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Factors Influencing Occupational Therapists' Choice in Work Settings

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Factors Influencing Occupational Therapists' Choice in Work Settings

By

Olivia Geiger

This thesis is submitted in fulfillment of the requirements
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Introduction

There are a multitude of settings for newly graduated occupational therapists (OTs) to work. According to The American Occupational Therapy Association (AOTA), the majority of OTs work in direct client intervention instead of indirect or administration, consultation, or research roles (American Occupational Therapy Association, 2019). The top work settings for direct client interventions in occupational therapy (OT) are currently long-term care and skilled nursing facilities, freestanding outpatient centers, hospitals with acute and inpatient care, and school settings, with 74%, 70.4%, 70%, and 60.8% of the OTs working in those settings working, respectively (American Occupational Therapy Association, 2019).

In addition, work setting trends for OTs from 2000 to 2014 show that of the occupational therapists surveyed, two thirds of them primarily work in three settings – hospitals, schools, and long-term or skilled nursing facilities (LTC/SNF), showing that those were the most common settings in which OTs work (American Occupational Therapy Association, 2019). The least common setting for OTs was in the community. While there are statistics telling which direct client intervention settings are the most and least popular, there is little research regarding the reasons as to why OTs choose the settings they work in, whether it be personal or relating to the job and setting itself. There is also little research on why the top work settings are at the top. There is however some research focusing on the factors contributing to job satisfaction which may help to inform the potential reasoning behind choosing and staying in a specific OT workplace setting.

Literature Review

Job Satisfaction

Job satisfaction refers to the attitude an employee has towards their profession (Tariah, Hamed, AlHeresh, Abu-Dahab, & AL-Oraibi, 2011). This is an important component of work because it is critical to ensure the work quality, decrease job attrition, promote personal growth, and maintain physical and psychological health of the employee (Eklund & Hallberg, 2000). It also affects the productivity and retention of employees. It has been found that enhancing job satisfaction impacts an employee's overall performance and commitment to the profession positively and helps to create stability in organizations as it decreases job turnover (Tariah et al., 2011).

Job satisfaction can pertain to many aspects of any particular job, particularly with extrinsic and intrinsic factors. Specifically pertaining to OT, studies looking at job satisfaction for OTs have found both intrinsic and extrinsic factors play a role in OT job satisfaction (Tariah et al., 2011). Some examples of intrinsic factors may include feeling valued as an employee, engaging in personal development, helping people get well and developing diversity of practice. Extrinsic factors may include salary, flexible hours, continuing education hours, practice settings, work stressors, and the clinical ladder (Tariah et al., 2011). In a study looking at factors influencing job satisfaction among OTs, intrinsic factors were found to be more significant factors to predict job satisfaction than extrinsic factors (Tariah et al., 2011). More specifically, in this study OTs working in school-based settings were more satisfied than OT's working in non-school based settings primarily due to the interaction with pediatric clients (Tariah et al., 2011). In the identified study, the major extrinsic stressor for the school-based setting was the heavy

caseload and for the non-school settings it was excessive paperwork (Tariah et al., 2011).

Overall, the main intrinsic and extrinsic factors of job satisfaction found from synthesizing the literature are the social environment, supervision and managerial leadership styles, autonomy, resources, benefits, relationships with clients and their families, time, professional identity, and the work itself in occupational therapy.

Social environment. There are a several factors within the social environment that contribute to job satisfaction and dissatisfaction within OT. The first important social consideration is a person's co-workers. In a personal account written for the Illinois Occupational Therapy Association (ILOTA), an OT wrote about how her helpful coworkers made the inpatient rehabilitation center in which she worked a better place to work. She expressed that there was a large group of extremely skilled therapists that helped her learn and brainstorm ideas (Illinois Occupational Therapy Association, 2012).

There are identified factors that suggest and support work satisfaction among OTs including OTs willing to cover work shifts, professional advice when issues arise, formal supervision from more experienced OTs, appropriate referrals from the team, opportunities to work alongside senior OTs, as well as social gatherings. Social gatherings may be outside of work such as getting lunch at a restaurant due to the personal relationships made with each other (Shiri, 2006). The presence or absence of these factors also affect how pleased a therapist may be with their job of choice.

Secondly, team approaches and dynamics play a huge role in work satisfaction. Many work settings such as coordinated health and rehabilitation services require that therapists interact in close cooperation with different professionals and across various institutions and diverse sectors (Arntzen et al., 2019). Health professionals need to work collaboratively and

communicate information for a holistic approach in addressing client's needs. Understanding the roles of each team member leads to mutual respect and trust which will in turn influence the weighting of contribution of the team members and raise job satisfaction for OTs (Craig et al., 2014). Teamwork increases professional accountability, contributes to greater job satisfaction, reduces errors made, aids in problem solving complex interdependent tasks, and contributes to greater creativity in developing care plans through sharing discipline specific knowledge about a client (Shiri, 2006). This all helps to ensure the delivery of high-quality healthcare (Shiri, 2006).

A study completed by Craig, Robertson, and Milligan (2014) looked at inpatient and outpatient services and found that of the OTs sampled, 58% worked in multidisciplinary teams and 42% worked in interdisciplinary teams (Craig, Robertson, & Milligan, 2014). Enjoyment experienced from multidisciplinary teamwork which includes a team of people from different disciplines pulling their own knowledge together, may be a major contributor to job satisfaction (Sewpersadh, Lingah, & Govender, 2016).

Alternatively, an interdisciplinary approach is when each team member builds on each other's expertise to achieve a common goal (Sewpersadh, Lingah, & Govender, 2016). In a personal account of working in an inpatient rehabilitation center, an OT shared that working with a team of OTs, physical therapists (PTs), speech language pathologists, psychologists, case managers, nurses, and physicians allowed her to develop a comprehensive treatment plan while also learning from each discipline (Illinois Occupational Therapy Association, 2012). This teamwork approach made the OT's job satisfaction increase because she believed the interdisciplinary team was able to give the client the best care possible they could through team communication.

Early referral from physicians and good communication with the team are the most important factors affecting practice, especially in a fast-paced setting like acute care (Craig et al., 2014). Due to these factors, teamwork has been found to greatly impact job satisfaction. However, in inpatient and outpatient rehabilitation centers it has also been found that teamwork could be a source of frustration due to ineffective communication, poor referral systems, competition to use the clinical notes, a team who did not understand what the client may need prior to discharge, and the lack of others understanding the OT role (Craig et al., 2014).

Adding to possible dissatisfaction within a team, OTs working in multidisciplinary and interdisciplinary teams often have difficulty defining their roles and having their unique knowledge recognized by their colleagues. Healthcare professionals within these teams, at times, do not understand what exactly OTs do, which leads to dissatisfaction among OTs (Shiri, 2006). OTs often need to clearly educate other health professionals on what OTs do. This is seen specifically with physicians sending inappropriate referrals for OT and OTs having to see clients who do not need their services (Shiri, 2006). OTs often need to establish their role within the team and understand other team members' roles (Winship, Ivey, & Etz, 2019).

Perceived autonomy. Another crucial aspect to job satisfaction is perceived autonomy (Bendixen & Ellegard, 2014; Eklund & Hallberg, 2000; Sewpersadh et al., 2016). Perceived autonomy refers to a therapist's experience of autonomy, or right to self-govern, in everyday work situations. In OT this would look like OTs feeling free to make decisions in clinical situations regarding the entire intervention process related to a client (Bendixen & Ellegard, 2014). A major feature of the acute care environment is working in a multidisciplinary team where each professional has autonomy in their respective professions (Craig et al., 2014). This enables every profession, that has specific skills, abilities, and experiences, to contribute to the

decisions and outcomes for the client. Therefore, high autonomy perception for OT's leads to high job satisfaction.

Professional identity. Professional identity, or the therapists' perceptions about what it means to be and act as an OT and whether they are fulfilling those perceptions in their work role, may greatly impact job satisfaction. In a study looking at OT's working in mental health, specifically with individuals with eating disorders, there were threats to professional identity because the multidisciplinary team members had differing perspectives of recovery and wellness that led to OTs adopting non-OT approaches (Devery, Scanlan, & Ross, 2018). On another hand, community service (CS) OT's were proud to be an OT and felt satisfaction in bringing meaning to, meeting needs of, and making a difference in clients' lives (Van Stormbroek & Buchanan, 2016).

Additionally, low promotional opportunities and limited continuing education hours have been shown to contribute to dissatisfaction. It inhibits one's ability to progress professionally within the clinical field, leading to therapists becoming dissatisfied with their work (Sewpersadh et al., 2016). Therefore, OT's with clearly defined OT approaches who have opportunities to progress professionally within the clinical field are found to be more satisfied than those who have responsibilities that blur with those of other healthcare professionals and do not have the opportunity to progress professionally in their workplace setting.

