RELATIONSHIPS BETWEEN JOB SATISFACTION AND THE PERCEIVED PROFESSIONAL IMAGE OF MEDICAL RECORD ADMINISTRATION

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BY

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July 10, 1986
Date

To the Provost of the Graduate School:

I am submitting herewith a thesis written by Belinda Kay Brunner entitled "Relationships between Job Satisfaction and the Perceived Professional Image of Medical Record Administration." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Health Sciences Instruction.

Barbara J. Cramer
Dr. Barbara Cramer, Major Professor

We have read this thesis
and recommend its acceptance:

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Members of four health care disciplines (medical record administration, nursing, physical therapy and radiology) participated in a study designed to assess their perceptions of the professional image of medical record administration and to correlate these perceptions with the job satisfaction of medical record administrators. The perceptions of professional image were measured on a researcher-developed tool based upon the five attitudinal attributes of a profession described by Hall (American Sociological Review, 1968, pp. 90-104). These attributes were: use of the professional organization as a major reference; a belief in service to the public; belief in self-regulation; a sense of calling to the field; and autonomy.

Results of the study suggested there is a significant difference in the perception of the professional image of medical record administration by medical record administrators compared to this perception by the other health care disciplines surveyed. The medical record

administrators as a collectivity had a higher perception of the professional image of medical record administration than did the other health care practitioners. There was no correlation, however, between these perceptions and the job satisfaction of medical record administrators.

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CHAPTER I

THE PROBLEM AND ITS BACKGROUND

Statement of the Problem

The health care industry in the United States is undergoing many changes. Alternative delivery systems, competition among health care institutions, and prospective payment systems are all playing a part in the way in which health care is delivered. Health care occupations need to keep pace with these changes. In order to grow, as a profession, medical record administration must be perceived as a profession by its own members and by members of related health professions. By knowing the perceived professional image of medical record administration, it can also be determined if these perceptions are correlated with the job satisfaction of medical record administrators. Therefore, the problem posed in this study was the following: What is the relationship between job satisfaction of medical record administrators and the perceived professional image of medical record administration by medical record administrators and selected other health care practitioners (nurses, physical therapists and radiologic technologists)?

Statement of the Purpose

The purposes of this study were (1) to compare the perceptions

of the professional image of medical record administration by medical record administrators and by nurses, physical therapists and radiologic technologists, (2) to determine if these perceptions have any correlation with job satisfaction of medical record administrators, and (3) to determine the ex post facto reliability of the Index of Professional Image.

Hypotheses

The following null hypotheses and subhypotheses were addressed in this study:

1. There is no statistically significant difference between the perceived professional image of medical record administration by medical record administrators and by nurses, physical therapists and radiologic technologists collectively.
    a. There is no statistically significant difference between the perceived professional image of medical record administration by medical record administrators and the perceived professional image of medical record administration by nurses.
    b. There is no statistically significant difference between the perceived professional image of medical record administration by medical record administrators and the perceived professional image of medical record administration by physical therapists.

c. There is no statistically significant difference between the perceived professional image of medical record administration by medical record administrators and the perceived professional image of medical record administration by radiologic technologists.

2. There is no statistically significant correlation between the perceived professional image of medical record administration by medical record administrators and the job satisfaction of these administrators.

3. There is no statistically significant correlation between the job satisfaction of medical record administrators and the perceived professional image of medical record administration by nurses, physical therapists and radiologic technologists collectively.

   a. There is no statistically significant correlation between the job satisfaction of medical record administrators and the perceived professional image of medical record administration by nurses.

   b. There is no statistically significant correlation between the job satisfaction of medical record administrators and the perceived professional image of medical record administration by physical therapists.

   c. There is no statistically significant correlation

between the job satisfaction of medical record administrators and the perceived professional image of medical record administration by radiologic technologists.

Definition of Terms

For the purposes of this study, terms utilized in the study were defined in the following manner.

Acute care institution. A health care institution having an acute care accreditation and/or an average length-of-stay of less than 30 days.

Job satisfaction. The degree of gratification or enjoyment one obtains from his or her work experience as measured by a score obtained on Brayfield and Rothe's Index of Job Satisfaction.

Medical record administration. The career involving the management and direction of health information systems in a health care institution.

Medical record administrator. A health care practitioner who is registered by the American Medical Record Association and who is responsible for the management and direction of health information systems in a health care institution.

Perception. An awareness, appreciation or attitude toward an idea or topic.

Profession. An occupation that requires prolonged specialized training in a body of knowledge, service orientation, and adherence

to a code of ethics.

Professional image. The recognition that an occupation enbodies the characteristics or attributes of a profession.

Assumptions

The researcher assumed the following for the purposes of this study:

1. All participants answered truthfully and honestly.
2. The selected health care practitioners (medical record administrators, nurses, physical therapists and radiologic technologists) surveyed were representative of all administrative directors of their respective departments in Texas.
3. Brayfield and Rothe's Index of Job Satisfaction was a valid tool for measuring job satisfaction of medical record administrators.
4. The Index of Professional Image based upon Hall's Professional Inventory was a reliable tool.
5. Medical record administrators would have an opinion on the professional image of medical record administration.
6. The administrative directors of the nursing, physical therapy and radiology departments would have an opinion on the professional image of medical record administration.

Limitations

The following limitations were predetermined for the study:

1. Only members of selected health care disciplines (medical record administration, nursing, physical therapy and radiology) were surveyed regarding their perceptions of the professional image of medical record administration. Those surveyed were the administrative directors of their respective departments.
2. Health care practitioners surveyed were employed in acute care institutions in the state of Texas.
3. There was no control over when and where the survey was administered.

Significance of the Study

With the arrival of prospective payment systems, diagnostic-related groups and other changes in health care, the role of the medical record administrator in health care is growing and changing. Medical record administrators are no longer recognized as performing only record maintenance activities such as filing and retrieving. The role of the medical record administrator is now being described as pivotal to the prospective payment system and, therefore, vital to the financial stability of health care institutions (St. Leger, 1984). With this growing importance of the medical record administrator's position in health care, two important questions

needed to be answered: What is the professional image of medical record administration as perceived by its own members and by other health care practitioners? Do attitudes toward the professional image of medical record administration have a relationship with the job satisfaction of medical record administrators? The answers to each of these questions may have an effect on whether medical record administration can continue to grow and expand its services as a profession. They also play an important part in providing direction for medical record education. The cultivation of attitudes and perceptions toward the professional image should be a part of the educational process.

CHAPTER II

REVIEW OF LITERATURE

The focus of this literature review was two-fold. Both professionalism and job satisfaction were explored. A review of sociological literature provided an insight into the theories of professionalism. Professionalism as related to health care occupations, and medical record administration in particular, was examined. Lastly, the classic theories of motivation and job satisfaction and how they apply to the professions and medical record administration were discussed.

Professionalism: Theories and Characteristics

What separates a profession from an occupation? Moore (1970) stated that a profession is "an occupation whose incumbents create and explicitly utilize knowledge in the solution of problems posed by clientele (either individuals or collectivities)" (p. 53). Others have defined professions by setting forth criteria for determining if an occupation is a profession. Hall (1968) suggested that there are two types of attributes of the professional model: structural characteristics, such as formal education and entrance requirements, and attitudinal characteristics, such as a sense of calling to the field.

Structural Attributes

Walensky (1964) outlined structural attributes into stages in which an occupation must progress in the process of becoming a profession. The first step is the creation of a full-time occupation. The establishment of training schools demonstrates the efforts of early leaders to improve the occupation and the importance of a knowledge base for the emerging profession. The formation of a professional association may be accompanied by a change in the occupational title and by efforts of the emerging professionals to eliminate from the occupation those they judge incompetent. Lastly, a code of ethics is created. This occurs as the result of efforts to eliminate incompetents, reduce internal competition, protect clients, and accentuate the service ideal. Therefore, this code of ethics is concerned with both internal and external relations.

Criticism has been voiced with the use of these structural steps as criteria for professionalism. Goode (1960) stated that structural attributes miss the basic factors of professionalization since they do not differentiate the quintessential characteristics from those which are merely a result of them. He reported that many occupations have achieved these steps or most of them without also achieving professional status. In addition, Pellegrino (1983) has termed these structural attributes as "external trappings of professionalization" (p. 172). He further reported that a true profession must be

distinguished from occupations which are only "professionalized" by these external characteristics.

