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Job Satisfaction and Compassion Satisfaction Among Orthotic and Prosthetic Practitioners: A Descriptive-Multiple Case Study

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Concordia University–Portland

College of Education

Doctor of Education Program

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Job Satisfaction and Compassion Satisfaction Among Orthotic and Prosthetic Practitioners:
A Descriptive-Multiple Case Study

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Concordia University–Portland
College of Education

Dissertation submitted to the faculty of the College of Education
in partial fulfillment of the requirements for the degree of
Doctor of Education in
Transformational Leadership

Jillian Skelton, Ed.D., Faculty Chair Dissertation Committee

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Concordia University–Portland

2019

Abstract

Orthotic and prosthetic practitioners are faced with heavy caseloads of patients that impact symptoms of burnout, which is another word for stress. This qualitative, descriptive-multiple case study investigated Orthotic and Prosthetic (O&P) practitioners in the United States and their views on whether job satisfaction influences compassion satisfaction, while working with patients who have lost one or more limb(s). The research study also included whether burnout or depression have a significant effect on job satisfaction and compassion satisfaction. This research study was conducted using a three-phased data collection process that included in-depth interview sessions, along with researcher's notes, a prepared open-ended questionnaire, and an online questionnaire. The participants in this study were selected using purposive sampling through a professional network and O&P professional groups. Nine participants completed the telephone interview sessions, the prepared open-ended questionnaire, and the online questionnaire. The O&P practitioners in this research study believed that job satisfaction and compassion satisfaction are complementary when working with individuals who have lost one or more limbs—both needs must be met in the workplace.

Keywords: job satisfaction, compassion satisfaction, organizational commitment, work productivity, O&P professionals, amputees

Dedication

This research study is dedicated to my family. I dedicate this research study to my deceased husband, who was a champion and fighter during his lengthy illness. His love, strength and determination encouraged me to pursue this endeavor. I dedicate this research study to my son, Jashon Fisher and nieces Zoe Fisher and Syke Fisher. Continue to push your limits, dream big and accomplish your goals. Additionally, this research study is dedicated to my mother, Leonora Fisher, who supported me in this endeavor in more ways than one. Your love forever shines! To my brother, John Fisher: we did it. We can now celebrate our accomplishments! To my brother Derek Fisher: you are an inspiration to us all. I also dedicate this seminal work in the loving memory of my grandmother, Theresa Posey, my grandfather, Paris Posey, and my dad, John Fisher, whose compassion, love, and encouragement was so instrumental throughout my life. Love and miss you! I dedicate this research study to Joseph Fergus, who allowed me to flourish in this pursuit, not having to worry about anything, your encouragement and support kept me focused on the prize. I cannot express my gratitude enough! In addition, I dedicate this work to my brother-in-law, Ywain Engerman (Sid), a dear friend, Leandra Seymore-Collins, and others whose love and support was a beacon for me to stay on track. Finally, I could not have gotten through this process without my editor, Dr. Kayrine Sandridge. You made this process so much easier.

Thank you all. Love you all!

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In addition, I give a special thanks to the rest of my committee: Dr. Dana Shelton and Dr. Dion Jones. I am very grateful to have them on my committee and truly appreciate their prudence and steadfast in seeing this project through with me. Again, thank you.

I owe a debt of gratitude to the O&P professionals who gave unselfishly of their time and who passionately believed in the importance of their work. Because of their unselfishness these O&P professionals were willing to participate taking the questionnaires and willing to tell their story and share their experiences, this work was completed.

To those friends that called and asked what I was doing, and I replied, “Working on my paper,” you understood, and immediately got off the phone, saying “I will talk to you later, get back to work.” I thank you!

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Chapter 1: Introduction

Two million Americans suffer from limb loss in the United States. Annually, approximately 185,000 Americans undergo amputation of one or more limbs (Amputee Coalition [AC], 2018). In 2016, Orthotists and Prosthetists (O&P) employment grew approximately 22%, much faster than any other occupation in this field. As baby-boomers retire, the demand for these practitioners will increase because of cardiovascular disease and diabetes, which is more common in older people and is the leading cause of limb loss, according to the U.S. Department of Labor: Bureau of Labor Statistics [DOL/BLS], 2019). DOL/BLS (2019) reported that within a 10-year period, this occupational growth will add approximately 1,800 new jobs in the U.S. alone.

This advancement in technology allows amputees to have a better quality of life after traumatic events, including military veterans and diabetics, to regain and improve agility and functionality at an increased rate (DOL/BLS, 2019). O&P practitioners are charged with staring down the face of diversity and the human conditions of their amputee patients who suffer from limb loss, mobility limitations, and trauma. Bearing witness to the pain and suffering of patients, these practitioners attempt to alleviate suffering. The patient has a face, a name, a family, and a birthright to respect and dignity (DOL/BLS, 2019). Recent studies have reported, for example, that patients who perceive they are being treated respectfully may experience improved clinical outcomes and greater satisfaction with their care (Joffe, Manocchia, Weeks & Clearly, 2003).

O&P practitioners make great efforts to keep a positive outlook on life. Fatigue is inevitable when treading through these strong currents of life by helping amputees (Amputee Coalition, 2017, 2018; Sprange et al., 2007). Anderson, Stuckey, and Oakman (2016) completed the first study similar to this research study exposing the environmental, physical, and

psychosocial job experiences of O&P professionals. According to Amputee Coalition (2017), legislators and insurance policy makers' proposed budget have shown a lack of understanding of the cuts, such as food stamps, Medicaid, and research and how these reductions affect the individuals who need these services, such as amputees. The current administration is using the red pen approach by reducing the budget and eliminating funding in many communities across the U.S. (AC, 2017). O&P professionals provide and deliver consistent patient care, while devising, constructing, fitting these patients with prefabricated devices and custom-made orthopedic braces, improving the lives of so many people (Anderson et al., 2016).

The key responsibility of O&P practitioners is to care for amputee patients (Amputee Coalition, 2017; Anderson et al., 2016). When O&P practitioners meet the clinical needs of patients, it not only becomes more convenient, but also ensures care is more proactive, efficient, and effective. In meeting the needs of patients this helps them achieve a lifestyle unencumbered by physical limitations is a key responsibility of professionals. Because of the very nature of the work, these practitioners are exposed to the patients' trauma daily. This is no small feat in any human services field. For example, employees who serve the homeless population, often experience complex and compounding challenges as well. In 2002, Figley stated; "In our effort to view the world from the perspective of the suffering, we suffer" (p. 1434).

Anderson et al. (2015) found that during an individual's career (i.e., O&P field), the most effective way to address the use of multifactorial preventive interventions is by addressing the physical and psychosocial harm of the individuals who provide services to others. Beginning with education and training, these practitioners and the use of strategic interventions in the job are central to sustaining good employees. Working with such a unique population (amputee

individuals) requires certain abilities, which include humility and compassion for others (In Motion, 2005).

According to Anderson et al. (2015), In Motion (2005), and Murphy (2013), other abilities are required in this field, including the ability to convey meaning to the very difficult and challenging lives of the people he or she cares for, integrating its meaning into the patients' worldview, and serving every patient vigorously. This process begins on the first day of employment. Understanding the link between job satisfaction and compassion satisfaction among O&P professionals who serve amputee patients are vital to understanding the interactions and relationships, delivery of services, and the quality and effectiveness of services provided. The overall care and health of O&P professionals and other employees in this field requires immediate attention as well (Anderson et al., 2015; In Motion, 2005; Murphy, 2013).

In February 2018, Congress approved and President Trump signed an immense contract setting the budget at its current level to continue for the next two years and fund the federal government throughout the rest of the fiscal year 2018. The provision that impacts the O&P community is that their notes and records for their patients can be included in the decision that addresses the need for artificial limbs. Simply put, the Medicare patients' records from O&P's clinical notes will be used to determine the medical necessity of O&P care, according to the National Association for the Advancement of Orthotics & Prosthetics [NAAOP], (2018). NAAOP believes using the O&P records and clinical notes means that the information provided has a greater impact on the patient not being turned down and getting the help he or she needs, immediately (2018).

Background, History, Context, and Conceptual Framework for the Problem

Background and History

Before the Civil War, only a few artificial limb companies existed (American Orthotic & Prosthetic Association (2020). Nonetheless, the carnage of the Civil War and subsequent wars dramatically increased the need for artificial limbs. Therefore, limb companies were started, generally by amputees who were dissatisfied with available prostheses (Bellis, 2017). During World War I and continuing through World War II, O&P professionals began to view themselves as clinicians and practitioners caring for patients rather than as craftspeople and blacksmiths hammering on leather and metal. The rehabilitation of people with disabilities was becoming a priority in the healthcare profession (Bellis, 2017; Hasegawa & Schmidt, 2012; Jahan & Ellibidy, 2017; Jette, 2006; United Prosthetic [UP], 2017).

During the Korean War and World War II (History, 2017a, 2017b), the Artificial Limb Manufacturers and Brace Association (ALMBA) recognized the need for O&P research and used government funding to do some of the research. Over time, the Association's membership began to expand and took on more responsibilities; thus, requiring the Association's name to change to the Orthopedic Appliance and Limb Manufacturers Association (OALMA). The OALMA established a national office in Washington, D.C., to work more effectively with the federal government (Hasegawa & Schmidt, 2012; UP, 2017). Today, this organization is called the American Orthotic and Prosthetic Association [AOPA], n.d.).

Context

U.S. citizens suffer limb loss, which causes orthopedic and prosthetic impairment, for many reasons, including accidents, combat injuries, birth defects, and diseases, such as diabetes, cancerous tumors, frostbite, and infections (Olson, 2015). Modern certified O&P professionals

are highly trained and educated individuals who work in conjunction with the patient's medical staff to provide the best care possible (American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABCOP), 2018). Summarily, the goal of O&P professionals today is to ensure ambulation—the ability of these patients to move around and to provide the highest level of functionality possible. Taking care of their individual needs in and outside of the workplace as they care for amputees requires them to take care of themselves as well (ABCOP, 2018; Hasegawa & Schmidt, 2012; Healy, Farmer, Pandyan, & Chockalingam, 2018; UP, 2017).

Conceptual Framework for the Problem

In this chapter, the literature is presented which builds an argument for job satisfaction and satisfaction with O&P professionals, using Maslow's hierarchy of needs, Herzberg's motivator-hygiene theory, and the dispositional approach. First, the key components of the study topic were discussed, from the foundations of early O&P professionals in the current state of the problem, that the baby-boom population is aging (Arbour et al., 2014; Herzberg, 1959; Herzberg et al., 2010; Khanna, 2017; Maslow, 1954). O&P professionals will be needed because both diabetes and cardiovascular disease, the two leading causes of limb loss, are more common among older people. Employment in this field is projected to grow 22% from 2016 to 2026, much faster than the average for all occupations (DOL/BLS, 2019). The next section is a review of methodological issues explored, including the methods and methodologies in which the research topic was investigated systematically—job satisfaction and compassion satisfaction in the workplace (Hoppock, 1935; Morse, 1953; Vroom, 1964).

Maslow's needs hierarchy theory. Maslow's (1970) needs hierarchy theory comes from basic physical needs to more complex emotional and social needs, and is based on the needs of creative and normal people. The pyramid begins at the bottom and goes up. These are the levels

of the pyramid: psychological, safety, love/belonging, esteem, and self-actualization. The lower levels of the pyramid are physical requirements that include food, sleep, warmth, and water (Maslow, 1970). After these needs are met, people move on to the next level of needs that include protection, shelter, and security. Figure 1 is an illustration of human needs are met (Maslow, 1987).

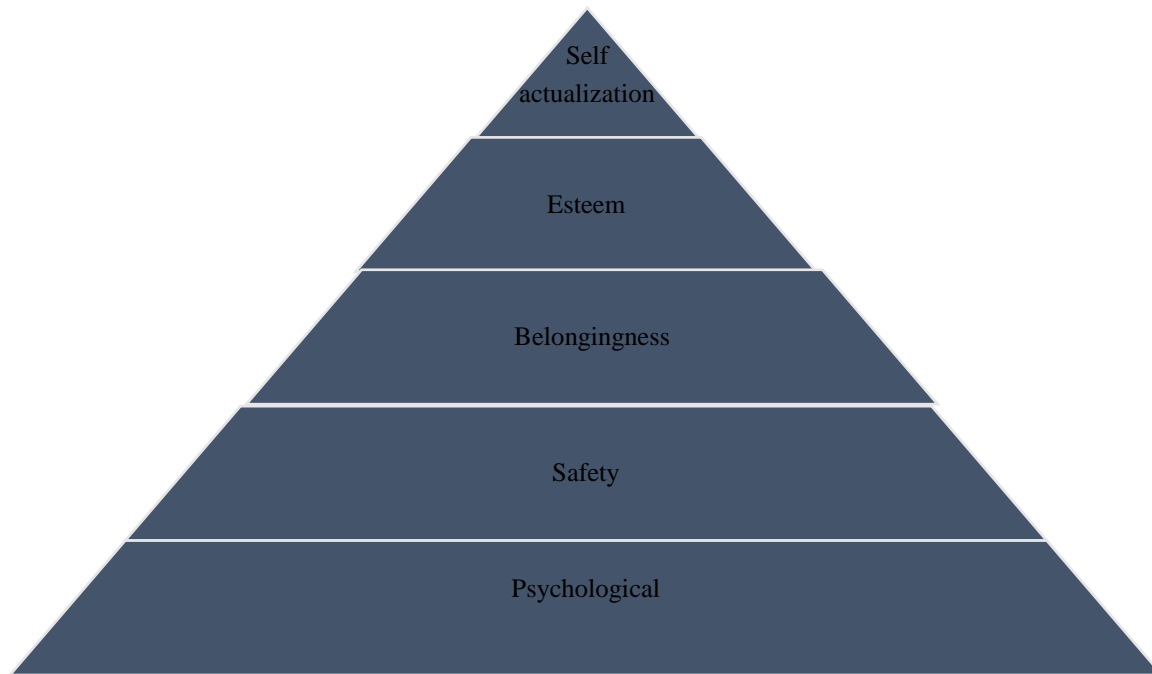


Figure 1. Maslow's hierarchy of needs.

As an individual moves up the pyramid as their needs become more mental and social. The most important needs at this level of the pyramid includes intimacy, love, and friendships with others—love/belonging (Maslow, 1970). At this level of the pyramid, the individual begins to feel self-esteem and the need to accomplish or progress in life becomes a priority. Maslow described self-actualization (self-fulfillment) as the process of evolving and maturing as a person to attain individual potentials (D'Souza & Gurin, 2016; Maslow, 1987).

Herzberg's two-factor: Hygiene factors and motivation theory. The correlation between employee attitude and workplace motivation was of great interest to Herzberg. What

makes people feel satisfied and unsatisfied in the workplace? This psychologist listened to endless hours of interviews with employees in the U.S. about what makes them feel good and what makes them feel bad while at work (Herzberg, 1966). He established a theory of workplace motivation called the two-factor theory. This theory is based on assumptions that two sets of factors influence motivation in the workplace by building employee satisfaction or deterring it (Arbour et al., 2014; Herzberg et al., 2010; Khanna, 2017; Teck-Hong & Waheed, 2011).

