THE IMPACT OF JOB SATISFACTION
ON HOME AND FAMILY LIFE
FOR FEMALE MANAGERS
IN HEALTH CARE
FOOD
SERVICE

THESIS

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Vivian Odera, B.S.
Denton, Texas
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This research study evaluated the impact specific work-related factors have on home and family life for female managers in the health care food service industry. A random sample of 333 (33%) of the population was chosen to participate in this study. Each participant was a member of the American Dietetic Association's Management in Health Care Systems dietetic practice group. The work aspects with the most negative impact were number of hours worked per week, work schedule, and job security. Two variables found to significantly predict the overall impact of work on home and family life were number of hours worked per week (p-value .002) and annual gross income (p-value .002).
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CHAPTER I

INTRODUCTION

Since the beginning of civilization, women in all cultures were given specific roles to play in their societies. Women were often given roles in their homes and were not allowed to participate in work related areas outside the home. In the American society, women were the major supporters and providers in the home for their spouses and children. Now, this traditional model has changed drastically. More and more women are entering the labor force.

As the number of women entering the work force increases, our society has become very concerned with problems of the family. Historically, public policy and organizational structure was built on the assumption workers were males who supported a dependent wife and children. According to Burden and Googins (1987), less than nine percent of American families currently constitute the traditional model of two parents with children where the husband is the full-time employee in the labor force and the wife is the full-time homemaker in the home. According to the United States Bureau of the Census (1987), a related trend is seen on the rise in the number of dual earner families in which the husband and wife pursue work outside
the home and maintain a family life together. The United States Bureau of Census indicated that in 1985 there were 50.9 million married couples of which 27.4 million or 53.4% were dual earner families. Today, this number has increased even more.

According to Marshall (1991), women will represent 64% of the new entrants in the work force over the next ten years. Also, this group will account for 50% of the college-level hospitality management graduates. Burden and Googins (1987) agreed this is not a trend that is likely to be reversed, despite marriage, child rearing, and associated demands.

Even though women in greater numbers than ever before are entering the work force, they still experience the prejudices of male-driven organizations. According to Kingdon and Sedlacek (1982), 70% of working women still are concentrated in traditional occupations in which more than 60% of the workers are women. These traditional jobs for women are often lower paying and of lower prestige than those defined as "non-traditional," in which more than 60% of the workers are men.

Polit (1979) revealed in his research that most women continue to work in jobs traditionally held by females. Polit explained that it was not the narrowness of job opportunities for women which was problematic; rather, it
was the concentration of women in the lowest paying, least prestigious jobs which often results in claims of sex discrimination.

Social scientist Kanter (1983) noted, "If people matter in the productivity equations, then they have to be considered as whole human beings who are affected by their quality of life in general, as well as by their specific quality of life" (p. 15). Kanter also contended that in future organizational and national policy debates concerning job performance and increased productivity, the human side of the question needs as much attention as the technical side.

For years, the relationship between an individual's life outside of work and at work has been a topic of concern for philosophers, psychologists, sociologists, economists and home economists. Even, despite years of research, Bohen and Vivieros-Long (1981) concluded that the relationship between family life and work life is not fully understood. Existing research has often focused on one element of work-family life such as absenteeism, career choice, child care, or family stress rather than addressing numerous variables. Both Burden and Googins (1987) and Hunsaker (1983) maintained that work and the family were connected in many subtle and non-subtle, social, economic and psychological ways.
Health care food service, a segment of the hospitality industry, has been very successful in attracting and retaining female managers. Bryk and Kornblum (1991) conducted a study which revealed that women accounted for ninety percent of management staff. However, women in these positions still experience a high degree of discrimination. The researchers, therefore, undertook the study to determine the effects that discrimination and other factors in the workplace have on female managers' home and family life.

Purpose

The primary purpose of this study was to evaluate demographic information and assess the impact work-related factors have on home and family life for female managers in the health care food service industry. Variables examined in this study included, among others, work schedule, job security, advancement opportunities, and benefits.

Statement of the Problem

If the hospitality industry is to successfully remain one of the fastest growing industries in the nation, Buergermeister (1983) urged the industry as a whole to find ways to attract and retain qualified minority groups. To meet this challenge, the hospitality industry must identify the needs and wants of its diversified work force and also eliminate the prejudicial attitudes against different
minority groups. In addition, the hospitality industry should develop programs that will attract and retain its future work force.

Research Objectives

Based upon a review of literature pertaining to females in management, the researcher developed four objectives to research in this study. The research objectives were as follow:

1. To determine if the workplace for female managers in health care food service has a positive impact on the home and family life of female managers.

2. To determine if female managers in health care food service experience a high degree of home and family life satisfaction due to job security, flexible work schedules, excellent benefits, career advancement, and other factors.

3. To determine if female managers in health care food service experience a high degree of discrimination because of age, sex, educational level, race, promotion, or seniority.

4. To determine if the health care food service industry provides effective mentor programs for female managers.

Significance of the Study

The National Restaurant Association and the Institute
for the Food Industry maintained that during the past two decades the hospitality industry has experienced a rate of growth unparalleled in its history. This growth produced a greater industry awareness of the need to identify and retain candidates who possess the skills and competencies to function effectively within complex service oriented systems. Female managers will be the candidates occupying these highly skilled positions (Burgermeister, 1983).

Recent studies suggested that women will play a vital role in the work force of the 1990’s. According to Linda Thornburg (1991), staff writer for HR Magazine, women will account for 47% of the work force by the year 2000. Thornburg also implied that women will hold positions that were once occupied by white males. With this being the future trend, the hospitality industry and other industries must find ways to accommodate these new leaders.

Limitations

In conducting this study, certain factors may influence the results of the data collected. These factors include the following:

1. The sample in this particular study may not represent all female managers in health care food service.
2. Factors other than the items mentioned in this study may have an affect on an individual’s personal and work satisfaction.
Delimitations

This study was limited to female managers in the United States who were members of the American Dietetic Association practice group with management responsibilities in healthcare delivery systems. A questionnaire was used to collect data on the opinions and beliefs of managers in this industry. Questions addressed the participants' perceptions on the impact of the workplace on home and family life.

Assumptions

The following assumptions were made by the researcher:

1. The impact of work on home and family life can be measured.

2. Managers have an understanding of their family life situation and their work situation. Furthermore, they can communicate their perceptions of these areas of life through a self-administered questionnaire.

3. In completing this questionnaire, the participants will answer the questions truthfully.

4. The person completing the questionnaire is the person that was mailed the questionnaire.

Definitions of Terms

For purposes of this study the following definitions were used:

*Hospitality industry* includes many and varied businesses
catering to guests; four major industry segments are food service, lodging, travel, and recreation (Brymer, 1991).

**Health care food service** includes hospital and nursing home dietary services, as well as residential retirement centers, other extended care facilities, and community food service programs (Walsh, 1991).

**Job satisfaction** refers to a positive mental attitude experienced by the worker in response to the presently occupied work role (Ivancevich & Donnelly, 1968).

**Family life satisfaction** refers to a pleasurable or positive emotional state resulting from various aspects of one's family or family experiences (McIntyre, 1989).

**Dependents** refer to children or step-children who are 18 years of age or younger, as well as elderly or disabled individuals living in the household (McIntyre, 1989).

**Traditional occupation** refers to jobs or positions where women are primarily employed (McIntyre, 1989).

**Non-traditional position** refers to work areas which were once considered appropriate only for the other sex (McIntyre, 1989).

**American Dietetic Association members with management responsibilities in health care delivery systems** refers to food and nutrition care managers generally employed in institutions -- includes directors of departments or
facilities and administrative dietitians and technicians (American Dietetic Association, 1993).

**Benefits** are allowances, pensions, etc., to which a person may be entitled under private arrangements (Webster, 1987). In this study, benefits refer to child care programs, work schedules, and salary.

**Mentor program** refers to a program whereby a qualified and experienced industry professional acts as a coach or tutor to a novice or less experienced person.
CHAPTER II

REVIEW OF LITERATURE

Theoretical Background

The twentieth century brought about great change in the work force. Many researchers in this day and age are interested in finding ways to maximize productivity and also increase job satisfaction of workers. Researchers such as Taylor (1911) and Mayo (1933) developed theories on job satisfaction and tested them in early organizations and on their workers.

Later Maslow (1943) developed a theory which concentrated on the individual as an integrated whole. Maslow stated that individual behavior was motivated by a hierarchy of needs, with the individual progressing to psychological fulfillment as psychological needs are met. The hierarchy of needs included: (1) physiological needs; (2) safety needs; (3) belonging and love; (4) need for social esteem; and, (5) need for self-actualization. Maslow believed that man first seeks to meet the most critical needs for survival and then attempts to meet the higher needs. As a need is met, gratification is temporarily achieved. Man is constantly seeking to meet his changing needs.