In addition to the structural attributes noted by Walensky, Friedson (1970) reported that professional autonomy must also be obtained. Hall (1968) described professional autonomy as both a structural and an attitudinal attribute. He characterized this autonomy by the professional being expected to utilize part of his or her own judgment and expecting other professionals to be competent to question this judgment.

Attitudinal Attributes

In Occupations and Their Social Structure (1969), Hall defined attitudinal attributes as "the characteristics that appear as the direction and strength of the orientations of the persons involved, rather than as structural characteristics which may be present or absent" (p. 75). He considered the following attitudinal attributes as necessary in the professionalization process:

1. The use of the professional organization as a major reference. Both the formal organization, such as a bar association, and informal colleague groupings can be the major source of ideas and judgment for the professional in his work.
2. A belief in service to the public. This component includes the idea that the occupation is indispensable and that it benefits both the public and the practitioner.
3. Belief in self-regulation. This involves the belief that, since the persons best qualified to judge the work of the professional are his fellows, colleague control is both desirable and practical. [Moore (1970) reported that there are two purposes for self-regulation. The legitimate purpose

is to safeguard against incompetent practitioners, thereby protecting clients from the services of these incompetents and qualified practitioners from unfair competition. A secondary purpose is to control the number of authenicated practitioners thus decreasing competition and increasing income.]

4. A sense of calling to the field. This attitude reflects the dedication of the professional to his work and his feeling that he would probably want to continue in the occupation even if fewer extrinsic rewards were available. [Gustafson (1982) viewed a profession as a "calling." He identified two factors which are present in a calling: moral incentives and motivations and "a broader and deeper vision of the ends to be served" (p. 510).]
5. Autonomy. This involves the feeling that the practitioner ought to be allowed to make his own decisions without external pressures from clients, from others who are not members of his profession, or from his employing organization. (pp. 81-82)

Other Theories of Professionalism

Goode (1969) identified two essential characteristics of professionalism: a basic body of abstract knowledge and the service ideal. He divided these essential characteristics into traits of a profession. Among the traits concerning the body of knowledge of a profession were the following. The knowledge is organized into a body of principles. This knowledge can be applied or is believed to be able to be applied to actual problems of living. Lay persons should accept the fact that in order for a problem to be solved a professional must be consulted because he possesses that knowledge. The profession itself should help create, organize and convey that knowledge. The profession is accepted as the final authority on its area of expertise. The amount of knowledge and skill should be

impressive enough so that society views the profession as possessing a certain amount of mystery.

Goode (1969) defined the service ideal as the orientation "that the technical solution which the professional arrives at should be based on the client's needs, not necessarily the best material interest or needs of the professional himself or, for that matter, those of society" (p. 278). Goode again identified the traits of this orientation. The practitioner decides upon the client's needs. The profession demands sacrifice from its members as an ideal and society, to some extent, demands it in practice. The professional community establishes a system of rewards so that those who are loyal to the ideal of service profit.

Goode (1960) also identified features of a profession, which did not define a profession as a profession, but evolved as a result of the two core characteristics: the body of abstract knowledge and the service ideal. The profession determines its own standards of education and training. Professional practice is controlled by some form of licensure. Members of licensing and admission boards are members of the profession. Most legislation regarding the profession is shaped by the profession. As a result of its high ranking in income, prestige and power, it can demand high caliber students. Norms of practice which are enforced by the profession are stricter than legal requirements which may be imposed on the profession. Members of

a profession are identified by society with their profession to a greater extent than are members of other occupations. Professionals usually do not switch careers; their profession is a terminal occupation.

Barber (1978) defined professional behavior by three distinct variables: powerful knowledge, self-control or autonomy, and public service. He identified the knowledge itself and the capacity for decision-making as dimensions to the first variable. He stated that the more professionalized an occupation is, the more it exhibits these traits.

Cullen (1978) studied 267 occupations on universal properties and attributes of professionalism. Among the conclusions he derived from his research were that the complexity of occupational tasks and the sophistication of the knowledge required to perform these tasks are the single most significant determinants of professionalism. To the extent professionalism is not determined by these characteristics, it is determined by the power of the occupation in question.

Pellegrino (1983) defined a profession philosophically by the kind of interpersonal relationships a professional attains with those he or she assists. He related five characteristics of this relationship. A professional deals with people who are in need and, therefore, vulnerable. The needs of these people are personal in nature. In order to be of assistance, the professional must be

trusted with confidential aspects of the lives of those he or she assists. The professional must be trusted to have the knowledge necessary to assist. There is a special moral quality to the relationship between the professional and his or her client due to a "promise to help" (p. 171).

Professionalism and Allied Health Occupations

Begun (1979) reported that due to the technical and specialized nature of their work, health occupations were good candidates for the process of professionalization. He further stated that there has been a rapid rise in the number of professionalizing health care occupations as evidenced by the growth in the number of specialized health occupations.

Pellegrino (1983) stated that health occupations have recently experienced a period of rapid professionalization. However, the criteria by which he determined whether a health occupation was truly a profession was based not upon the structural characteristics of a profession which the occupaton may exhibit, but upon the interpersonal relationship the occupation has with those it serves. He declared that those health occupations which are involved directly in the healing process and have direct personal contact with patients are the ones which are the most professional.

Using the field of optometry, Begun (1979) studied the consequences of the professionalization process on the content and

price of services. The extent of professionalization was measured using structural, behavioral, and attitudinal factors. A measure of the structural professionalization of optometry as a whole was determined by reviewing the degree of legal constraints regulating the behavior of optometrists. The degree of professionalization achieved by individual optometrists was measured in terms of behavioral and attitudinal professionalization. Behavioral factors were measured in terms of the amount of participation the optometrist had in the professional association. The optometrist's opinion on anti-commercialism was used to measure attitudinal professionalization. Analysis of the findings of Begun's study showed that measures of professionalization were strongly associated with the content and prices of optometric services.

Both Tworek (1981) and Rhodes (1985) examined the professionalization of health occupations using 10 characteristics of a profession: (1) a full-time occupation, (2) a calling for the field, (3) a specialized body of knowledge and skills obtained during prolonged training, (4) decision-making on behalf of clients, (5) service orientation, (6) service based upon the needs of clients and mutual trust, (7) autonomy of judgment for performance, (8) formation of professional associations, (9) a specific set of knowledge, and (10) disallowance of professional advertising. Tworek studied the professionalization of physician's assistants. Rhodes

examined the professionalization of allied health occupations in general.

Medical Record Administration as a Profession

Payne (1983) reported on a study to assess professionalism using credentialed members of the West Virginia Medical Record Association as the survey sample. The survey questionnaire was developed using the five attitudinal characteristics of professionalism identified by Hall. The general hypothesis of the study was that there would be a difference between the observed degree of professionalism evidenced by the study sample and the expected degree of professionalism of the professional model, which used Hall's attitudinal characteristics as its basis. This hypothesis was supported by the findings of the study.

Using Walensky's structural characteristics as a guide, the development and progression of medical record administration can be examined. The medical record field has been a full-time occupation since 1897 when Grace Whiting Myers was appointed the first medical record librarian of Massachusetts General Hospital. The first professional medical record organization was established in 1928. Written credentialing examinations were first administered in 1932. Training schools for medical record science were begun in hospitals in 1935. A code of ethics was adopted by the professional organization in 1957 (Payne, 1983).

Semiprofessions and Bureaucratic Organizations

The historical events outlined previously indicate that the medical record field has passed through the structural stages of professionalization as outlined by Walensky (1964). Nevertheless, criticism may still be voiced with the consideration of the medical record occupation as a profession. Etzioni (1964) classified many so-called professions as "semiprofessions." One of the reasons voiced for this contention was that professionals go through longer training periods (five years or more). According to Etzioni, other characteristics of semiprofessionals are that they have less legitimate status, less of a specialized body of knowledge, and less autonomy from supervision.

Simpson and Simpson (1969) contended that there was more bureaucratic involvement in the semiprofessions than the professions. Instead of professional control by autonomous groups of colleagues (for example, in law firms), semiprofessions are placed in situations of predominantly bureaucratic control patterns. Therefore, among the differences between professions and semiprofessions identified by Simpson and Simpson were the following. Semiprofessionals lack autonomy. Semiprofessionals are more accountable for performance. The behavior of semiprofessionals is controlled by rules and regulations concerning work task and conduct. In semiprofessions, importance is placed upon hierarchical rank and duties are determined

by this rank. Administrative tasks are performed by those at the higher ranks resulting in the primary tasks of the semiprofession losing prestige and administrative tasks gaining it.