The first one is called the hygiene, describing factors that cause displeasure in the workplace—extrinsic (independent of the work itself). The hygiene factor is linked to job security, compensation, working conditions, organizational leadership, organizational politics, and relationships with management, supervisors, subordinates, and peers. The second one is called motivators or satisfiers and is linked to employee motivation, which ascends from intrinsic—dependent (conditions of the job itself). Other factors are as follows: achievement, advancement, job satisfaction, opportunities for growth, and responsibility (Arbour et al., 2014; Herzberg et al., 2010; Khanna, 2017).

The easiest way to combat against this would be to increase doing things that satisfy employees and decrease doing the things that make employees dissatisfied in the workplace—this is not a simple task (Arbour et al., 2014; Herzberg, 1966; Herzberg et al., 2010; Khanna, 2017). For example: An employee leaves for a meeting in a nice, fancy restaurant and is happy for a short time—then, he or she goes back to his or her office and the electricity is still off (Brisbane, Australia (Fox, 2016).

The dispositional (trait) theory. The dispositional approach theory, also referred to as the trait theory studies human behavior and personality. The goal is to measure traits characterized as chronic patterns of emotions, behaviors, and feelings. According to Allport

(1927), individualized personality traits as exclusive characteristics that develop within a person throughout life. Alderfer (1969) and Fox (2016) posited that people confuse these traits with physical likenesses with each person called dispositions. Definitive consistencies in behavior are called dispositions.

In another research study, Fox (2016) indicated that mentally healthy adults can make a conscious decision and understand that the behavior they choose has consequences. The conscious motivation theory holds individuals responsible for their personal behavior and its development. This theory opened the truth in evolving Allport's belief in functional independence (autonomy) and that past experiences do not influence current behavior. Allport's research was based on speculation—not research-based and caused weaknesses in his theories (1927). The theory could not be invalidated and opened the door for additional research studies of this kind (Fox, 2016).

Statement of the Problem

The general problem is that in the U.S. almost 2 million people have lost one or more limbs. Some of the causes for amputation include; but are not limited to, the following: cancer (less than 2%), diabetes (60%) and peripheral arterial disease (12 to 20%), and vascular disease (54%). Black Americans are four times more likely to experience amputation than White Americans (AC, 2018). Almekinder (2018) found that about 67% of limb amputations in the U.S. are attributed to diabetes. The individuals responsible for these patients' care are O&P professionals.

The specific problem is that allied health professionals, specifically O&P professionals, who face job satisfaction and compassion satisfaction has not been addressed in research studies. O&P professionals are faced daily with caregiving situations in their work lives, often with

inadequate pay, inadequate help in their jobs, and with too many patients (Almekinder, 2018; Popova, 2015). At the highest level of care, O&P professionals perform a detailed assessment to determine the patient's needs and assess the patient's functional status, including gait, joint stability, muscle development, range of motion, sensory function, and skin integrity (Schoenwald, Scott, & Lance, 1983; Virani, Werunga, Ewashen, & Green, 2015). According to Almekinder (2018) and Schoenwald et al. (1983), O&P has changed from a profession dominated by small practices and skilled craftsmen to one that is increasingly centralized (Jahan & Ellibidy, 2017).

The force of technological changes has produced a need for more analytical and scientific oriented O&P professionals. A growing need for technical competence and the need for standardized educational requirements for O&P professionals has been addressed by the National Commission on Orthotic and Prosthetic Education (NCOPE; 2018). Hasegawa and Schmidt (2012) argued that historically, O&P professionals were either self-taught or learned their skills as apprentices. They learned “by doing”—by observing and working long hours with a master craftsman and seldom had any formal postsecondary education. Innovative technologies and practices were developed because of the need for a more in-depth and detailed research studies in the field of sciences and allied healthcare. Training evolved—today, the profession has “professional” characteristics that require standardized educational programs and certification procedures as well (Almekinder, 2018; Hasegawa & Schmidt, 2012; Jahan & Ellibidy, 2017; Schoenwald et al., 1983; University of Dublin, 2007; Virani et al., 2015).

Purpose of the Study

The purpose of this research study was to explore whether O&P professionals who work with patients who have lost one or more limb(s) loss believe job satisfaction influences compassion satisfaction in the workplace. This study was built on the nonexistence of literature on whether job satisfaction influences compassion satisfaction among O&P professionals. Specifically, a research study of this kind that used three different methods of gathering data to address the specific research question in this study: “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?” The methods used to collect data in this study are as follows: telephone interview sessions, a prepared open-ended questionnaire, and an online questionnaire—a descriptive method. O&P professionals bear witness to the suffering of others; they are affected as well. Job satisfaction is a derivative of works by Hoppock (1935), who described it as a psychological and physical satisfaction, employee experience in the workplace of doing the work; how an employee feels about his or her job and how he or she reacts to it.

Iliopoulos and Priporas (2011) characterized job satisfaction as an attitudinal reflection of whether people like or dislike their job and show how he or she feels. Compassion satisfaction is about the pleasure a caregiver experiences of helping others, while making a positive difference in the patients’ world (Popova, 2015; Stamm, 2012). This study may be useful in learning how to solve problems in different situations and is a flexible approach to research studies. Researchers are free to discover and address topics, seeking to understand a group of participants. The data and information gathered from case study research emphasizes the context by using rich, deep, and thick descriptions, based on the responses from the research participants (Yin, 2003).

Case study is not scientific, it allows researchers to explore and address human problems (i.e., societal issues). The results in this kind of study reflect the appearance of a human race. This qualitative (only words were collected; no numbers) descriptive-multiple case study design is centered on O&P professionals within the U.S. Case study research is a linear; yet, a repetitive process. A primary research question guided the course of this study: “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?”

The “What” and “Who” questions are connected to the responses to the research questions, according to Yin (2014, 2017). The research questions and the design of the questionnaire initiated open discussions with the participants sharing their experiences of the phenomenon. The responses from the participants were guided by in-depth interview sessions, a prepared open-ended questionnaire and an online questionnaire (Seidman, 2013; Yin, 2017). The nonexistence of prior research in this area directed the discourse of this study by using more than one method of collecting data from research participants (Denzin & Lincoln, 2017).

Research Questions

Research questions come from researchers brainstorming with advisors, colleagues, and teachers, who provide feedback to help the researcher focus on a specific question, sometimes called the problem statement (Creswell, 2014). Yin (2017) found that in case study research, the questions must explain a current issue or problem. The research question that guided this research study is: “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?”

Each question focuses on the facets of the conceptual framework to build a sound explanation for these phenomena's. The following are the research questions for this study:

1. How do O&P professionals view job satisfaction in relationship to compassion satisfaction?
2. What causes job satisfaction in the workplace?
3. What causes compassion satisfaction in the workplace?
4. What causes the most dissatisfaction in the workplace?
5. How do employees describe ways in which their workplace can be improved?
6. How do employees describe their motivations/reasons for working in this environment?

Rationale

The many health factors that influence limb loss among Americans is increasing at an alarming rate. The need for qualified and skilled O&P professionals is increasing as well. Currently, no research studies have been conducted researching the O&P professionals' perspectives on whether job satisfaction influences compassion satisfaction, while providing clinical care to amputee patients (NCOPE, 2018). Additionally, this study will eliminate the existing gap in literature about O&P practitioners in the U.S. (Saunders & Lewis, 2012). This research study offers a fresh perspective that analyzed whether job satisfaction influences and compassion satisfaction experienced by O&P practitioners who provide direct care to individuals whom have lost one or more limb(s) (NCOPE, 2018; Saunders & Lewis, 2012).

This research study highlighted the significance of this phenomena and conveyed the answers to how, why, and if job satisfaction influences compassion satisfaction among O&P professionals. This research study may be used in O&P facilities when developing organizational

leadership programs and trainings. Members of O&P groups may use this study to discuss a point-of-view on this subject and in open-up discussion groups about the profession, workplace self-help groups, or discussing experiences in the field of O&P professionals and its effect on them, personally or as an organization. All research studies begin by conveying a description of the study. This process included tracing historical information, defining it, and its application. The data collection methods used in this research study has not been found in any other research study (Creswell & Creswell, 2018).

Nature of the Study

The purpose of this study is to explore a specific phenomenon; to better understand the significance of whether job satisfaction influences compassion satisfaction when working with patients who have lost one or more limb(s). Using historical and current data on the subject, and O&P participants' experiences of what factors might have a substantial effect on the levels of job satisfaction and compassion satisfaction in the workplace. Furthermore, the position as an O&P practitioner was reviewed as to its perceived value of how they are influenced by the work being performed on amputees, regularly. This study allowed O&P professionals the opportunity to discuss their views on job satisfaction and compassion satisfaction in the workplace and feeling about working with patients who have lost one or more limbs, openly. The results of the study provided a broader literature review base and important information for organizational management and Higher Education as well. Similarly, the results provided important insight on how to generate full-time positions within O&P facilities that can be used by the Human Resources Department (HR; Kessler, Heron, & Spilsbury, 2017).

HR can ensure that job satisfaction and compassion satisfaction are part of the O&P's practitioners' education and training, along with creating support staff to assist them as needed

(Kessler et al., 2017). This research study focused on a purposive sampling process of O&P professionals in the U.S. O&P professionals were all members a social media platform and agreed to participate in the study. Each O&P participant was provided with the prepared open-ended questionnaire before the telephone interview sessions began (Creswell, 2014; Gaber & Gaber, 1997; Onwuegbuzie & Johnson, 2006; Polit & Beck, 2010).

After the participants agree to participate in the study, access was given to the participants to complete the online questionnaire. These tools were appropriate because the participants expressed their experiences and feelings, giving explanations and innovative insights into whether job satisfaction influences compassion satisfaction in the workplace (Creswell, 2013). Gaining knowledge of the phenomenon comes from exploring the meaning of the area under study, the structure of the study, and the experiences of the research participants, along with the researcher's notes and the use of an audio recorder were all vital to the outcome of this study and its validity (Edmonds & Kennedy, 2013).

Relevance

The study followed a case study design to identify the relationship between job satisfaction and compassion satisfaction among O&P practitioners who provide clinical care to patients with limb loss. The researcher in this study reflected in the satisfaction of O&P practitioners inclusive of direct health service providers (e.g., physicians, technologist, physical therapists, rehabilitation therapist), operational, and production professionals. The researcher selected these six multidisciplinary practitioners as the population of O&P practitioners selected to research for this study. These practitioners are part of the medical community who provide clinical care to limb loss patients that are part of a segment of society that is neglected. One of the greatest difficulties for a person undergoing amputation surgery is overcoming the

psychological stigma that society associates with a loss of a limb (Ertl et al., 2012). The authors noted that amputation is still often viewed as a failure of treatment. The patient must learn to walk with a prosthesis, apply and remove the prosthesis, care for the prosthesis, monitor the skin and the presence of any pressure points, ambulate on difficult terrain, and use the commode at night. Because of the complexity of these issues, the treatment team should include the surgeon, the primary care physician, a physical therapist, a prosthetist, and a social worker (Pandian & Kowalske, 1999). Without the team approach of these disciplines, patients would not benefit from well-rounded clinical care.

The O&P practitioners may, at some point in their careers, experience burnout, depression, and job dissatisfaction. However, this is often appeased with tremendous career satisfaction. Most O&P practitioners understand there must be a balance between work and family life, and work and family play. Achieving that balance can make the difference between simply having a job and enjoying a lifelong career (Ferrendelli, 2011). The O&P practitioners balance also includes providing compassion to patients. Compassion is viewed as an important and fundamental part of a health professional practice (Durkin & Jackson, 2019). The practitioner who enjoys their work will provide patients with the necessary empathy and compassion to help the patient make strides in their treatment and rehabilitation. The balance of job satisfaction and compassion satisfaction will allow the O&P practitioner the ability to better understand the patient's challenges that also focus on developing better relationships.

Communication is part of any system, and a significant part of treatment and rehabilitation when providing clinical care for patients with limb loss. Communication helps to build trust and a partnership between patient and practitioner. Patients (and their families) are increasingly partnering with their own health care and advising on how to improve care delivery

(Nickel et al., 2018, p. 796). Community-building partnerships such as those between O&P practitioners and patients strengthen relationships and create opportunities for trust. The researcher provided research that will allow opportunity to identify the relationship between the workplace, colleagues, and patients; the goal is to increase job satisfaction and compassion satisfaction among O&P practitioners at the workplace and while providing clinical care to limb loss patients.

The results from this study assist in determining the most important points and contributing factors to why O&P practitioners enjoy their jobs and working with patients with limb loss. The study will support rectifying this situation with research that provides insight to develop incentives for O&P practitioners to remain committed to their workplace and to provide quality clinical care.

Definition of Terms

Ambulatory. This term is the ability to move around with help or by using prosthetics (UP, 2017).

Commitment. This term is a characteristic of an employee's attitude towards an organization (Angle & Perry, 1981).

Compassion satisfaction. This term is conceptualized as the pleasure one derives from the work of helping others (Stamm, 2009).

Job satisfaction. This term is an individual's contentment with his or her job that may include other factors that contribute to satisfaction, such as pay, recognition, and professional growth and advancement (Locke, 1976).

Organizational commitment. This term consists of three components: (a) affective commitment—job satisfaction, (b) continuance commitment—an employee's involvement in his

or her work, and (c) normative commitment—one's commitment to his or her job (Singh & Gupta, 2015).

O&P. This term are widely used abbreviations in orthotics and prosthetics (LeTourneau Prosthetics, 2018).

Orthosis. This term is an artificial, custom designed medical aid that is fitted or modified to compensate, correct or support for a neuromusculoskeletal condition or disorder (Dictionary.com, 2018a; Health Times, 2015).

Orthotists. This term are health professionals, specifically educated and trained to provide or manage the provision of a custom designed, fabricated, modified and/or fitted external orthosis to a patient, who has had a clinical assessment by a physician who prescribes what is required to restore physiological function and mobility to amputees (Dictionary.com, 2018b; Health Times, 2015).

Prosthetists. This term are health professionals, specifically educated and trained to provide or manage the provision of a custom designed, fabricated, modified and fit external limb prostheses for a prosthetic patient, according to the physician's orders to enhance physical functionality and movement (Health Times, 2015).

Prosthesis. This term is a custom designed, fabricate, and fitted or modified device to take the place of a limb loss to assist in rebuilding a patient's mobility (MedicineNet.com, 2018).

Satisfaction. This term is an expression in the human mind—a psychological factor. Satisfaction cannot be quantified by an individual's improvement in the workplace or seen in an individual's facial expression (Business Dictionary, 2018b).

Workplace satisfaction. This term means employees' fulfillment (or the lack of it) in the workplace—employees' negative and positive feelings toward his or her work (Business Dictionary, 2018a).

Work productivity. This term is productive places of employment that are built on collaboration and a communal vision of the organization's continued success (Fassoulis & Alexopoulos, 2015; U.S. Department of Labor, 2019).

