based on the scale

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I am making good progress on my work goal					
In the past, I have made significant progress toward my work goal					
My pursuit of my work goal as been productive					
I am satisfied with my effort to reach my work goal					
In general, I have not made much progress with my work goal					

APPENDIX L

WORK-RELATED GOAL SUPPORT

Work-Related Goal Support: Considering your work-related goal, choose one answer to each of the following statements based on the scale

	Completely Disagree	Disagree	Slightly Disagree	Unsure	Slightly Agree	Agree	Completely Agree	N/A
My colleagues reliably assist my attempts to accomplish this goal when I ask them to do so								
My colleagues behave in ways that conflict with my attempts to accomplish this goal								
My immediate supervisor reliably assists my attempts to accomplish this goal when I ask him or her to do so								

My immediate supervisor behaves in ways that conflict with my attempts to accomplish this goal
My colleagues reliably assist my attempts to accomplish this goal when I ask them to do so

APPENDIX M

SUPERVISORY SATISFACTION QUESTIONNAIRE

Supervisory Satisfaction Questionnaire: Please answer the following questions regarding supervision.

	Excellent	Good	Fair	Poor	N/A
How would you rate the quality of the supervision you receive					

	No, definitely not	No, not really	Yes, generally	Yes, definitely	N/A
Do you get the kind of supervision you want?					

	Almost all of my needs are met	Most of my needs are met	Only a few of my needs are met	None of my needs are met	N/A
To what extent does your supervision fit your needs?					

	No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely	N/A
If your friend were in need of supervision, would you recommend your supervisor to him or her					

	Quite dissatisfied	Mildly dissatisfied	Mostly satisfied	Very Satisfied	N/A
How satisfied are you with the amount of supervision you receive					

	Yes, definitely	Yes, generally	No, not really	No, definitely not	N/A
Has the supervision you have received helped you to deal more effectively in your role as a practitioner					

	Very satisfied	Mostly satisfied	Mildly dissatisfied	Quite dissatisfied	N/A
In an overall, general sense, how satisfied are you with the supervision you receive					

	No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely	N/A
If you were to seek supervision again, would you come back to this supervisor?					

APPENDIX N

CRISIS SUPPORT SCALE

Crisis Support Scale: I am interested in the help that you received from supervisors, colleagues, and support staff following a clinical crisis event.

	Never	Very Seldom	Seldom	Sometimes	Often	Very Often	Always
Whenever you wanted to talk, how often was there someone willing to listen just after the crisis							
Whenever you want to talk, how often is there someone willing to listen at the present time							
Did you have personal contact with other people with a similar experience just after the crisis							
Do you have personal contact with other people with a similar experience at the present time							
Were you able to talk about your thoughts and feelings just after the crisis							
Are you able to talk about yours and feelings at the present time							
Were people sympathetic and supportive just after the crisis							
Are people sympathetic and supportive at the present time							

Are people helpful in a practical sort of way at the present time Did people you expected to be supportive make you feel worse at any time just after the crisis	
Do people you expect to be supportive make you feel worse at any time at the present time	
Overall, were you satisfied with the support you received just after the crisis	
Overall, are you satisfied with the support you are receiving at the present time	

APPENDIX O

PERCEIVED ORGANIZATIONAL SUPPORT SCALE

Perceived Organization Support Scale: Listed below are statements that represent possible opinions that YOU may have about working at your organization. Please indicate the degree of your agreement or disagreement with each statement.

When answering these questions, "organization" refers to those in your work environment, including fellow providers, immediate supervisors, and administration.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree
My organization values my contribution to its well-being							
If my organization could hire someone to replace me at a lower salary it would do so							
My organization fails to appreciate any extra effort from me							
My organization strongly considers my goals and values							

My organization would ignore any complaint from me
My organization disregards my best interest when it makes decisions that affect me
Help is available from my organization when I have a problem
My organization really cares about my well-being
Even if I did the best job possible, my organization would fail notice
My organization is willing to help me when I need a special favor

APPENDIX P

PERSON/ORGANIZATION AND NEEDS/SUPPLIES FIT

Person/Organization and Needs/Supplies Fit: Please choose one response to each of the following statements.