Not unlike the semiprofessional, Cherniss (1980) examined the concept of the "public" professional--those who work for a salary in a public agency. This was in contrast to the traditional professional distinction of autonomy and self-regulation. The traditional professional was regulated by special occupational norms and monitored by colleagues and the ethical system rather than by organizational constraints. In relation to the public professional, Cherniss explored the "professional ideal" versus the "bureaucratic" ideal." The professional ideal consisted of internal control of performance; whereas, decision-making in bureaucracies are by those at the top levels of the bureaucratic hierarchy. He concluded that "bureaucracy is perhaps the greatest enemy of professionalism" (p. 58).

Guy (1985) also studied the effects of bureaucratic organizations on the professional workers within them. Professional workers in two psychiatric hospitals were used as subjects in his research which centered on the following assumptions: there is conflict between professional goals and organizational mission; there is professional jealously resulting in the "guarding of their turfs" by members of different professions; there is more homogeneity within professional groups than between groups. However, in contrast to Cherniss, he

concluded that bureaucracy and professionalism are not in opposition with each other. Professionals meld their personal and professional goals with those of the organization.

Theories of Job Satisfaction

In his classic work on motivational theory, Maslow (1954) identified a hierarchy in the needs of humans. Progressing from the lowest level needs to the highest, the hierarchy that Maslow identified are physiological, safety, belongingness and love, esteem, and self-actualization needs. As needs at the lower levels are fulfilled, higher level needs emerge. Self-actualization was defined by Maslow as the need "to become everything one is capable of becoming" (p. 46). Maslow recognized that this hierarchy was not inflexible; man may fulfill needs at different levels simultaneously. He also stated that satisfaction and need fulfillment occur in decreasing percentages as the levels of the hierarchy are traversed.

Herzberg, Mausner, and Snyderman (1959) divided the needs of employees into two groups. The first group dealt with the need to develop one's occupation as a source of personal growth. The second group was concerned with the need for fair treatment in compensation, supervision, working conditions and administrative practices. They found that fulfillment of the needs of the second group did not motivate workers to higher levels of job satisfaction and performance. Instead, fulfillment only led to prevention of dissatisfaction and

poor job performance. Therefore, their research distinguished between motivation factors (the first group) and hygiene factors (the second group). They found that motivation factors that lead to positive job attitudes do so because they satisfy the need for self-actualization in work. They identified five such factors as strong determinants of satisfaction: achievement, recognition, the work itself, responsibility and advancement. Elaborating on his work with Mausner and Snyderman, Herzberg (1966) described hygiene factors as those which deal with the environment in which an employee works. He suggested that these hygience factors lead to dissatisfaction because of man's need to avoid unpleasantness.

Job Satisfaction and the Professional

Gurin, Veroff, Feld (1960) reported that the greatest degree of job satisfaction was found among professional, technical and managerial personnel. MacGregor (1970) maintained that more crucial to the professional than economic rewards are factors such as full utilization of talent and training, status within the organization of employment and within the profession, and opportunities for further career development. Starcevich (1972) studied three levels of employees: first-line managers, middle managers and professional employees. He concluded that occupational levels did not significantly effect factors which lead to job satisfaction or dissatisfaction.

Job Satisfaction of Medical Record Administrators

Brown (1982) researched the job satisfaction of registered record administrators residing in the state of Texas. She concluded that the majority of registered record administrators in the study were satisfied with both environmental and motivating factors of their jobs. Achievement, supervision and human relations, security or steady employment, social status and co-workers were found to be the factors which most influenced job satisfaction. A study of medical record practitioners utilizing Hall's Professional Inventory found that medical record practitioners more satisfied with their careers make greater use of their professional organizations and function at a higher level of autonomy (Payne, 1983).

Summary

As the preceding literature review indicates, there has been a good deal of sociological research dedicated to the idea of professionalism. Although there still remains little information dealing with professionalism and medical record administration, in recent years there has been an advancement in research exploring the professionalism of health care occupations. There is a paucity of research, however, dealing with how an occupation is perceived or its professional image among members of occupations with which it works closely.

An additional portion of this literature review dealt with job

satisfaction. Theories of job satisfaction were explored. Research into the satisfaction of different types of workers and especially medical record practitioners was discussed.

CHAPTER III

METHODOLOGY

The research method that was utilized for this study was the descriptive survey method. Care was taken to assure that the study methodology and data collection technique met the criteria for descriptive research as identified by Leedy (1985). They are as follows:

1. It uses observation as a principal means of collecting data.
2. Precise parameters must be set by carefully choosing and delineating the study's population.
3. The data must be protected from the influence of bias.
4. Data must be organized and presented systematically so that accurate conclusions can be drawn.

Setting

The selected health care practitioners surveyed were employed in acute care institutions in the state of Texas. The exact physical conditions present during the completion of the questionnaires were unknown.

Population and Sample

Samples for this study were drawn from two populations. The first is all medical record administrators in the state of Texas. The other is all members of selected other health care disciplines (nursing, physical therapy and radiology) in the state of Texas. Nurses, physical therapists and radiologic technologists were chosen because they all provide direct patient care while medical record administrators do not. All health care practitioners surveyed (n=416) were employed as administrative directors of their respective departments (medical records, nursing, physical therapy and radiology). The survey was limited to department directors because it was felt by the researcher that in most instances they would have the most interaction with the medical record department and medical record administrators.

The health care institutions in which they were employed had an acute care hospital accreditation and/or an average length-of-stay of less than 30 days, and had all four of the departments whose directors were surveyed. The American Hospital Association's Guide to the Health Care Field (1985) was used to identify hospitals meeting the above criteria. At the time of this study, there were 347 such facilities in the state of Texas according to the Guide to the Health Care Field. A random sampling of 30% (n=104) of these facilities was utilized in the study. The following random sampling technique was used. The name of each facility was written on a separate strip of paper and

placed into a container. Strips were drawn out of the container, one at a time. As each was drawn out, it was assigned a number in sequential order, recorded, and returned to the container. A facility was only recorded once regardless of how many times it was drawn from the container. This practice was repeated until 104 facilities were recorded.

Protection of Human Subjects

This research was exempt from Human Subjects Research Committee review because it was descriptive research using a questionnaire format. All subjects were informed of the purpose of the study. The return of a completed survey questionnaire signified consent to participate in the study. Subjects were not identified by name. Each questionnaire was coded alphanumerically so that follow-up correspondence could be performed if the questionnaire was not returned. The numeric portion of the code was the number assigned to the facility using the method outlined above. Each discipline (medical records, nursing, physical therapy and radiology) was assigned an alphabetical code (A through D). Therefore, each questionnaire contained a code consisting of the three digit numeric code of the facility followed by the alphabetical code of the discipline (for example, 100A). The list of numeric facility codes was destroyed upon completion of the data collection.

Instruments

Two instruments were necessary in this research. One of these

was utilized to measure the job satisfaction of the medical record administrators in the sample. The other, developed by the researcher, was designed to measure the perception of the professional image of medical record administration.

Index of Job Satisfaction

Brayfield and Rothe's Index of Job Satisfaction (1951) was used for data collection from medical record administrators on their job satisfaction (see Appendix A). This questionnaire was selected because it measures general satisfaction rather than measuring specific factors of job satisfaction. Two minor adaptions were made to the Index of Job Satisfaction by the researcher. The instructions to the questionnaire were altered to make them easier to read; however, only the wording, not the content, of the instructions was changed. The place for reponse to each item was moved from under the item to the left margin to facilitate scoring.

Permission to use the Index of Job Satisfaction was requested (see Appendix B). The reply to this request indicated that the questionnaire was now public domain.