Assumptions

Assumptions, when applied to research studies, are statements that are assumed to be factual for the purpose of the study. A research problem could not exist without researchers and their ideas and concepts on various explored and unexplored human experiences (Creswell, 2013; Wargo, 2015). In this research study, first of its kind; the researcher made several assumptions and they are as follows: (a) participants in the field of study will be eager to participate in this study, (b) all participants in the study will complete an audio recorded, telephone interview sessions, prepared open-ended questionnaire, and the online questionnaire, and (c) the selected methodology would generate the expected data. Although, job satisfaction and compassion satisfaction vary from individual to individual, an assumption was made that O&P professionals enjoy their jobs. Lastly, their experiences with job satisfaction and compassion satisfaction while working with amputee patients would be similar, if not the same.

Limitations

According to Creswell (2014), limitations in research studies are weaknesses or potential issues that may influence generalization of the study to other situations and people. Yet, limitations exist in all research studies because the researcher cannot control all variables. The most limitations can be found in the case studies. The researcher must use his or her "critical

thinking” skills to gain a better understanding of what limitations exist in the study (Simon & Goes, 2013).

Therefore, the words “prove” or “disprove” with respect to the research outcomes do not apply. Moreover, future research might emit uncertainty about the validity of a hypothesis or the findings of a research study. Limitations in qualitative research studies relate to the reliability and validity of research studies (Creswell, 2014; Yin, 2017).

Questions about the validity and reliability must be methodologically sound and rigorous (Creswell, 2014). Causal conclusions cannot be made in case study research. The generality of the findings of a case study is unclear. A case study includes the behavior of one person and that behavior may not be reflective of the behavior of other people, in the same group (Bevov & Collinson, 2016; Simon & Goes, 2013; Yin, 2017). In this descriptive-multiple case study, the participants are from the same group of people (O&P professionals). Delimitations limit the scope of the study and defined boundaries, the researcher followed throughout the data collection process to uncover the research findings (Creswell, 2013; Simon & Goes, 2013; Yin, 2017).

Delimitations

Creswell (2014) and Simon and Goes (2013) agreed that the researcher is in control of the delimitations in research studies. These factors include population selected to explore, research questions, selection of objectives, theoretical perceptions implemented, and variables of interest. The first delimitation in this case study research was choosing the problem to be investigated. No study of this kind could be found. The purpose statement in this study explained the goal, including a clear understanding of what the study covered. The geographic location of the research participants and the profession of the participants [O&P professionals] was included as well. A second delimitation of this study was the population and whether the population

chosen by the researcher is enough to acquire the number of participants needed to complete the study (Creswell, 2013; Simon & Goes, 2013).

Summary

By outlining the descriptive-multiple case study, the study concludes with whether O&P professionals believe job satisfaction influences compassion satisfaction. Chapter 2 consists of a review of literature that relates to this type research study. The researcher's goal is to seek information and data linked to the phenomenon under study. A discussion of the methods used to collect the data from the research participants and tools to be used to analyze the data collected throughout the study are included. The complete review of literature and the designs and methods underlying this research study are discussed in detail in Chapter 2.

Chapter 2: Literature Review

Introduction

To build a foundational understanding of the central concept of job satisfaction and compassion satisfaction, the researcher began by collecting and analyzing research on job satisfaction and compassion satisfaction in the workplace for Orthotic and Prosthetic practitioners. Multiple resources were accessed and reviewed over a period of nearly nine months, including peer-to-peer journals, articles and books. Topical reading on the benefits of job satisfaction and how O&P professionals develop compassion while providing patient care to persons with one or more limb loss led the researcher to primary source empirical studies linking job satisfaction to compassion satisfaction, organizational commitment, and work productivity.

Using online search engines, the literature review consisted of peer-to-peer reviewed articles from Concordia University databases such as EBSCOhost, ProQuest, JSTOR, Sage and Gale; Google Scholar; The Stonehill College educational archives; and the interlibrary loan services at Concordia University, and Simmons College. Additional documents reviewed included academic journals, books, dissertations, articles, educational periodicals, reports, and thesis. Keyword search word and phrases included: *job satisfaction*, *compassion satisfaction*, *organizational commitment*, and *work productivity*. After identifying seminal authors on the research topic, the reference lists of seminal work were used to identify further scholarly research relevant to the study. Each of the elements above plays an essential role in an individual's predilection to engage in and become an asset to any organization (Ajala, 2012; Akanbi & Itiola, 2013; Hou et al., 2011; Moloney, 2011; Morse, 1953; Pestonjee, 1973).

Topic

O&P professionals are a crucial to health care teams such as working with patients, physicians, physical and occupational therapist, nurses and other care providers. O&P professionals blend patient care with the design and fabrication of devices (Gadalean, Cheptea, & Constantin, 2011). However, instead of using prescriptions or medical procedures to treat patients, they build and provide orthotic and prosthetic devices to address their patients' needs. According to Ferrendelli (2018), most O&P professionals understand that a balance must exist between work and play, and work and family life. Achieving that balance can make the difference between simply having a job and enjoying a lifelong career (Ferrendelli, 2018; Gadalean et al., 2011).

Context

The purpose of this research study was to explore whether O&P professionals who work with patients who have lost one or more limb(s) believe job satisfaction influences compassion satisfaction. This literature review explored broader concepts necessary to understand and explore the perceptions of practitioners, regarding the levels of job satisfaction as being different or separate from compassion satisfaction. The literature review helped bridge gap of the nonexistence of literature on whether O&P professionals believe that job satisfaction influences compassion satisfaction in the workplace. This study added to the existing literature, which may resolve some of the controversies about O&P professionals and their views and experiences with job satisfaction and compassion satisfaction, leading to a greater understanding of this phenomenon. To establish a high level of background knowledge and a conceptual framework for this study, the literature reviewed the relationships between job satisfaction and compassion satisfaction was extensive.

Significance

Existing research studies continue to identify both the benefits of job satisfaction and compassion satisfaction in different workplace settings. However, no existing research exists about job satisfaction and compassion satisfaction of O&P professionals who provide patient care to persons with one or more limb loss. Similarly, no other research study existed that used three methods to collect data:

1. In-depth interview sessions
2. Open-ended questionnaire
3. Online questionnaire

This study possesses a better understanding understand of how O&P professionals who provide clinical care to amputee patients feel about job satisfaction and compassion satisfaction in the workplace. This research study will add to the field of study as it related to O&P professionals' perspectives on job satisfaction and compassion satisfaction. In addition, it will add scholarly research on how O&P professionals are impacted by compassion satisfaction despite increasing accountability pressures (Bevov & Collinson, 2016).

Problem Statement

This research seeks to better understand how O&P professionals are striving and whether job satisfaction influences compassion satisfaction in the workplace. Because limited studies of this type exist, these issues need to be addressed in today's workplace. The research addressed the four primary topics—job satisfaction, compassion satisfaction, organizational commitment, work productivity—to explore how O&P professionals' are supported within their perspective

organizations. O&P professionals experience their patients' disabilities as caregivers as well (Almekinder, 2018; Popova, 2015).

Conceptual Framework

The conceptual framework for this descriptive-multiple case study research was based on job satisfaction and compassion satisfaction theories that may overlay with other theories, explaining human motivation (why people do what they do when faced with dissatisfaction in the workplace). The most prominent and commonly used related to this research study are Maslow's needs hierarchy theory, Herzberg's motivator-hygiene theory, and the dispositional approach (Allport, 1927; Arbour, Kwantes, Kraft, & Boglarsky, 2014; Fox, 2016; Herzberg, 1959; Herzberg, Mauser, & Snyderman, 2010; Khanna, 2017; Maslow, 1954).

In addition, the researcher combined the Maslow's needs hierarchy theory (1970), Hertzberg's motivator-hygiene theory (1966) and the dispositional approach (1927). The study provides an understanding that helps to describe job satisfaction and compassion satisfaction among O&P practitioners who provide clinical care to patients with limb loss. Orthotic and prosthetic practitioners many, at some point in their careers will experience burnout, and job dissatisfaction. O&P practitioners who do not implement a balance between work and play, and work and family life will not achieve the balance of simply having a job and enjoying a lifelong career.

Review of Research and Methodological Literature

In this section, a review of the research literature included the components of the conceptual framework identified in the previous section, providing peer-reviewed and evidence-based research within the field of study. This section synthesizes the methodological approaches used in prior research on job satisfaction and compassion satisfaction. Each of these

approaches carries with it existing strengths and weaknesses, adding a new angle for investigating the research problem and builds the body of scholarly literature on the topic as well. Whereas, various methods and methodologies have been used on this subject (job satisfaction and compassion satisfaction); many of the methodologies are not the ‘best fit’ for this particular research study. This research study is based on the experiences of O&P professionals who work with individuals who have lost one or more limb(s) and whether job satisfaction influences compassion satisfaction in the workplace (Bevov & Collinson, 2016; Hoppock, 1935; Morse, 1953; Pestonjee, 1973; Vroom, 1964; Weightman, 2004). Lastly, the literature contains a discussion of the relationship between job satisfaction and compassion satisfaction and if burnout and job dissatisfaction have an impact on clinical care of patients with limb loss

Job satisfaction. Job satisfaction has been most aptly described by Pestonjee (1973) as a job management, personal adjustment, and social requirements. Morse (1953) considered job satisfaction as dependent upon job content, identification with the company, financial and job status, and priding group cohesiveness. Throughout the literature review, a unified framework captured the following area of concern in this study: (a) job satisfaction, (b) compassion satisfaction, (c) organizational commitment, and (d) work productivity. Each of these elements plays an essential role in an individual’s predilection to engage in the job satisfaction (Bevov & Collinson, 2016; Morse, 1953; Pestonjee, 1973; Vroom, 1964; Weightman, 2004).

Job satisfaction was aptly defined by Pestonjee (1973) as job management, personal adjustment and social requirement. Morse (1953) considered job satisfaction as dependent upon job content, identification with the company, financial and job status, and priding group cohesiveness. Currently, a paucity of systematic attempts to integrate the voluminous amounts of

information related to in a coherent manner that address how it relates to diverse aspects of job satisfaction (Bevoc & Collinson, 2016).

Hoppock (1935) described job satisfaction as any combination of mental, physical, and environmental conditions, which has a lot to do with whether an employee is satisfied with his or her employment. According to this description, job satisfaction is under the influence of many external factors, including how the employees feel. Vroom (1964) explained that job satisfaction focuses on the role of the employee in the job. Thus, job satisfaction is an emotional positioning that employees have regarding employment role they currently occupy within an organization (Bevoc & Collinson, 2016). Weightman (2004) posited that job satisfaction is an inner state associated with a feeling of success and an attitude of mind and is undoubtedly a feeling of accomplishment, which includes managing employees. Three important aspects of job satisfaction are listed below:

1. Job satisfaction is a function of values defined as “what a person consciously or unconsciously desires to obtain.”
2. Job satisfaction represents a combination of positive or negative feelings that employees have towards their work.
3. Employees have diverse views on the same situation. (Hollenbech & Wright, 1996, p. 235–236).

Davis and Newstrom (1985) found that job satisfaction characterizes a degree of expectations and how those expectations match the principles a person lives by and is interrelated to the individual's behavior in the job. All employees have different views of which values are important, which is critical in determining the nature and degree of their job satisfaction. In fact, job satisfaction is mainly a psychological issue which, if expressed verbally

or through employee behavior can be understood by all concerned and be measured (Bevov & Collinson, 2016; Davis & Newstrom, 1985; Hollenbech & Wright, 1996; Vygotsky, 1978).

Albeit, the issue of job satisfaction and dissatisfaction are two opposites and the factors that influence dissatisfaction is organizational policy and administration, supervision, salary, and interpersonal relationship (Herzberg, 1966; Herzberg, Mausner, Peterson, & Capwell, 1957).

The experiences of job satisfaction were examined by several research studies (Herzberg et al., 1957; Tonges, Rothstein, & Carter, 1998). One of the discussions included Herzberg's two-factor theory of job satisfaction. The distinguishing factors that may lead to job satisfaction. Empirical research studies have shown that leadership in Herzberg's two-factor theory is one of the most often cited point-of-view (Herzberg et al., 1957; Teck-Hong & Waheed, 2011). In fact, the main idea is that employees in their work environment are under the influence of factors that cause job satisfaction and the factors that cause job dissatisfaction as well (Bevov & Collinson, 2016; Emma, Moradi, Idrus, & Almatairi, 2012; Tonges et al., 1998).

According to Emami, Moradi, Idrus, and Almatairi (2012), job satisfaction is recognized as a complex construct that comprises both intrinsic and extrinsic factors. Herzberg et al. (1957) identified the intrinsic as derived from internal job-related rewards, such as recognition, a raise, or advancements in his or her field. Extrinsic factors stem from external environment-related rewards, such as wages, company policies and practices, technical facets of supervision, interpersonal relations, supervision, and working conditions (Emami et al., 2012).

Spector (1997) lists three significant features of job satisfaction:

1. Organizations should be guided by human values. Such organizations are treating employees fairly and with respect. In such cases, the assessment of job satisfaction

- may serve as an excellent indicator of employee effectiveness. High levels of job satisfaction may be a sign of a good emotional and mental state of employees.
2. The behavior of employees depending on their level of job satisfaction affects the functioning and activities of the organization's business. From this, it can be concluded that job satisfaction resulted in positive behavior and vice versa; dissatisfied with the work cause negative performance of employees.
 3. Job satisfaction may serve as indicators of organizational activities. Through job satisfaction evaluation, different levels of satisfaction in diverse organizational units can be defined, but in turn can serve as a good indication regarding in which organizational unit changes that would boost performance should be made.

Job satisfaction refers to connecting with an individual's mind that the working environment meets the needs and values of employees and the individual's response to that environment (Camp, 1994; Lambert, 2004; Tewksbury & Higgins, 2006). Lambert (2004) describes job satisfaction as limits an employee set; whether he or she likes or dislikes the work to be done. Lambert, Barton, and Hogan (1999) define the term as a fulfillment of specific needs associated with the employee's work. Studies conducted by Kirsch (1990), Knoop (1995), and McNeese-Smith (1996) found that job satisfaction leads to higher productivity, high quality of care, and the intent to remain with the organization. On the other hand, job dissatisfaction was found to increase absenteeism, employees frequently leaving the organization, high stress, and grievances (Bevov & Collinson, 2016; Lambert et al., 1999; McNeese-Smith, 1996).

Gangai and Aragwa (2015) posited that employees are the most important part of any organization and determine the success of an organization in a competitive environment. Moreover, if managed properly employee commitment can lead to beneficial consequences such

as increased effectiveness, performance, and productivity, and decreased turnover and absenteeism at both the individual and organizational levels (Fiorita, Bozeman, Young, & Meurs, 2007). An employee who is satisfied with his job would perform his duties well and be committed to his job, and subsequently to the organization (Awang, Ahmad, & Mohamed Zin, 2010; Bevoc & Collinson, 2016; Fiorita et al., 2007).