Resources. The resources available to an OT in their setting also affects workplace satisfaction. A big challenge to working in community service (CS) is working with limited resources. Although these challenges encourage resourcefulness and an ability to adapt, frustration over resource limitations is often common in these settings (Van Stormbroek & Buchanan, 2016). Limited resources in community-based OT such as in rehabilitation programs

and health promotion teams in CS, is a common theme represented in multiple studies completed on job dissatisfaction for OTs (Arntzen et al., 2019; Van Stormbroek & Buchanan, 2016).

Although this is a prevalent factor in CS, resources available in the work environment affect job satisfaction in multiple settings. These aspects specifically include the availability of treatment tools, equipment, and assessment tools. Also, the bigger the available space for OT sessions, the higher the satisfaction reported by OTs (Tariah et al., 2011). For example, in a study that looked at OTs working in inpatient and outpatient rehabilitation centers, an equipment pool, written material, supportive senior therapists, and formal supervision were seen as the most important resources that applied to their high job satisfaction (Craig et al., 2014).

Supervision and managerial leadership styles. Supervision has also been found to be positively associated with job satisfaction (Eklund & Hallberg, 2000). This can refer to both one on one supervision as well as supervision of a team. A supportive and respectful manager or supervisor is imperative for high job satisfaction (Bendixen & Ellegard, 2014; Craig et al., 2014; Shiri, 2006). Regular supervision helps provide opportunities to increase knowledge, debrief with colleagues, and team supervision works to improve the cohesiveness of a unit, or healthcare team (Devery et al., 2018).

Social support and recognition from the supervisor can prevent stress and other detrimental work consequences, like errors in practice. Supervision provides a system for active reflection and professional development among staff (Eklund & Hallberg, 2000). Additionally, with OTs working in psychiatric care facilities, the second highest satisfaction was found in communication and co-operation among team members.

Those who received team-oriented supervision had higher workplace satisfaction. Therefore, quality supervision can also increase satisfaction within the team environment of OT

jobs (Eklund & Hallberg, 2000). Conversely, OT's in CS felt like they needed a mentor and they coveted the guidance, advice, feedback, and role-modeling that a mentor could offer (Van Stormbroek & Buchanan, 2016).

Benefits. The presence of benefits may also contribute to wanting to stay in a specific work setting. Benefits refer to pay and promotional opportunities, such as equitable salaries, health insurance, and transportation fees to and from work (Eklund & Hallberg, 2000; Sewpersadh et al., 2016; Tariah et al., 2011). It has been found that men in the United States (US), more than women, were attracted to OT due to good salaries and career advancement (Cooperstein & Schwartz, 1992). On the other hand, OTs who provide home health services have to travel between client homes or to and from homes and rehabilitation centers; this added cost may lower therapist satisfaction (Cooperstein & Schwartz, 1992).

Relationships built with clients and families. Many OTs value the relationships built with their clients and the families of their clients. The gratitude of clients, their families, and communities were identified repeatedly as a highlight of the OT experience in different settings, such as within CS (Van Stormbroek & Buchanan, 2016). Bonding with clients and building a rapport is important for therapists. The average intensive care unit stay is about two weeks and in rehabilitation centers clients usually attend OT longer. This extra time allows OTs to work with their clients for an extended period of time, build a relationship with them, and also feel appreciated as a healthcare professional. An OT was quoted saying "My patients and I form this bond, which I don't see in other areas of OT and that is why I enjoy working on the rehab floor" (Illinois Occupational Therapy Association, 2012).

Additionally, clients may react to the therapist one of two ways. They may think the therapist will alleviate some problem or improve some ability to do something. This gratitude

expressed by clients and the perceived need for OT may cause job satisfaction for the OT (Burnett-Beaulieu, 1982). On the contrary, a client may think the current therapist will not help or may even harm them in some way, due to previous therapy experiences that have not helped. Client resistance to therapy interventions may contribute to therapist dissatisfaction. OTs, especially those who work with geriatric clients, may feel helplessness and frustration in trying to provide absolute helpfulness when the client does not want it (Burnett-Beaulieu, 1982). These emotional reactions of therapists to clients may contribute to dissatisfaction because of the emotional exhaustion caused by trying and failing to build positive relationships with clients (Devery et al., 2018).

Flexibility of timing and speed of setting. In addition, the timing and speed of a particular setting and the personal preference of whether a therapist likes a fast or slow-paced setting affects job satisfaction. There are different aspects impacting this factor including, if the work setting is fast or slow paced, the number of hours working, amount of breaks, time constraints in sessions, and thinly spread out time among numerous professional activities that may lead to burnout (Tariah et al., 2011; Eklund & Hallberg, 2000).

Particularly in the physical acute care settings, there is an apparent difficulty in attracting OTs to work due to its fast pace. Acute care literally refers to a “short-stay within a hospital setting” (Craig et al., 2014). Working in acute care as an OT has gone through much change recently and is now characterized by short stays and pressure to discharge as early as possible (Craig et al., 2014). There is a reduced length of time clients spend in an acute care setting because they are often quickly discharged to a rehabilitation center (Shiri, 2006; Nelson, 1997). This does not allow the OT enough time to build a relationship with the client, a factor that as explained is important for job satisfaction. In an acute setting, there are also constraints on the

provision of OT services due to the financial pressures and cost cutting in acute care, as well as doctors discharging clients quickly to ensure a fast turnover and reduce waiting lists (Shiri, 2006).

Additionally, an OTs primary role in acute care is assessment and discharge planning. This infers that OTs must appropriately manage presenting problems in order to have a timely discharge for the client (Shiri, 2006). Client education and self-care are needs that ought to be highly addressed within an acute care setting. Due to the limited stay of the client, there is less of an opportunity for the OT in this setting to address issues pertaining to clients' other occupations such as leisure and work (Shiri, 2006). Moreover, the speed of evaluation, treatment, and client instruction required in acute settings are concerning to OTs. Practice has evolved from a cycle of assessment, treatment, and discharge to one of assessment and discharge only and treatment then typically occurs in a rehabilitation center (Craig et al., 2014). The need for a speedy delivery is frustrating for many therapists who feel that their professional focus is being eroded by the demands for quick discharge, with practice focused around self-care activities and little time to address leisure or work needs of clients (Craig et al., 2014). This adds to the growing dissatisfaction of OTs in acute care settings.

Also, time constraints are a limitation to OT practice in inpatient and outpatient rehabilitation. In addition to quick discharge of clients with little occupational therapy input, there is a lack of time for rehabilitation and evaluations. OTs occasionally have to rely on a clients' description of their home environments and functional capabilities because visiting their houses is not feasibly possible with the amount of time allotted (Craig et al., 2014). Also, in hospitals, where time is already limited due to the current fast-paced state of acute care, OT's will need to work with clients in problem solving self-care occupations amidst the constraints of

the tubes, monitors, and fixators (Nelson, 1997). Documentation is also a constant stress factor that may cause dissatisfaction if a therapist gets behind and is at risk for forgetting important issues about clients (Bendixen & Ellegard, 2014). All of these factors relating to time have a huge impact on whether an OT wants to work in specific settings or not.

The nature of the work itself. Lastly, the nature of the work itself in the specific settings affects the job satisfaction of OTs based on their personal preferences of what they want to be doing and what populations they would rather work with. Each OT enters their field with personal goals, whether it is to help others or having a job that is both challenging and rewarding. In a study looking at why therapists chose OT, the desire to work in a health care setting was expressed as a high priority and 38.3% of respondents stated that they chose OT because it was an opportunity to help people who are physically or mentally disabled. The second reason was the challenge and variety of this profession (14.5%) (Cooperstein & Schwartz, 1992). Many OTs also chose their OT specific setting due to the holistic approach to healthcare that they used, the promise of personal contact, and the high chance to use creativity within their interventions. Women specifically were attracted to the variety and challenge that their OT setting offered (Cooperstein & Schwartz, 1992).

The work itself in an OT setting also links to high job satisfaction. OTs must have a passion for their profession in their specific setting and population they work with in order to have higher job satisfaction (Tariah et al., 2011). Working with different populations bring different stressors to a job. For example, working with individuals with eating disorders provides stressors such as a treatment-resistant nature, client ambivalence, high rates of relapse, and complex interpersonal relationships (Devery et al., 2018).