Scoring

The index contained 18 items with Thurstone scale values ranging from 1.2 to 10.0 with roughly 0.5 intervals. A Likert scoring system (strongly agree, agree, undecided, disagree, strongly disagree) was

then applied to each item. There were an equal number of positive (items 1, 2, 5, 7, 9, 12, 13, 15, 17) and negative (items 3, 4, 6, 8, 10, 11, 14, 16, 18) statements in the index. Summative scoring was used. The range of scores was 18 to 90 with a high score representing high satisfaction. The Thurstone scale value of each item was used to decide which direction to apply the scoring system. Therefore, on positive statements, a strongly agree response equaled five points; agree, four points; undecided, three points; disagree, two points; and, strongly disagree, one point. On negative statements, a strongly agree response equaled one point; agree, two points; undecided, three points; disagree, four points; and, strongly disagree, five points. For the purposes of this study, a score in the range of 90 to 67 indicated high satisfaction, in the range of 66 to 42 medium satisfaction, and in the range of 41 to 18 low satisfaction.

Reliability and Validity

A study of 231 female office employees was used to determine reliability. The odd-even moment reliability was 0.77, which was corrected by the Spearman-Brown formula to a reliability coefficient of 0.87 (Brayfield and Rothe, 1951). Evidence for validity included the nature of the items, method of construction and its differentiating power when administered to two groups that could be reasonably assumed to differ in satisfaction (Miller, 1977). When so administered, the difference between the means was significant at the 5% level (Brayfield

and Rothe).

Index of Professional Image

The Professional Inventory (Hall, 1968) and a professional inventory scale constructed for a study of the members of the West Virginia Medical Record Association (Payne, 1983) was adapted using a Likert scale scoring system to measure perceptions of professional image (see Appendix C). In the Professional Inventory, Hall identified five attributes of a profession. (See Chapter II, Review of Literature, for an explanation of these attributes.). Each attribute accounted for 4 items on the questionnaire. Therefore, the Index of Professional Image contained 20 items.

Scoring

A five-point scale with the same qualifiers as the Index of Job Satisfaction was used. There were 20 items with an equal number of positive (items 2, 5, 8, 19, 12, 13, 16, 17, 18, 20) and negative (items 1, 3, 4, 6, 7, 9, 11, 14, 15, 19) statements. A higher score indicated a higher perception of professional image. As with the Index of Job Satisfaction, reverse scoring was used. On positive statements, a strongly agree response was quantified as five points and a strongly disagree response as one point. On negative statements, a strongly agree response equaled one point and a strongly disagree response equaled five points. Summative scoring was used. For the purposes of this study, a score in the range of 100 to 74 indicated a high percep-

tion of the professional image of medical record administration, 73 to 47 a medium perception, and 46 to 20 a low perception.

Reliability and Validity

Content validity of the questionnaire was evaluated by medical record administrators other than those included as subjects. A cover letter explaining the purpose and a questionnaire evaluation form (see Appendix D) was sent to 10 medical record administrators employed as educators in medical record administration and medical record technology programs in the state of Texas. Eight evaluation forms were returned. Attempts to contact by telephone the recipients of the other two questionnaire evaluation forms were unsuccessful. Therefore, content validity was evaluated by eight medical record administrators.

It was decided in advance by the researcher that 40% (n=3) of the respondents must agree to change or delete an item before it was to be changed or deleted. The respondents were also asked to evaluate which of the five attitudinal attributes in Hall's Professional Inventory each item was testing. For this purpose, it was determined that 40% (n=3) must identify the attitudinal attribute incorrectly for the item to be modified.

As a result of the evaluation, 4 of the 20 items on the questionnaire were changed. The modified questionnaire is found at Appendix E. Item 1 was changed because three respondents incorrectly identified the attitudinal attribute the item was testing. Modifica-

tions were made to item 3 because four respondents indicated it needed to be changed. The change was needed to indicate what the high level of idealism was to pertain (for example, dedication to the profession). Item 7 was changed because three respondents indicated it needed to be changed. Comments from these respondents suggested the statement was unclear and confusing. Item 17 was also changed. This was due to the fact that more than three respondents incorrectly determined what attribute the item was testing.

Ex post facto reliability of the Index of Professional Image was determined using an odd-even moment correlation with correction by the Spearman-Brown formula. Only responses from medical record administrators were used to determine the reliability. Two factors predicated this decision. The large number of undecided responses on some of the questionnaires from subjects from the other disciplines may have skewed the results of the reliability study. Limiting the reliability testing to the responses only from medical record administrators (n=41) was also an attempt to make the group as homogeneous as possible. Results of the ex post facto test for reliability of the Index of Professional Image may be found in Chapter IV.

Data Collection

Medical record administrators included in the sample were mailed a cover letter (see Appendix F) and both the Index of Job

Satisfaction and the Index of Professional Image. The selected other health care practitioners (nurses, physical therapists and radiologic technologists) were mailed a cover letter (see Appendix G) and the Index of Professional Image. To safeguard against bias, the questionnaires were mailed directly to each director of the medical record, nursing, physical therapy and radiology departments at the facilities included in the sample. The cover letters were addressed to the title of the individual rather than by name and, since the physical therapy and radiology departments also have physician directors, the administrative director was stipulated for these departments. Stamped, pre-addressed envelopes were included along with the cover letters and questionnaires. Subjects were asked to return the blank questionnaires if they chose not to participate in the survey.

It was determined in advance that the number of returned, completed questionnaires from each discipline surveyed (medical records, nursing, physical therapy and radiology) would need to be at least 10% (n=35) of the total number of facilities in the population. A period of two weeks was allowed for completion and return of the questionnaires. After this period, the return rate from subjects in the medical record and radiology disciplines was not adequate. Therefore, follow-up letters, questionnaires, and stamped, pre-addressed envelopes were mailed to subjects from these

disciplines who had not responded. (See Appendixes H and I for follow-up letters.)

If a medical record respondent from a facility indicated that he or she was not a medical record administrator registered by the American Medical Record Association, responses from all health care practitioners from that facility were discarded from the data base. In the follow-up letter, medical record practitioners who did not respond initially were asked to indicate if they were registered record administrators even if they chose not to participate in the survey. Follow-up telephone calls were made to medical record subjects who indicated they were not participating in the initial mail-out or who never responded. The purpose of these telephone calls was to determine if the subjects were registered record administrators so that, in the event they were not, other responses from the same facilities could be eliminated from the data base. The rationale behind eliminating these responses was that, if a medical record administrator was not employed in the facility, the subjects from the other disciplines may not have had a knowledge base on which to form an opinion on the professional image of medical record administration.

Treatment of the Data

The scores generated from the questionnaires in this research may be considered ordinal data. The attitudes measured could be

quantified in terms of greater or lesser job satisfaction or a greater or lesser perception of the professional image of medical record administration. In the past, parametric statistics have been considered to be inappropriate for use with ordinal data. However, this contention has been challenged. Gardner (1975) provided a review of the arguments concerning the relationship between measurement scales and statistical methods. Among his conclusions after review of the arguments were the following. There is no sharp distinction between ordinal and interval scales. The scores of many summated attitude tests fall into a gray area between these scales. Furthermore, he concluded that "some of the arguments underlying the assertion that parametric procedures require interval strength statistics appear to be of doubtful validity" (p. 55). He also stated that "considering all arguments together, it seems clear that the parametric/nonparametric issue is not as critical as it was thought to be two decades ago" (p. 52). Spatz and Johnston (1984) supported Gardner's view by reporting that the consideration of nonparametric tests for ordinal data was no longer an issue. Because a Likert scale was used in this study's questionnaires, nonparametric statistics were utilized. However, parametric statistics were also used in instances in which they were necessary for the purposes of this study. Justification for this action is outlined above.

Testing of the Hypotheses and Subhypotheses

There were two primary purposes for this study. One was to

determine if there were any differences in the perceived professional image of medical record administration by medical record administrators versus the perceived professional image of medical record administration by the members of selected other health care disciplines (nursing, physical therapy and radiology). The other was to determine if there was a correlation between these perceptions and a second variable, the job satisfaction of medical record administrators. A secondary purpose was to determine the reliability of one of the testing instruments, the Index of Professional Image. Considering the two primary purposes, this research was in actuality two studies in one. The same samples were used for these two studies to facilitate data collection. However, the data was treated differently for each of the purposes.

To determine if there was any difference between the perception of professional image, the results between disciplines in the same facility was not matched. Therefore, scores from all returned responses (not counting those discarded from the data base for the reasons outlined previously) were used to test the first hypothesis and its subhypotheses. There were 41 valid responses from medical record subjects, 46 from nursing subjects, 40 from physical therapy subjects, and 35 from radiology subjects. The Mann-Whitney U test was used. The scores from the medical record respondents were compared to scores from the other disciplines separately and as a collectivity. Because the sample sizes were greater than 21, the

normal curve was used to assess probability (Spatz and Johnston, 1984). A standard score (z score) was calculated. The level of significance was predetermined at the 5% level. Therefore, the null hypothesis was rejected if the absolute value of the z score was greater than or equal to 1.96.