Employers need to know the factors that can affect their employees' job satisfaction levels, since it would affect the performance of the organization as a whole (Awang et al., 2010; Fiorita et al., 2007). Stewart (1993) found that the needs approach defines satisfaction as a function of success and satisfaction of individual needs, including physical and psychological needs. Needs are viewed as objective requirements and which are similar in every individual. Based on this approach, employee job satisfaction depends on the following two factors:

1. How individual needs are met on the job and
2. To what extent are these needs not being met on the job. The result of these two factors determines an employee's job satisfaction.

Discontent in the job is caused by the failure to meet employees' expectations. The dimension of leadership and supervision expresses the satisfaction that a person receives from the relationship with their direct supervisor. A review of the literature indicated that supervision is an important dimension of job satisfaction—the more considerate the supervisor, the more job satisfaction increases. According to Stewart (1993), these dimensions of supervision generate job satisfaction. Additionally, the recognition of the relationship with co-workers was the most important factor of job satisfaction or dissatisfaction.

Maslow (1954, 1970) found that most people enjoy the sense of belonging and being loved. In the occupational field, salaries and working conditions are important facets when

considering this type of employment. Although, the evidence is somewhat vague—the results of some studies indicated that for some employees, salaries are not considered to be as important as job satisfaction. Money means different things to different people (Stewart, 1993). Herzberg's Motivation-Hygiene theory (Herzberg et al., 2010; Teck-Hong & Waheed, 2011) related salary as a hygienic factor that can cause dissatisfaction if it is low; but does not lead to satisfaction if it is too high. For example: Vroom (1964) described, the word “motivation,” which is derived from the Latin word *movere*, which means “to move.” Motivation is an internal force, dependent on the needs that drive a person to achieve (Gazija, 2013).

Schulze and Steyn (2003) affirmed that managers and supervisors must be more aware of the concept of needs and motives among its employees; while attempting to motivate employees to act. According to Robbins (2001), motivation is a need-satisfying process, which means that when a person's needs are satisfied by certain factors, the person will exert superior effort toward attaining organizational goals. Hashem and Sadeqi (2016) stated that job satisfaction is a key concept in management within organizations and has an important role in motivating employees to increase efficiency in the workplace.

Job satisfaction comes from many factors and according to the present study; some suggestions are offered to increase employees' satisfaction level. The nature of work should be meaningful and diverse (Gazija, 2013). To increase employees' satisfaction, extending the job or job rotation can be used. When the supervisor is a staff-bound and offers participation for the employees, ensures them that the complaint will be handled, listens to them and gives them support, the level of satisfaction of the supervisor increases subsequently. Cash and non-cash benefits can increase employees' satisfaction (Gazija, 2013; Hashem & Sadeqi, 2016).

According to the study by Hashem and Sadeqi (2016), high levels of job satisfaction reflect a favorable organizational climate that leads to attracting and sustaining employees. Managers can adopt appropriate strategies such as good job designing and social protection of employees', increase employees' job satisfaction which in turn increased the employees' morale, increased productivity, efficiency of employees and their loyalty to the organization.

Compassion satisfaction. The construct of compassion satisfaction has been defined as the pleasure a helper gets from doing her or his work well and the ability to contribute to the well-being of others (Sacco, Ciurzynski, Harvey & Ingersoll, 2015). Compassion satisfaction is the satisfaction achieved with one's work by helping others and being able to do one's job well (Stamm, 2010). A description of compassion satisfaction by Collins and Long (2003), stated that caregivers are motivated by the need to help others and it gives them satisfaction for being able to help someone. In the equation of human services, compassion satisfaction plays a vital role.

Jones (2005) posited that social employees perceive a positive change in the quality of life for the individual, family, or community they are serving. Employees have a sense of fulfillment that motivates them to continue above and beyond the expectations of the organization. Compassion satisfaction has been viewed by some employees as a major factor contributing to their ability to handle the day-to-day stresses of the job (Flarity, Gentry, & Mesnikoff, 2013; Popova, 2015; Sacco et al., 2015).

Some employees reported their feelings of self-value and self-worth were linked to assisting others in overcoming challenges and problems as they arise (Sacco et al., 2015). Among human service practitioners, compassion satisfaction has not only been found to mediate the negative effects of compassion fatigue and burnout, but also found to be a potential protective factor for mental health issues (Collins & Long, 2003; Ray, Wong, White, & Heaslip,

2013; Vahey et al., 2004). Compassion satisfaction is also viewed as a motivator for continued commitment to the healthcare profession (Collins & Long, 2003; Conrad & Kellar-Guenther, 2006; El-bar, Levy, Wald, & Biderman, 2013; Popova, 2018; Ray et al., 2015; Sekol & Kim, 2014; 2013; Stamm, 2005; Van Hook & Rothenburg, 2009).

Some human service employees find multiple rewards in serving others, including the ability to ease suffering, to develop relationships with patients, and to be inspired by the strength and resiliency of the human spirit when facing difficulties (Ray et al., 2013; Rohan & Bausch, 2009). Although, negative impacts of secondary trauma could be mitigated by incorporating the strengths from research studies, which can be used for prevention and treatment of compassion fatigue. Professional resilience is developed when employees drew from the social work strengths and found positive outcomes, among the negative circumstances they constantly face (Clark, 2011; Ray et al., 2013).

Compassion satisfaction certainly moderates or ameliorates the negative effects and challenges of professional care-giving. Human service employees will likely experience day-to-day fluctuations in their levels of compassion fatigue and compassion satisfaction (Bride, 2007; Bride, Radey, & Figley, 2007; El-bar et al., 2013; Harr, Brice, Riley, & Moore, 2014). Kulkarni, Bell, Hartman, and Herman-Smith (2013) posited that compassion satisfaction was associated with providers' perceptions of having shared values with the organization, as well as having a longer tenure in the domestic violence field.

This literature reviewed and itemized documented research about the impacts of interpersonal compassion at multiple levels of analysis. Nevertheless, a more systematic research considers the short-term and long-term impacts of compassion on job attitudes (e.g., engagement, thriving), job behaviors (e.g., prosocial behaviors, creativity, ethical actions), job performance,

health outcomes for individuals (episode participants and third parties, including employees, consumers, and buyers (Bevoc & Collinson, 2016). Future research studies might include interactions with organizations and employees, which is clearly warranted, according to Lawrence and Maitlis (2012).

Moreover, it would be fruitful to examine the way in which a single job satisfaction episode unfolds and its effects on compassion satisfaction (e.g., observation research), in subsequent encounters with suffering. Some empirical research studies have shown that when sufferers experience compassion at work, it alters his or her conceptions of their co-workers, themselves, and their organizations—making sense of it (Lilius et al., 2008). However, the research on practices of compassion explains one way that compassion gets institutionalized and infused into the organization's culture (Lilius et al., 2008; McClelland 2012). The lack of research on this research study is undaunted and additional research on institutionalizing mechanisms would help explain whether job satisfaction is influenced by compassion satisfaction in the workplace over time (Dutton, Workman, & Hardin, 2014; Lilius et al., 2011; Lilius et al., 2008; McClelland, 2012).

Organizational commitment. Hou, Gao, Wang, Li, and Yu (2011) stated that organizational commitment is the employee's psychological attachment to the organization. Employees with high connection should show better integration between individual-level creativity and organization's goals, and greater abilities to translate their commitment to the organization into a creative performance which is beneficial to organizational development. On the contrary, employees with low connection may show creativity randomly due to their ignorance of the relationships between their own creative behavior and the organization's (Bevoc & Collinson, 2016; Hou et al., 2011).

Porter et al. (1974) stated that “a strong belief in an acceptance of the organization’s goals and values, willingness to exert considerable effort on behalf of the organization, and a definite desire to maintain membership in the organization” (p. 604). Researchers Atmojo (2012), Rawat (2011), and Yeh and Hong (2012) asserted that committed employees’ individual expression of loyalty and devotion to an organization. Whereas, Susanty, Miradipta, and Jie (2013) found that there is an emotional bond or attachment between staff and the organization.

Mowday, Porter, and Steers (1982) defined organizational commitment as: The relative strengths of an individual’s identification with and involvement in an organization. Theoretically, it can be characterized by at least three factors: “(a) a strong belief in the acceptance of the organization’s goals and values; (b) a willingness to exert considerable effort on behalf of the organization; and (c) a strong desire to maintain membership in the organization” (Mowday et al., 1982, p. 27). Malik, Chugtai, Iqbal, and Ramzan (2013) clarified that employees’ commitment as “mind-set reflecting employees’ faithfulness to their organization and is a continuing chain by which the organization’s members utter their concern regarding the organization and its development” (p. 16).

Organizations need motivated, responsible and committed employees instead of those who are negligent, sluggish and disloyal (Hashmi & Naqvi, 2012; Karmi & Rehman, 2012). Deniz, Noyan, and Ertosun (2013) noted that organizational commitment describes the attitude and behavior of an employee toward an organizational goal. Organizational commitment is considered emotional, rational, and moral commitment of an employee to the goals and ideas of the organization. Employee’s commitment to the organization may produce positive and negative effects on the choices an employee makes to speak their mind or remain silent (Bevoc & Collinson, 2016; Deniz et al., 2013; Karmi & Rehman, 2012). Nawab and Bhatti (2011) found

role clarity, organizational climate, job satisfaction, and employee empowerment as predictors of organizational commitment.

Bushra, Usman, and Naveed (2011) suggested that

organizational commitment is important for organizations because it is a good predictor of goals and objectives, productivity, absenteeism and turnover.

Organizational commitment is the strongest motivator that highly affects person's intentions to perform well, increase his efficiency, and improves his skills. (p. 263)

According to Wong and Tong (2014), organizations can motivate positive behavior and foster better relationships between employees by encouraging them to share the organization's goals and values and to realize that it will benefit them by doing so. Iqbal, Tufail, and Lodhi (2015) posited that organizational commitment has been defined as a multidimensional in nature and involving an employee's loyalty to the organization. The attitude and behavior of employees were identified as well.

The results of a study by Karim and Rehman (2012) showed a strong correlation between organizational commitment and job satisfaction. Similarly, a strong correlation was observed between organizational commitment and perceived organizational justice. As the satisfied employees tend to be more loyal to their organizations and retain a positive attitude towards their jobs, therefore, they are unlikely to change their jobs and consider their existing job better than the other ones (Imram, Majeed, & Ayub, 2015; Karim & Rehman, 2012).

Meyer and Allen's (1991) research study found that commitment to an organization is a psychological state, and that it has three distinct components that affect how employees feel about the organization that they work for this model is used to increase commitment and engagement in your team, while also helping people employees to experience a greater feeling of

well-being and job satisfaction. Meyer and Allen stated that commitment, as a psychological state, has at least three separable components reflecting (a) affection for your job (affective commitment), (b) fear of loss (continuance commitment), and (c) sense of obligation to stay (normative commitment) that the worker develops for an organization based on clear and deliberate interactions with a leader. Affective commitment is when an employee feels a strong emotional attachment to the organization and the work he or she does. If an employee enjoys his or her work, they are more likely to feel good and satisfied about his or her work performance. When employees are satisfied and feel good about their work it adds to the feelings of affective commitment (Imram et al., 2012; Meyer & Allen, 1991; Meyer, Stanley, Herscovitch, & Topolnsky, 2002).

According to Meyer and Allen (1997), similarly, fear of loss is when employees weigh the pros and cons of leaving an organization. Employees may feel the need to stay with the organization, because the loss experienced by leaving is greater than the benefit he or she might gain in a new role with a new organization. These perceived losses, or “side bets,” can be monetary (loss of salary and benefits); professionally (loss of seniority or role-related skills acquired); or social (loss of friendships and allies). Normative commitment is when an employee feels a sense of obligation for an organization, even if he or she are unhappy in their current roles, even if the employee has a better chance to pursue new opportunities (Imram et al., 2012; Meyer & Allen, 1997; Meyer et al., 2002; Ortiz & Lau, 2011).

Some employees stay because they feel it is the right thing to do. Other employees stay because he or she has vested interest in the organization, such as time, investment, and education paid for by the organization (Meyer & Allen, 1991, 1997). Curtis and Eby’s (2010) research study found that in the field of substance abuse treatment, human resource management

challenges stem from clinicians having high caseloads, low pay, and often face resistance to treatment and client's relapsing. So far, professional commitment is also related to intentions to remain in the organization and organizational commitment is related to intentions to stay in the profession. This makes intuitive sense: an employee may be highly committed to the profession; but express intentions to leave the organization because of working conditions (e.g., poor supervision and low pay). Employees may express low professional commitment; but remain in the organization because of strong relationships with coworkers, lack of available alternatives, or out of financial need (Curtis & Eby, 2010; Ortiz & Lau, 2011; Meyer & Allen, 1997; Meyer et al., 2002).

Work productivity. According to Karimi et al. (2014) found that no research has been done in or outside the U.S. studying these two factors (sociability and productivity) concurrently. The relationship of sociability and productivity with other variables were questioned separately. Some hospitals showed a higher level of correlation between personnel's organizational sociability and productivity, especially nursery and backup personnel. By increasing the sense of sociability and productivity, their commitment to the organization would increase, the level of job satisfaction would rise, and productivity increases (Karimi et al., 2014). Productivity was measured by both the success of achieving targets or objectives of the organization and if an employee had both the physical and psychological abilities to complete the defined tasks using specific procedures (Deepa et al., 2014; Uddin et al., 2012). The effectiveness and productivity of an organization was determined by the behaviors and responses of employees that were guided by satisfaction.

Review of Methodological Issues

Various methodological approaches have been used when conducting research on job satisfaction and compassion satisfaction. Each of these approaches carries with it indelible strengths and weaknesses, adds to investigating the research problem and building the body of scholarly literature on the topic under study. While various methodologies have been used in the when researching job satisfaction and compassion satisfaction, many are not the best fit for this particular research study (Cudulka & Korte, 2008; Figley, 2002; Hackman & Oldham, 1980; Jones, 2006; Oliveira, Silva, Galvão, & Lopes, 2018; Nics, de Jonge, Gevers, & Houtman, 2018).

For example, the three-wave longitudinal, quasi-experimental multiple-case study approach (Nics et al., 2018) build an argument for diagnosis of risk factors at work and subsequent development and implementation of tailored work stress and performance interventions, which has been coined as the DISCoverY method. Another research study supported relationship between job satisfaction, burnout syndrome, and depressive symptoms (Oliveira et al., 2018). Although, an experimental design requiring control of research sites and participants in this kind study are not feasible for the researcher. Another critique of satisfaction, such as jobs that provided diversity in practice correlated with higher career satisfaction (Cydulka & Korte, 2008).

These studies support a relationship between job satisfaction in how encouraging diversity in a professional practice may increase satisfaction and retention in the workplace. A desire to study the relationship between job satisfaction and compassion satisfaction, led the researcher to prefer a qualitative over a quantitative approach (Cydulka & Korte, 2008 & Nics et al., 2018). Within the qualitative paradigm, the case study approach has not been used to explore in-depth perspectives and experiences of O&P practitioners on whether job satisfaction

influences compassion satisfaction. Some of the previous research conducted using a qualitative or quantitative approach (mixed method) to explore job satisfaction in relationship to compassion fatigue (Figley, 2002).