For those working in psychiatric care, it has been found that OTs with an expertise in mental health have lower job satisfaction than those who do not. The study with OTs in psychiatric care facilities found varied and stimulating work duties can influence how OT is carried out, as well as, how the OT is pleased with the autonomy they experienced and pleased with the responsibility in their job (Eklund & Hallberg, 2000). When it comes to populations, most OT students choose to work with people with physical disabilities because they want to be helpful to others, like working with people and they want the reward of being seen as helpful by others (Burnett-Beaulieu, 1982). These goals will be implemented by assisting others to achieve independence, improving their functioning and ability to adapt more successfully, that is, by helping others become more effective in the world (Burnett-Beaulieu, 1982). Therefore, if therapists are able to carry these goals and use such strategies within their therapy sessions, they are more likely to be more satisfied within their setting.

Conclusion

Overall, there are a variety factors, both internal and external, that influence job and workplace satisfaction and dissatisfaction for each individual OT based on personal preference. These main job satisfaction factors include the social environment, supervision and managerial leadership styles, autonomy, resources, benefits, relationships with clients and their families, time, professional identities, and the work itself in the OT setting. It is important to understand these job satisfaction factors in order to understand the basis as to why OTs favor certain settings over others. However, what the current literature does not provide are any personal in-depth stories of OTs and how they make decisions about where to work and what factors contribute the most to them choosing employment in specific settings. The purpose of this study is to elucidate

these aspects by interviewing experienced OTs who have worked in multiple settings in order to see how and why they choose one setting to work in over another.

Methodology

Research Design

A descriptive qualitative research design that was consistent with the methods described by Creswell (1998) was used for the qualitative study in order to describe the lived experiences for Occupational Therapists. IRB approval was received from the Elizabethtown College IRB Board in the form of an expedited review.

Participants

After IRB approval, criterion sampling was used to purposefully select 2 participants who experienced the phenomena under the study: job satisfaction factors that affect where experienced OTs prefer to work. To identify additional participants, convenience sampling was also implemented to recruit one participant by asking a peer's family member to participate. Participants were recruited through a recruitment email, found in Appendix A, sent by a local college's office of alumni, who signed the informed site consent form found in Appendix B, to OT graduates. OTs fitting the following criteria were asked to contact the researcher: (i) being an OT who has worked in at least 3 different direct client care settings, (ii) being between the ages of 26-55, (iii) being willing to participate in audio-taped telephone or video-conference interviews of approximately 30 minutes in length. OT's who responded with experience in at least 3 different settings that were not all direct client care, such as teaching OT, research, or administration, were excluded from the study. Three OT's fitting the criteria responded to the recruitment email. IRB informed consent was obtained from the participants prior to any data collection.

Data Collection

A semi structured interview with pre-written open-ended interview questions was utilized to ensure that comprehensive and descriptive subjective information from each participant about their lived experience in each setting they have worked was obtained. Zoom conferences were individually set up with each participant, carried out by an Occupational Therapy Student (OTS) and audio recorded. During the interviews, additional questions, based upon issues raised by participants, were asked for clarification or elaboration as needed and to address additional issues and topics as they arose during the interviews. Participants verbally agreed to being contacted again if further clarification for the researcher was needed. Only one participant was contact a second time to clarify the amount of years and type of settings in which she has been practicing OT. All interviews were transcribed verbatim using a secure online transcribing website.

Identifying information collected from the participants, including their names, emails, phone numbers, and places of employment remained confidential. All records, transcripts, and audio recordings were kept private and locked in a password-protected file during the study. Each participant was given an identification number which was used on any reports instead of their identifying information. The primary investigator was the only individual with access to the data in order to maintain participant confidentiality.

Data Analysis

To analyze the data, the primary investigator formed initial codes by reading through the transcripts and making margin notes. The investigator then found and listed statements of meaning for the individuals. These statements were grouped into similar meaning units according to job satisfaction factors of the participants (Creswell, 1998). The data was then interpreted through a structural description of why the OTs chose their workplace settings, in

order to develop an overall description of the phenomenon. Member checks were used in order to maintain credibility and limit bias in this study. Internal validity in the participants answers pertaining to their job satisfaction may have been affected due to the COVID-19 pandemic, which was occurring while the interviews were carried out.

	Participant 1	Participant 2	Participant 3
Gender	Female	Female	Female
Settings worked and amount of time	<ul style="list-style-type: none"> • Hospital – 5 years (inpatient mostly, occasionally cross over in acute, outpatient PRN for the last 3 months) • Outpatient facility – 9 months • Home Health – currently have been working there for 9 months • Participant 1 also worked PRN at an independent living center and outpatient peds setting while working at the hospital and outpatient center. 	<ul style="list-style-type: none"> • School-based setting – 9 months • Skilled Nursing Facility (SNF) – 4 years • Home Health – 5 years 	<ul style="list-style-type: none"> • Inpatient Rehab hospital – 6 months • Inpatient Children's Hospital (Child Psych department – 3 years) (ICU and pulmonary system on the medical floor for 5 years) • Acute rehab – PRn for 7 years • Early Intervention – 15 years
Amount of years practicing OT	7 years	10 years	30 years

Results

Throughout the interviews with the participants, many of the job satisfaction factors found in the literature review were described as affecting the OT's decision to choose or stay in a certain OT workplace. New factors that were outside of the workplace were also introduced by the participants. The following synthesis statement developed from the coding done by the primary investigator, is offered here with quotes from participants to illustrate the concepts. Numbers were assigned to each participant to preserve their anonymity. See Table 1 for participant demographics pertaining to their gender, where all they have worked in order, and for how long. See Table 2 for a summary of the factors affecting each participant in choosing to stay or leave a certain OT setting.

<u>Participant</u>	<u>Location</u>	<u>Satisfaction factors affecting them choosing a setting/to stay</u>	<u>Satisfaction factors affecting them choosing to leave</u>
Participant 1	Hospital (mostly inpatient, occasionally cross over to acute care and outpatient PRN for the last 3 months)	<ul style="list-style-type: none"> • Neuro Patient population • Coworkers • Location • Benefits • Flexibility • Fast-pace 	<ul style="list-style-type: none"> • She was not feeling challenged personally in her work.
	Outpatient Center	<ul style="list-style-type: none"> • Professional Identity/Career Advancement • Neuro patient population 	<ul style="list-style-type: none"> • Poor Supervision and managerial leadership styles
	Home Health	<ul style="list-style-type: none"> • Personal Health • Benefits • Flexibility 	N/A
Participant 2	School-based	<ul style="list-style-type: none"> • Patient population 	<ul style="list-style-type: none"> • Patient Population

		(Pediatric position)	(realized pediatrics was not her niche)
	Skilled Nursing Facilities (SNFs)	<ul style="list-style-type: none"> • Patient Population (adult) • Family needs • Simply wanted to relocate 	<ul style="list-style-type: none"> • Supervision
	Home Health	<ul style="list-style-type: none"> • Supervision and managerial leadership style • Relationships built with clients and their families • Flexibility 	N/A
Participant 3	Inpatient Rehab Hospital	<ul style="list-style-type: none"> • First job offer out of college 	<ul style="list-style-type: none"> • Lack of variety in patient population • Wanted to work in pediatrics (patient population)
	Inpatient Children's Hospital	<ul style="list-style-type: none"> • Patient population (pediatrics) 	<ul style="list-style-type: none"> • Family – took time off to raise children
	PRN Acute Care Rehab	<ul style="list-style-type: none"> • Flexible • Benefits/extra revenue influx 	<ul style="list-style-type: none"> • Patient Population
	Early Intervention	<ul style="list-style-type: none"> • Patient population (wanted to go back into Pediatric OT) • Flexibility • Relationship with clients and their families 	N/A

Client Populations

The OT work itself pertaining to certain client populations was an important factor to consider for all 3 participants when considering more than one of the places they have practiced. Each participant described their population specialty being either the most, or one of the most, important factors in choosing a job at some point in their careers because it was their passion. Participant 1's first job was at an inpatient rehab in a hospital. She explained that the client population was the reason she chose the job in the first place, saying, "When I was working on inpatient rehab, I was working on a brain injury unit. Neuro is my specialty, my baby." Participant 2 felt the same way at the beginning of her career when it came to her first job as a school-based OT. She stated,

My first job out of town, I was so excited to work with kids. I wanted to work with kids. The whole time I was in school, all of my grad research was on kids, like I just really wanted to get into pediatrics, [I] had my heart set on it and thought that that was my journey... Once I got into that setting, it just wasn't for me. I still love to work with kids. It just wasn't my niche... I ultimately left knowing that peds was not exactly for me and got back into more adult care, which I felt more comfortable with. I felt more experienced with [adults], with my schooling

Participant 2's preference in populations to work with generally shaped where she chose to work directly after graduation; however, after a school-year of working in school-based OT, she realized that was not the population she actually wanted to work with. This informed her decision to change to adult populations and working in SNFs.