The two-factor theory of motivation developed by
Herzberg, Mausner, & Snyderman (1959) stated that motivational factors contribute to job satisfaction and included: achievement, recognition, responsibility, and the intrinsic qualities of the job itself. Herzberg (1966) identified satisfiers and dissatisfiers within the workplace. Satisfiers were defined as factors whose presence increased job satisfaction, and that may or may not cause dissatisfaction when missing. Dissatisfiers were factors that decreased job satisfaction. Dissatisfiers may contribute to job satisfaction when absent.

Herzberg, Mausner, & Synderman (1959) identified hygienic factors which enhanced job satisfaction by eliminating dissatisfiers. These factors included: (1) salary and benefits; (2) supervision; (3) physical working conditions; (4) company administrative policies; and, (5) job security. Herzberg et al. (1959) discussed motivation in the context of bureaucratic and decentralized organization. Employees bound by predetermined rules in bureaucracies and rewards often ceased to be reflective of success. This led to a decrease in available motivation as bureaucratic complexity intensified.

**Historical Perspective**

Traditionally health care administration was classified as a profession for women. At the beginning of the 20th century most hospital Chief Executive Officers were either
members of religious orders or were nursing superintendents. Rothstein noted in his study that in the 1930's and 1940's, the health care industry saw a shift from administrators who were nurses and physicians toward administrators who were not nurses or physicians (Rothstein, 1989).

As the evolution of modern hospital and health care administration became specialized, the number of women administrators declined remarkably. Except for the medical record profession, even in traditional female-dominated professions such as social work, nursing, and education, the number and proportion of women administrators was declining. Most theorists agreed that this phenomenon was explained by the characteristics of women themselves and on societal and structural barriers. Theorists also agreed that more emphasis was placed on the career development of males versus females in management positions. Results from this type of societal mentality was the "glass ceiling" that prevented women from achieving their potential according to their abilities in higher levels of management (Collins, 1984). With these barriers, society has somewhat limited its work force which may be detrimental in the 21st century. J. Fernanadez (1990) states,

One factor that clearly impacts a woman's career was how well she balanced work and family duties. This conflict was rooted in the traditional
arrangement whereby wives stayed home and backed up husbands who worked as breadwinners. We have found that only 24 percent of women with children under age eighteen did not have problems balancing work and family, and only 22 percent of the women with elder care responsibilities said they had no problems. (p. 114)

Myths and Attitudes

Like other industries and organizations, women in health care are faced with many barriers which limit them in excelling to higher levels of management. A multitude of articles have cited outdated and discriminatory attitudes concerning women's roles and abilities. Dempsey-Polan (1988) found in her study that women and men prefer male supervisors. She also found that women were viewed as less desirable management candidates than men. They were seen as less secure, less capable, too emotional, their own worst enemies, and prone to panic under pressure and to crumble or explode when criticized.

In the survey "Attitude Survey on Women," researchers recalled that many men do not think women are as effective as men in most areas of job function. Krueger (1980) indicated this attitude may be because the qualities that tend to be linked with managerial ability such as assertiveness, self-reliance, and achievement orientation
are usually considered to be characteristics associated with males.

There is a double standard that women struggle with. Whether it is said that a woman is "acting like a man" or "acting like a woman," both are condemnations. "Men at the top are quick to feel that a woman who's tough isn't womanly, but a woman who isn't tough isn't worth having around" (Hymowitz and Schellhardt, 1986, p.4). "A woman has to over qualify to compete. A man might get away with mediocrity but not a woman. Female administrators are always subject to more scrutiny" ("Health care as a mission," 1981, p. 10). In the same vein "women haven't earned the right to be mediocre" (Hughey & Gelman, 1986, p. 47).

Langpaap (1981) challenged certain myths and attitudes that hinder women's careers. Langpaap found there were no differences between male and female managers in critical thinking, temperament, values, intelligence, verbal abilities, or leadership style.

There were other attitudes holding women back. Devanna (1984) said one barrier in our society was the attitude that women were not as committed to their careers as men were and therefore firms cannot be as certain of their "return on investment" in females as in males.

Another barrier for women in management is dis-
crimination. Holden (1986) claimed sex segregation has been a stable factor in women's careers since 1900 and was not likely to change rapidly. Unfortunately, these attitudes and myths may limit the growth and development of this country.

Women in Traditional Fields

There still exists a high degree of discrimination and barriers for women in health care management. According to Blank and Slipp (1994) in Voice of Diversity:

> Despite the equal Pay Act of 1963, in 1990 women earned only seventy-four cents for every dollar earned by a man. Even taking into account differences in education and experience in the work world, the pay gap is real. At every age, within every work category, men still take home more pay than women. And the more education a woman has, the wider the gap. (p. 151)

Despite legislation intended to prohibit discrimination in the labor force, women continue to be employed predominantly in low-status, low-salaried positions. As found in Statistical Abstracts (1992) the median earnings of working women were 75.4% that of working men in 1992.

The United States Department of Labor's prediction for the year 2000, is that women will comprise approximately 47% of the work force and will earn wages equal to 74% of men's. For females, level of education is not always a critical factor in the salary earned (Johnson, 1987). For
example in 1987, the median earning of women with four or more years of college was only 60% of the median earning of men with equivalent education. The average salary for all men with only four years high school education is even more than the average for all women with a four year college education (Statistical Abstracts, 1988).

To prove this is an ongoing trend that is not likely to become obsolete, Barrett, Nagy, and Maize (1992) conducted a study on salary discrepancies between male and female food service directors. The findings from this study revealed that men in food service management positions earned a mean of $10,000 more per year than did women, an increase of $3,700 (37%) from 1980. According to the United States Bureau of Census (1987), incomes of males in health care exceeded those of females by at least 30%. Barrett et al. (1992) indicated this is an issue that should be of concern to the American Dietetic Association because its membership is 98% women.

Other studies have been undertaken in the area of health care food service to measure job satisfaction of both men and women. McNeil, Vaden, and Vaden (1981) discovered interesting demographics of the men in health care food service management in comparison to women in the same field. Neil and Vaden found that male food service administrators tended to be younger than women in the positions. Sixty
percent of the men were under 40 years of age while 40.3% of the women administrators were over 50 years of age. This study also revealed most of the females' bachelor's degrees were in dietetics or nutrition while the males' bachelor's degrees primarily were in restaurant management, institutional management, or business.

Although society is constantly changing, its mentality toward women is not keeping up with the many attributes this group can contribute to the work force. This in itself will hinder the growth of the workforce.

Satisfaction in Non-traditional Positions

In organizations there are the "over achievers" that strive to reach their ultimate goals. Whether it is to become the Chief Executive Officer of their organization or District Manager, each individual has his or her reasons for wanting to excel and experience a higher degree of job satisfaction. However, these reasons may be different for women than men.

McIlwee (1983) conducted a two year study of 86 women in non-traditional positions and found the following factors as the most frequently mentioned sources of satisfaction:

(1) intrinsic qualities of work itself (e.g., enjoyable nature, variety, interesting); (2) good pay and/or benefits; (3) good relationships with co-workers, supervisors, and/or customers; (4) specific features of
the job; (5) good learning and/or the learning of valuable skills; (6) good conditions and good hours; (7) security and potential for future advancement; and (8) the status and satisfaction received from being in a non-traditional job. (p.111)

McIlwee (1983) also noted the negative aspects of holding a position that is non-traditional. The negative aspects mentioned most frequently by the second-year respondents were the following in the order of their frequency:

(1) poor relationships with co-workers, supervisors, and/or customers; (2) difficulties with the physical, mechanical or technical aspects of the work; (3) poor working conditions (e.g., unsafe; unpleasant environments); (4) work intrinsics (e.g., repetitive, boring nature); (5) management practices (e.g., discrimination and harassment); (6) insufficient task-related backgrounds; (7) lack of self-confidence; and (8) poor hours of scheduling. (p. 112)

Stringer and Duncan (1985) revealed in their study some of the same findings that McIlwee found in 1983. Both studies noted similar disadvantages and similar advantages. Today if these two studies were conducted, similar findings would likely be revealed because of the slow changes society
is making in its attitude about women in non-traditional positions.

Factors that Affect Women's Professional Advancement

Even though women are constantly trying to break through the "glass ceiling" there are still certain factors that have hindered this process. Madsen and Blide (1992) believe there are intrinsic and extrinsic factors that prevent women from excelling at the management level.