Figley (2002) examined compassion fatigue, and determined that like any kind of exhaustion, causes in the worker “decreased interest in bearing the suffering of others” (p. 1432). Jex (2002) utilized a qualitative approach to explore the connection of people evaluating their work experiences based on feelings of satisfaction or dissatisfaction regarding their job, as well as the organization in which they work. Hackman & Oldham (1980) also examined the relationship of a job characteristic is an aspect of a job that generates ideal conditions for high levels of motivation, satisfaction, and performance.

Jones (2006) utilized a qualitative approach to describe researcher have been measuring the wrong kind of satisfaction. According to this study, the more satisfied we are with our life in general, the more productive we will be in our jobs. The research in this study adds to the existing literature on job satisfaction and compassion satisfaction in the workplace. Specifically, the role of and perspectives of O&P practitioners who provide clinical care to patients with limb loss. Case study is, often times, used in educational research to explore the perspectives of distinct populations, such as teachers, embedded within the complex environment of the school systems (Creswell & Creswell, 2018; Yin, 2017).

Overview of Research Design and Methods

Ethnography. A qualitative method called ethnography requires the researcher to describe and interpret the learned and shared patterns of conduct, principles, and language of a shared cultural group. This approach requires the researcher to be involved in extended participant observation. The researcher is immersed in the daily lives of the people, which

includes interviewing the group participants (Atkinson, Heath, & Chenail, 2007; Harris, 1968). Bogdan and Biklen (2007) found that the University of Chicago transformed the anthropological field method to study cultural groups in the U.S. More recently, the ethnography approach expanded into schools and subtypes of ethnography with diverse hypothetical locations and purposes, such as the following: critical theory, cultural and cognitive anthropology, cultural studies, and ethnography methodologies (Atkinson et al., 1968; Bogdan & Biklen, 2007).

Many forms of ethnography exist, such as autoethnography, ethnographic novels, feminist ethnography, life history, and visual ethnography from electronic media, photography, and videos (Denzin & Lincoln, 2018; LeConte, Preissle & Tesh, 1993; Pink, 2001; van Manen, 1998). Two forms of ethnography include the following:

1. Realist ethnography—a style of writing that narrates the author’s experiences and observations as if the reader were witnessing or experiencing events first hand.
2. Critical ethnography—intrinsically linked to those being studied and thus inseparable from their context.

Challenges in ethnography include: the researcher may become so involved in the culture and is unable to complete the study (LeConte et al., 1993; Spradley, 1979). The narrative approach has a storytelling approach that may limit the audience and other researchers may not be able to repeat the same process in another cultural group. This approach is very extensive, a generous amount of time is required to collect data, and the researcher is in the field for an indefinite time (Chase, 2005). Glaser and Strauss (1967) developed the qualitative design in sociology research studies known as the grounded theory.

Grounded theory. The grounded theory is a qualitative research design, the researcher uses a large number of participants to generate a general theory (action, interaction, and a

process, which is shaped by the research participants' point-of-view (Glaser, 1978; Strauss, 1987; Strauss & Corbin, 1990). According to Strauss and Corbin (1990, 1998), two popular approaches exist in the grounded theory:

1. Constructivist approach
2. The systematic procedures

Grounded theorists felt that theories must be “grounded” in the data collected in the field, precisely the action, interaction, and common processes of individuals (University College of Dublin, (UCD) 2007). Charmaz (2006) encouraged a constructivist grounded theory, which introduced another perspective about procedures in education, nursing, psychology, and sociology, has become popular, along with other social sciences (Kennedy, Terrell, & Lohle, 2015). Another grounded theory perspective by Charmaz (2006) and Clarke (2005) sought to retrieve the grounded theory from its “positivist underpinnings” (p. xxiii), relying on postmodern viewpoint (i.e., the political nature of exploration, understanding, reflexivity of the researchers).

Generally, the researcher conducts several interview sessions to collect data to saturate the categories. A category characterizes a part of data, which consists of actions, events, and occurrences (Corbin & Strauss, 2008). Open coding concentrates on the “core” phenomenon; then used the data to create categories for that phenomenon. The types of categories identified from the “core” phenomenon are the causal conditions (identifying the factors caused by the “core” phenomenon), approaches (happenings that occur responding to the “core” phenomenon), contextual and prevailing circumstances (broad and explicit situational issues that impact the approaches), and outcome (consequences from the approaches used). Using a visual model is called axial coding paradigm, the categories relate to and surround the “core” phenomenon (Creswell, 2007; Groenewald, 2004; Strauss & Corbin, 1990).

Strauss and Corbin (1990) identified this approach to research as follows: the researcher must collect and analyze documents and observations—these types of data forms are seldom used. Data collected in a grounded theory form a crisscross procedure: in the field collecting data, analyze the data, back in the field to collect more data, into the office to analyze the data collected. Selecting participants for research studies use theoretical sampling to help form a theory. The final process in this model is selective coding—the researcher develops hypotheses, interrelating the categories or assembling a story that describes the interrelationship of categories.

The researcher articulates the theory near the end of the study, as descriptive statements. Corbin and Strauss (2008) and Morrow and Smith (1995) suggested research studies that might populate a wider audience and an extended time for a more in-depth study about job satisfaction and compassion satisfaction among O&P practitioners. Researchers using the grounded theory face many challenges, because the researcher must set aside any hypothetical ideas and notions so that the functional theory can develop. Researchers must identify a systematic approach to research that has detailed steps, during the data analysis process as well (Corbin & Strauss, 2008; Creswell & Creswell, 2018).

Another difficulty faced by researchers is established when categories are saturated or that the theory is adequately exhausted. Discriminant sampling can be used to identify saturation as well (Busch & Ness, 2015; Corbin & Strauss, 2008; Creswell, 2007; Strauss & Corbin, 1998). According to Chase (2005), narrative research studies one or two individuals, collecting data through their stories, along with individual experiences and using life stages to explain the meaning of the individuals' experiences.

Narrative research. Narrative research was created from anthropology, education, history, literature, sociolinguistics, and sociology. Some researchers in different fields of study implemented their individual approaches as well. Two types of narrative research are as follows:

1. Using paradigmatic reasons, such as how people are enabled or constrained by social resources in their communities. The researcher is on a social basis set in collaborative performances with, the individuals and
2. In narrative research practices, this method accentuates the assortment of forms (Chase, 2005).

Narrative research must have an explicit background concentration, such as stories told about companies (Czarniawska, 2004) or children or teachers in a classroom (Ollerenshaw & Creswell, 2002). Hence, another narrative research method is a biographical study; whereas, the researcher records and writes the experiences of someone else's life. Ellis (2004) pointed out that an autobiography is recorded and written by individuals as the subjects of a study.

Moreover, a life story and oral history are narrative research studies as well (Ollerenshaw & Creswell, 2002). Chase (2005) and Creswell (2006) posited that narrative research is very challenging to use because the researcher must gather detailed information about the research participant that captures that individual's experiences. Pinnegar and Daynes (2006) posited that important questions must be considered: Who is the owner of the story? Who can alter it? Whose version is substantial? What occurs when stories are challenged? Qualitative researchers recognize a phenomenon as an "object" of human experience (van Manen, 1990, p. 163).

The human experiences might be the phenomenon of anger, grief, getting out of prison, having coronary bypass surgery or the loss of a limb by amputation. The description must include "what" they experienced and "how" they experienced it (Moustakas, 1994).

Phenomenology draws from the writing of the German mathematician Edmund Husserl (1859–1938) and others who extended his interpretations, such as Heidegger, Merleau-Ponty, and Sartre (Spiegelberg, 1982). This research method is very popular in health and social sciences, including education, nursing, psychology, and sociology (Borgatta & Borgatta, 1992; Giorgi, 1985; Polkinghorne, 1989; Nieswiadomy, 1993; Oiler, 1986; Swingewood, 1991; Tesch, 1988; van Manen, 1990, 1998). Natanson (1973) found that any research project was about human experiences; whereas, Husserl called it phenomenology.

Phenomenology. Phenomenology came from the works of Heidegger, Husserl, Merleau-Ponty, and Sartre during the early 20th century (Garcia-Carpintero, 2003; Hrebiniak, 2005). Phenomenology deals with awareness, first-person perspective, intentionality, and qualia—the introspectively accessible, phenomenal characteristics of our mental (mind) lives. Because of these phenomenological issues’ qualia exists (Tye, 1997). Phenomenology is a distinct discipline; although, related to key disciplines such as epistemology, ethics, logic, and ontology (Boyd, 2001; Hollenbech & Wright, 2008).

Combining phenomenology with a mixed method designed to collect data, the member-checking process can be used to check the validity of the research participants’ responses to the prepared open-ended questionnaire (Edmonds & Kennedy, 2013; Hrebiniak, 2005; Tashakkori & Teddlie, 2010). According to Creswell (2013), the method of confirming the validity of the participants’ responses and of gathering data in themes and descriptions in a research study is triangulation. In the health literature, van Manen (1990) published an instructive book on hermeneutical phenomenology describing research as lived experiences (phenomenology) and translating the “texts” of life (hermeneutics; van Manen, 1990, p. 4).

Researchers focus on a phenomenon that holds their interest (e.g., amputation, drug abuse, fatherhood, mothering or running). Throughout this process, the researchers focus on essential pattern and themes, and write a description of the phenomenon under study. At this point, the researcher makes an interpretation (van Manen, 1998). Psychological and transcendental phenomenology concentrates on the description of the participants' experiences (Moustakas, 1994). One of Husserl's concepts epoché (bracketing) is when researchers set aside their experiences and take a fresh look at the phenomenon under study. Everything is viewed as fresh transcendental, which is rarely achieved, flawlessly. Researchers using this method described their own experiences, first. The next process used is bracketing out their experiences from the data collected from researcher participants experiencing the same phenomenon (Chan, Fung, & Chein, 2013). The phenomenon in question requires the researcher to have some understanding of broader theoretical assumptions and are identified by the researcher by forging a shared understanding as well (Creswell, 2007; Moustakas, 1994).

When using bracketing, the process may be difficult for the researcher to implement. Using an interpretive method, the bracketing process would be impossible because the researcher may become disconnected from the text (Boyd, 2001; Chan et al., 2013; van Manen, 1990). Hereafter, the researcher must decide how, when, and in what way to introduce his or her personal understandings into the research study (Creswell, 2014). Yin (2017) and Creswell et al. (2007) described case studies as a structured exploration into the views and insights of an individual or societal issue designed to clarify, reveal, and offer understanding of the area under study.

Case study. Yin (2017) classified case studies as being descriptive, explanatory, and exploratory. Differences between a multiple case studies and a single, holistic case studies were

characterized by Stake (1995), as being collective, instrumental, and intrinsic. See Table 1 for definitions of each kind of case study design.

Table 1

Definitions of the Types of Case Studies

Case Studies	Definitions
Collective	Number of cases in order to inquire into a specific issue or problem (Mills, Durepos, & Wiebe, 2010).
Descriptive	Used to describe an intervention or phenomenon and the real-life context in which it occurred (Yin, 2003).
Explanatory	Used to explore those situations in which the intervention being evaluated has no clear, single set of outcomes (Yin, 2003).
Instrumental	Used to offer understanding into an issue (Stake, 1995).
Intrinsic	Undertaken to gain a deeper understanding of the case.
Multiple Case Studies	Number of cases required to increase the sample size and increase the statistical that may require more cases than what is available (Gustafsson, 2017).

The four types of design for case studies are: Type 1: single-case (holistic) designs, Type 2: single-case (embedded) designs, Type 3: multiple-case (holistic) designs, and Type 4: multiple-case (embedded) designs. This research study used the most purposeful design for this study: multiple-case (holistic) design. This process allowed the researcher to examine each case distinctly, and search for any patterns or themes of differences and similarities. Multiple-cases offered more strength to the research findings (Yin, 2014).

Multiple-case studies can be time consuming, extensively, and do not create a high-quality theory. Single case studies produce extra and create the superior theory (Baxter & Jack, 2008). Yin (2017) suggested that the case study design should have five elements: (a) research question, (b) its intent, (c) unit of analysis, (d) determining how the data are linked to its intent, and (e) criterion on interpreting its research findings. The two approaches exist that guide case study research: one by Stake (1995) and the second one by Yin (2017).

These authors wanted to ensure the topic is thoroughly investigated (seen through many lenses) and the ‘essence’ of the topic is revealed and understood. A case study design can be used when: (a) the researcher wants related conditions because the researcher believes they are valuable to the area under study, (b) the boundaries are not clear between the context and the area under study, and (c) the researcher cannot manipulate the behaviors or answers of the research participants. This design focuses on the answer to the ‘how’ and ‘why’ questions (Mills et al., 2010; Stake, 1995; Yin, 2014).

This research study highlighted a human and social issue by exploring several cases; O&P professionals. The data collection process in case studies stems from open group discussions, interview sessions, historical materials, transcription of researcher’s notes, and online questionnaires. Characteristics of case studies are its systematic qualities and verification of the data collected from the participants in such studies. In this study, the collection of the qualitative data entailed the use of in-depth interview sessions, along with audio recordings and researcher’s notes, a prepared open-ended questionnaire, and an online questionnaire. The process of dealing with the qualitative data collected from the participants in this study required transcriptions, categorizing, coding data, connecting patterns and themes, and representing a

plausible conclusion from that data (Bryman, 2012; Creswell, 2014; Creswell et al., 2007; Laws & McLeod, 2006; Mills et al., 2010; Simon & Goes, 2013; Sutton & Austin, 2015; Yin, 2017).

A synthesis of research findings identified the characteristics and support of job satisfaction and compassion satisfaction which arose as commonalities. The discussion of the theories related to this research study and a critique of previous research is relevant as well. Chapter 2 summarized the key points discussed in this section.

Synthesis of Research Findings

According to He, Li, and Lai (2011), customer satisfaction is the most essential part of any service provider; if employees are not satisfied—they cannot satisfy their internal or external customers. Maslow's hierarchy of needs theory, Herzberg's motivator-hygiene theory, and the dispositional approach are distinct and interrelated attributes identified that support the relationship between job satisfaction and compassion satisfaction (Herzberg, Mausner, & Synderman, 2010); Maslow, 1987; Staw, Bell, & Clausen, 1986; Teck-Hong & Waheed, 2011). The perspectives of the O&P practitioners in this study discussed the implications; whether job satisfaction influence, compassion satisfaction when working with patients who have lost one or more limb(s).

Maslow's hierarchy of needs theory. Maslow's hierarchy of needs theory was developed to explain human motivation, according to an individual's needs. However, the main tenants apply to the work environment and have been used to explain job satisfaction. This theory was one of the first to examine the important contributors to job satisfaction (Maslow, 1987). Safety needs can manifest itself through employees feeling physically safe in their work environment (Jerome, 2013; Maslow, 1987).