The second hypothesis was concerned with the correlation between the perceived professional image of medical record administration by medical record administrators and the job satisfaction of these administrators. The score on the Index of Job Satisfaction of each medical record respondent (n=41) was paired with the score on the Index of Professional Image of the same respondent. The Spearman correlation coefficient was used to test this hypothesis. Significance was predetermined at the 5% level.

The correlation between the perceived professional image of medical record administration by the selected other health care practitioners (nurses, physical therapists and radiologic technologists) and the job satisfaction of medical record administrators was the topic of hypothesis 3. The multiple correlation coefficient was used to test this hypothesis. This measure indicates the correlation between all independent variables taken together and the dependent variable (Nachmias & Nachmias, 1981). To obtain the multiple correlation coefficient, matched scores were necessary. Therefore, only scores in which all subjects from the same facility

had responded (n=9) were used to test this hypothesis. Garrett (1966) reported that the multiple correlation coefficient computed from a sample which is small in size may be inflated. Therefore, his shrinkage formula was applied to the resulting measure of the multiple correlation coefficient to allow for correction of this problem. Significance was again predetermined at the 5% level.

The subhypotheses of hypothesis 3 were tested using the Spearman correlation coefficient. For the first subhypothesis, the scores from the medical record subjects on the Index of Job Satisfaction were paired with the scores on the Index of Professional Image from the nursing subjects from the same facilities. Scores for which no pairings could be made were eliminated. The second and third subhypotheses were tested in a like manner using the scores on the Index of Professional Image from the physical therapy and radiology subjects, respectively. The sample size for the first subhypothesis was 30; the second, 23; and the third, 20. Significance was set at the 5% level.

Reliability of the Index of Professional Image

Reliability of the Index of Professional Image was tested using the odd-even product moment correlation. Each score from medical record subjects (n=41) on the index were divided into two sets: the scores on the odd-numbered items on the questionnaire and the scores on the even-numbered items on the questionnaire. The scores from

these two sets were then correlated using a Pearson product moment correlation coefficient. The resulting measure that was obtained was corrected using the Spearman-Brown formula. Correction was necessary to compensate for the fact that the reliability was based upon a test one-half the length of the actual instrument (Roscoe, 1969). The resulting reliability measure can range from -1.00 to 1.00. The higher the correlation coefficient, the more indicative it is of a reliable instrument.

Descriptive Statistics

In addition to the inferential statistical methods described above, certain descriptive statistical calculations were employed to describe the perception of the professional image of medical record administration by the subjects and the degree of job satisfaction of the medical record subjects. The range, mean and median of scores were calculated. The number and percentage of scores falling in the high, medium and low ranges for both the perception of professional image of medical record administration by each health care discipline in the survey and the job satisfaction of medical record administrators were determined.

CHAPTER IV

FINDINGS

The findings of the study employing the methodology described in the previous chapter is presented in this chapter. A brief description of the participants in the study is provided. Results of the testing for reliability of the Index of Professional Image is reported. Descriptive statistics concerning the scores obtained from subjects on the Index of Professional Image and the Index of Job Satisfaction are provided. Finally, findings of the inferential statistical methods employed to test the hypotheses and subhypotheses are reported.

Description of Participants

Members of four separate health care disciplines (medical records, nursing, physical therapy and radiology) participated in this study. All were administrative directors of their respective departments in acute care institutions in the state of Texas. Since correlation of the results of the study with demographic information on the participants was not an objective of this research, no demographic information was obtained.

Analysis of the Data

Data obtained from the participants of the study was analyzed so that the purposes of the study could be achieved. The reliability of the Index of Professional Image was determined. The perceptions of the professional image of medical record administration by members of selected health care disciplines was determined. It was also determined whether these perceptions had any correlation with the job satisfaction of medical record administrators.

Reliability

The odd-even moment reliability of the Index of Professional Image was 0.47. This was corrected by the Spearman-Brown formula. A reliability coefficient of 0.67 resulted.

Descriptive Statistics

The highest possible score obtainable on the Index of Professional Image is 100. The range of scores obtained from medical record administrators was 89 to 62 (mean 74.88, median 75.00); from nurses, 91 to 56 (mean 71.57, median 72.00); from physical therapists, 90 to 52 (mean 70.87, median 70.50); and from radiologic technologists, 90 to 59 (mean 70.63, median 69.40). The percentage of scores obtained from each discipline in the predetermined high, medium and low ranges for the Index of Professional Image is presented in Table 1.

Table 1

Frequency and Percentage of Scores by Category and Discipline on the Index of Professional Image

	Frequency & Precentage of Scores by Category		
Discipline	High (100-74)	Medium (73-47)	Low (46-20)
MRAs	25 (61.0%)	16 (39.0%)	0
Nurses	16 (34.8%)	30 (65.2%)	0
PTs	12 (30.0%)	28 (70.0%)	0
RTs	12 (34.3%)	23 (65.7%)	0

Note. Abbreviations for the disciplines:

MRAs = Medical record administrators;

PTs = Physical therapists;

RTs = Radiologic technologists.

The highest possible score obtainable on the Index of Job Satisfaction was 90. The range of scores obtained on this questionnaire from medical record administrators (n=41) was 89 to 37. The ranges for high, medium and low satisfaction were predetermined. The majority of the subjects' scores were in the high category. The frequency and percentage of scores from medical record administrators falling into each

category is available in Table 2.

Table 2

Frequency and Percentage of Scores by Medical Record Administrators on the Index of Job Satisfaction

Scoring Categories	Frequency	Percentage
High (90-67)	33	80.5%
Medium (66-42)	7	17.1%
Low (41-18)	1	2.4%

Testing of the Hypotheses and Subhypothesis

There were three hypotheses presented in this study. Two of the three hypotheses contained subhypotheses. All hypotheses and subhypotheses were presented as null hypotheses.

The first hyposthesis was: There is no statistically significant difference between the perceived professional image of medical record administration by medical record administrators and by nurses, physical therapists and radiologic technologists collectively. The three subhypotheses dealt with statistically significant differences between the perceived professional image of medical record administration by medical record administrators and this perception by each of the three health care disciplines mentioned above.

The Mann-Whitney U test was used to calculate the difference between the two samples under consideration in the hypothesis and in each of the subhypotheses. Using the score obtained from this test, a standard score (z score) was then obtained to determine significance. Table 3 provides the z score for each pairing. A z score with an absolute value greater than 1.96 indicates significance at the 5% level.

Table 3

Standard Scores for Hypothesis 1 and Its Subhypotheses

Subjects Compared	Standard Score
MRAs and Nurses	-2.21 *
MRAs and PTs	-2.57 *
MRAs and RTs	-2.67 *
MRAs and All Others	-2.00 *

Note. Abbreviations for subjects:
MRAs = Medical record administrators;
PTs = Physical therapists;
RTs = Radiologic technologists.
*$p < .05$.

The second hypothesis was: There is no statistically significant

correlation between the perceived professional image of medical record administration by medical record administrators and the job satisfaction of these administrators. The findings yielded a Spearman correlation coefficient of 0.193. This was not significant at the 5% level.

To determine if there was any correlation between job satisfaction of medical record administrators and the perceived professional image of medical record administration by members of selected other health care disciplines (nurses, physical therapists and radiologic technologists) as a collectivity (hypothesis 3), a multiple correlation coefficient was obtained. This calculation yielded a score of 0.677. Correcting for inflation of the score induced by the small sample size (n=9), a score of 0.134 was obtained. This was not significant at the 5% level.

Spearman correlation coefficients were calculated to determine correlation between the job satisfaction of medical record administrators and the perceived professional image of medical record administration by nurses, by physical therapists, and by radiologic technologists individually (subhypotheses a, b and c of hypothesis 3). The correlation coefficients yielded were 0.259, -0.297, and 0.092, respectively. None of these were significant at the 5% level.

Summary

In summary, the disposition of each hypothesis and subhypothesis is available in Table 4.