Whereas Participant 2 quickly realized that working with the pediatric population was not for her, Participant 3's OT career was centered around the pediatric population. She started working at an inpatient rehabilitation hospital directly out of college; however, she explained that she was just "waiting for a job at the children's hospital." She noted, "As there was an opening there, I jumped on it. I had done a pediatric internship there and so they knew I was waiting." She found herself very satisfied, as at the inpatient children's hospital there was much more variety in comparison to the inpatient rehabilitation hospital she was working at previously. Participant 2 described the population at the children's hospital saying, "I really enjoyed that I continued to support the psych unit and worked with all the kids on the spectrum." She especially enjoyed the rare cases she got to work with, as she stated that she thought figuring people out was fun, making her job enjoyable. Participant 3 went on to explain that after she returned to practicing OT after taking a break to raise her children, she wanted to return to working in pediatrics and ended up taking an early intervention OT position. She stated,

The reason I took my current job is I love children, and our job is to support children and family and those are two of my passions. I want children to be treated well and raised well. I want their families to have the information and the ability to parent well, and I feel like that's what I get to do.

Supervision and Managerial Leadership Styles

Management also played a large role in Participant 1 and 2 choosing to relocate to another workplace. Participant 1 explained that she ran into ethical issues with the management at the outpatient center she worked in. It was causing her so much stress that, even though she enjoyed the neuro patient population, she decided the poor decisions made by her management outweighed her interest in the patient population. She explained the situation saying,

The company was run by a PTA and he and I did not always see eye to eye on things. He was okay because I could reason with him. His mother on the other hand, had no medical background necessarily.... So, she definitely only saw it from the patient and caregiver perspectives. There were times where I was trying to explain to them that [OT services] were not clinically necessary. I was doing things that were more home exercise program-level and could be completed at home. One of the Medicare maintenance qualifications is that somebody does not qualify for maintenance due to absence of a, basically, a qualified caregiver. So, they can't be coming to me for passive range of motion just because they can't, their caregiver can't do it at home. So that's where we started to have some issues. And then I got a lot of backlash when I tried to discharge one of my patients... Like, okay, so I can only do so much. She wanted me to come in and [the patient] just wanted to sit there and have stim done, basically. So, I'm like okay, here's your stim unit. I'll teach your caregiver how to do this at home, you don't need me. So, there was a lot of, I mean, what I would probably call Medicare fraud. And I didn't want my name attached.

This negative managerial experience that Participant 1 lived was the driving force for her to find another job. She explained that it did not matter what other job she went to and solely chose a home health setting to relocate away from this management situation.

Participant 2 had more of a positive experience with her supervisor which encouraged her to move to a home health setting in order to continue working with them. She explained that she had an "amazing boss" at her SNF she was working at the time, who ultimately left to work as a director in home health. This director kept an open line of communication with Participant 2

regularly, telling her about the positives of home health. This positive relationship she had with her director encouraged her switching to home health. She explained that “it was really the constant communication” that she liked about her director and helped her decide to work in home health OT.

Both of these examples show the effects of both a good and bad supervisor on an OT employee's job satisfaction. In the situation of Participant 1, she liked everything about the OT work itself in her outpatient setting, but the manager's decisions drove her to leaving. Conversely, the positive supervisor Participant 2 has now at her home health setting is one of the many factors keeping her satisfied and working there.

The Social Environment in the Workplace

When asked about whether the social environment, such as the presence of coworkers, affected choosing employment or staying in a certain setting, Participant 1 said yes. She explained that towards the end of her time at the inpatient rehab hospital, her first job, she stayed as long as she did because of her coworkers and the team dynamic, despite wanting to leave because she was not feeling personally challenged. She stated “I absolutely loved my team. It was the best interdisciplinary approach that I've worked for. The individual clinicians themselves, were awesome.” However, her social environment, such as her coworkers, has not impacted her decisions to keep or change workplaces later in her life.

On the other hand, Participant 2 and 3 explained that they did not knowingly let their social environment affect their job satisfaction and choice to move to another workplace. Participant 2 stated,

I didn't take any of that into account when I initially graduated... I knew maybe three people in the area. So, I think, retrospectively looking back I think that probably played a big role in also wanting to leave that area, that position.

Participant 2 went on to say that her social environment did not end up affecting her later jobs in the SNFs or home health. Similarly, Participant 3 explained that her social environment did not affect her job choice, but rather her choices more reflected what she wanted to do. She currently works in an early intervention setting where she primarily works alone. When talking about her home health OT coworkers she said,

We only see each other once a week, or once a month in a meeting, and sure we can reach out through texting and calling if we need to, but, we pretty much work alone. So, I wouldn't say that my social environment change would have motivated me. As a new grad way back at my first job, I would say I needed that because I needed to learn and glean and I think that happened there.

The general sentiment with the social environment impacting an OT's job satisfaction is that it is more impactful on decision early in an OT's career; however, as an OT gains more career and life experiences, it is a factor that is less important than others when deciding if there are satisfied in keeping their job or wanting a change.

Professional Identity and Career Advancement

Advancing their career and adding to their professional identity was another key factor present in reasoning for participants being satisfied with their workplace. Participant 1 explained that she chose her outpatient job because she wanted to advance her career and take on a clinical director position on top of continuing direct client care. Similarly, Participant 2 felt she had

grown as an OT in her home health settings because she was typically on her own visiting homes and always had to know what to do. This ended up strengthening her clinical reasoning skills. She did not have a nurse or supervisor at her immediate disposal to ask questions. She said knowing what to do in this setting “instilled a lot more confidence with my treatment sessions,” which further developed her professional identity as an OT.

Autonomy

OT's in settings, such as working alone in home health, have a greater level of independence and have a higher level of autonomy. This affected each participant differently. Participant 2 described her sense of autonomy as being overwhelming, contributing to her dissatisfaction when working at the SNFs. She was the only OTR at the SNFs and therefore had to supervise COTAs. Knowing how to respond without supervision and by interpreting the American Occupational Therapy Association (AOTA) guidelines proved challenging. On the contrary, Participant 3 articulated working in early intervention and being able to intervene as she sees fit as a benefit to her job. She enjoys “figuring people out,” and it is very possible that in this setting she may plan to work on one thing and then having to adapt her plans. She feels she has enough knowledge to say “Okay, these are the things that we could try. Let me think some more. Let me gather some more information,” and her autonomy allows her to be creative with these interventions, which is an aspect of her job that she enjoys.

Benefits

Two of the participants described different types of benefits or pay impacting their job satisfaction. Referring to their inpatient hospital setting, Participant 1 said, “Part of [staying] was because we had a lot of benefits there that were nice, like my Continuing Education Units...I

pretty much never had to worry about my CEUs at the end of the year. I always had them covered." So, Participant 1 did not have to search for CEU opportunities outside of her job.

Pay also played a role in Participant 1's job satisfaction and staying in her home health OT position. She said, "I don't plan on leaving anytime soon, because I'm only working part time but I'm making about the same as I was making working [full time] in inpatient."

Participant 3 chose her PRN acute rehabilitation position for an extra source of revenue for her family. All of these examples showed benefits such as provided CEUs and adequate pay positively affecting job satisfaction or choosing jobs.

However, in her early intervention OT position, the client population outweighed low benefits for Participant 3. She said,

I would like to work full time and early intervention is not supported well with financial. This state and the federal government do not support well and so our, the agency that I work for cannot support us as full timers with benefits. So, they use mostly part timers to get the work done.

Furthermore, Participant 3's feelings towards the importance of pay and benefits has changed in different parts of her life. As mentioned, she took the PRN acute rehabilitation position for extra money to support her family. Although right now the pay does not matter because she is working in pediatrics, she explained that as she nears retirement, benefits may become more important.

So that may change how I do things in the next couple of years. Because...I need to be saving hard for retirement now that we're almost done paying for college and you know, and so it may since I don't do full time, I may have to look around and see what I can find. So, and it depends on all of this pandemic stuff, whether

my husband still has a job when it's over. I may need to find something full time for health benefits, because he's not going to have it. So, you know, like, it just depends, I might have some decisions to make that will be different. So, they may in the future here, they haven't up till now, but they may now. That's a sobering thought.

Flexibility

One of the factors that most contributed to job satisfaction in all 3 participants is flexibility. Both Participant 1 and 2 are currently working in home health OT and Participant 3 is working in early intervention, which also has the OT going into clients' homes and scheduling directly with each client based on the OT's and client's schedules. Flexibility is one of the biggest reasons as to why all 3 have stayed in their current workplaces.