	Strongly Disagree	Disagree	Slightly Disagree	Unsure	Slightly Agree	Agree	Strongly Agree
The things I value in life are very similar to the things that my organization values							
My personal values match my organization's values and culture							
My organization's values and culture provide a good fit with the things that I value in life							
There is a good fit between what my job offers me and what I am looking for in a job							
The attributes that I look for in a job are fulfilled very well by my present job							
The job that I currently hold gives me just about everything that I want from a job							

APPENDIX Q

NASA-TASK LOAD INDEX

NASA-Task Load Index: Please rate each of the following based on your current caseload

	Not at all 0	1	2	3	4	Very high 5
Mental Demand – how mentally demanding is your caseload						
Physical Demand – how physically demanding is your caseload						
Temporal Demand – how hurried or rushed do you feel because of your caseload						
Performance – how successful are you in accomplishing what you need to in regard to your caseload						
Effort – How hard do you have to work to do everything you need to do in regard to your caseload						
Frustration – how frustrated do you feel in regard to your caseload						

APPENDIX R

PAY SATISFACTION QUESTIONNAIRE

Pay Satisfaction Questionnaire: Please indicate your level of satisfaction to your pay and benefits received at work.

	Strongly Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Strongly Dissatisfied	N/A
Take home pay						
Benefits package						
Most recent salary raise						
The influence of your supervisor on your pay						
Current salary						
The amount paid by company towards benefits						
Raises that have been expected in the past						
Pay structure of the company						
Information provided by the company pertinent to your pay						
Overall level of your pay						
The value of your benefits						

Your pay in comparison to others in the organization						
Consistency in the organization's pay policy						
The way in which raises are determined						
The administration of company pay						

APPENDIX S

DEBRIEFING PAGE

Debriefing Page:

Thank you for participating in this study which is looking at the job satisfaction for rural mental health providers. Next, you will have the opportunity to be entered into a drawing for 1 of 4 $25 gift certificates to Target, Walmart, or Best Buy. If you would like to be entered into the drawing, you will be asked to provide your name, email address, and telephone number (optional) in order to be contacted if you win. This data will be kept separate from the research data. If you opt out of being entered in the drawing, simply select the "no" option. If you have any questions or concerns about this research, or if you are interested in a summary of the results, please feel free to contact the primary researcher, Erin Martin, at Erin.L.Martin@und.edu

APPENDIX T

PARTICIPANT SUBMITTED ETHICAL STRUGGLES

Participant submitted ethical struggles

1. My daughter (now 15) is in the local public schools - and some of her classmates are my clients.

2. My partner just became superintendent of schools in our public school district and when I accompany my partner to school events, I see current and former clients and parents of clients in the population of teachers in the school district.

3. One of my clients was going to sue the school system (which would have obviously been a problem for my partner) because her child was not getting services outlined in the child's IEP.

4. One of my former clients got her PsyD recently and now is a local provider/clinician - she stopped therapy with me awhile ago - but if she had not, it would not have been comfortable collaborating with her on cases.

5. One of my clients was sexually manipulated by a previous therapist (well known in this area) - and I had to seek consultation and supervision outside the geographic area (all my colleagues in the area worked with him or his wife, also a therapist, or were friends with them).

6. Clients come up to me (or ignore me or avoid me) when we inevitably run into each other at the grocery store or library or shopping center.

7. One of my clients does mammograms at the mammography center at the only local hospital where I get my annual exam.

8. I have to drive an hour each way to see my own therapist weekly - and had to find someone who did not know me or collaborate with me on cases.

REFERENCES

Agho, A. O., Mueller, C. W., & Price, J. L. (1993). Determinants of employee job satisfaction: An empirical test of a causal model. *Human relations*, *46*(8), 1007-1027.

Bandura, A. (1986). The explanatory and predictive scope of self-efficacy theory. *Journal of Social and Clinical Psychology*, *4*(3), 359-373.