Table 4

Disposition of Hypotheses and Subhypotheses

Null Hypotheses and Subhypotheses	Disposition
1. No significant difference between perceptions of professional image of medical record administration by medical record administrators and by nurses, physical therapists and radiologic technologists collectively.	Rejected
a. Between medical record administrators and nurses.	Rejected
b. Between medical record administrators and physical therapists.	Rejected
c. Between medical record administrators and radiologic technologists.	Rejected
2. No significant correlation between the perceived professional image of medical record administration by medical record administrator and the job satisfaction of these administrators.	Accepted
3. No significant correlation between job satisfaction of medical record administrators and the perceived professional image of medical record administration by nurses, physical therapists and radiologic technologists collectively.	Accepted
a. Between job satisfaction of medical record administrators and the perceived professional image of medical record administration by nurses.	Accepted
b. Between job satisfaction of medical record administrators and the perceived professional image of medical record administration by physical therapists.	Accepted
c. Between job satisfaction of medical record administrators and the perceived professional image of medical record administration by radiologic technologists.	Accepted

CHAPTER V

SUMMARY, CONCLUSIONS, DISCUSSION, AND RECOMMENDATIONS

Summary

The problem posed in this study concerned the relationship between the job satisfaction of medical record administrators and the perceived professional image of medical record administration by medical record administrators and selected other health care practitioners (nurses, physical therapists and radiologic technologists). These disciplines were chosen because the focus of their work is different from that of medical record administration; they provide direct patient care while medical record administators do not. The purposes of this study were to compare the perceptions of professional image of medical record administration by medical record administrators and by the selected other health care practitioners, and to determine if these perceptions have any correlation with the job satisfaction of medical record administrators. Another purpose was to determine if the instrument developed by the researcher to measure the perception of professional image of medical record administration was a reliable tool. Findings of the study indicate a significant difference between the perceived professional image of medical record administration by medical record administrators and this perception by the other health care practitioners surveyed.

Conclusions

After analysis of the findings of this study, the following conclusions may be drawn. The Index of Professional Image developed by the researcher can be said to have fair reliability with a reliability coefficient of 0.64 after correction by the Spearman-Brown formula. The perception of the professional image of medical record administration by medical record administrators compared to this perception by selected other health care practitioners (nurses, physical therapists and radiologic technologists) is significally different. The perceived professional image of medical record administration by medical record administrators appears to have no significant correlation with the job satisfaction of these administrators. This perception by the selected other health care practitioners in the study also appears to have no significant correlation with the job satisfaction of medical record administrators.

Discussion

There were a large number of undecided responses on the Index of Professional Image by some of the nursing, physical therapy and radiology respondents. This may have affected the results of the study. It may also be indicative of an unfamiliarity by these individuals with medical record administration and its professional organization.

There was a difference in the perceived professional image of medical record administration by medical record administrators compared

to this perception by the other health care practitioners in the study. Medical record administrator subjects as a whole had a higher perception of the professional image of their occupation. The majority of the medical record administrators' scores (61.0%) on the Index of Professional Image were in the high range (100-74) while the majority of scores from nurses (65.2%), physical therapists (70.0%), and radiologic technologists (65.7%) were in the medium range (73-47).

Both of the above findings may signify a need by medical record administrators to promote their occupation in order to make others aware of its function and its indispensability to health care. If those who work in related fields are not cognizant of these ideas, then it is more than probable than society as a whole is not aware of them. The recognition of the occupation by society is an important aspect in professionalism. Among the traits of a profession that Goode (1969) reported were those concerned with how the profession is perceived by lay persons. For example, society views a profession as having a kind of mystery due to the impressive amount of knowledge and skill necessary to be a member of the profession. Lay persons must first be conscious of a profession before it can achieve this regard.

The recognition factor of the profession also plays a role in the education of students in the profession. Goode (1969) reported that those occupations achieving professional status can insist on high caliber students because of the occupations' high ranking in income, pres-

tige and power. Student recruitment may be less difficult in an occupation that is highly visible, but this aspect was not measured in this study. Another way in which visibility and recognition can influence education concerns the cultivation of attitudes and perceptions toward the profession. This should be a part of the educational process. The findings of this study may indicate a need for education of students of other allied health disciplines on the importance of medical record administration to the health care field.

Due to the small sample size, the results of the correlation of job satisfaction of medical record administrators with the perceived professional image of medical record administration by the selected other health care disciplines in the study taken together is suspect. However, this correlation was very insignificant when the selected other health care disciplines (nursing, physical therapy and radiology) were taken individually. There is no evidence to suggest that as a collectivity the results would be any different.

The fact that this study indicated no significant correlation may be due to the working relationships of medical record administrators with the other health care disciplines participating in the study. These health care practitioners (nurses, physical therapists and radiologic technologists) were originally chosen for participation in this study because of the difference in the objectives of their occupations when compared with medical record administration. They provide

care directly to the patient while medical record administrators do not. This aspect may play a part in the perception of the professional image of medical record administration by these other health care practitioners. However, nurses, physical therapists, and radiologic technologists may not work closely enough on a day-to-day basis with medical record administrators for their perceptions to influence how medical record administrators feel about their jobs. Other health care disciplines (physicians and hospital administrators, for example) may have a closer daily working relationship with medical record administrators. Therefore, their perceptions of the professional image of medical record administration may be more influential.

No demographic information was obtained in this study. However, demographic variables may have an effect on the results of the study. For instance, the length of time a practitioner has worked in the health care field may have influenced the knowledge base on which he or she formed an opinion of the professional image of medical record administration. Because no demographic information was available, it was also difficult to discern exactly who was completing the questionnaires. The questionnaires were sent to the administrative directors of the departments concerned. It was assumed that this was a physical therapist or a radiologic technologist, for example, for the physical therapy and radiology departments.

The Index of Professional Image measured five attitudinal

attributes of a profession. This study was not concerned with determining the differences in the perception of medical record administration by the selected health care disciplines on each of the five attributes individually. However, an analysis of this type may reveal significant information relative to the areas in which medical record administration is perceived to be lacking as a profession.

Recommendations

The discussion presented above has provided an insight into recommendations for further study. Among these are the following:

1. The Index of Professional Image should be administered to physicians and hospital administrators to determine their perceptions of the professional image of medical record administration and to determine if these perceptions are a factor in the job satisfaction of medical record administrators.
2. Results of the study should be correlated with demographic information on the respondents.
3. The Index of Professional Image should be administered to allied health students to determine differences in the perception of the professional image of medical record administration by students and by practitioners working in health care.
4. Results of the study should be analyzed according to attitudinal attribute.

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APPENDIXES

APPENDIX A

INDEX OF JOB SATISFACTION

INDEX OF JOB SATISFACTION

DIRECTIONS: Place an "x" on the blank that corresponds with the phrase that best describes how you feel about your present job. There are no right or wrong answers. Please record your honest opinion on each one of the statements. There are 18 items on this questionnaire.

Key: SA--Strongly agree
A--Agree
U--Undecided
D--Disagree
SD--Strongly disagree

SA	A	U	D	SD		
—	—	—	—	—	1.	My job is like a hobby to me.
—	—	—	—	—	2.	My job is usually interesting enough to keep me from getting bored.
—	—	—	—	—	3.	It seems that my friends are more interested in their jobs.
—	—	—	—	—	4.	I consider my job rather unpleasant.
—	—	—	—	—	5.	I enjoy my work more than my leisure.
—	—	—	—	—	6.	I am often bored with my job.
—	—	—	—	—	7.	I feel fairly well satisfied with my job.
—	—	—	—	—	8.	Most of the time I have to force myself to go to work.
—	—	—	—	—	9.	I am satisfied with my job for the time being.
—	—	—	—	—	10.	I feel that my job is no more interesting than others I could get.
—	—	—	—	—	11.	I definitely dislike my work.

SA	A	U	S	SD		
__	__	__	__	__	12.	I feel that I am happier in my work than most other people.
__	__	__	__	__	13.	Most days I am enthusiastic about my work.
__	__	__	__	__	14.	Each day of work seems like it will never end.
__	__	__	__	__	15.	I like my job better than the average worker does.
__	__	__	__	__	16.	My job is pretty uninteresting.
__	__	__	__	__	17.	I find real enjoyment in my work.
__	__	__	__	__	18.	I am disappointed that I ever took this job.