In home health, Participant 1 explained that that there is a ton of flexibility and that is the reason she likes home health. When asked if "flexibility outweighed the wide array of patients that outpatient might have or that team or fast pace that inpatient might have" by the interviewer, she said,

Yeah...I do have a daughter now. And I like the flexibility of like, I am only out of the house for maybe six hours, so she only has to go to daycare for six hours a day. So, I get more time with her.

Participant 2 felt the same way about her home health job, explaining that it is incomparable to that of any other OT work setting and was a huge factor in her switching from the SNFs to home health. She described the flexibility of her schedule, saying,

The flexibility with home health care is just, you know, it's unmeasurable, you can't compare, because... I see 25 patients per week... So, if I have an appointment on a Tuesday afternoon at two o'clock, like today, I have an appointment for a conference at two o'clock. I was able to see four patients this morning, and then clear the rest of my afternoon to have the meeting prior to this one and this meeting. And it's not going to have any effect on my patients. It's not going to have any effect on my job, my hours... Now that being said, I can also if I want to take on more and they have the patients to see, I can also see eight patients a day. And then tomorrow, I can see two patients. It kind of depends on, to a certain extent, within reason, it depends on my day and what I want to take on. So that plays a huge factor into it, too. It's really nice to have that flexibility, especially now, with so many other things that come in life and this virus.

According to Participant 3, early intervention schedules were similarly flexible in that she could rearrange her day depending on her personal life, as Participant 2 did. She said, "I could do all the school stuff that I wanted to do with my kids and rearrange and because I was working with families, they understood."

Relationships with Clients and Their Families

Forming long-term relationships with the clients and their families also presented as a factor important for job satisfaction. When Participant 2 was working in SNFs, she explained that one of the ways her boss who moved to home health convinced her to also move to home health OT was that she would form these bonds with the clients. In the SNFs she was not forming personal relationships. She said, "You see somebody for two weeks, and then they're

gone. You don't get to see them anymore or their progress." This was completely different from home health OT, where now she "can go treat somebody and it's the sister of somebody that I've already treated in the past. I show up and everybody is there...I think that was the most appealing." She has gotten to know not only her clients, but also their spouses, kids, and neighbors because she is providing services in their homes. Participant 2 said "I wouldn't trade that," showing that the presence of this factor was very indicative of her job satisfaction and staying in that workplace. Participant 3 felt similarly and when asked if this was a factor in her being satisfied, said, "Oh, yeah. That's what I love about this stuff, is being able to be a part of their family system. I always enjoyed meeting the families with the kids." Both Participants 2 and 3 explained that being able to carry out services in their clients' homes with their love ones around allowed for better carry over, which made them more satisfied with their work as OTs.

Factors Outside of Work

The previous job satisfaction factors listed that were defining in these participants' choices to select and stay in their jobs throughout their career all were elements of their job itself. There were an additional 3 factors that they spoke of affecting their career choices that were not evident in the literature review: location, simply wanting a job or to relocate and choosing the first job that came along, as well as family and personal health factors.

Location. Participant 1 was the only participant who mentioned location as a factor affecting them liking or disliking their job. When Participant 1 worked at her first job at the inpatient hospital, she said "It was a little bit closer to home. My commute wasn't too bad;" however, when she switched to an outpatient facility because she wanted to challenge herself more, she realized that it was a much longer drive that was "easily 65 minutes one way." She

explained that “that part was not so much fun” and the commute eventually played a supporting role in her choosing to leave the outpatient center altogether.

Simply wanting a job. Moreover, both participant 2 and 3 stated that for at least one of their settings, they chose it because it was the first one that was offered. When asked why she decided to move to SNFs after deciding that school-based OT was not the setting for her, Participant 2 said “I hate to say taking any position that I could get, but...my primary goal was to relocate.” Similarly, Participant 3 said “I just took whatever was offered” when she chose her first job at the inpatient rehabilitation hospital. The most important factor at these points in their lives was solely having a job or a different job.

Personal and family factors. An additional outside factor that affected all three participants' decisions to change jobs was their personal health and family. Participant 1 indicated that another reason she chose to leave the inpatient hospital was partially because the toll was getting hard on her body. She also noted that due to the questionable ethical decisions her managers at the outpatient center she was working in, she was also becoming extremely stressed. She said, “I was pregnant at the time and the stress was not good for me,” causing her to leave for the benefit of both herself and her family.

Family and personal life were big factors when it came to Participant 3's job satisfaction as well. She explained that some of her changes, such as leaving the Children's hospital, were due to her life changes and having kids. Family ultimately played a huge factor in her work all throughout her career,

Family always [outweighed other factors when choosing a job]. You know because that's what's important. There's always work somewhere. I think all of

my decisions usually depended on what I was doing in my personal life. But that's me, you know, not everybody thinks that way. Yeah, some people their career is more important, and you know that, that was never who I was.

Discussion

The aim of the study was to reveal how practicing OT practitioners make decisions about where they work and what job satisfaction factors contributed the most to them choosing employment in specific settings over others. The present research revealed not only the importance of factors found in the literature review but also new factors outside of the workplace that impact job satisfaction, such as location, family, and personal health. Factors reiterated by the participants that were also mentioned in the literature include, client populations, supervision, coworkers, professional identity, autonomy, benefits, flexibility, and relationships with clients and their families. The only factor that was not mentioned to affect any decisions by the participants that was found in the literature was the presence of resources, such as treatment tools, equipment, and assessment tools. It did not play a part in the participants choosing specific OT workplaces over others. The research also revealed a pattern of relationships among the factors of flexibility, location, and family as well as a possible hierarchy of factors important to them.

Flexibility, Location, and Family Factors

All participants reported an importance in having flexibility in their work schedules and having more time for their family lives. These factors were often intertwined, with some of the participants discussing how more flexibility in their work schedules made them more satisfied because they would have more time for family, such as taking care of their kids. This was

prevalent in their home health and early intervention settings because they could individually schedule sessions with each client at their home. For these OTs, the presence of flexibility lead to a balance of work and personal life. According to Chris, Gbadamosi Abdul Aderotimi, Evaristus, Samuel, and Uche (2016), the fulfillment of a work life balance helps to determine the happiness and total job satisfaction of employees, leading them to have positive attitudes and want to continue working in the place of employment. Location also played a part in this relationship, for Participant 1. She explained that having a shorter commute allowed her to spend more time with her family, balancing out her work and home life, therefore increasing her satisfaction at the inpatient hospital. After a review of the empirical literature, there was no information found on the relationship between flexibility, location, and family factors affecting job satisfaction and employment choices for OTs.

Top Factors

Furthermore, in exploring if there was a certain job satisfaction factor that outweighed the others when making a decision about staying in or changing their place of employment, the factors changed with each participant, depending on the setting they were in, as well as what stages they were in at that point in their life. There was not a single job satisfaction factor that overshadowed all the other factors for these participants, collectively. However, there were some main themes or factors that carried over throughout each of the interviews that the participants regarded as being the most important to them, trumping other job satisfaction factors when choosing an OT practice setting.

The first relationship of factors, flexible work schedules and family, as previously discussed, was regarded as the most important factor in these participants' jobs. According to Rhee, Park, and Lee (2020), workplace flexibility plays a significant role in reducing employee

turnover. For this study's participants, the high flexibility of their home health and early intervention jobs allowed them to schedule according to their personal and family needs, increasing their satisfaction and decreasing the likelihood of them switching work settings any time soon.

The second most important factor to these participants was the patient population. For example, once Participant 1's daughter is older, she said that she will consider going back to a neuro setting, because at that point flexibility will not be as important and working with neuro patients is her passion. Similarly, Participant 2 chose to leave her first job because she realized that she would rather work with adult populations than pediatric patients. Likewise, Participant 3 knew ever since her fieldwork affiliations that her desire was to work with children, and she would not want to work with any other population. Therefore, for Participant 3, the addition of her favorite patient population to the flexible schedules of early intervention encourages her to want to stay in that setting. Although the type of patient population was dependent on each participant, working with their favorite populations was an important aspect for all of them. OTs must have a passion for their profession in their specific setting and population they work with, no matter what it specifically is, in order to have higher job satisfaction (Tariah et al., 2011).