Bauman, Z. (1998). What prospects of mortality in times of uncertainty? *Theory, Culture, & Society,* 15, 11-22

Bird, D. C., Dempsey, P., & Hartley, D. (2001). *Addressing mental health workforce needs in underserved rural areas: Accomplishments and challenges*. Maine Rural Health Research Center, Edmund S. Muskie School of Public Services, University of Southern Maine.

Brennan, C. (2013). Ensuring ethical practice: Guidelines for mental health counselors in private practice. *Journal of Mental Health Counseling*, *35*(3), 245-261.

Brown, S. D., & Lent, R. W. (2006). Preparing adolescents to make career decisions. *Self-efficacy beliefs of adolescents*, 201-223.

Bushy, A. (1998). Health issues of women in rural environments: an overview. *Journal of the American Medical Women's Association (1972)*, *53*(2), 53.

Buykx, P., Humphreys, J., Wakerman, J., & Pashen, D. (2010). Systematic review of effective retention incentives for health workers in rural and remote areas: Towards evidence-based policy. *Australia Journal of Rural Health, 18*, 102-109.

Caprara, G. V., Barbaranelli, C., Borgogni, L., & Steca, P. (2003). Efficacy Beliefs as Determinants of Teachers' Job Satisfaction. *Journal of Educational Psychology*, *95*(4), 821.

Cellucci, T., & Vik, P. (2001). Training for substance abuse treatment among psychologists in a rural state. *Professional Psychology: Research and Practice*, *32*(3), 248.

Chen, P. Y., & Spector, P. E. (1992). Relationships of work stressors with aggression, withdrawal, theft and substance use: An exploratory study. *Journal of occupational and organizational psychology*, *65*(3), 177-184.

Connolly, J. J., & Viswesvaran, C. (2000). The role of affectivity in job satisfaction: A meta-analysis. *Personality and individual differences*, *29*(2), 265-281.

Cromartie, J. & Bucholtz, S. (2008). *Defining the "rural" in rural America*. United States Department of Agriculture. Retrieved from http://www.ers.usda.gov/amber-waves/2008-june/defining-the-%E2%80%9Crural%E2%80%9D-in-rural-america.aspx#.Vi_iOLdaFRk.

Dawis, R. V., & Lofquist, L. H. (1984). *A psychological theory of work adjustment: An individual-differences model and its applications*. Minneapolis, MN: University of Minnesota Press.

DeLeon, P. H., Wakefield, M., Schultz, A. J., Williams, J., & VandenBos, G. R. (1989). Rural America: Unique opportunities for health care delivery and health services research. *American Psychologist, 44*(10), 1298.

Dickter, D. N., Roznowski, M., & Harrison, D. A. (1996). Temporal tempering: An event history analysis of the process of voluntary turnover. *Journal of Applied Psychology, 81*(6), 705.

Duffy, M. K., Ganster, D. C., & Shaw, J. D. (1998). Positive affectivity and negative outcomes: The role of tenure and job satisfaction. *Journal of Applied Psychology, 83*(6), 950.

Fontanella, C. A., Hiance-Steelesmith, D. L., Phillips, G. S., Bridge, J. A., Lester, N., Sweeney, H. A., & Campo, J. V. (2015). Widening rural-urban disparities in youth suicides, United States, 1996-2010. *The Journal of the American Medical Association Pediatrics, 169*(5), 466-473.

Gamm, L., Stone, S., & Pittman, S. (2010). Mental health and mental disorders—A rural challenge: A literature review. *Rural healthy people*, 97-113.

Gerhart, B. (1987). How important are dispositional factors as determinants of job satisfaction? Implications for job design and other personnel programs. *Journal of Applied Psychology; Journal of Applied Psychology, 72*(3), 366.

Gogek, L.B. (1992). Letters to the editor. American Journal of Psychiatry, 149, 1286

Gutek, B. A., & Winter, S. J. (1992). Consistency of job satisfaction across situations: Fact or framing artifact?. *Journal of Vocational Behavior, 41*(1), 61-78.

Hackman, J. R., & Lawler, E. E. (1971). Employee reactions to job characteristics. *Journal of applied psychology, 55*(3), 259.