Madsen and Blide (1992) identified the behaviors associated with the intrinsic factors affecting women's advancement in the professional arena. Intrinsic factors dealt with the professional perceptions and personal perceptions of an individual. Extrinsic factors dealt with the organizational and interpersonal behaviors of an individual. In regard to the intrinsic factors the personal aspect related to family matters, self concept, and leadership. The professional aspect of the intrinsic factors related to societal expectations, change, and power (Madsen and Blide, 1992).

Effect of Work on Family Life

Work can have a variety of effects on family life. Madsen and Blide (1992) noted that family matters have a direct effect on females' work lives. Wilensky (1960) pointed out variables such as common tasks, work schedules,
job training, and career patterns are sometimes better predictors of behavior than both social class and previous job experience. Blank and Slipp (1994) reported "that women earn less, have less prestigious job titles, and are promoted less often. Many women face the reality of problematic child care, which can have a detrimental effect on job opportunities." (p.151)

Previous researchers have identified several aspects which were important in shaping and influencing family systems. The first aspect was the relative adsorptiveness of an occupation, referring to the extent to which the job affects other family members. The second aspect was time and timing concerned with the effect of work hours and schedules (daily, monthly, and yearly rhythms including the timing of major work history events). Another aspect involved the rewards and resources provided by occupation. The last dimension is the emotional climate of work. The climate aspect of the job determined how workers felt about themselves. The set of feelings caused by the experiences on the job are brought home and affect the family (Aldous, 1982; Kanter, 1983).

Conflicts Between Work and Family Life

After reviewing the literature on conflict between work and family roles (Boyd & Butler, 1982; Lawhon, 1984) suggested that the basis for work-family conflict was
usually time, strain, or behavior. Voydanoff and Kelly (1984) suggested that economic strain was a fourth source of conflict.

Conflict occurred when the time devoted to the requirements of one role makes it difficult to fulfill requirements of another. A number of studies (Boyd & Butler, 1982; Lawhon, 1984) reported time-based conflicts in areas including work demands and marriage, children and spouse demands. These factors may produce pressures to participate extensively in the work role or the family role. Conflict was experienced when time pressures were incompatible with the demands of the other role.

Voydanoff and Kelly (1984) identified demands associated with time shortage such as being a female working parent, the presence of pre-school and school-age children, experiencing three or more important family changes, and work hours and scheduling. Resources for coping with time demands included high income, job satisfaction, not marrying early, and an ability to arrange time for family activities.

Summary

Women will continue to enter the work force in large masses. However, there are certain barriers and prejudices that still exist in today's society which cause problems for women to reach their maximum potential in their jobs and
also continue to play the roles society has set for them in their homes.

There is currently a need for additional research on the relationship between the work and family life of women in the work force. Although successful linkage between work and family for women is important to successfully meet the challenges of life in the latter part of the 20th century and beyond, only limited research has considered the behavior and experiences in both work and family situations. Evidence exists for the need to focus on the relationship of work on home and family life.

Many organizations have not made adjustments to accommodate different minority groups because the organizations are uninformed or not concerned about the different needs and wants of these people. At present, this is a handicap for most organizations because of the nationwide labor shortage. Organizations, including those in the hospitality industry must find more successful ways to attract and retain qualified female managers.
CHAPTER III

METHODOLOGY

Introduction

The research design for this study was descriptive with the purpose of determining demographic information and the impact work related factors have on the home and family life of female managers in health care food service in the United States. The researcher completed the University of North Texas' "Application for Approval of Investigation Involving the Use of Human Subjects." The researcher received approval from the University of North Texas' Institutional Review Board for the Protection of Human Subjects in Research. A questionnaire was used to survey the impact of various factors including job security, flexible work schedules, excellent benefits, career advancement, discrimination, and mentor programs.

In order to validate the research instrument, a pre-test was developed and sent to a sample of the population. Seventy questionnaires were sent to female and male food service managers in health care systems located in Texas. The managers all belonged to The American Dietetic Association (A.D.A) and were members of A.D.A.'s practice group whose management responsibilities were in health care delivery systems.
Sample

The subjects for the final study were members of the American Dietetic Association and belonged to A.D.A.'s practice group whose management responsibilities were in health care delivery systems. A mailing list was obtained from the American Dietetic Association representing the population that was surveyed.

A random sample of 333 (33%) of the population was surveyed for the final study. The participants were asked to complete the questionnaire and were assured their individual responses would be kept confidential.

Instrument

The researcher used a questionnaire to identify demographic information and to determine the impact work-related factors have on home and family life of managers in health care delivery systems. Questions included in the questionnaire reflected the objectives of the study. The questionnaire included both close-ended and open-ended questions.

The questionnaire consisted of three segments. Refer to (Appendix A) for a copy of the research instrument.

Segment A of the questionnaire was designed to identify demographic information of managers in health care food service. Twenty-two questions were included in this section. The questions were adapted from the American Dietetic
Association's Annual Survey and the "Work, Home, and Family" (WHF) questionnaire from Texas Tech University (McInyre, 1989). Permission was received by the researcher to use questions from the instruments, WHF questionnaire and the American Dietetic Association's Annual Survey. Letters acknowledging permission were included in (Appendix B).

Segment B of the instrument focused on the impact of work on home and family life. This section consisted of nineteen questions. The format of Segment B, section three of the WHF developed by Felstehausen, Glosson, and Couch (1987) at Texas Tech University, was adapted in this study. In modifying their survey, the researcher used the seven point Likert scale and labeled each possible answer in the Likert scale. The answers for the first set of questions in this section were labeled: very satisfied, satisfied, somewhat satisfied, neutral, somewhat dissatisfied, dissatisfied, and very dissatisfied. The answers for the second set of questions in this section were labeled: very positive, positive, somewhat positive, no effect, somewhat negative, negative, and very negative. The questions were presented in a chart-type format. The researcher believed this system would be more convenient for the participants as well as for coding purposes. The researcher altered the directions for this section so they would be very clear to the participants.
Segment C of the instrument was an open-ended question. The question allowed respondents to further explain how they felt about their work, home and family life.

Cover Letter

A one-page cover letter was prepared to explain the significance of the research, the importance of the subjects' participation and the confidential nature of the study. The researcher's name, address and the telephone number were provided for respondents to write or call should questions arise. A copy of this letter is provided in Appendix B.

Reliability of Instrument

To ensure reliability, Babbie (1986) suggested several strategies. Babbie advised the researcher to construct an instrument that asked relevant questions the respondent is likely to be able to answer, to be clear on what is asked so the subject's own unreliability can be reduced, to incorporate specificity, and to use measurements that have proven reliability in previous research.

According to Felstehausen, Glosson, & Couch (1987), Babbie's points were used in the development of the WHF questionnaire to ensure reliability. Both a pre-test and a pilot study were conducted to determine which questions were not likely to be answered or those that were unclear. Conclusions drawn from both tests guided the refinement and
administration of the instrument to the research sample. All questions were adapted from previous instruments which had been tested for reliability and validity.

The Statistical Analysis Software (SAS) program for reliability was used to evaluate the multiple-item additive scales for both the family life satisfaction and job satisfaction measures. Internal consistency of the measures was determined using Cronbach’s Alpha for the national study. The reliability coefficient scores for Cronbach’s alphas were all very high: .91 for home and family life satisfaction and .84 for job satisfaction.

Validity of the Instrument

According to Felstehausen et al. (1987), research data indicated there was no one best way to measure job satisfaction. According to Soutar and Weaver (1982), the selection of a job satisfaction measure was determined by several factors -- the characteristics of the population being studied, aspects of satisfaction included in the instrument, the length of the instrument, and the reliability and validity of the measure.

In an effort to establish content validity, a preliminary draft of the questionnaire, consisting of items modified from existing instruments, was reviewed by professors of the School of Merchandising and Hospitality Management at the University of North Texas, a class of hospitality management graduate students and female managers.
working in hospital food service. Based upon their recommendations, several items were rewritten, eliminated, or added, prior to the pre-test and approval by the University of North Texas Institutional Review Board for the Protection of Human Subjects.

Some methodologists (Borg & Gall, 1983; Cronbach & Meehl, 1955; Kerlinger, 1973; Kim & Mueller, 1978) considered factor analysis to be one of the most powerful methods of construct validity. The idea of factor analysis to establish construct validity is that it reduces a large number of measures to a smaller number of factors by discovering which ones measured the same. Factor analysis helps demonstrate that the question has effectively measured the content it was designed to identify. The researcher conducted a factor analysis on four sets of items in the WHF questionnaire: home and family life satisfaction, effect of home on work performance, work satisfaction, and effect of work on home life.

Pre-test

According to Babbie (1986, p. 194) a pre-test can be viewed as a "miniaturized walkthrough of the entire study design." The pre-test is aimed at ensuring the collection of useful data.