The third most important factor for these participants was the relationships built with clients and their families. This factor only pertained to Participant 2 and 3; however, they explained that building these relationships in home health and EI makes their work more enjoyable. It is a form of social capital that brings quality to their days (Mason & Hennigan, 2019). In addition, they feel building this high rapport with the clients' families helped to assure higher carryover of interventions, making them enjoy their OT work in these settings. Much like the participants of this study, the empirical research expresses the importance of bonding with

clients and building rapport for client acceptance of the interventions to occur. This rapport along with the positive relationships built helps OTs feel appreciated as healthcare professionals, increasing their job satisfaction and therefore the probability of them remaining in that specific setting (Illinois Occupational Therapy Association, 2012; Van Stormbroek & Buchanan, 2016).

Limitations

Care should be taken in generalizing the results of this study. Although member checks were used to increase the trustworthiness of this research, the sample size of this study was small and not all OT settings were represented. Additionally, the sample was made up of three people who graduated from the same institution, were all female, and volunteered to tell about their OT experiences. Therefore, the results of this research do not represent the population of OTs as a whole. It is up to the reader of this study to compare the rich description of the experiences of these OT's described with their own experiences and contexts and apply the results individually.

Additionally, this study took place during the COVID-19 pandemic. This historical event may have affected the number of OTs who responded to the recruitment email as well as the participants' responses to certain questions about their job satisfaction due to its current effect on OT. For example, Participant 3 brought up benefits possibly becoming an important factor in her job soon because her husband may lose his job due to the pandemic. It is important to note that internal validity may have been altered due to this event.

Future Research

Because of the sample and possible bias created by the pandemic, the study's information cannot be generalized to all OTs. Therefore, additional research needs to be completed with larger sample sizes covering OT's of both genders and multiple age ranges, as well as those who

have worked in a variety of settings other than those mentioned in this paper. Furthering this research with a higher variety of participants would allow different perspectives from those presented in this research. Splitting this research into sample groups of different age ranges should also be done, as it was apparent that the job satisfaction factors changed at different parts of the participant's lives, such as from right after graduation to having children. This would allow for the researchers to better identify top job satisfaction factors that were more valuable at certain age ranges.

Moreover, further research on the relationship between flexible work schedules, location, and family factors of OTs needs to be completed. This would provide more information about how these factors alter the work life balance which in turn impacts OT practitioners choosing specific OT settings to work in.

Conclusion

The results of this study are consistent with current literature regarding internal and external factors within the workplace affecting OT job satisfaction. A key finding from this study indicates that not only are there factors outside of the workplace that affect work satisfaction, but also that all these factors impact the decisions of OTs on what specific settings they choose to work in. While this study has added to the existing body of knowledge in the area of OT job satisfaction factors affecting their choice in settings through qualitative in-depth stories of OTs, it has also highlighted the need for further research. This would be needed to further explore the jobs satisfaction phenomena in OT and how OT practitioners use the satisfaction factors cohesively to make decisions about where they work. This would help to inform both OT employers on how to lower employee turnover as well as current OT students and OT practitioners on aspects they consider when choosing a work setting.

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Appendix A

Email Recruitment Script

Hello! My name is Olivia Geiger and I am a 4th year Occupational Therapy student at Elizabethtown College. I am currently working on my senior honors thesis. My project is exploring what factors contribute to Occupational Therapists choosing to work and stay in specific settings. I am planning on interviewing 3-5 Occupational Therapists, between the ages of 28-55, who are working in direct client care, and have experience working in at least 3 different OT locations. The goal of these interviews is to find common themes behind the reasoning OT's chose their workplace. The aim of this study is then to use the results to inform current OT students, who do not know what settings they want to work in, about the factors informing currently practicing OT's decisions about what setting they work in. The interview would take approximately 30 minutes and would take place over the phone during the months of February or March. Participants must also sign the attached consent form prior to participating. The results of the study will then be presented during Elizabethtown College's Scholarship and Creative Arts Day on April 21st, 2020 in front of students, faculty, and staff. If you are willing to participate in this study, please contact me at geigero@etown.edu or 610-709-4788.

Appendix B

Site Consent Form

Title of Research: Factors Influencing Occupational Therapists' Choice in Work Settings
IRB# 1550447-1

Investigator(s): Olivia Geiger and Kerri Hample

Purpose of Research:

The purpose of this study is to explore the contributing factors to Occupational Therapists (OT's) choosing employment in specific settings. The current literature has found multiple job satisfaction factors which may affect employment. This study aims to find if these job satisfaction factors as well as any factors beyond job satisfaction affect OT's choosing jobs in certain settings. The goal of this study is to then use the results to inform current OT students, who do not know which settings they want to work in, about the factors informing currently practicing OT's decisions about what setting they work in.

Procedures:

The principal investigator will contact participants through the Elizabethtown College Alumni Relations email account using the attached email recruitment script. The consent form will be sent to the participants at this time. Identifying information such as emails and phone numbers of the participants will be collected at this time. The primary investigator will then interview participants over the phone using the attached interview questions. The interviews will be audio recorded and transcribed verbatim. The initial interview will take approximately 30 minutes. The principal investigator may ask for a follow up phone call to clarify their interpretations of the answers. To analyze the data, the primary investigator will form initial codes by reading through the transcripts and making margin notes. The investigator will then find and list statements of meaning for individuals. These statements will be grouped into similar meaning units. The data will then be interpreted through a structural description of why the OT's chose their workplace settings, in order to develop an overall description of the phenomenon. The data will also be represented visually through the use of tables or figures of statements and meaning units. Once the research has been completed all records, transcripts, and audio tapes will be destroyed.

Risks and Discomforts

No risks or discomforts are anticipated from participating in this study.

Benefits

The participants and institution will receive no benefits from being in this study.

Compensation

There is no compensation for participating in this study.

Confidentiality

The information gathered during this study will remain confidential with all records to be kept private and locked in a file during the study. Only the researchers listed on this form will have

access to the study data and information. The results of the research will be published in the form of an undergraduate paper, a presentation at Elizabethtown College's Scholarship and Creative Arts Day, and may be published in a professional journal or presented at professional meetings. In any report or publication, the researcher will not provide any information that would make it possible to identify me.

Withdrawal without Prejudice

Participating in this study is strictly voluntary; refusal to participate will involve no penalty. Participants can withdraw from the study at any time. When possible, the data collected prior to withdrawal will be removed from the study.

Payment for Research Related Injuries

Elizabethtown College has made no provision for monetary compensation in the event of injury resulting from the research. In the event of such injury, assistance will be provided to access health care services. The cost of health care services is the responsibility of the participant.

Contacts and Questions

If participants have any questions concerning the research project, they may contact Olivia Geiger, at (610)709-4788 or via email at geigero@etown.edu, as well as Kerri Hample at hamplek@etown.edu. Should participants have any questions about their rights as a participant in this research, they may contact the Elizabethtown College Institutional Review Board at (717) 361-1990 or the IRB submission coordinator, Dr. Kyle C. Kopko, at kopkok@etown.edu.

Statement of Consent:

- I am in the position of authority to approve this study
- I have read the above information. I have asked questions and received answers. My organization is willing to participate in this study.
- A copy of this consent form has been provided to me.

Name of Site _____

Site Representative Name (Printed) _____ Date _____

Site Representative Signature _____ Date _____

Investigator Signature _____ Date _____

Appendix C

Participant Informed Consent Form

Title of Research: Factors Influencing Occupational Therapists' Choice in Work Settings

Principal Investigator(s): Olivia Geiger and Kerri Hample

Purpose of Research:

The purpose of this study is to explore the contributing factors to Occupational Therapists (OT's) choosing employment in specific settings. The current literature has found multiple job satisfaction factors which may affect employment. This study aims to find if these job satisfaction factors as well as any factors beyond job satisfaction affect OT's choosing jobs in certain settings. The goal of this study is to then use the results to inform current OT students, who do not know which settings they want to work in, about the factors informing currently practicing OT's decisions about what setting they work in.

Procedures:

I will be participating in a 30-minute phone interview with the principal investigator by answering questions to the best of my ability about the research study. I may be recorded during the phone conversation, which the investigator will make clear to me before starting. The principal investigator may ask for a follow up phone call or email to clarify their interpretations of the answers.

Risks and Discomforts

I understand that no risks or discomforts are anticipated from my participation in this study.

Benefits

I will receive no benefits from being in this study.

Compensation

I understand that I will not receive any compensation for participating in this study.

Confidentiality

The information gathered during this study will remain confidential with all records to be kept private and locked in a file during the study. Only the researchers listed on this form will have access to the study data and information. The results of the research will be published in the form of an undergraduate paper, a presentation at Elizabethtown College's Scholarship and Creative Arts Day, and may be published in a professional journal or presented at professional meetings. In any report or publication, the researcher will not provide any information that would make it possible to identify me.

Withdrawal without Prejudice

My participation in this study is strictly voluntary; refusal to participate will involve no penalty. If I initially decide to participate, I am still free to withdraw at any time.