Please check which of the following applies to you:

__ RRA

__ ART

__ Neither (please explain)_____

Adapted from "An Index of Job Satisfaction" by A. H. Brayfield and H. F. Rothe, 1951, Journal of Applied Psychology, 35, p. 307.

APPENDIX B

PERMISSION TO USE INSTRUMENT

1858 Euclid
Dallas, Texas 75206

September 23, 1985

Permissions Office
American Psychological Association
1200 Seventeenth St., N. W.
Washington, D. C. 20036

I am writing to request permission to use Brayfield and Rothe's Index of Job Satisfaction (Journal of Applied Psychology, October, 1951) in a study of the job satisfaction of medical record practitioners. This research will be conducted as partial fulfillment of the requirements for a Master of Science degree from Texas Woman's University, Denton, Texas.

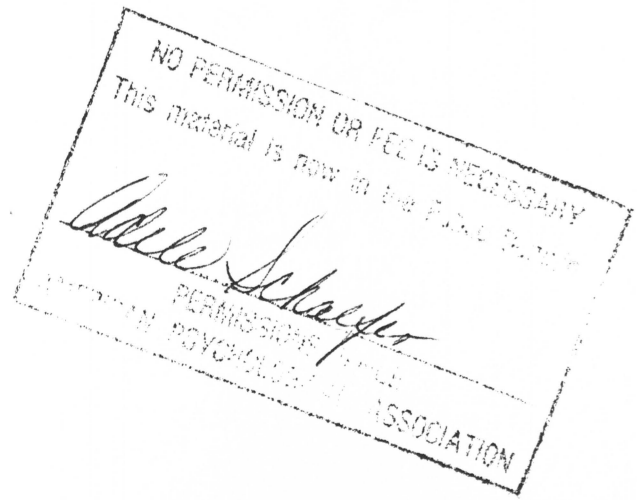
I would like to obtain a copy of the Index of Job Satisfaction along with its scoring scale. If there is a charge for this questionnaire, please advise me.

Thank you for your prompt attention to this request. I will be happy to share the results of this study with you if you are interested.

Sincerely,

Belinda Brunner, RRA

Belinda Brunner, RRA



APPENDIX C

INDEX OF PROFESSIONAL IMAGE (INITIAL VERSION) AND KEY TO ATTITUDINAL ATTRIBUTES

INDEX OF PROFESSIONAL IMAGE

DIRECTIONS: Place an "x" on the blank corresponding with how you feel about the statement. There are no right or wrong answers. Please record your honest opinion on each one of the statements. There are 20 items in this questionnaire.

Key: SA--Strongly agree
A--Agree
U--Undecided
D--Disagree
SD--Strongly disagree

SA	A	U	D	SD	
—	—	—	—	—	1. Medical record administrators are not very up-to-date on issues in their area of expertise.
—	—	—	—	—	2. The importance of medical record administration is not exaggerated.
—	—	—	—	—	3. Medical record administrators do not maintain a high level of idealism.
—	—	—	—	—	4. Extrinsic rewards such as salary are more important than a sense of calling to the field for most medical record administrators.
—	—	—	—	—	5. Most medical record administrators are capable of supervising themselves.
—	—	—	—	—	6. It seems that most medical record administrators are not active in professional organizations.
—	—	—	—	—	7. Other professions in health care are more important than medical record administration.
—	—	—	—	—	8. Medical record administrators have a real commitment to their work.

SA	A	U	D	SD		
—	—	—	—	—	9.	Medical record administrators do not have much opportunity to exercise their own judgement.
—	—	—	—	—	10.	The professional organization of medical record administrators seems very helpful.
—	—	—	—	—	11.	The importance of medical record administration is often overstated.
—	—	—	—	—	12.	The dedication of medical record administrators is encouraging and rewarding.
—	—	—	—	—	13.	The people best qualified to judge the work of medical record administrators are other medical record administrators.
—	—	—	—	—	14.	Medical record administration is not vital in the health care industry.
—	—	—	—	—	15.	Most decisions made by medical record administrators are subject to review by administration.
—	—	—	—	—	16.	That medical record administrators read their professional journals is evidenced by their knowledge.
—	—	—	—	—	17.	There are few medical record administrators who do not do good work; therefore, they are capable of overseeing their own work.
—	—	—	—	—	18.	Medical record administrators are capable of self-regulation.
—	—	—	—	—	19.	Medical record administrators are not allowed to make most of their own decisions.

SA	A	U	D	DS	
__	__	__	__	__	20. Medical record administrators have some sense of autonomy.

Title/position of individual completing questionnaire:

_____

Based upon "Professionalization and Bureaucratization" by R. M. Hall, 1968, American Sociological Review, 33, pp. 90-104 and "Professionalism and the Medical Record Practitioner" by B. K. Payne, 1983, American Medical Record Association Journal, 54, p. 16.

INDEX OF PROFESSIONAL IMAGE

KEY TO ATTITUDINAL ATTRIBUTES

Item Number	Attitudinal Attribute Measured
1	Professional organization
2	Public service
3	Sense of calling
4	Sense of calling
5	Self-regulation
6	Professional organization
7	Public service
8	Sense of calling
9	Autonomy
10	Professional organization
11	Public service
12	Sense of calling
13	Self-regulation
14	Public service
15	Autonomy
16	Professional organization
17	Self-regulation
18	Self-regulation
19	Autonomy
20	Autonomy

APPENDIX D

CONTENT VALIDITY EVALUATION FORM AND COVER LETTER

February 12, 1986

Dear

The medical record profession is currently undergoing rapid changes. How the profession is perceived by its members and by other health care practitioners will play a role in whether the profession can keep pace with these changes. I am conducting a survey of medical record administrators and other health care practitioners to determine their perceptions of the professional image of medical record administration. An additional part of this study will be to determine if these perceptions have any correlation with the job satisfaction of medical record administrators. This research is to be conducted as partial fulfillment of the requirements for a master's degree in Health Science Instruction from the Texas Woman's University.

Your assistance is needed. Before medical record and other health care practitioners can be surveyed on their perceptions of the professional image of medical record administration, content validity of the survey questionnaire must be determined. I would appreciate your participation in evaluating the questionnaire for content validity. Enclosed is the professional image survey questionnaire evaluation form. Please feel free to make any comments on the evaluation form which you feel would improve the questionnaire and return the form in the enclosed stamped envelope.

In return for your participation, I will be happy to provide you with an abstract of the study results. Please indicate your desire to obtain an abstract at the bottom of the evaluation form.

You may contact me at 214-521-3168 (work) or 214-826-1804 (home) should you have any questions. Thank you for your cooperation and assistance.

Sincerely,

Belinda Brunner

Belinda Brunner, RRA

Enclosures

PROFESSIONAL IMAGE SURVEY EVALUATION INSTRUMENTS

Enclosed is an evaluation form for the 20-item questionnaire designed by the researcher to measure perceptions concerning the professional image of medical record administration. Five attitudinal attributes of a profession are examined in this questionnaire:

(1) Professional organization--use of the professional organization as a major reference by its membership;
(2) Public service--its members' belief in service to the public;
(3) Self-regulation--its members' belief that the persons best qualified to judge their work are other members of the profession;
(4) Sense of calling--dedication of its membership to their work;
(5) Autonomy--sense of autonomy for its membership.

The evaluation of the questionnaire consists of four parts, labeled A through D on the form. Please read each item of the questionnaire carefully and perform the following evaluations:

(A) Place an "x" in the box corresponding to the attribute described above that you feel the item is testing.
(B) Place an "x" in the box that corresponds with the phrase that best describes how you feel about the statement.
(C) Place an "x" in the box that corresponds with what you feel should be done about the item in regard to clarity, readability and understandability.
(D) In the space provided, please make any comments you feel necessary, especially if "change" was marked under part B. Additional space for comments is provided at the end of the evaluation form.

Thank you for your time in participating in this evaluation.

PROFESSIONAL IMAGE SURVEY EVALUATION FORM

QUESTIONNAIRE ITEM	A					B					C				D
	Organization	Professional Service	Public Education	Self-regulation	Sense of Calling	Autonomy	Agree Strongly	Agree	Undecided	Disagree	Strongly Disagree	Change	Delete	As Is Keep	Needs Review	COMMENTS
1. Medical record administrators are not very up-to-date on issues in their area of expertise.																
2. The importance of medical record administration is not exaggerated.																
3. Medical record administrators do not maintain a high level of idealism.																
4. Extrinsic rewards such as salary are more important than a sense of calling to the field for most medical record administrators.																
5. Most medical record administrators are capable of supervising themselves.																
6. It seems that most medical record administrators are not active in professional organizations.																
7. Other professions in health care are more important than medical record administration.																
8. Medical record administrators have a real commitment to their work.																