The sample for the pre-test included members of the American Dietetic Association's practice group who had management responsibilities in health care delivery systems.
All 70 members of this practice group located in Texas were surveyed. A 74% response rate, 52 completed questionnaires, was achieved for the pre-test and reliability of the research instrument was established.

The results from the pre-test revealed the work aspects that were the most satisfying to the participants in health care were: (1) the challenge of the job; (2) variety of work tasks; (3) amount of control over how they did their work; and (4) the opportunity to work individually. Ninety-two percent of the respondents were satisfied with the challenge of their jobs. Ninety percent were satisfied with the variety of their work tasks. Eighty-eight percent were satisfied with the amount of control over how they did their work while 86% were satisfied with their jobs because of the opportunity to work individually. Among these, the aspect with the highest satisfaction rating was the opportunity to work individually, which was 54%.

The work aspects that were the least satisfying overall and for which there was the highest dissatisfaction were: (1) the opportunity for advancement; and (2) the number of hours worked per week. Data revealed that 29% of the participants were dissatisfied with the opportunity for advancement while 27% were dissatisfied with the number of hours worked per week.

The results also showed the work aspects that had the most negative impact on the quality of home life were: (1)
number of hours worked per week; (2) work schedule; and (3) the opportunity for advancement. Results from the pre-test indicated that 53% of the participants were dissatisfied with the number of hours worked per week; 27% were dissatisfied with the work schedule; and, 23% were dissatisfied with opportunities for advancement. Among these factors, the aspect with the lowest rating of very dissatisfied was the number of hours worked per week, which was 8%.

The work aspect that drew the highest proportion of neutral responses was the likelihood of transferring. Forty-eight percent of the participants exhibited a neutral attitude toward the likelihood of being transferred. Forty percent of the participants noted likelihood of a transfer had a neutral effect on their home life.

Overall, the study revealed that 85% of the participants were at least somewhat satisfied while 61% felt that work had at least a somewhat positive effect on the quality of home life. Fifty percent of the participants felt that combining work and family responsibilities was not difficult at all.

The pre-test also revealed that Texas participants felt there was a high correlation between various work aspects and the effect each aspect had on the quality of their home life. There was a .7 correlation (p-value .0001) between the overall level of satisfaction with their work and the impact
it had on the quality of their home life.

Results from this pre-test were not included in the final study. However, the researcher used this test to make adjustments to the WHF questionnaire for the national study.

Procedures

The researcher contacted Ginny Felstehausen at Texas Tech University and Joseph Bryk of the American Dietetic Association to acquire permission to use segments of their instruments in this study. Questionnaires were sent to randomly selected members of the American Dietetic Association practice group with management responsibilities in health care delivery systems. The sample included 333 female and male health care food service managers located throughout the United States. The researcher intended to compare responses between males and females. However, the males' responses were eliminated in the final tabulation of the data because of poor participation with only six males returning the completed questionnaire. The researcher was advised to report on female responses only. The participants were asked to complete the questionnaires and were assured individual responses would be kept confidential. All managers were given individual packets which contained a cover letter, questionnaire, and self-addressed, stamped envelope. Each packet contained the instructions for completing and returning the questionnaire.
Data Analysis

To evaluate the data collected in this study, the researcher used the Statistical Analysis Software (SAS) to determine the findings. Frequency counts and percentages were tabulated for the demographic characteristics. These characteristics included: family size, respondent’s age, respondent’s level of education, need for dependent care, need for elderly care, and age of children. In the national study, four distinct factors emerged among questions pertaining to satisfaction with various job aspects and to their effect on home life. The reliability coefficient scores measured by Cronbach’s alphas were high for all four groups. Scores ranged from .84 to .69 for the group pertaining to satisfaction and from .91 to .84 for the group pertaining to job impact on home life.

Frequency counts and percentages were tabulated for the demographic characteristics. Mean scores were calculated for responses to questions relating to: (a) satisfaction with various work aspects and (b) effect of these work aspects on quality of home life. Seniority on the job and income were used as covariates as much of the research on job satisfaction point to a significant increase in satisfaction as seniority and income increase.
CHAPTER IV

FINDINGS

The purpose of this research study was to examine the relationship between family life satisfaction and job satisfaction of managers in health care food service. Chapter IV includes a description of the subjects who participated in the study and the results of the statistical analyses applied to each research question.

Descriptive Statistics

As described in Chapter III, 333 female and male managers employed in health care food service were in this study. Each participant received a WHF questionnaire. One hundred and thirty-six questionnaires, 40.8%, were returned. During the course of the statistical analyses, six of the questionnaires were eliminated because of insufficient data.

Of the 128 participants remaining, 122 were female managers and the remainder were males. Because male managers comprised only about 5% of the participants, their questionnaires were also eliminated. Comparisons between males and females would not have been reliable; moreover deleting the male responses made analysis among female responses accurate.

The statistical analyses revealed very interesting demographic data. Sixty-five percent of the participants
were married. Ninety-one percent of them were over 40 years of age. Eighty-four percent were white and only 8% were black.

In reference to the participants' educational level and work responsibility, 46% of the respondents held a Master's Degree and all had at least an Associate Degree. Ninety-one percent of them had a degree in food and nutrition and over 80% practiced in the area of food and nutrition management. Ninety-seven percent of the participants held jobs in managerial positions. However, as many as 77% of them (90 out of 117) did not have a degree in a management area. Nearly two-thirds of the respondents (61%) earned over $45,000 annually.

The study also revealed that 79% of the participants worked more than forty hours per week. More than 50% of the respondents had worked in their current position for over seven years and over 75% had been with their employer for more than three years. Thirty-six percent of the participants worked for a type of government agency (local, state, or federal) and more than 50% controlled an annual budget of over a million dollars. More than half (52%) supervised forty or more employees.

Results from this study indicated 29% of the participants had children under 18 years of age. Eleven
percent of them had children or adults in their household requiring special care

Examination of the Objectives

Data obtained from the questionnaire were statistically analyzed using the Statistical Analysis Software (S.A.S.). Each research objective was addressed as per the following information:

Objective 1

To determine if the workplace of female managers in health care food service has a positive impact on the home and family life of female managers.

Data collected from this study revealed that 55% of the participants felt that work had at least a somewhat positive impact on the quality of their home lives. The work aspects which had the most positive impact on the home lives of the respondents were: (1) variety of work tasks; (2) opportunity to work individually; (3) amount of control over how they do their work; and, (4) challenge of the job.

Results from this study revealed that 89% of the respondents were at least somewhat satisfied with the variety of tasks their jobs had to offer. Eighty-eight percent of the respondents were somewhat satisfied because they had the opportunity to work as an individual. Eighty-seven percent of the participants were at least somewhat satisfied with the challenge of their jobs. Among these work
factors, the work aspects with the most positive impact were: (1) the opportunity to work independently which was 41% and (2) the amount of control over how they did their work which was 36%. The study also revealed that 45% of the female managers felt the workplace had a negative or neutral impact on their home life.

There was a 0.6 correlation (p-value .0001) between the overall level of satisfaction with their work and the overall impact it had on the quality of their home life. The job aspects that exhibited the three highest correlations with the overall effect on home life were "opportunity to work independently" (0.52, p-value .0001), "salary" (0.51, p-value .0001), and "job security" (0.50, p-value .0001).

Although the majority of the respondents felt their work positively impacted their home life it should be noted this was only a slight majority. The study also revealed that as many as 45% of the managers believed the workplace had a negative or neutral impact on their home life. Therefore, one may conclude from the data provided in this study that generally, the workplace of health care food service does not have a positive impact on the home and family life of its female managers.

**Objective 2**

To determine if female managers in health care food
service experience a high degree of home and family life satisfaction due to job security, flexible work schedules, excellent benefits, career advancement, and other factors.

Results from this study revealed which work aspects were the least satisfying overall and which had the highest level of dissatisfaction. Among the work aspects, the number of hours worked per week and the opportunity for advancement exhibited the greatest level of dissatisfaction. Twenty-nine percent of the participants were dissatisfied with the opportunity for advancement while 31% were dissatisfied with the number of hours they worked per week.

Data also revealed the work aspects which had the most negative impact on the quality of home life for female managers. Fifty-six percent of the managers stated that the number of hours they worked per week had a very negative impact on home life. Thirty-one percent and 23%, respectively, stated their work schedules and job security impacted their home life negatively. Among these, the work aspect with the highest percentage of very dissatisfied responses was the number of hours worked per week, which was 5%.

The work aspects that drew the highest proportions of neutral responses were: (1) the opportunity for career advancement and (2) the likelihood of a transfer. Forty-two
percent of the respondents noted the opportunity for career advancement while 24% noted the likelihood of transfer did not impact their home life.