Contacts and Questions

If I have any questions concerning the research project, I may contact Olivia Geiger, at (610)709-4788 or via email at geigero@etown.edu, as well as Kerri Hample at hamplek@etown.edu. Should I have any questions about my participant rights involved in this research I may contact the Elizabethtown College Institutional Review Board Submission Coordinator, Dr. Kyle C. Kopko, at (717)361-1990 or via email at kopkok@etown.edu.

Statement of Consent:

- I am 18 years of age or older.
- I have read the above information. I have asked questions and received answers. I am willing to participate in this study.
- A copy of this consent form has been provided to me.

Participant Signature _____ Date _____

Investigator Signature _____ Date _____

Appendix D

Semi-structured Interview Questions

- 1) Where all have you worked during your OT career and for how long?
- 2) Why did you choose each place? (open ended question, if they don't provide thorough answer, ask the following:
 - i. Did _____ affect your decision (how did you feel about ____ in each site?)
 1. Social environment (coworkers)
 2. Supervision and managerial leadership styles
 3. Autonomy
 4. Resources
 5. Benefits
 6. Relationships with clients and their families
 7. Time
 8. Professional identities
 9. The OT work itself (client population)
 10. Any other outside factors (not found in lit review such as family factors)
- 3) Are you satisfied with where you are working right now?
- 4) Were you satisfied with where you were working before?
- 5) What made you switch places?
 - i. What did you like better about one place over another?
- 6) Did you prefer one setting over another? If so, which settings and what did you prefer?
- 7) Did your experiences in college impact your future decisions?

Appendix E

Participant Quotes Regarding the Client Population

Participants	Quotes
Participant 1	<p>“When I was working on inpatient rehab, I was working on a brain injury unit... neuro is like my specialty, my baby.”</p> <p>“I like outpatient because you see such a wide array of patients, you can be more creative, because they’re a little, most of the time, they’re a little bit higher level.”</p>
Participant 2	<p>“My first job out of town, I was so excited to work with kids, I wanted to work with kids. The whole time I was in school, all of my grad research was on kids, like I just really wanted to get into pediatrics, (I) had my heart set on it and thought that that was my journey... Once I got into that setting, it just wasn’t for me. I still love to work with kids. It just wasn’t my niche.”</p> <p>“And the school setting definitely was not what I was expecting.”</p> <p>“I ultimately left knowing that peds was not exactly for me and got back into more adult care, which I felt more comfortable with, I felt more experienced with, with my schooling.”</p>
Participant 3	<p>“There’s not a whole lot of variety in rehab.”</p>

“I was waiting for a job at the children’s hospital. As there was an opening there, I jumped on it. I had done a pediatric internship and so they knew I was waiting.”

“I wanted the variety... I just think figuring people out is fun and so that was a fun job for me.”

“I really enjoyed that I continue to support the psych unit and worked with all the kids on the spectrum, so, I enjoyed that work [at the children’s hospital].”

“I really enjoyed the Children's Hospital. I really enjoyed that. It was because it was so different. And you got to see kids that, it was they were rare cases. You know, like one of the patients I saw was a little girl she was I think she was seven. I've been wondering about her in the last couple years since there's no way for me to know but she went in their family's hot tub and happened to swallow some of the water that has bacteria in it. And she got some in her lungs and so she ended up in the PICU on the ECMO machine for a week and I got to work with her then when she came off. That was a very exciting thing for me to work with...to see her become almost normal, she should have died. And yet God saved her. And, you know, I wonder what she's been doing, you know, since then. So, I really enjoyed that. I enjoyed that setting.”

“The reason I took my current job is I love children, and our job is to support children and family. And those are two of my passions. And I want children to be treated well and raised well. I want their families to have the information and the ability to parent well, and I feel like that’s what I get to do.”

“I really like [early intervention] too. I really have become an advocate for that the natural environment is so helpful to children, and that if their parents have the information and know how to help their child, they're much better than, and not that we're not important because we are the ones that help them find it. But if they're doing things in an everyday setting that's helping their kids, it's so valuable and it helps them so much. And so, this, I'm really, I really feel like this is a good place to be. And, you know, seeing every house is different though every family is different, you know, and so trying to figure out what works for them and helping them figure out what works for them is so rewarding to me to find those little pieces, so I yeah. And I like seeing people in their home environment too. You learn things just by watching how they act in their in their own house, you know, or you wouldn't see that in a clinical setting or a hospital setting now. So, I think I am a proponent of what I do.

“I don't think when I took this job, I knew I would be doing it so much by myself. I knew that if it fit, it fit my passion. I really, I don't like cookie cutter OT and I don't like, I like having change. I like having new thoughts. And so this job, this particular job, it changes all the time, because I have new kids

	<p>that join me and new kids that are leaving and there's different challenges on the way because it's first to three, and so lots of things changed during that time.”</p>
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Appendix F

Participant Quotes Regarding Supervision and Managerial Leadership

Participants	Quotes
Participant 1	<p>“I ran into some ethical issues with the management there. So... it was just not worth the stress anymore for that, even though I liked most of our patient population.”</p> <p>“The company was run by a PTA and he and I did not always see eye to eye on things. He was okay because I could reason with him. His mother on the other hand, had no medical background necessarily.... So, she definitely only saw it from the patient and caregiver perspectives. There were times where I was trying to explain to them that it was not clinically necessary. I was doing things that were more home exercise program, level and could be completed at home. One of the Medicare maintenance qualifications is that somebody does not qualify for maintenance due to absence of a, basically, like a qualified caregiver. So, they can't be coming to me for passive range of motion just because they can't, their caregiver can't do it at home. So, that's where we started to have some issues. And then I got a lot of backlash when I tried to discharge one of my patients... Like, okay, so I can only do so much. She wanted me to come in and they just wanted to sit there and have stim done, basically. So, I'm like okay, here's your stim unit. I'll teach your caregiver how to do this at home, you don't need me. So, there was a lot of, I mean,</p>

	<p>what I would probably call Medicare fraud. And I didn't want my name attached."</p>
Participant 2	<p>"So, I had a really amazing boss. She left the skilled nursing facility that I was at ultimately. And she went to take over the director position for a home health care agency. I waited and waited and waited and I thought, no, I can't jump ship, everything is okay, I can stay. But I just kept an open line of communication with her pretty regularly; I would say about weekly and just spoke with her about all the differences between the rehab to skilled nursing facilities that I was working in."</p> <p>"That relationship that I did have with my director that was leaving the SNF and going to home health, that kind of encouraged (switching from the SNF to home health). But it was really the constant communication. She was telling me about these relationships that I would form with families."</p>

Appendix G

Participant Quotes Regarding the Social Environment in the Workplace

Participants	Quotes
Participant 1	<p data-bbox="402 464 1360 495">“I stayed there (in the hospital) as long as I did, because of my coworkers”</p> <p data-bbox="402 604 1369 716">“I absolutely loved my team. It was the best interdisciplinary approach that I’ve worked for. And the individual clinicians themselves, were awesome.”</p>
Participant 2	<p data-bbox="402 758 1365 1010">“I didn’t take any of that into account when I initially graduated... I knew maybe three people in the area. So, I think, retrospectively looking back I think that probably played a big role in also wanting to leave that area, that position.”</p>
Participant 3	<p data-bbox="402 1052 1406 1661">“No, I wouldn't say [the social environment] did [play a part in my choosing a job]. It was more about what I wanted to do. In my particular job right now, we do have community, but we primarily work alone. We don't, we only see each other once a week, or once a month in a meeting, and sure we can reach out through texting and calling and stuff if we need to. But, we pretty much work alone. So, I wouldn't say that my social environment change would have motivated me. As a new grad way back at my first job, I would say I needed I needed that because I needed to learn and glean and I think that happened there.”</p>

	<p>“Again, not to say that my coworkers won't help me...if I need help, in fact, I use [redacted name]. We used to use her a lot for feeding when she was more, more a part of our group but haven't bothered her anymore. Like I would call her and say okay, these are the things that I'm doing and am I doing it right, what else would you add? It was always helpful. So, you know, we use each other that way, but most of the time we have to deal with it ourselves.”</p>
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Appendix H

Participant Quotes Regarding the Professional Identity and Career Advancement Factor

Participants	Quotes
Participant 1	“I took another outpatient job. I was also technically a clinical director at that outpatient place. So, career advancement was technically the reason.”
Participant 2	“I feel like I've grown a lot from taking the position which is instilled a lot more confidence with my treatment sessions.”