Job security and having a suitable company structure and policies in place help fulfill employee's safety needs as well. When these needs are satisfied, the employees can focus on feeling as though they belong in the workplace. This may appear in the form of positive relationships with colleagues and supervisors in the workplace and feeling part of a team. The final step: employee seeks to self-actualize—what they need and the ability to grow and develop to the fullest within the organization. The conceptual understanding of self-actualization is lacking a clear definition, which makes it difficult to measure when it has been achieved (Başlevent & Kirmanoğlu, 2013; Gomes, 2011; Huitt, 2007; Jerome, 2013; Maslow, 1987).

Herzberg's motivation-hygiene theory. Herzberg's motivation-hygiene theory suggests that job satisfaction and dissatisfaction are not two opposite ends of the same continuum, but instead are two separate and, at times, even unrelated concepts. 'Motivating' factors like pay and benefits, recognition and achievement need to be met in order for an employee to be satisfied within the workplace (Hertzberg et al., 2010). According to Brenner, Carmack, and Weinstein (1971), Herzberg's Motivation-Hygiene Theory may provide more meaningful results in determining job satisfaction and its causes. On the other hand, 'hygiene' factors (such as, working conditions, company policies and structure, job security, interaction with colleagues and quality of management) are associated with job dissatisfaction (Brenner et al., 1971).

This theory covers hygiene factors as low when the employee is dissatisfied. When these factors are high it means the employee is neutral—not necessarily satisfied. Whether or not an employee is satisfied is dependent on the motivation factors. Likewise, when employee's motivators are met, the employee is satisfied. This separation aids in and accounts for the complexity of an employee's feelings, as they might feel both satisfied and dissatisfied, at the same time (Brenner et al., 1971).

Dispositional approach. This dispositional approach suggests that job satisfaction is closely related to personality—individuals have a strong predisposition towards a certain level of satisfaction and remain fairly constant and stable over time (Judge, Locke, & Durham, Kluger, 1998; Locke, 1976). Through primary sources, dispositional theory and job satisfaction address the employee’s attitude about his or her job, which originates from an internal state and through dispositional, personality traits of the five-factor model (Barrick & Mount, 1991; McCrae & Costa, 2008; McCrae & John, 1992; Weiss & Costa, 2005). The five-factor model is as follows:

1. Extraversion is most prevalent, simply perceived, and measured by a person’s actions such as energetic, self-confident, being sociable, and chatty (Barrick & Mount, 1991; McCrae & Costa, 2008; Syed, Saeed, & Farrukh, 2015).
2. Neuroticism deals with psychiatrists and psychologists clinical care as the central origin of a person’s mental illness. Behaviors of this person may consist of the following: emotional, gloomy, irritated, uncertain, unhappy, or worried (Barrick & Mount, 1991; McCrae & Costa, 2008; Syed et al., 2015).
3. Agreeableness behaviors are considerate, easy-going, flexible, generous, helpful, and well-balanced (Barrick & Mount, 1991; Syed et al., 2015).
4. Conscientiousness reflects behaviors such as hard-working, responsible, on time, exercise, healthy eating habits, safe driver, and organized (Barrick & Mount, 1991; Erdheim, Wang, & dan Zickar, 2006; McCrae & Costa, 2008; Syed et al., 2015; Weiss & Costa, 2005).
5. Openness to Experience is referred to as ‘openness vs. closeness’. The behaviors include being open-minded, curious, imaginative, and loves to explore, like variety,

and possess unconventional values (Erdheim et al., 2006; McCrae & Costa, 2008; McCrae & John, 1992; Syed et al., 2015).

This model of personality focuses on characteristic patterns of thinking, behaving, and feeling. The dispositional approach of the five-factor model assumes that a combination of traits, such as agreeableness and conscientiousness can lead to job satisfaction. However, a combination of neuroticism and conscientiousness can lead to facets of anxiety and stress of trying to overachieve (Judge et al., 1998; Locke, 1976; Tziner, Waismal-Manor, Vardi, & Brodman, 2008). Organizations can mold an individual's perception through socialization and group influence. Organizations have a substantial influence on an individual's attitudes and behaviors in the workplace (Staw & Cohen-Charash, 2005). The dispositional approach holds organizations equally responsible for their employees' attitudes and behaviors when it comes to employee responsibilities, pay rate, recognition, working conditions, and social standing in the workplace. The above-mentioned factors relate to job satisfaction as well (Tziner et al., 2008).

Practitioners practices. O&P practitioners provide for the individual needs of his or her patients. In a helpful learning approach, the O&P practitioner acts as a coach, through scaffolding with open-ended, thoughtful questions. The O&P practitioner is knowledgeable in limiting other losses attributable to limb loss, such as long-term disability leading to loss of employment and delayed return to work or school. These individuals encourage patients to set realistic goals and to buy-in—they accept both the complications, as well as the functional positives of the device (Lower Extremity Review, 2010).

Lower Extremity Review (2010) found that O&P practitioners must recognize when patients are having difficulty adjusting and through communication the practitioner can help patients who have not accepted their condition and simply will not follow the prescribed

treatment, the practitioner then recommends a visit with a psychologist or counselor. A skilled and knowledgeable O&P practitioner gains trust and provides the support and resources to patients that struggle with compliance. The practitioner participates in intentional practices before, during, and after the patient's amputation, by providing support and extended patient learning (Fish, 2011) and education (Brinkmann, 2018). These practitioners must evaluate the whole patient, body and mind.” to prevent setbacks or other health issues that may occur (Brinkman, 2018; Fish, 2011).

Compassion fatigue. Compassion fatigue is comprised of two components—burnout and secondary traumatic stress. From a physician's point of view, these results from a strong identification while working with time demanding, helpless, suffering, and/or traumatized people (Figley, 2002). Psychological burnout is a well-established consequence of work stress. Clinicians who reported a poor working condition, as opposed to a healthy work environment, had more burnouts and less compassion satisfaction. Practitioners who experience burnout have difficulties in dealing with work or in carrying out one's job effectively (Bhutani, Bhutani, Bulhara, & Kalra, 2012).

Compassion fatigue (CF) is secondary traumatic stress (STS). It is work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare, but does happen to many people who care for those who have experienced extreme or traumatically stressful events. The symptoms of STS are usually rapid in onset and associated with a particular event (Bhutani et al., 2012; Figley, 2002; Soderfelt, Soderfelt, & Warg, 1995). Burnout among clinician is not an uncommon phenomenon can affect patient care. Clinician burnout has been shown to impact the patient care adversely (Bhutani et al., 2012; Figley, 2002; Lemaire et al., 2009; Shanafelt, 2009; Soderfelt et al., 1995).

Some practitioners agree that within the coming decade, in response to more demands from health care professionals, a trend toward self-care and mindfulness is emerging (Ferrendelli, 2018).

Critique of Previous Research

Through an exploration of the research on job satisfaction as well as compassion satisfaction, a gap in literature emerged based on the recommendations from recent research studies. With the changing nature of doctoral programs and the increased availability of the online modality, the obstacles online doctoral students face and must overcome have changed as well. The high burnout rates, coupled with providing clinical care to more patients, indicate a clear need for the workplace to identify ways in which they may support their employees through helping O&P practitioners to set realistic personal boundaries and expectations at work. For the purpose of this study, this section will include empirical research from the 1920s to present day, synthesizing the literature into a clear research gap addressed by this study.

Orthotic and prosthetic practitioners provide clinical services to patients with limb loss, but the research was to gain a better understanding how job satisfaction and compassion impact their work. Researchers have noted a connection between job satisfaction and compassion satisfaction (Bernard, 2012).

Bernard (2012) found in a research study that a strength in job satisfaction and compassion satisfaction is that which has utilized both qualitative and quantitative methodologies. This method seeks to understand and explain the relationship of the constructs of job satisfaction and compassion satisfaction from both inductive and deductive paradigms. Qualitative and quantitative studies have consistently shown positive benefits and connection between job satisfaction and compassion satisfaction. Mosadeghrad and Ferdosi, (2011) and

Monga, Verma, and Monga (2015) found that in their quantitative studies that employee job satisfaction and commitment depend on the leadership style of the manager and the attitude towards one's job.

Tziner et al. (2008) and Raziq and Maulabakhsh (2015) found in quantitative studies that work conditions, recognition, pay, and environment play a significant factor in job satisfaction and compassion satisfaction. Qualitative studies by Miyasaki et al. (2017) and Cheng, Yang, Feng, and Tighe (2017) examined the perspectives of O&P practitioners about the relationship between job satisfaction and compassion satisfaction and how it relates to burnout and stress, working conditions and financial rewards. According to Denzin and Lincoln (2017) noted that an interpretive and naturalistic approach to the world can be found in qualitative research. Qualitative researchers' study individual in their natural setting, which allows for interpretation and making sense of the data collected and the meaning of the phenomenon under study (Denzin & Lincoln, 2017).

Despite the wealth of research studies showing the positive outcome of job satisfaction and compassion satisfaction in organizations and businesses (Wagaman, Geiger, Shockely, & Segal, 2015); a lack of studies exists that examined whether job satisfaction influences compassion satisfaction. This research study bridged that gap and explored the perspectives of O&P practitioners as to whether job satisfaction influences compassion satisfaction in the workplace, despite symptoms of burnout, heavier caseloads and ever-increasing and continually changing regulatory requirements.

Summary

Reviewing the literature about job satisfaction and compassion satisfaction was exhaustive—no literature existed about this research study using three types of data collection

processes. Key words used to explore this phenomenon included compassion satisfaction, job satisfaction, organizational commitment, work productivity, and patient satisfaction. The topics above were used to clarify and define the purpose and type of research study to be used. However, limited literature has been documented exploring whether job satisfaction influences compassion satisfaction in the O&P healthcare field.

The literature suggested that there is a basis in understanding O&P professionals in terms of their experiences serving patients who have lost one or more limb(s). The rationale for this research study is to gain a better understanding about whether job satisfaction is a determinate for (of) compassionate satisfaction among O&P professionals who work with patients who have lost one or more limb(s). Previous research studies (Hoppock, 1935; Hollenbech & Wright, 1996; Meyers & Allen, 1991; Stewart, 1993) indicated that job satisfaction is a psychological issue, expressed verbally or through employee behavior.

Bakiev (2013) and Lee et al. (2013) studies revealed that job satisfaction impact a trustful climate or environment and their work, are more likely to express higher levels of job satisfaction, and stronger commitment to the organization. This research study was limited to O&P professionals working with patients with one or more limb amputations in the U.S., only. This study expanded what is known and contributed to existing literature, in an ongoing effort to understand how and why, and research whether job satisfaction influences compassion satisfaction of O&P professionals who work who clients who have loss one or more limb(s). Job satisfaction influence organizational commitment, job productivity, and performance that can lead employees toward achievement of job objectives.

Chapter 3: Methodology

Introduction

Modern researchers are at the cutting edge of exploring the phenomenon of passion satisfaction among people in the caring professions (Haslam, 2015). Social research is about peoples' actions and reactions to a specific phenomenon (de Vaus, 2001; Neuman, 2003). Specially, this researcher was interested in the perspectives of O&P professionals who work with patients who have lost one or more limb(s) and if they believe job satisfaction and compassion satisfaction is sufficient for them in the workplace. The research explored how O&P professionals are supported in the workplace; while striving to meet the clinical needs of patients with limb loss.

A descriptive-multiple case study design was used to investigate O&P professionals within the U.S. and reasons which affect O&P professionals' beliefs and practices, as it relates to job satisfaction and compassion satisfaction and its existing level of support within organizations. Details provided in this chapter included the sample population description, instrumentation, data collection, data analysis, validity, limitations, scope and delimitations. Ethical issues and strategies are discussed and how to mitigate any anticipated ethical issues that may arise throughout the research as well (Creswell & Creswell, 2018; Yin, 2017).

Purpose of the Study

The primary research question explored in this study is, "How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?" The research questions which assisted in answering the primary research question are:

1. How do O&P professionals view job satisfaction in relationship to compassion satisfaction?
2. What causes job satisfaction in the workplace?
3. What causes compassion satisfaction in the workplace?
4. What causes the most dissatisfaction in the workplace?
5. How do employees describe ways in which their workplace can be improved?
6. How do employees describe their motivations/reasons for working in this environment?

These six questions serve as the center of this qualitative study. Each question was utilized as the base of the data collection tools within this study. The questions all were built to support the initial argument and feed into making a correlation with the Maslow's needs hierarchy theory (1970), Herzberg's two-factor: Hygiene factors and motivation theory (1966), and the Dispositional (trait) theory (1927). The purpose of this descriptive multiple case-study is to explore the relationship between job satisfaction and compassion satisfaction among O&P practitioners who provide clinical care to patients with limb loss.

Research Design

After identifying the purpose of this research study, a descriptive-multiple case study design was selected as the best fit in answering the research questions. As the name suggests, a descriptive-multiple case study describes a phenomenon (the "case") in its real-world context (Yin, 2017). In qualitative research studies, the purpose was to explore, understand, and describe the views of the research participants (Creswell, 2014; Sideman, 2013). Qualitative research is taking an in-depth look at non-numerical data—words—whereas, quantitative research uses numerical data. This qualitative research study used a prepared open-ended questionnaire and

online questionnaire to collect data from the participants (Creswell, 2014; Guba & Lincoln, 1994; Ryan, Scapens, Theobald, & Beattie, 2002; Tully, 2014).

This research study used a structural method to investigate the purpose of the study and find participants to participate in the study that have had the same experiences or similar experiences in this field of study. Context and interpretation in qualitative research are critical. However, the quantitative method is about research questions/hypothesis and the language of propositions and variables, and potential errors in causal descriptions occur (Guba & Lincoln, 1994; Lincoln & Guba, 1985; Neuman, 2003; Polit & Beck, 2014; Tully, 2014). Some topics on social research are outdated; but current studies in the area under study has not been addressed—to explore the extent to which (if any) job satisfaction influences compassion satisfaction among O&P professionals who work at facilities that provide clinical care and prosthetic devices for patients who have lost one or more limb(s) (AC, 2017).

The characteristics of a qualitative research method begins with the ideas of the researcher; literature review in the area under study and the method, which may include additional information about similar studies as well. The design, data collection, analysis, and dissemination are other characteristics of a typical qualitative research method. The qualitative method is most appropriate for this type of research study because the data collected, and its findings will be presented in words (Berg & Lune, 2011; de Vaus, 2001; Golafshani, 2003; Tully, 2014; van Esch & van Esch, 2013). Data collection in qualitative research may consist of focus groups, audio recordings, interview sessions, open-ended questionnaires, online questionnaires, surveys and participant observation to explore innovative topics in new areas of research (Creswell, 2007; Golafshani, 2003; Tully, 2014).

Theory building may be one expression of exploring qualitative methods; using combined quantitative study—mixed method. This type of study explores a line of examination,

integrating qualitative and quantitative data collection techniques as one. Quantitative process identifies a correlation link at some moment in time; whereas, qualitative process gains insight into events or occurrences that may lead to unexpected visions and perceptions gaining a key benefit when mixing these two methods. Qualitative methods have the key elements by expanding beyond the expectations of the researcher, when exploring areas never addressed by other researchers (Creswell, 2014; Onwuegbuzie & Johnson, 2006; van Esch & van Esch, 2013).