Data collected from this national study indicated there was generally a high correlation between the respondents' level of satisfaction about various work aspects and the respective effect each of these aspects had on the quality of their home life. Correlations ranged from .79 (p-value .0001) for "support from management" to .55 (p-value .0001) for "challenge of the job". Other aspects among the top six were "job status," correlation .76 (p-value .0001); "opportunity for advancement," correlation .74 (p-value .0001); "job security," correlation .70 (p-value .0001); "salary," correlation .66 (p-value .0001); and, "work schedule," correlation .64 (p-value .0001).

The job aspects that exhibited the three highest correlations with overall satisfaction level were "job status" (0.70, p-value .0001), amount of control over how they did their work" (0.62, p-value .0001), and "support from management" (0.61, p-value .0001). Therefore, one may conclude from the data provided that female managers in the health care food service industry do not experience a high degree of home and family life satisfaction due to job security, flexible work schedules, excellent benefits, career advancement, and other factors.
Objective 3

To determine if female managers in health care food service experience a high degree of discrimination because of age, sex, educational level, race, promotion, or seniority.

Results from this study showed that 40% of the respondents believed they had experienced some sort of discrimination. Of the 49 participants who said they had been discriminated against, 80% of them said they were discriminated against because of their sex. Ten respondents said they were discriminated against because of their race. It is not apparent how many whites felt reverse racism. Twenty non-whites responded to this question.

Overall, the data from this study revealed there was not widespread discrimination in the health care food service industry. The only area where there seemed to be the most discrimination was in sex discrimination. In fact, the other four work aspects (age, educational level, promotion, and seniority) examined in this study revealed little or no discrimination. Therefore, one may conclude from the data provided that female managers in the health care food service industry do not experience a high degree of discrimination.

Objective 4

To determine if the health care food service industry
provides effective mentor programs for its female managers.

Study results revealed only eighteen (14%) of the participants work for departments that had mentor programs. Of the respondents, only one out of the eighteen said their mentor program was not successful. Therefore, one may conclude from the data provided in this study that the health care food service industry does provide effective mentor programs for its female managers even though the programs are in small numbers.

Respondents’ Comments

Respondents also had an opportunity to comment at the end of the questionnaire as to anything else they would like to tell about their satisfaction with family life and work life. Work and family lives are not easily balanced; 48 of the respondents wrote comments on the questionnaire. Some of their responses to this question about balancing work and family areas follows:

* "Most difficulty with juggling schedule around son and his outside activities or when needed to work weekends or holidays and interferes with family plans. My son has actually asked, "What’s more important, work or me?" (2) Difficult to take a full week off as department head, there are many little things, no one else is qualified to cover. Exhausting to get ready to go anywhere and a week to catch up on return. Almost like a punishment for taking time off" [sic].

* "Because our children are older now (13&17) the work schedule and amount of hours worked is not as crucial to us as it was when they were younger. So the age of
your children, I feel, has a direct impact on one's satisfaction of work life. Another interesting note: the satisfaction that your spouse has with his/her work life will affect your overall satisfaction. Since my spouse dislikes his boss (and therefore work is miserable). I find it difficult to discuss the fun, exciting and/or challenging things in my work life" [sic].

* "Due to lack of positions for RD's in my community. I travel 50 miles each way to my job -- this has a negative effect on family life and has delayed my decision to have a child" [sic].

* "Could not have done it without total family commitment from my husband and 2 daughters. It has been family involvement to support me and understand my schedule" [sic].

* "As a single parent, it is difficult to make salary adequate" [sic].

* "My child is grown now, but when he was young, my position did effect my home life" [sic].

* "Aging parent-untiil recently need full time care because of accident. I have a boss (asst. admin.) who just out of school and is very inflexible regarding family. 33 years o/w f single and will always be single. She is paid less than I am and has given the lowest amt of raises. Big attitude chg after I was hired. Moral of directors is low" [sic].

* "It's only since I assumed the additional responsibility of 6 dept that my job has created the more negative impact on my family life" [sic].

* "I am two years from retirement. My husband is very supportive and helpful. My income is important to us both to maintain our current standard of living" [sic].

* "Family raised, husband retired at home and I work five days a week, have several jobs -- no problems" [sic].

* "If I had small children at home, I could not give my job the time and effort required".

* "A friend once said: "I feel as if my family has a hold of one hand, and my job the other-both are pulling me
in opposite directions." It seemed a perfect description of the choices made by a mother/food service professional" [sic].

"Family concerns have limited job opportunities to (1) the local area and (2) limited time (I chose to put family first)" [sic].

"I am still hearing " a woman can't run a kitchen" (and am still finding women attempting to do so who lack some essential business skills)" [sic].

"Overall, I have enjoyed my part-time work (which I do with full time professionalism). Most of the time it provided successes not always available as a homemaker" [sic].

"My 25 year old daughter said you should ask the kids about the effect on family life (but declined the opportunity to add a comment") [sic].

* "Our children are gone from home. My husband is very supportive of me and helpful in achieving demands of home. Good luck on your project" [sic].

* "My job gives me the opportunity of growing personally and professionally. Besides, the salary lets me help my family giving a better education to my children a good private school. Also I have some economic independence" [sic].

* "The only comment I want to share with you in educational bench has no credit value in a state government job in Mississippi. Have been discussing and trying to pass a bill regarding this no luck" [sic].

* "I've always felt that it was important to keep work and home separate -- I'm currently in a great position that has enough challenge but is not overly stressful nor does it require a lot of extra hours or work at home. The work that I do each day is satisfying and produce a salary/benefits that allows me to enjoy my off time and support my life style and hobbies. I feel its important to have a life outside of work and not dependent on a work situation. I have co-workers who are of retirement age (worked more than 30 years) and for them work is their life and brings them their major social/personal satisfaction-with potential early retirements, restructuring and general uncertainty these individuals are finding themselves very stressed."
I have had jobs in the past that were very hard and stress filled and during this time, I did find this had a negative impact on my home life" [sic].

* "My work hours are self-imposed. I do more than others (I'm an over achiever w/lots of stamina. I am also self actualized so it doesn't bother me what others think of me. Life at work and home are interconnected. My life is my group of advisers (have graduated 58 Ms and 8 PhD students in 17 1/2 years. My best friends/colleagues are in the same profession but from other states. We travel together (summer and winter). Write books together, etc. My family members are in US and overseas. I am not a "local parochial" person--more of a cosmopolitan/bohemian type so I'm out of place in the town I live but that doesn't bother me. The job is a challenge hence I stayed. Will retire early from this job and work another 5-7 years in another location" [sic].

* "I have an excellent husband who always has helped with child care and cleaning".

* "Under working conditions/physical environment-I myself am in an air conditioned office; however, the kitchen, tray assemble and dishwashing areas are not air cooled or air conditioned. For our employees, it is a very poor environment currently. Renovation is on-going and hopefully the kitchen, tray assembly, and dishwashing areas will be cool next summer" [sic].

* "Choice of profession satisfactory. Was able to find p/t employment when family needs were greater. Hope to work p/t or consultant before ending career full time" [sic].

* "I have just taken a new job with greater amounts of time off (1 month off in summer plus 5 weeks off during 11 months of employment. The salary is less than my previous position but I now have more time to spend with my family!! (worth the lower pay)" [sic].

* "Health care in hospitals, pending medicare, medicaid cuts in the Federal Budget -- have forced Administrations to cut-cut-cut. One has to work harder and harder to accomplish goals. It is tough with managed care too. Anxiety over job security, less quality health care" [sic].

* "The fact that I'm a widow and have a daughter is in
college (away) the household pressure is less. But if I filled this out about 15 years ago, I can say yes work did exert pressure" [sic].

* "My job requires frequent travel within Texas and the surrounding states requiring long work and travel hours combined plus handling multiple tasks and a myriad of customer details -- I do what two people would do-so feel pressured about priorities constantly -- share a secretary with 3 other managers so must do some of the clerical duties to maintain service in a timely fashion" [sic].

* "I am planning to retire in 1 1/2 years because I have too many outside interests to deal with. Working is interesting and a challenge but I have many other plans for my time when I don't have to be on the job 40 hours a week" [sic].

* "I have always felt satisfied and positive towards my job. The difficulties come in when family responsibilities (children) had needs such as being sick. At those times I felt like I did not give my job 100% or my children 100% and the guilt set in. With the children now older it is much easier to juggle the schedules" [sic].

* "As a single parent, I feel more afraid to venture out to new career opportunities. I could make more money moving to a larger city but I fear too much for the safety of my family -- with no references for child care, baby-sitters, health care providers. In a small city, we network and use word-of-mouth references to find good people to deal with. Of course I wouldn't trade the two but it does keep me longer in this job/area than I might otherwise" [sic].

* "I love the work and the job but the demands are very great and can be somewhat frustrating. I do not work in a health care facility" [sic].