QUESTIONNAIRE ITEM	A						B					C				D
	Organization	Professional Service	Public	Self-regulation	Sense of Calling	Autonomy	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Change	Delete	As Is	Review Keep	COMMENTS
9. Medical record administrators do not have much opportunity to exercise their own judgment.																
10. The professional organization of medical record administrators seems very helpful.																
11. The importance of medical record administration is often overstated.																
12. The dedication of medical record administrators is encouraging and rewarding.																
13. The people best qualified to judge the work of medical record administrators are other medical record administrators.																
14. Medical record administration is not vital in the health care industry.																
15. Most decisions made by medical record administrators are subject to review by administration.																
16. That medical record administrators read their professional journals is evidenced by their knowledge.																

QUESTIONNAIRE ITEM	A						B					C				D
	Organization	Professional	Service	Public	Self-regulation	Calling	Sense of Autonomy	Agree	Strongly Agree	Undecided	Disagree	Strongly Disagree	Change	Delete	As Is	Review	Needs	COMMENTS
17. There are few medical record administrators who do not do good work; therefore, they are capable of overseeing their own work.																		
18. Medical record administrators are capable of self-regulation.																		
19. Medical record administrators are not allowed to make most of their own decisions.																		
20. Medical record administrators have some sense of autonomy.																		

ADDITIONAL COMMENTS:

_____ Yes, I would like a copy of the results.

_____ No, I would not like a copy of the results.

APPENDIX E

INDEX OF PROFESSIONAL IMAGE (MODIFIED VERSION)

INDEX OF PROFESSIONAL IMAGE

DIRECTIONS: Place an "x" on the blank corresponding with how you feel about the statement. There are no right or wrong answers. Please record your honest opinion on each one of the statements. There are 20 items on this questionnaire.

Key: SA--Strongly agree
A--Agree
U--Undecided
D--Disagree
SD--Strongly disagree

SA	S	U	D	SD	
—	—	—	—	—	1. That medical record adminstrators do not use their professional organization as a major reference is evident by their lack of knowledge on health care issues.
—	—	—	—	—	2. The importance of medical record administration is not exaggerated.
—	—	—	—	—	3. Medical record administrators do not maintain a high level of idealism in regard to dedication to their profession.
—	—	—	—	—	4. Extrinsic rewards such as salary are more important than a sense of calling to the field for most medical record administrators.
—	—	—	—	—	5. Most medical record administrators are capable of supervising themselves.
—	—	—	—	—	6. It seems that most medical record administrators are not active in professional organizations.
—	—	—	—	—	7. Most other health care professions are more important to patient care than medical record administration.
—	—	—	—	—	8. Medical record administrators have a real commitment to their work.

SA	A	U	D	SD		
—	—	—	—	—	9.	Medical record administrators do not have much opportunity to exercise their own judgment.
—	—	—	—	—	10.	The professional organization of medical record administrators seems very helpful.
—	—	—	—	—	11.	The importance of medical record administration is often overstated.
—	—	—	—	—	12.	The dedication of medical record administrators is encouraging and rewarding.
—	—	—	—	—	13.	The people best qualified to judge the work of medical record administrators are other medical record administrators.
—	—	—	—	—	14.	Medical record administration is not vital in the health care industry.
—	—	—	—	—	15.	Most decisions made by medical record administrators are subject to review by administration.
—	—	—	—	—	16.	That medical record administrators read their professional journals is evidenced by their knowledge.
—	—	—	—	—	17.	The assurance of practice competency by medical record administrators should be controlled by other medical record administrators.
—	—	—	—	—	18.	Medical record administrators are capable of self-regulation.
—	—	—	—	—	19.	Medical record administrators are not allowed to make most of their own decisions.

SA A U D SD

__ __ __ __ __ 20. Medical record administrators have some sense of autonomy.

Title/position of individual completing questionnaire:

_____

Based upon "Professionalization and Bureaucratization" by R. M. Hall, 1968, American Sociological Review, 33, pp. 90-104 and "Professionalism and the Medical Record Practitioner" by B. K. Payne, 1983, American Medical Record Association Journal, 54, p. 16.

APPENDIX F

COVER LETTER FOR MEDICAL RECORD ADMINISTRATORS

Dear Medical Record Administrator,

The medical record profession is currently undergoing rapid changes. How the profession is perceived by its members and by other health care practitioners will play a role in whether the profession can keep pace with these changes. I would like you to participate in a survey of medical record and other health care practitioners to determine your perceptions of the professional image of medical record administration. An additional part of this study will be to determine if these perceptions have any correlation with the job satisfaction of medical record practitioners. This research is being conducted as partial fulfillment of the requirements for a master's degree from the Texas Woman's University.

Enclosed are two questionnaires: the Index of Job Satisfaction and the Index of Professional Image. Please complete each of the enclosed questionnaires. This should not take more than a few minutes of your time. Please return each of these forms to me in the enclosed stamped, pre-addressed envelope within one week of their receipt. Return of the completed questionnaires signifies your consent to participate as a subject in this research. If you do not wish to participate, please return the blank questionnaires to me.

The questionnaires have been numerically coded to assure confidentiality. No respondent will be identified by name in the study. All data will be collectively presented.

Please contact me at 214-521-3168 (work) or 214-826-1804 (home) should you have any questions. Thank you for your time and assistance.

Sincerely,

Belinda Brunner, RRA

Belinda Brunner, RRA

Enclosures

APPENDIX G

COVER LETTER FOR OTHER HEALTH CARE PRACTITIONERS

Dear

I am conducting a survey to determine how other health care practitioners perceive the medical record profession. This research is being conducted as partial fulfillment of the requirements for a master's degree from the Texas Woman's University. I would appreciate your participation in the survey.

Enclosed is a questionnaire designed to determine your perceptions of the professional image of medical record administration. Please complete the questionnaire and return it to me within one week of its receipt. Completion of the questionnaire should not take more than a few minutes of your time. Return of the completed questionnaire signifies your consent to participate as a subject in this research. Should you not wish to participate, please return the blank questionnaire to me.

The questionnaires have been numerically coded to assure confidentiality. No respondent will be identified by name. All data will be collectively presented.

Please contact me at 214-521-3168 (work) or 214-826-1804 (home) should you have any questions. Thank you for your time and assistance.

Sincerely,

Belinda Brunner, RRA

Belinda Brunner, RRA
Medical Record Administrator

Enclosures

APPENDIX H

FOLLOW-UP LETTER FOR MEDICAL RECORD ADMINISTRATORS

May 14, 1986

Dear Director of Medical Records,

Recently I sent a letter to you requesting your participation in a study concerning the perceptions of the professional image of medical record administration. I have not received your response; therefore, I have enclosed copies of the information sent to you. I would appreciate your cooperation in completing the enclosed forms and returning them in the stamped, pre-addressed envelope that is also enclosed. This should not take more than a few minutes of your time.

Should you not wish to participate, please return the blank forms to me. Even if you are not participating, I would appreciate it if you indicated on the second page of the Index of Job Satisfaction whether you are a RRA or ART. Thank you for your assistance.

Sincerely,

Belinda Brunner, RRA

Belinda Brunner, RRA
214-521-3168 (work)
214-826-1804 (home)

Enclosures

APPENDIX I

FOLLOW-UP LETTER FOR RADIOLOGIC TECHNOLOGISTS

May 14, 1986

Dear Administrative Director of Radiology,

Recently I sent a letter to you requesting your participation in a study concerning the perceptions of the professional image of medical record administration. I have not received your response; therefore, I have enclosed copies of the information sent to you. I would appreciate your cooperation in completing the enclosed forms and returning them in the stamped, pre-addressed envelope that is also enclosed. This should not take more than a few minutes of your time.

Should you not wish to participate, please return the blank forms to me. Thank you for your assistance.

Sincerely,

Belinda Brunner, RRA

Belinda Brunner, RRA
214-521-3168 (work)
214-826-1804 (home)

Enclosures