Creswell et al. (2007) and Onwuegbuzie and Johnson (2006) suggested mixing the two methods—qualitative and quantitative—using a theoretical framework to make sense of the issue under study, by expanding the research review, combine exploratory traditions, offer vision and viewpoints to the researcher that are outside a single method. Creswell (2014) posited that the data collected is cohesive, correlated, and varied in the research process—not a simple process. Advantages of the mixed method approach are as follows:

Advantage 1—Profound accounts and an introduction into the lived realities of the participants in a research study.

Advantage 2—May contribute the statistical reliability and generalizability comes from a strong point in quantitative research.

Advantage 3—Data triangulation, instruction design, and transformation provide valuable opportunities to researchers using mixed method in research studies (Gaber & Gaber, 1997; Tashakkori & Teddlie, 2010).

Applying bricolage and exploring case studies in a social environment uses actual events observed by people by exploring behaviors, recording, and watching gestures, tone, and words (Kincheloe, 2001). Bricolage opens the relationship between the researcher's social environment of his or her own past and his or her way of seeing things in mixed method and qualitative

research studies (Creswell & Plano Clark, 2011; Denzin & Lincoln, 2017; Edmonds & Kennedy, 2013; Kincheloe, 2001; Luttrell, 2010; Neuman, 2003).

The purpose of this research study was to explore whether O&P professionals who work with patients who have lost one or more limb(s) believe job satisfaction influences compassion satisfaction. Applying bricolage to this qualitative research study is not appropriate or sufficient because of time constraints and the possibility of getting sidetracked by the statistical data section it would encompass (Creswell & Plano Clark, 2011; Denzin & Lincoln, 2017; Kincheloe, 2001; Luttrell, 2010). Neuman (2003) found the components of qualitative research must include an area of discussion, such as a person's feeling about a specific issue or problem, thick, rich descriptions, textures of raw data that have the possibility to develop generalizations and insights from the data collected.

Qualitative data build theories by altering and linking data reacts responding to conceptual explorations (Creswell & Plano Clark, 2011; Luttrell, 2010; Neuman, 2003). The three types of qualitative research methods include: case study, observational, and questionnaire (Jackson, 2009). According to Yin (2017), case study research is a qualitative method in which a specific issue or problem is explored as a bounded system (a case) or multiple bounded systems (cases).

Case study issues can be addressed in any of the following ways: through detailed, in-depth data collection involving multiple sources of data and information (e.g., audiovisual material, documents, interview sessions, observations, questionnaires, reports, researchers' notes, and voice recordings (Yin, 2014). The case study approach is appropriate for this research study and is very familiar with studies about medicine (analysis of an issue or problems), law (case law), political science (case reports), and psychology (Freud) (Jackson, 2009; Yin, 2014).

Observational (field) research study is close observation of humans or primates (i.e., animals). The categories of this method are laboratory and naturalistic observation. Research participants in a laboratory are cheaper to do, less time-consuming, and more meaningful than naturalistic observation. Naturalistic observation happens in the participants' environment over time, which heads toward better environmental validity than in a laboratory (Jackson, 2009; Yin, 2017).

Data and information collected from research participants without being changed or manipulated is a descriptive action (Jackson, 2009). The Office of Human Research Protections (OHRP; 2017) defined descriptive studies as experimental. When using research participants in descriptive research studies, this type of study provides data and information about attitudes, characteristics, health status, or other characteristics of a particular group of people (O&P professionals). This study explored the extent to which job satisfaction influences compassion satisfaction among O&P professionals who work at facilities that provide clinical care and prosthetic devices for patients who have lost one or more limbs.

After carefully reviewing the various types of research methods, the most appropriate for this study is the qualitative descriptive case study (Jackson, 2009). Qualitative descriptive case studies should include the perspectives of the research participants (O&P professionals) about the topic of this research study (Creswell et al., 2007; Creswell & Creswell, 2018; Neuman, 2003; Yin, 2017). Various kinds of computer software exist than can be used in qualitative studies. One that is specially designed for qualitative data analysis is NVivo (Creswell, 2007; QSR International, 2019).

NVivo is a software used to analyze data collected from interview sessions and/or questionnaires by separating, categorizing, and systematically arranging information from research studies. One step used by researchers to ensure that the data collected after transcription

are the exact words of the participants in called “member checking” (Creswell, 2007; QSR, 2019). This process is referred to as the “what” the research participants experienced, and “how” the participants experienced it, according to Moustakas (1994). The case study design is an “especially good design for practical problems—for questions, societal issues, human problems, situations, or puzzling occurrences arising from everyday practice” (Merriam, 2009, p. 43). Yin (2014) defined case study as an “investigation” that explores a specific phenomenon (the ‘case’), which in-depth and practical framework, especially when the context and the phenomenon is not obvious.

Yin (2014) suggested when deciding between a single-case study and a multiple-case study design, having at least two cases to describe and analyze substantially strengthens the analysis. Having at least two cases blunts criticism about the possible uniqueness of a single case; therefore, a multiple-case study is generally preferred. Creswell (2014) explained that when conducting a multiple-case study, the researcher first identifies an issue or problem and selects multiple case studies to exemplify the area under study.

Each selected case shares a common unit of analysis to show similarities and differences, with the research replicating procedures with each case (Creswell, 2014). The research questions in this study addressed the perspectives of O&P professionals, as to whether job satisfaction influences compassionate satisfaction in the identified set of O&P facilities. The multiple-case study approach required data collection and analysis of each individual case before cross-case analysis occurred (Creswell, 2014).

Yin (2014) recommended that a multiple-case study procedure must include researcher’s preparation, collection of data, and analysis of data from each case independently, in a linear fashion. In this study, the researcher conducted an individual analysis of each case, then

examined variables across the cases. This cross-case analysis provided a way to compare trends or themes in cases under study. While, the researcher did not aim for generalizability to the larger population when conducting this study, analyzing, and comparing multiple cases strengthened the reliability and credibility of the study's findings.

Seminal authors who informed this multiple-case study include Merriam (2009), Stake (2005), and Yin (2017). According to the above-mentioned authors, when building a qualitative case study requires a rigorous methodology for investigating and understanding individual or group experiences, within unique contexts. In the case study approach, the case can be understood as a concrete entity, such as an individual, small group, or organization. In this research study, telephone interview sessions, a prepared open-ended questionnaire and an online questionnaire were the tools used to collect data from the from O&P professionals who are members of LinkedIn (2019), (a social media platform) professional groups in the U.S.

According to Creswell (2014), a case can be limited or defined with specific parameters. These parameters included a specific place and time. The data collection in case study draws upon both qualitative and quantitative methods and includes various sources of information, such as open-ended questionnaires, online questionnaires and interview sessions. This descriptive-multiple case study used qualitative data only. The next section detailed the population under study and the sampling methods used to find research participants to participate.

Research Population

This section described the qualitative approach, the research population and sampling procedures used to investigate whether job satisfaction influences compassion satisfaction using the descriptive-multiple case study method. Demographics and characteristics of research participants are described, as well as the process and rationale for the sampling method

employed. The participants and setting for the discovery of potential research participants are members of the LinkedIn O&P Professionals group in the U.S. Practitioners are inclusive of direct health service providers (e.g., physicians, technologists, nurses, physical therapists, rehabilitation therapists), operational, and production professional members of the LinkedIn O&P Professionals group. LinkedIn O&P Professional group consists of approximately 3,342 professional members (LinkedIn, 2018).

The O&P population is selected for this research study was comprised of a diverse population of men and women. The participants were 20% female and 80% male. Their age groups were as follows: 25–34 (20%), 35–44 (20%), 45–54 (20%), and 55–64 (40%). The primary functions of the participants consisted of clinician, therapist, and patient care, which includes 80% of the selected population. The other 20%, worked in operational and production of the prosthesis. According to the responses from the participants as to the number of years in this field ranged from 2 years to 38 years. The number of participants living with the loss of a limb was 20%; at least 20% of their friends suffer from limb loss. Approximately, 20% of the participants discussed limb loss within their immediate families as well. The targeted population for this research study was selected from O&P professionals in the U.S. All the participants were required to have a social website on LinkedIn (for professionals) and must have provided care to individuals living with limb loss.

Case selection. To select appropriate cases containing the common unit of analysis are all O&P professionals. The researcher used LinkedIn professionals group of O&P professionals to find individuals suitable for the study (Creswell & Creswell, 2018; Yin, 2017). Once agreed to participate, a questionnaire was sent to O&P professionals regarding their perspective on job satisfaction and compassion satisfaction. From those completing the questionnaire, nine O&P

professionals agreed to participate in the interview sessions and to complete the prepared open-ended questionnaire. All of these participants reported to have experienced job satisfaction and compassion satisfaction in the workplace when providing patient care to amputee(s) with one or more limb loss.

Nine O&P professionals agreed to complete the online questionnaire. In actuality, only seven completed the full questionnaire because of a computer problem with the online software used. This study used repetitive judgement, logic (Yin, 2017) to select cases with the prediction of similar results. Consequently, the researcher anticipated that each of the cases would exemplify indicators predicted and are bound by location of samples for this study.

Sampling Method

Creswell (2014) posited that case studies focus on case selection to guide participant selection. In this study, the repetitive judgement, strategy was used for case selections (Yin, 2017). The study involved a focus on O&P professionals who provide clinical care and work with patients who have lost one or more limb(s). Differences and similarities among the key variables of support for job satisfaction and compassion satisfaction were investigated via cross-case analysis (Creswell, 2014; Yin, 2017).

This research study employed a purposive sampling strategy to find research participants and eliminate bias in the selection process. This systematic approach chooses cases based on knowledge of how the researcher wants the outcome to look like (results) (Patton, 2002). Patton (2002) explained that purposive sampling is often used in qualitative research to identify and select information-rich cases. The technique of purposive sampling involves identifying and selecting individuals, especially knowledgeable or experienced with the research study's phenomenon or topic of interest (Creswell & Plano Clark, 2011). Other important considerations

with purposive sampling include availability, willingness to participate, and the ability to communicate experiences and opinions articulately (Creswell & Creswell, 2018; Yin, 2017).

There are numerous purposeful sampling designs which serve diverse purposes, with the commonality of each strategy having the ability to identify similarities and differences in the phenomenon of interest (Palinkas et al., 2013). The purpose of this kind of sampling method is not to foster representativeness; but to increase credibility. Anticipating the possibility that an adequate number of O&P professionals would not be identified via the questionnaire for an in-depth interview session, the researcher was prepared to utilize the snowball sampling method (Cohen & Arieli, 2011) to recruit additional participants. Fortunately, a total of nine participants agreed to participate in this study and complete all three data collection methods, so snowball sampling was not required.

Instrumentation

The tools used in this study consisted of a pilot study and the research data was collected using the following: in-depth interview sessions, a prepared open-ended questionnaire, and an online questionnaire. An online qualitative software program called NVivo was used as well (QSR, 2019). Each of the measurement tools was aligned to four variables identified as supports for compassion satisfaction by the researcher: job satisfaction, compassion satisfaction, organizational commitment, and work productivity (Creswell, 2007; QSR, 2019).

Pilot Study

The prepared open-ended questionnaire and the online questionnaire were tested using three O&P professionals who met the same requirements as the participants in the full research study. The pilot study (also called feasibility) is a small-scale study used to ensure the study can be done on a larger scale. By completing this study on a small scale, this ensured that questions

are clear, non-biased, and can capture rich data and context of the participants to be used in the full-scale research study (Collins English Dictionary, 2008; Leon, Davis, & Kraemer, 2011).

This process aided the researcher to ensure the questions covered the area under study and addressed the primary research question as well. These individuals were not a part of the full-scale research study (Leon et al., 2015).

The researcher anticipated that the in-depth interview sessions using the prepared open-ended questionnaire would take approximately one hour. The three pilot study participants confirmed the time limit for each participant and completed the first two designated data collection methods. The critique on ease of use the online questionnaire platform by three pilot O&P professionals suggested slight modifications to the questionnaire that clarified and provided a better understanding of the importance of this research study (Creswell, 2007; Yin, 2017).

Open-Ended Questionnaire

The O&P professionals in-depth, telephone interview sessions were developed to gather demographic information about the participants as well. The telephone interview sessions protocol consisted of 12 questions from the prepared open-ended questionnaire (see Appendix B) to address the specific research question in this study: “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?” The original interview questions were modified to address the specific research question of this study. The data were collected during the interview sessions using an audio recording and the researcher’s notes (Drucker et al., 2007).

Online Questionnaire

A 30-question online questionnaire (20 questions on job satisfactions and 10 questions to compassion satisfaction) was developed to align with each of the four variables: job satisfaction,

compassion satisfaction, organizational commitment, and work productivity. The online questionnaire allowed for additional comments as well. Responses to the online questionnaire questions are located Appendix C. The participants' responses to the survey are located in Appendix D. The questionnaire questions are semistructured, open-ended, multiple choice (single-option variable), and gave the option of checking answers before submitting, which allowed the participants to complete the online questionnaires in approximately 15 minutes (Roller & Lavrakas, 2015). The Online survey approach is also very useful when collecting data from hard-to-reach populations such as O&P professionals. Conducting an online survey enables access to large and geographically distributed populations of participants that otherwise would have been difficult to obtain. Initially, outreach was done in one state and O&P practitioners did not show any interest in participating in the study. Once the invitation was posted on the LinkedIn O&P Practitioners group, participants volunteered to be part of the study. Online survey approach provides convenience in several ways, for example, (a) respondent can answer at a convenient time, (b) respondent can take as much time as they need to response questions, (c) respondent can complete survey in multiple sessions (Epidemiol, 2016).

Data Collection

This section described how evidence was collected in this descriptive-multiple case study. The data were collected from various sources: in-depth telephone interview sessions using a prepared open-ended questionnaire along with researcher's notes, and an online questionnaire. Yin (2014) explained that building a strong case involves using multiple data sources. In this study, collecting information from multiple sources assisted in developing "converging lines of inquiry" (Yin, 2014, p. 120) for data.

Questionnaire. Case study research, although a qualitative approach to inquiry, may draw upon qualitative and quantitative data sources. The online questionnaire used the qualitative data collection method to gather data from the research participants (Roller & Lavrakas, 2015). The questionnaire (see Appendix C) was conducted for two primary reasons: (a) to broadly address the primary research question, “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?” and (b) to identify potential cases (seven research participants complete the online questionnaire) to gather data that met the criterion of relationship between job satisfaction and compassion among O&P professionals who provide patient care to people with one or more limb loss. The online questionnaire was emailed to nine O&P professionals on LinkedIn, as part of a purposeful sampling strategy to participants who agreed to take part in the research study—only seven participants completed the online questionnaire.