* "My children are both in college, so work and home life don't clash too often because, my husband also works long hours. However, when the children were younger I found that demands of the job often clashed with home life. If I wasn't at work late or on weekends, I had to bring work home with me. This took away from time I wanted to spend with my children. This conflict was even greater when I had the extra pressure of having to work within the confines of daycare hours" [sic].
* "I only have 1 child who is very independent and 10 years old. My husband helps some with childcare and household tasks. We were married 11 years before our child was born so our careers and income were fairly secure at that time" [sic].

* "If I didn't enjoy homemaking I would be very happy with my job" [sic].

* "Just started a new job which is demanding excessive work hours until I organize the department. Have no time or energy to date and stay in contact with friends and family" [sic].

* "When I managed hospital food service (12 years) with 2 young sons home life was very difficult even with a helpful professional husband. Consulting in retirement years is easy, except occasionally husband's health" [sic].

* "I am single -- things are great for me. I do have difficulty at times doing all the things at home I need to do. I have a horse farm and juggling schedules can be difficult. No problem getting it all together [sic].

* "Have worked for almost 24 years at non-for-profit, 467 bed hospital first as Clinical RD, then director of food and nutrition for 17 years. January, 1995 Marriott given 3 year contract with Marriott Manager (non-RD) and my being named "site manager". This has led to depression on my part, open hostility from Marriott Managers at my retention and a number of humiliating experiences. Working 10-12 hours a day doing physical labor is strenuous and puts a lot of stress on personal life and time to do other things" [sic].

* "Work is satisfying, but requires too many hours and it's difficult to take time off. I need a "back up" at work" [sic].

* "Too many hours required at work takes away from your children and family" [sic].

* "We do not have children, but we do have responsibility for elderly relatives not living in the home. Both my husband and I are on call 7 days a week 24 hours a day" [sic].
* "As a 24 hour per day seven day per week commitment, my job requires sacrifices by family a limited ability to form close outside friendships. I do not have children otherwise my job would probably be a lower priority" [sic].

* "I am near the end of my career. Times change and government is downsizing. This has not always been done in an efficient or effective manner. So, these impressions are recent in my life. I am disappointed at not having gone higher" [sic].

* "My combining work and family is easier than for most because my husband has always helped at home -- he cleans, does laundry etc. Many evenings he is working at these tasks while I cook dinner and do dishes. Both of our children have been raised to do their part of home tasks -- hopefully they will continue when they are in homes of their own. If it were such that I could not work, I would gladly stay at home, but at this point, I need to work, so I do, and we all share the housework" [sic].

* "I'm 32 and single and work 60 hours a week. I have to wonder does one cause the other: (A) Am I single because I work so much or (B) I work a lot because I have fewer family responsibilities. Food for thought" [sic].

* "I think that generally my working has had a very positive influence on my daughter's idea of work ethic" [sic].

* "During the three years I was working at my last job, my husband and I who are childless -- were masking a concerted effort to wind up all our investments and jobs, sell property in Detroit, buy property in Las Vegas, and move. I am "retired" and we are moved to Las Vegas. I am 52 years old. The very stressful conditions of my last job for the last 1 1/2 years in a small hospital under severe financial stress, had two effects on my home life: (1) my husband had to take on continually increasing shares of work, which he did, to get us where we wanted to be. (2) I was under a lot of time and physical pressure, doing whatever had to be done for many days weekend, evening, and holiday shifts, to just keeps going the last stretch of time I had to keep working" [sic].
* "I did not begin working FT until my children were educated and employed. My work is a source of income; my life away from work is more important. I do not depend on my job for any kind of support or as a source of social contact. I like my job and work associates, but they are just that". [sic]

"I did not work full-time while my children were still at home; I cared for both of my parents until their deaths; then I went to work FT. If I had been working during these years, I'm sure my answers would be different" [sic].

* "My 2 children are now grown and graduated from college. It is much easier now to combine a full time job and family responsibilities. It was more difficult when the children were younger and I was also caring for my parents during ill health. You may have to change jobs to fit your home life. I left one over a year ago where I worked 60-70 hours a week with heavy travel, leaving little time for the family. I made the right choice by leaving for my husband and I now have more time together to do the things we want to do" [sic].

* "I work for a Total Senior Community Facility (Like a Hotel). They have never had an R.D. with my skill level. Have re-structured the department, Implemented better flow of Production, Better Ordering, etc. It has taken 6 months to bring the department together. Their promises of a raise, etc. (per contract) has never occurred. They are now going to require that I cook- I am leaving this position. This has affected my health, family, and free time. I will never work for an organization like this again. I have been a Clinical Dietitian, Food Service Director, Consultant in L.T.C. Developed and created departments for two V.A., N.M.E. and have worked in Psychiatric Facilities. I really do not want to work in L.A. proper-but have found a position close by -- as a Clinical Dietitian. I just wish the A.D. Association was as strong as the R.N. Association, so our salaries were higher. It has been an uphill battle to reach the $40,000.00 level another to drop to $32,000.00 is really sad. Our place in food service is at times not desirable. I wish we had a strong mentor category for "us people" in the 50 year old category-we have so much experience. I am planning to go back to school for my Master's, to become an Administrator" [sic].
"Worked 28 years as Advisor Dietitians in State Government. During these times, I raised 3 children as a single parent. Although my children were responsible and self-sufficient, work always came first; (we also had to work on week-ends often and holidays.) I could not be as active parent regarding school activities etc, twice spent with family -- which at times, was difficult for children. However, these had to be strict adherence to my schedule-their discipline for study habits and household routine was also a factor which the children had to adhere to. Fortunately, this contributed to these becoming responsible adults. I'm not presently working but may return to part-time in the future" [sic].
CHAPTER V

SUMMARY, DISCUSSION, AND CONCLUSION AND IMPLICATION

This chapter includes a summary of the study and conclusions drawn from analysis and interpretation of the data. Implications suggested by the findings and recommendations for further research are also included in this chapter.

Summary

The main purpose of the study was to investigate the relationship between family life and job satisfaction for female managers in the health care food service industry. Work satisfaction has long been a major research focus; however, family life satisfaction has just begun to receive greater attention as women increasingly enter the workplace. The traditional worlds of previous decades where family management and bread winning responsibilities were assigned primarily by gender have all but disappeared. Work satisfaction has been studied as an entity in itself with strict boundaries between it and the home leading to a theory of separate worlds of work and family (McIntyre, 1989). The complicated relationship between work and family can be examined with instruments such as the WHF questionnaire used in this study.
Even though females in greater numbers than ever before are entering the work force, 70% of working women still are concentrated in traditional occupations in which more than 60% of the workers are women. Non-traditional jobs for women in this study were defined as those occupations in which less than 40% of the workers are females. J. Brownell (1994) stated that:

As more women move into hospitality management, it becomes ever more critical to understand the variables that affect their career development and to identify the kinds of initiatives that can be taken to facilitate women's career progress. (p.101)

The sample represented females in predominately non-traditional occupations. The nationwide survey was designed to assess these managers' perceptions of their workplace and the quality of their home life.

To conduct this study, the researcher adapted the WHF questionnaire. Questions for the questionnaire were adapted from previous surveys and pre-tested with American Dietetic Association members in Texas belonging to the same practice group as members of the population. The 333 subjects for the final study were members of the American Dietetic Association. One hundred and twenty-two women returned the completed questionnaire.

The research instrument included a 7-point Likert type
scale measuring job satisfaction and home life satisfaction. Multivariate analysis of covariances was performed to analyze differences in perceptions of family life and job satisfaction for females in health care management. Respondents indicated relatively high levels of satisfaction with their jobs. Respondents in this study reported a generally high level of satisfaction with their work, although significantly lower than their perceived satisfaction with home and family life.

Scores related to the effect of work on home and family life were examined on the basis of selected demographic variables. Education and presence of dependents accounted for more significant difference than did job status, need for paid child care, or ages of children requiring child care.

Age and Income

Previous research (Cripps, 1986; Felstehausen et al. 1987) illustrated that family factors such as number and age of the children and family/spousal support have an effect on occupational involvement and work-family conflict of employed women. However, the ages of the women in this study did not affect the significance of statistical testing when used as a covariate. The absence of dependents was statistically significant. These findings suggested respondents with children may perceive family life
differently from those who did not have children. Further research in the areas of job satisfaction and home and family life should be conducted to study families with and without children.

Education Level

The educational level of the respondents was very high. All respondents had at least an Associate Degree. Up to 40% of the respondents held a Master’s Degree.

The income level for the females in this industry was high. Nearly two-thirds (63%) earned over $45,000 annually. However, some respondents felt that this salary level did not compensate for the education and experience levels they had.