Hackman, J. R., & Oldham, G. R. (1976). Motivation through the design of work: Test of a theory. *Organizational behavior and human performance*, *16*(2), 250-279.

Heller, D., Watson, D., & Ilies, R. (2004). The role of person versus situation in life satisfaction: a critical examination. *Psychological bulletin*, *130*(4), 574.

Hollingsworth, R., & Hendrix, E. M. (1977). Community mental health in rural settings. *Professional Psychology*, *8*(2), 232.

Hoyt, D. R., Conger, R. D., Valde, J. G., & Weihs, K. (1997). Psychological distress and help seeking in rural America. *American Journal of Community Psychology*, *25*(4), 449-470.

Hulin, C. (1991). Adaptation, persistence, and commitment in organizations. In Dunnette, M. D. & Hough, L. M. (Eds.), Handbook of industrial and organizational psychology, Vol. 2 (2nd ed.) (445-505). Palo Alto: Consulting Psychologists Press.

Hulin, C. L., Roznowski, M., & Hachiya, D. (1985). Alternative opportunities and withdrawal decisions: Empirical and theoretical discrepancies and an integration. *Psychological Bulletin*, *97*(2), 233.

Humphreys, J., Wakerman, J., Kuipers, P., Wells, R., Russell, D., Siegloff, S., & Homer, K. (2009). Improving workforce retention: Developing an integrated logic model to maximise sustainability of small rural and remote health care services. *Canberra: Australian Primary Health Care Research Institute*.

Ilies, R., & Judge, T. A. (2003). On the heritability of job satisfaction: The mediating role of personality. *Journal of Applied Psychology*, *88*(4), 750-759.

James, L. R., & Jones, A. P. (1980). Perceived job characteristics and job satisfaction: An examination of reciprocal causation. *Personnel Psychology, 33*, 97-135.

James, L. R., & Tetrick, L. E. (1986). Confirmatory analytic tests of three causal models relating job perceptions to job satisfaction. *Journal of Applied Psychology*, *71*(1), 77.

Judge, T. A., Locke, E. A., & Durham, C. C. (1997). The dispositional causes of job satisfaction: A core-evaluations approach. *Research in organizational behavior*, *19*, 151-188.

Judge, T. A., Parker, S., Colbert, A. E., Heller, D., and Ilies, R. (2002). Job satisfaction: A cross-cultural review. In Anderson, N. Ones, D. S., Sinangil, H. K., and Viswesvaran, C. (Eds.), *Handbook of Industrial, Work, and Organizational Psychology* (25-52). London: Sage Publications.

Keenan, A., & Newton, T. J. (1984). Some antecedents and consequences of frustration in organizations. *Journal of Occupational Psychology*, *57*, 57-66.

Kristof-Brown, A. L., Zimmerman, R. D., & Johnson, E. C. (2005). Consequences of individuals fit at work: A meta-analysis of person-job, person-organization, person-group, and person-supervisor fit. *Personnel psychology*, *58*(2), 281-342.

Lagarde M, Blaauw D. (2009). A review of the application and contribution of Discrete Choice Experiments to inform human resources policy interventions. *Human Resources for Health; 7*: 62.

Lent, R. W., Brown, S. D., & Hackett, G. (1994). Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of vocational behavior*.

Lent, R. W., & Brown, S. D. (2006). Integrating person and situation perspectives on work satisfaction: A social-cognitive view. *Journal of Vocational Behavior*, *69*(2), 236-247.

Lent, R. W., & Brown, S. D. (2006). On conceptualizing and assessing social cognitive constructs in career research: A measurement guide. *Journal of Career Assessment*, *14*(1), 12-35.

Locke, E. A. (1976). The nature and causes of job satisfaction. *Handbook of industrial and organizational psychology*, 1319-1328.

Malone, J. I. & Dyck, K. G. (2011). Professional ethics in rural and northern Canadian psychology. *Canadian Psychology, 52*(3), 206-214.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, *52*(1), 397-422.

Merwin, E. I., Goldsmith, H. F., & Manderscheid, R. W. (1995). Human resource issues in rural mental health services. *Community Mental Health Journal*, *31*(6), 525-537.

Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablynski, C. J., & Erez, M. (2001). Why people stay: Using job embeddedness to predict voluntary turnover. *Academy of management journal*, *44*(6), 1102-1121.

Mueller, K. J., Patil, K., & Ullrich, F. (1997). Lengthening spells of uninsurance and their consequences. *The Journal of Rural Health*, *13*(1), 29-37.

Murray, J. D., & Keller, P. A. (1991). Psychology and rural America: Current status and future directions. *American Psychologist*, *46*(3), 220-31.

Osborn, A. (2012). Juggling personal life and professionalism: Ethical implications for rural school psychologists. *Psychology in the Schools, 49*(9), 876-882.

Roberts, J. A., Coulson, K. R., & Chonko, L. B. (1999). Salesperson perceptions of equity and justice and their impact on organizational commitment and intent to turnover. *Journal of Marketing Theory and Practice*, 1-16.

Roberts, K. H., & Glick, W. (1981). The job characteristics approach to task design: A critical review. *Journal of Applied Psychology*, *66*(2), 193.

Ryan, R. M., & Deci, E. L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology, 52*(1), 141-166.

Salancik, G. R. (1977). Commitment and the control of organizational behavior and belief. *New directions in organizational behavior*, 1-54.

Salancik, G. R., & Pfeffer, J. (1978). A social information processing approach to job attitudes and task design. *Administrative science quarterly*, 224-253.

Schank, J. A., & Skovholt, T. M. (2006). *Ethical practice in small communities*. American Psychological Association.

Sempowski, I. (2004) Effectiveness of financial incentives in exchange for rural and underserviced area return-of service commitments: systematic review of the literature. *Canadian Journal of Rural Medicine; 9*: 82–88.

Smalley, K. B., Yancey, C. T., Warren, J. C., Naufel, K., Ryan, R., & Pugh, J. L. (2010). Rural mental health and psychological treatment: A review for practitioners. *Journal of Clinical Psychology*, *66*(5), 479-489.

Smith, K., & Kendall, L. Hulin (1969). *The measurement of satisfaction work and retirement*.

Staw, B. M., & Ross, J. (1985). Stability in the midst of change: A dispositional approach to job attitudes. *Journal of Applied Psychology; Journal of Applied Psychology*, *70*(3), 469.

Thoresen, C. J., & Judge, T. A. (1997). Trait affectivity and work-related attitudes and behaviors: A meta-analysis. In *annual convention of the American Psychological Association, Chicago, IL*.

Thoresen, C. J., Kaplan, S. A., Barsky, A. P., Warren, C. R., & de Chermont, K. (2003). The affective underpinnings of job perceptions and attitudes: a meta-analytic review and integration. *Psychological bulletin*, *129*(6), 914.

United States Census Bureau. (2010). Defining the rural population. Retrieved from http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

United States Census Bureau. (2010). *Frequently asked questions*. Retrieved from https://ask.census.gov/faq.php?id=5000&faqId=5971.

United States Department of Agriculture. (2015). Geography of poverty. Retrieved from http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of personality and social psychology*, *54*(6), 1063.

Watson, D., & Slack, A. K. (1993). General factors of affective temperament and their relation to job satisfaction over time. *Organizational Behavior and Human Decision Processes*, *54*(2), 181-202.

Weiss, H. M., & Cropanzano, R. (1996). Affective events theory: A theoretical discussion of the structure, causes and consequences of affective experiences at work.

Weiss, H. M., Nicholas, J. P., & Daus, C. S. (1999). An examination of the joint effects of affective experiences and job beliefs on job satisfaction and variations in affective experiences over time. *Organizational behavior and human decision processes*, *78*(1), 1-24.

Wernimont, P. F. (1966). Intrinsic and extrinsic factors in job satisfaction. *The Journal of applied psychology*, *50*(1), 41.

Werth, J. L., Hastings, S. L., & Riding-Malon, R. (2010). Ethical challenges of practicing in rural areas. *Journal of Clinical Psychology: In Session*, *66*(5), 537-548.