Appendix I

Participant Quotes Regarding the Autonomy Factor

Participants	Quotes
Participant 2	<p>“I was the only OTR so I had multiple supervisory roles. I had two COTAs at each facility, at least. So, I really had to make references to our AOTA guidelines and make sure that what I was doing was appropriate. And I kind of felt like I was on my own a little bit with that. So, it was a little overwhelming.”</p> <p>“Yeah, definitely. I think it is challenging also because we have to work multiple hats, of course, within our scope, but if I walk into a said situation, I have to know how to respond to that. And if that means that somebody is exhibiting signs of fluid overload and congestive heart failure, you know, I have to know how to address that and whether or not it's the situation that requires hospitalization, or if it's something that we can manage, you know, with their primary provider on the phone. So, I think I have also grown a lot as a therapist in the home setting, because instead of having other disciplines at my disposal, or even, you know, in the same office, to kind of consult with, I have my office who's great support, but for all intents and purposes, you're on your own and you have to know that if somebody has, you know, massive swelling and Um, but like I have to know if somebody has like massive swelling, and they're gurgling and they can't breathe well, I have to know that</p>

	<p>they need to go to the emergency room because they're having heart problems.</p> <p>I can't kind of wait around, can't call for nursing. I can't, you know, ask my supervisor. I just have to know to do that.”</p>
Participant 3	<p>“And so like, if we walk into a house and you think you're going to work on one thing, and you're not. So you have to have a lot of, you have to be able to be flexible and be thinking about, you know, have enough knowledge to say, 'Okay, these are the things that we could try. Let me think some more. Let me gather some more information.' So, I feel like I do a lot of my work by myself.”</p>

Appendix J

Participant Quotes Regarding the Benefits Factor

Participants	Quotes
Participant 1	<p data-bbox="402 464 1398 709">“Part of [staying in outpatient] was because we had a lot of benefits there that were nice, like my CEUs for the most part, we had continuing ed. So, I pretty much never had to worry about my CEUs at the end of the year. I always had them covered”</p> <p data-bbox="402 827 1354 1003">“I don’t plan on leaving [home health] anytime soon, because I’m only working part time but I’m making about the same as I was making at least working inpatient.”</p>
Participant 2	<p data-bbox="402 1052 1409 1228">“Unfortunately, if I’m being 100% transparent, I don’t think benefits are very different across the board or haven’t been in my experience. So, it didn’t really weigh in too greatly on my choices.”</p> <p data-bbox="402 1346 1370 1522">“There were concerns that I had like, specifically, the wear and tear on my vehicle and reimbursement for those kinds of things [in home health]. But I think that the benefits outweigh the risks for me, in my opinion.”</p>
Participant 3	<p data-bbox="402 1566 1146 1596">“I took the [PRN] job [in the acute rehab] for the money.”</p> <p data-bbox="402 1713 1414 1814">“I would like to work full time and early intervention is not supported well with financial, this state and the federal government do not support well and so</p>

	<p>our, the agency that I work for cannot support us as full timers with benefits. So, they use mostly part timers to get the work done.”</p> <p>“So that may change how I do things in the next couple of years. Because...I need to be saving hard for retirement now that we're almost done paying for college and you know, and so it may since don't do full time, I may have to look around and see what I can find. So, and it depends on all of this pandemic stuff, whether my husband still has a job when it's over. I may need to find something full time for health benefits, because he's not going to have it. So, you know, it just depends. I might have some decisions to make that will be different. So, they may in the future here, they haven't up till now, but they may now. That's a sobering thought.”</p>
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Appendix K

Participant Quotes Regarding the Flexibility Factor

Participants	Quotes
Participant 1	<p data-bbox="402 464 1414 642">“I did eventually talk [the inpatient hospital] into letting basically my whole unit start working an altered work schedule. So, I was off every other Tuesday. So, I like the flexibility of that also.”</p> <p data-bbox="402 751 760 789">“I have a ton of flexibility.”</p> <p data-bbox="402 898 792 936">“I’m only working part time.”</p> <p data-bbox="402 1045 1000 1083">“I like home health because of the flexibility.”</p> <p data-bbox="402 1192 1414 1440">“Yeah...I do have a daughter now. And I like the flexibility of like, I’m only out of the house for maybe six hours, so she only has to go to daycare for six hours a day. So, I get more time with her. I think that when she gets older, then I’ll look at going back to some of the other settings, potentially.”</p>
Participant 2	<p data-bbox="402 1488 1406 1810">“The flexibility with home health care is just, you know, it’s unmeasurable, you can’t compare, because... I see 25 patients per week... So, if I have an appointment on a Tuesday afternoon at two o’clock, like today, I have an appointment for a conference at two o’clock. I was able to see four patients this morning, and then clear the rest of my afternoon to have the meeting prior</p>

	<p>to this one and this meeting. And it's not going to have any effect on my patients. It's not going to have any effect on my job, my hours... Now that being said, I can also if I want to take on more and they have the patients to see. I can also see eight patients a day. And then tomorrow, I can see two patients. It kind of depends on, to a certain extent, within reason, it depends on my day and what I want to take on. So that plays a huge factor into it, too. It's really nice to have that flexibility, especially now, with so many other things that come in life and this virus.”</p> <p>“Flexibility was a huge factor in (switching from the skilled nursing facilities to home health).”</p>
Participant 3	<p>“[The PRN acute rehab job] was a good job though. It was flexible, it wasn't my passion though.”</p> <p>“[Early intervention], you can fit around everything. And so I could do all the school stuff that I wanted to do with my kids and rearrange and because I was working with families, they understood, so I'd be like, 'I can't do that because of this. Can we change?' 'Oh, of course.' So, they were flexible too, because of me wanting to support my kids. Yeah, this is a great job for that.”</p>

Appendix L

Participant Quotes Regarding the Relationship with Clients and their Families

Participants	Quotes
Participant 2	<p>“Oh, yes. Oh, yes. So, more specifically with this last, like the job that I have now for the last five years. I treat people off and on and I have treated them for the last five years off and on. So, I know they’re their spouses, I know their kids. I know their neighbors. And they look forward to our visits and I think that plays a huge role in their rehab and their recovery, you know, post hospitalization and I think it’s very rewarding to get that kind of affirmation that what you’re doing is absolutely sending them back to where they want to be, functional wise. I wouldn’t trade that.”</p> <p>“(Moving to home health) was really appealing to me, because I had been working for probably about four years in skilled nursing, where sometimes you get that but sometimes you see somebody for two weeks, and then they’re gone. You don’t get to see them anymore, or their progress, whereas now I can go treat somebody and it’s the sister of somebody that I’ve already treated in the past. I show up and everybody is there. And you know, that’s kind of nice. I think that was the most appealing.”</p>
Participant 3	<p>“That's what I love about this stuff is being able to be a part of their family system. Yeah. I always enjoyed meeting the families with the kids. I think it's</p>

	<p>particular because it's with kids. You know, it's probably more so because.... kids in their families are important.”</p>
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Appendix M

Participant Quotes Regarding the Location Factor

Participants	Quotes
Participant 1	<p data-bbox="407 464 1365 569">“[The hospital] was a little bit closer to home. My commute wasn’t too bad because I do not live in the city.”</p> <p data-bbox="407 680 1393 785">“It was a much longer drive that was easily 65 minutes one way. So, that part [of the outpatient job] was not so much fun.”</p>

Appendix N

Participant Quotes Regarding Simply Wanting a Job

Participants	Quotes
Participant 2	“So, the first [SNF] position that I took, was just after the school-based position, and it was really, I had just relocated...I hate to say taking any position that I could get, but...my primary goal was to relocate.”
Participant 3	“My first job, it was my first job. So, I just took whatever was offered.”

Appendix O

Participant Quotes Regarding Personal and Family Factors

Participants	Quotes
Participant 1	<p>“Then, I eventually switched [from the inpatient hospital to the outpatient center], partially because the toll was getting hard on my body.”</p> <p>“I eventually switched partially because...I wanted something different. I wanted a different challenge.”</p> <p>“I was pregnant at the time and the stress was not good for me [at the outpatient center]”</p>
Participant 2	<p>“I had family needs and I just needed to be there.”</p> <p>“I had to relocate for family purposes.”</p>
Participant 3	<p>“Some of my changes were because of life. My life, what was happening in my personal life, and so [changing settings] wasn't so much about work.”</p> <p>“Family always [outweighed other factors when choosing a job]. You know, because that's what's important. There's always work somewhere. That's probably, I would probably say that I think all of my decisions usually depended on what I was doing in my personal life. But that's me, you know,</p>

	not everybody thinks that way. Yeah, some people their career is more important, and you know that, that was never who I was.”
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