In the *Work Force 2000* report, (Johnson, 1987) noted that the level of education was not a critical factor in the salary earned for women compared to men; however, this study showed a high level of education and a high range of family income were correlated with positive job satisfaction scores. Additional statistical tests could be run on the data looking at income level and age, income level and education, and job satisfaction and income level.

Respondents’ Comments

Overall, the respondents’ comments on the WHF questionnaire indicated these women were trying to balance
the demands on the job with responsibilities at home. Words like "depressed," "tired," "stressed out," and "guilty," were included in several of the respondents' comments.

Those respondents without children gave the most positive comments. They mentioned comments such as "freedom of career," "very satisfied with life," "life is better since the children are gone," and "satisfaction after the 'juggling years'."

Discussion of Findings

To get a better understanding how work-related factors have impacted the home and family life of female managers in health care food service, the researcher made comparisons with results from previous studies to the findings of this study.

Results from this study in reference to job satisfaction supported the findings of Levitan and Johnson (1982). These researchers found that job satisfaction scores tend to report inflated levels of satisfaction because U.S. workers tend to report inflated levels of satisfaction. In this study 89% of the respondents were satisfied with their jobs.

The data in this study also revealed that female managers had a hard time balancing work and home life because of the amount of time they had to devote to their jobs. In fact, the work aspect with the most negative
impact was the number of hours worked per day and the flexibility of their schedules. Voydanoff and Kelly (1984) identified demands associated with time shortage such as being a female working parent, the presence of minor children, three or more important family changes, and work hours and scheduling. Fifty-six percent responded negatively to balancing work and home life. Ninety-two percent of the respondents made comments on their questionnaire regarding time management between work and family life.

Results in this study also revealed some level of discrimination. Forty-percent of the women in this study said they were discriminated against because of their sex. Holden (1986) claimed sex segregation has been a stable factor in women's careers since 1900 and is not likely to change rapidly.

Conclusion and Implications

The job satisfaction scores for this sample were very high as expected since U.S. workers tend to report inflated levels of satisfaction on satisfaction-dissatisfaction questions as noted by Levitan and Johnson (1982). The family life satisfaction score was significantly lower than the job satisfaction scores for this group. This result may suggest that because women continue to have primary responsibilities for the home, it is inevitable that family factors affect the type of job taken, the promotions received, and the
satisfaction derived from work. Although the women in this study are in management roles, they are still faced with the old idea that accommodating work and families is the woman's problem. J. Fernandez (1991) stated that "Women must get their companies to address work/family conflicts and child care and elder care issues" (p. 115). Many organizations have not made adjustments to accommodate different minority groups because the organizations are uninformed or not concerned about the different needs and wants of these persons. Presently, this is a handicap for most organizations because of the nation-wide labor shortage. J. Fernandez (1991) noted that:

Although U.S. law is progressive in its treatment of women, the U.S. workplace is by no means free of gender discrimination. Considering the growing number of women in the labor force, it makes good business sense to create work environments that fully utilize the talents of all employees. (p.120)

Organizations, including the hospitality industry must find more successful ways to attract and retain qualified female managers. It is important for administrators to ask managers and employees what they want, and to listen to what they say. Administrators must ask the right questions. For example when a manager or other employee asks for a flexible schedule, administrators should not ask why, but how
Reinemer stated "Developing a better understanding and response to worker attitudes offers a key to motivating a productive, committed, and happy work force" (p.45).

Recommendations

1. The results and recommendations of this study should be disseminated nationally to Human Resources Departments in the hospitality industry as well as other industries. The Human Resources Departments could benefit from the information gathered by aiding organizations to develop more attractive benefit packages which are family orientated.

2. It is recommended that a similar survey be conducted with women in other areas of the hospitality industry. An area where research of this type would be valuable would be the hotel and restaurant industry. An interesting study would be to make a comparison with the women managers in hotels versus the women managers in restaurants.

3. The research study could also be replicated with men in different areas of the hospitality industry. This study could be with male managers in restaurants versus male managers in hotels. This research would be helpful because men are now taking on more home and family responsibilities as more women work outside the home,
but little appears in the literature review about attempts by males to balance family and career roles.

4. The research study could be conducted using subjects from different geographical settings to determine and then compare how job satisfaction impacts home life.

5. Organizations should develop more mentor programs to develop female managers. Introducing mentor programs will allow female managers more personal attention and better training. Also organizations that pilot effective mentor programs will have better prepared managers to fill positions once dominated by white males.

6. To attract more females, organizations should be skill conscious versus gender conscious when hiring personnel. If the attitudes of organizations toward female managers do not change, it is inevitable that organizations will not be able to keep up with the demand for good managers.

7. There is definitely a need for organizations to offer other scheduling options for female employees entering the work force. Organizations could consider offering scheduling options such as job sharing, job splitting, flex time or shorter work weeks. These types of programs would definitely attract and retain more qualified female managers.
Summary

The relationship between job satisfaction and home life is still a broad field and important area for research. In this day and age more and more people are concerned with quality of life issues. Taking all this into consideration, it seems reasonable that family life satisfaction and job satisfaction are important indicators to consider in assessing overall quality of life for adults involved in both work and family situations. Hopefully, in the future, more research will be done to get a clearer picture of the relationship between work and family.
APPENDIX A

QUESTIONNAIRE
WORK, HOME, AND FAMILY QUESTIONNAIRE

1. DIRECTIONS: Circle the response that applies to you. Please fill in the blanks where appropriate.

1. My current marital status is
   (1) Single  (2) Divorced  (3) Separated  (4) Married  (5) Widowed

2. My age is
   (1) 18-25 years  (2) 26-33 years  (3) 34-41 years  (4) 42-49 years  (5) 50+ years

3. What is your race/ethnic origin? (choose only one)
   (1) White (not Hispanic)  (2) Black (not Hispanic)  (3) Asian or Pacific Islander
   (4) American Indian, Alaskan Native or Hawaiian Native  (5) Hispanic  (6) Other

4. What is your job title?
   (1) Technician  (2) Food Service Director  (3) Coordinator  (4) Administrative Director
   (5) Supervisor  (6) Manager  (7) Other

5. Which of the following college degree(s) do you have? (circle all responses that apply)
   (1) Associate Degree  (2) Food Service Management
   (3) Bachelor's Degree  (4) Food and nutrition/dietetics
   (5) Master's Degree  (5) Business administration
   (6) Doctoral Degree  (6) Education

6. In what academic area(s) do you have college degree(s)? (circle all responses that apply)
   (1) Less than 3 years  (2) 3-5 years  (3) 5-9 years  (4) 10-12 years  (5) 13 or more years

7. What is your employment status? (1) Full-time  (2) Part-time  (3) Retired  (4) Not currently working

8. If full-time, what are the actual number of hours you work per week in your current position?
   (1) 32-36 hours  (2) 37-40 hours  (3) 41-48 hours  (4) 51-60 hours  (5) 60+ hours

9. How long have you worked in your current position?
   (1) Less than 3 years  (2) 3-4 years  (3) 4-5 years  (4) 5-6 years  (5) 6-7 years

10. How long have you worked for your current employer?
    (1) Less than 3 years  (2) 3-4 years  (3) 4-5 years  (4) 5-6 years  (5) 6-7 years
     (PLEASE TURN OVER)
11. Indicate the type of employer for whom you currently work.

(1) Federal government (4) Contract food management (7) Self-employed
(2) State government (5) Other for profit organization (8) Other
(3) City or local government (6) Other non-profit organization

12. Indicate the size of the total annual budget (include staff and expenses) under your control in your current position(s).

(1) No budget under my control (4) $500,001—$1,000,000
(2) Under $100,000 (5) $1,000,001—$2,500,000
(3) $100,000—$500,000 (6) Over $2,500,000

13. How many employees do you currently supervise directly and indirectly?

(1) None (3) 21-40 employees (5) 81-160 employees
(2) 1-20 employees (4) 41-80 employees (6) 161 and above

14. Indicate your annual gross income from your current position. Annual gross income is the expected income for the position if it were held the entire 12 months of 1995.

(1) Less than $15,000 (4) $35,001—$45,000 (7) $65,001—$75,000
(2) $15,001—$25,000 (5) $45,001—$55,000 (8) Over $75,000
(3) $25,001—$35,000 (6) $55,001—$65,000

15. Indicate your current practice area. Though a single position may involve working in different areas, CHOOSE ONE practice area that best describes how you spend the majority of your time.

(1) Clinical Nutrition (3) Food Service Management (5) Community Nutrition (7) Other
(2) Nutrition Management (4) Education and Training (6) Purchasing

16. Are there children 18 years or younger living in your household? (1) Yes (2) No

17. Do any of your children require paid child care services during your work hours or your spouse's work hours?

(1) Yes (2) No

18. Do any members in your household require paid adult care services? (1) Yes (2) No

19. Does your food service department have a mentor program for managers? (1) Yes (2) No

20. If yes, has the mentor program been successful? (1) Yes (2) No

21. Have you ever personally experienced discrimination during your employment in the health care industry? (1) Yes (2) No

22. If you experienced discrimination, why do you think this occurred?

(1) Age (4) Race
(2) Sex (5) Educational level
(3) Seniority (6) Other

(PLEASE TURN OVER)
II. Directions: Respond to each work aspect that applies to you by circling the number in the appropriate position on the line by each question: (1) How satisfied are you with the following aspects of your work? and (2) What effect do you think each aspect has on the quality of your home life? PLEASE ANSWER BOTH QUESTIONS.

If the work factor does not apply to you, place a check mark only in the not applicable blank.

<table>
<thead>
<tr>
<th>Work Aspects</th>
<th>Not Applicable</th>
<th>Question I: How satisfied are you with the following aspects of your work?</th>
<th>Question II: What effect do you think each aspect has on the quality of your home life?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Very Satisfied</td>
<td>Satisfied</td>
</tr>
<tr>
<td>Salary</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Number of hours worked per week</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Work Schedule</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Job Security</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Likelihood of transfer</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Friendship at work</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Support of supervisor/manager</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Working conditions/physical environment</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Opportunity to work independently</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Amount of control over how you do your work</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Variety of work tasks</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Opportunity for advancement</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Challenge of the job</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Work Status</td>
<td></td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

(Please Turn Over)
Overall, how satisfied are you with your work?

<table>
<thead>
<tr>
<th>(1) Very satisfied</th>
<th>(4) Neutral</th>
<th>(7) Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Satisfied</td>
<td>(5) Somewhat dissatisfied</td>
<td>(8) Disatisfied</td>
</tr>
<tr>
<td>(3) Somewhat satisfied</td>
<td>(6) Dissatisfied</td>
<td></td>
</tr>
</tbody>
</table>

Overall, what effect do you think your work has on your home life?

<table>
<thead>
<tr>
<th>(1) Very positive</th>
<th>(4) No effect</th>
<th>(7) Very negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Positive</td>
<td>(5) Somewhat negative</td>
<td>(8) Negative</td>
</tr>
<tr>
<td>(3) Somewhat positive</td>
<td>(6) Negative</td>
<td></td>
</tr>
</tbody>
</table>

How difficult is it for you to combine work and family responsibilities?

<table>
<thead>
<tr>
<th>(1) Very difficult</th>
<th>(2) Somewhat difficult</th>
<th>(5) Not difficult at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Not at all</td>
<td>(6) Negative</td>
<td></td>
</tr>
</tbody>
</table>

Please feel free to include additional comments which explain how satisfied you are with the effect of your work life on your home life.

Thank you for your time and participation! Please return this questionnaire in the enclosed postage-paid envelope to:

Vivian Osuno
University of North Texas
P.O. Box 2348
Denton, Texas 76203-2348
APPENDIX B

LETTERS
May 24, 1995

Dear A.D.A. Member:

I am a graduate student in the Division of Hotel and Restaurant Management at the University of North Texas. I am presently conducting a study on how work-related factors impact home and family lives of managers in health care food service.

Your participation in this study is very important. The information you give will be strictly confidential and under no circumstance will your individual responses be shared with anyone.

There are no right or wrong answers. Once you have completed the questionnaire, place it in the enclosed self-addressed, stamped envelope and return it to the researcher by June 7, 1995. By completing the questionnaire you are agreeing to participate in the study.

If you have any questions regarding the study or your participation in the study, please feel free to contact Vivian Odera at (817) 461-0541 (home) or (214) 659-1774 (work). You may also contact my Major Professor, Dr. Daniel A. Emenheiser, at (817) 565-4786 or (817) 565-2436. Thank you very much for your time and your assistance with my research project for my Master’s thesis.

Sincerely,

Vivian Odera
Graduate Student

Enclosures
May 25, 1995

Dr. Ginny Felstehausen  
Texas Tech University  
P.O. Box 4170  
Lubbock, Texas 79409-1162

Dear Dr. Felstehausen:

Thank you for allowing me to use one section of your "Work, Home, and Family Questionnaire" to complete my thesis. I informed you during our conversation on the telephone on February 27, 1995 that I would only be using section three of your questionnaire which measures the impact of work on the home and family. I have acknowledged in my thesis that Texas Tech University was the original source of the questionnaire. Please send me a letter giving me permission to use the survey. I need this letter of permission to include in my thesis. If you would like the results from this study, please feel free to contact me at (817) 461-0541. Thank you again for your help in completing my thesis.

Sincerely,

Vivian Odera
June 2, 1995

Ms. Vivian Odera  
1837 Van Buren Circle #203  
Arlington, TX 76011

Dear Vivian:

I am happy to grant you permission to use a portion of the "Work, Home, and Family Questionnaire" in your graduate research and to reprint it in your thesis. It is assumed that you will credit the instrument developers as well as Texas Tech University in your final document and any publications generated from the research.

Yes, I would very much like to get a copy of the results from your study. Please send them to me at my Texas Tech address found in the letterhead.

Good luck to you as you complete this important part of your academic career.

Sincerely yours,

Ginny Felstehausen, Ph.D.  
Associate Professor  
Home Economics Education
June 28, 1995

Dear A.D.A. Member:

I am writing this letter to remind you to complete the Work, Home, and Family Questionnaire sent to you on May 26, 1995. I know you have a busy schedule but I ask you to take out time to complete this survey.

This study is very important. The preliminary data from this study has been accepted by CHRIE and the Texas Dietetic Association. However, this research can not be successfully completed without your participation. I know the findings from this study will be beneficial to all of us who work in this industry.

I have enclosed another copy of the questionnaire. Once you have completed the questionnaire, place it in the enclosed self-addressed, stamped envelope and return it to the researcher by July 8, 1995. By completing the questionnaire you are agreeing to participate in the study.

If you have any questions regarding the study or your participation in the study, please feel free to contact Vivian Odera at (817) 461-0541 (home). You may also contact my Major Professor, Dr. Daniel A. Emenheiser, at (817) 565-4786 or (817) 565-2436.

Thank you very much for your time and your assistance with my research project for my Master’s thesis.

Sincerely,

Vivian Odera
Graduate Student

Enclosures
June 28, 1995

Dear A.D.A. Member:

I enjoyed our telephone conversation on June 22, 1995. However, I am writing this letter to remind you to complete the Work, Home, and Family Questionnaire sent to you on May 26, 1995. I know you have a busy schedule but I ask you to take out time to complete this survey.

This study is very important. The preliminary data from this study has been accepted by CHRIE and the Texas Dietetic Association. However, this research can not be successfully completed without your participation. I know the findings from this study will be beneficial to all of us who work in this industry.

I have enclosed another copy of the questionnaire. Once you have completed the questionnaire, place it in the enclosed self-addressed, stamped envelope and return it to the researcher by July 8, 1995. By completing the questionnaire you are agreeing to participate in the study.

If you have any questions regarding the study or your participation in the study, please feel free to contact Vivian Odera at (817) 461-0541 (home). You may also contact my Major Professor, Dr. Daniel A. Emenheiser, at (817) 565-4786 or (817) 565-2436.

Thank you very much for your time and your assistance with my research project for my Master’s thesis.

Sincerely,

Vivian Odera
Graduate Student

Enclosures
April 4, 1996

Mr. Joseph Bryk  
216 West Jackson Boulevard  
Chicago, Illinois  
60606-6995  

Dear Mr. Bryk:

Thank you for giving me permission to use questions from the American Dietetic Association's Annual Survey to complete my thesis. I informed you during our telephone conversation on February 27, 1995 that I would be using ten questions from your survey to collect demographic information from my sample. Please send me a letter giving me permission to use questions from the survey. Again, thank you very much for your assistance in helping me complete my thesis.

Sincerely,

Vivian Odera
May 1, 1996

Ms. Vivian Odera
4517 Marblearch Drive
Grand Prairie, TX 75052

Dear Ms. Odera:

I am writing to authorize you to use up to ten questions from the questions contained in the 1995 ADA member record update as part of your thesis research.

Please acknowledge The American Dietetic Association as the source of the relevant questions within your thesis and any publication or presentation that is based upon your thesis.

Please send me a copy of your completed thesis and any publication or presentation that is based upon your thesis.

Sincerely,

Joseph A. Bryk, PhD
Professional Affairs Group
Research/Quality Management Team

JAB/cs
REFERENCES


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Herzberg, F., Mausner, B., & Snyderman, P. (1959). *The
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