This research study’s target population was O&P professionals on LinkedIn. Inviting all O&P professionals to participate in the questionnaire provided the researcher the greatest chance of identifying rich information cases. Utilizing a web-based quantitative survey software, the researcher developed a semistructured questions to gather basic information on key variables to find out if the participants qualify for the study. The researcher requested permission and obtained access through an O&P Professionals group to utilize the group followers for emailing the questionnaire link to all nine participants that agreed to participate in the research study. Clicking on the link embedded in the email to participants gave them access to the online consent form. Participants read the informed consent form and agreed to the study parameters by signing and returning the document (see Appendix A). Once informed consent was returned a link was

emailed, which granted them access to the online questionnaire. A valid questionnaire measures what it claims to measure (Boynton & Greenhalgh, 2004).

Completion of the online questionnaire took approximately 15 minutes. A reminder to complete the questionnaire was sent out twice to nonparticipants over a period of two weeks before the questionnaire was closed. Once the participant completed all required sections of the online questionnaire, the participant clicked a completion button to finalize and submit questionnaires. Once the window of time closed for participants to complete and submit the survey, participant responses were downloaded and stored on the researcher's personal password protected computer for data analysis. Data files were backed up to an external hard drive and a flash drive to ensure the security of the data, with both the hard drive and flash drive stored in the researcher's personal fireproof safe for security.

The raw data contained identifying information of the participants within the Excel spreadsheets of data, while the aggregate data being reported in the study have removed all such information. The methodology of this study was a descriptive-multiple case study. The online questionnaire was a descriptive method involving collecting data to describe conditions and answer questions about people's perspectives on the research topic. The questionnaire was appropriate in answering the research questions by quantifying the perspectives of O&P professionals.

Additionally, the online questionnaire allowed the researcher to identify those O&P professionals who reported relationship between job satisfaction and compassion satisfaction and were willing to participate in the next phase of the research study, the in-depth telephone interview sessions. The online questionnaire responses provided aggregated data on O&P professional perspectives of job satisfaction and compassion satisfaction. Questionnaire

responses were utilized to identify O&P professionals who reported relationship between job satisfaction and compassion satisfaction and were willing to participate in the next phase of the data collection, in-depth interview sessions. The questionnaire data collected from participating O&P professionals was considered in relation to other sources of evidence, as one component of the overall description of job satisfaction and compassion satisfaction when working with amputee patients.

To encourage online questionnaire for participants to participate in the next stage of data collection—interview sessions, the researcher offered an incentive. O&P professionals who completed the study, their names were entered in a raffle to receive a \$100 gift card, as an incentive.

In-depth telephone interview sessions. Through purposive sampling, O&P professionals were identified and participated in the next phase of the research study—in-depth interview sessions. Participants in the interview sessions read and signed the “Consent Form,” prior to the interview sessions (see Appendix A). An emailed consent form was sent to them via email. Online and paper consent forms were signed by the participants and returned via email to the researcher for his or her signature.

The researcher returned copies of the consent forms to the participants by printing, signing, scanning and emailing them copies. None of the participants expressed any concern about participating in the study and possible risks before, during or after completing the in-depth interview sessions, the prepared open-ended questionnaire, and the online questionnaire. The researcher explained her position in conducting the study, her personal interest in the research topic, and the intended goals of the study, as previously stated in the “Consent Form.”

Research questions for the interview sessions were semistructured and open-ended variations of the semistructured online questionnaire questions and focused primary research question and sub-questions (see Appendix B) on job satisfaction and compassion satisfaction. The interview session protocol designed and used by the researcher allowed enough time to take notes at the end of each session, along with an audio recording device used in this study. Using the audio recorder allowed the researcher to listen and observe each participant. The researchers' handwritten notes provided a back-up to review participant responses and add to or modify the notes prior to analysis.

By checking interview notes with the transcribed audio recordings ensured the accuracy, noted from each participant's responses and member-checking by each participant in the study to ensure that the responses are in their own language and words (Creswell, 2013). The researcher was aware of the methodological threat of reflexivity, in which "[the researcher's] perspective unknowingly influences the interviewee's responses, but those responses also unknowingly influence [the researcher's] line of inquiry" (Yin, 2014, p. 112). The researcher not only had strong personal beliefs about the importance of job satisfaction and compassion satisfaction, but had also acquired a deep knowledge about the many benefits it offers as a vehicle for organizational commitment. Throughout the in-depth interview sessions, the researcher was careful not to express strong opinions or beliefs that may have swayed the participants. Being sensitive to the issue of reflexivity assist in conducting more reliable interview sessions (Yin, 2014).

Identification of Attributes

In seeking to understand and describe how job satisfaction influences compassion satisfaction, which was supported by the O&P practitioners who participated in this study. Qualitative investigation challenges and explores, sometimes personal and sensitive issues. This process of exploration is used to garner expressive data and evidence from underserved practitioners, such as the participants in this study (Roller & Lavrakas, 2015).

Following are the attributes that defined this this research study: job satisfaction, compassion satisfaction, organizational commitment and work productivity. These attributes identified the lines of inquiry the researcher investigated to answer the primary research question, “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?” Each case in this descriptive-multiple case study was investigated per a common unit of analysis: does job satisfaction influence, compassion satisfaction when providing care to amputees who have lost one or more limbs (Creswell & Creswell, 2018; Yin, 2017).

Data Analysis Procedures

In a descriptive-multiple case study, Yin (2014) recommended describing and analyzing each case separately. The next step is a cross-case analysis to determine themes, trends, and issues that span across all the selected cases. In this study, a total of nine cases was analyzed separately to determine whether job satisfaction influences compassion satisfaction. The final cross-case analysis was conducted to determine similarities across cases. Therefore, the conclusions in this study are based on the evaluation of each individual case and the cross-case analysis of each.

Data analysis was conducted using NVivo software (QSR, 2019), a reputable online software program with extensive coding and theming tools. NVivo is a qualitative analysis software that creates a coding system to identify common patterns and themes from the participants' responses to the open-ended questionnaire and online questionnaires. The in-depth interview sessions were transcribed, using the researcher's notes and are discussed in detail in Chapter 5. The demographics of the study are located in Appendix E. According to Creswell (2012),

NVivo 9 helps to analyze, manage, shape, and analyze qualitative data. It's streamlined look makes it easy to use. It provides security by storing the database and files together in a single file, it enables a researcher to use multiple languages, it has a merge function for team research, and it enables the researcher to easily manipulate the data and conduct searches. Furthermore, it can display graphically the codes and categories. (p. 136)

NVivo features contain nodes to assist in assigning data to a specific section. An Excel spreadsheet housed the data for easier access, viewing, importing, and exporting. The researcher resubmitted the data collected several times to ensure the accuracy of the qualitative computer software. The data coding was consistent with the preliminary codes set by the researcher: female participants and male participants that told the same story from different perspectives.

Coding is accomplished by organizing the information collected from the research participants into categories that generated common patterns and themes. This process is vital, in part, by the answers participants gave to the primary research question in this study: "How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?" (Creswell, 2014; Javadi & Zarea, 2016; QSR, 2019). Nodes are described as "*virtual filing boxes*" that permit the researcher to organize, analyze, and summarize data collected in research studies (Bloomberg & Volpe, 2016).

Furthermore, using NVivo, the qualitative data described the implications and details to frame, and bring additional meaning to its findings (QSR, 2019). Research studies have some transferability, particularly in a work environment with similar characteristics as O&P practitioners (Creswell, 2014).

Organization of data. Merriam (1998) reminded researchers that data collection and data analysis are simultaneous processes in qualitative research; even though they are often presented as linear steps in the research process: “The much preferred way to analyze data in a qualitative study is to do it simultaneously with data collection. The final product is shaped by the data that are collected and the analysis that accompanies the entire process” (p. 171). The data gathered from the participants during the in-depth interview sessions, using the prepared open-ended questionnaire was transcribed into an Excel spreadsheet. The researcher transcribed notes from the in-depth interview sessions into text as well. Qualitative data collected from the online questionnaire were managed and analyzed using an online survey software. All the data collected in this study were organized and labeled and is included in the study. All data organized using the Excel Spreadsheet were imported into NVivo software for final analysis (SurveyMonkey, 2019).

Coding of data. The qualitative data can be coded using a two-phased approach recommended by Saldaña (2009). The first phase of coding used provisional codes: “Provisional coding establishes a predetermined start list set of codes prior to fieldwork” (Saldaña, 2009, p. 120). These provisional, or initial codes were based on the sub-components of the research question and reflected the relationship between job satisfaction, compassion satisfaction, organizational commitment and work productivity.

The purpose of the first phase with prescribed codes was identifying patterns in descriptions of job satisfaction and compassion satisfaction the support and aligned with answering the research questions. In the second phase of coding, the researcher formulated emergent using a pattern coding scheme: “Pattern codes are explanatory or inferential codes, ones that identify and emergent theme, configuration, or explanation” (Saldaña, 2009, p. 152). The purpose of the second phase with emergent codes was to describe and accurately represent any themes which were not considered and uncover any relevant themes from the raw data collected that was missed in the first phase of coding the data.

Analysis of Data. Following Merriam’s (1998) advice, the researcher analyzed data as it was collected during each phase of the research process. Questionnaire data were analyzed and reported according to the four attributes or variables of relationship between job satisfaction and compassion satisfaction. The in-depth interview session data were similarly analyzed and reported, highlighting the five attributes. Ongoing data analysis allowed the researcher to utilize emerging patterns or themes from the data collected and made data analysis; more timely, accurate, and feasible (Merriam & Tisdell, 2015).

Upon completion of the data collection phase and analysis of the individual case studies, the researcher used the technique of cross-case synthesis (Yin, 2014). This technique “treats each case study as a separate study” (Yin, 2014, P. 164), which allowed the researcher to focus on understanding the individual case findings before moving to the next step of finding patterns or themes that were similar and different across the cases. After the findings, each case was analyzed, a cross-case analysis allowed for comparison of the nine cases based on the relationships between job satisfaction and compassion satisfaction in the research questions and emergent themes which showed up across all nine cases. Yin (2014) recommended the use of

word tables to display data from individual cases according to one or more research categories. Naive software (Excel Spreadsheet) assisted with creating the profile of each individual case and provide tools for cross-case analysis.

Internal and External Validity

This section describes how the researcher sought validation of this research study. Credibility and dependability measures addressed internal validation of the study. Whereas, transferability measures addressed external validation.

Credibility. To approach trustworthiness and increase internal validity of the study, the researcher employed several strategies in the research process. The researcher studied qualitative research methodology and became familiar with the case study method through seminal authors, such as Creswell (2013), Merriam and Tisdell (2015), and Yin (2014). The researcher read and applied several research approaches throughout the process of completing this dissertation. To establish credibility, the researcher used the following procedures recommended by Creswell and Creswell (2018): triangulation, writing with a thick and rich description, member checking, peer review, and clarifying researcher bias.

Triangulation of data sources and methods provides strength to the credibility of the research findings, a process which “involves corroborating evidence from different sources to shed light on a theme or perspective” (Creswell, 2013, p. 251). In this study, data were gathered using in-depth interview sessions, a prepared open-ended questionnaire, and an online questionnaire. Writing thick and rich descriptions of the participants’ responses, according to Creswell (2007) and Creswell and Creswell (2018), strengthens credibility and allows the reader to make decisions regarding transferability of the research design and outcomes to other kinds or type of research studies. Stake (2010) found that these descriptions offered an abundance of

consistent details. In this study, the researcher provided a thick and rich description relevant to answering the sub-research questions while limiting identifying information which was less relevant and could compromise the confidentiality of participants (Creswell, 2007; Creswell & Creswell, 2018; Stake, 2010; Whalen, 2007).

Within case study research, member checking is a critical validation strategy (Creswell, 2014). Creswell (2007) explained when using member checking, it gives the research participants the opportunity to view his or her responses to the answers to the open-ended questionnaire and online questionnaire to ensure that their responses are in their own words and language. This is the most significant procedure for creating reliability (Lincoln & Guba, 1985). Stake (2010) stated that member checking in case study research allows the participants to direct the research and provide critical observations of the researcher's work.

To secure credibility of the collected data cross analysis occurred during the interview process. Yin (2014) suggested that the line of questions will come across as a guided conversation yet account as a structured query. As a secondary opportunity of gaining insight into the cases, this allowed participants to confirm or negate prior information provided. This form of validation for qualitative research is results member checking (Patton, 2002). The participants had the opportunity to review and communicate any debate about the final results. The participants did not discredit the finding but supported all the results.

Creswell (2014) noted that peer-review or debriefing is an external check of the research procedures which also helps address the threat of the researcher bias—he or she is the primary research instrument/investigator. External reviewers assisted in critiquing and refining the methods, as well as field testing, finding O&P professionals to go through the same process as the full study participants was generated. Wolcott (2010), acknowledged that the researcher

brings a background that informs his or her interpretation of information, suggested that researchers disclose what makes this topic of interest to the researcher.

Creswell and Creswell (2018) clarified researcher bias as an essential step to ensure reliability in research studies. According to Yin (2014), another procedure is when the researcher search for ways to validate the outcome of a research study when researcher bias cannot be eradicated. In this study, the researcher disclosed bias because a family member received assistance from O&P professionals. Acknowledging bias assisted the researcher in taking steps to limit the effects of bias in this study.

Dependability. In qualitative research, the goal of reliability “to minimize the errors and biases in a study” (Yin, 2014, p. 49), is accomplished through dependability measures which also increase internal validity of the research. Dependability was approached through researcher’s reflexivity, the use of protocols, and the development of a case study database. Reflexivity positions the researcher within the qualitative research study. The presence of the researcher did not influence the responses or actions of the participants (Creswell, 2014).

To combat subjective interpretations, the researcher developed a protocol using the prepared open-ended questionnaire, along with the audio recording, researcher’s notes, and the online questionnaire (Creswell, 2014). Creswell and Creswell (2018) maintained that protocols are organized procedures that permit rigorous efforts by the researcher to collect the data required to complete the study. The questionnaire allowed the researcher the opportunity to clearly document the procedures to collect data on its operationalized variables, consistently across all cases. The audio recording and the researcher’s notes further verify the participants’ responses as correct and rechecked by the participants for accuracy. The researcher followed the

same protocol with all O&P professionals used in this descriptive-multiple case study, which increased the reliability of the research findings (Creswell, 2014; Creswell & Creswell, 2018).

Yin (2016) recommended creating a case study database for documentation and by doing so, this, too, increased the credibility of the entire study. The researcher developed a case study database to assist in organizing and documenting the data collected from each phase of the research and from each participant. The researcher used NVivo (QSR, 2019) for organizing and coding the data collected in all phases of this case study. Employing the measures of researcher's reflexivity and the data collection protocols the researcher verified reliability using the data collected from the research participants' responses and researcher's notes (Creswell, 2014).

Limitation of the Research Design

Internal validity means there is some evidence of this kind of study or similar study that does not address this research study. Also, addressed in this section are the external situations outside of the researcher's control. Research studies that addressed job satisfaction and compassion satisfaction among orthotic and prosthetic professionals do not exist. The three data collection approaches in this study are as follows:

1. Prepared open-ended questionnaire, along with the researcher's notes,
2. Audio recorder, and
3. Online questionnaire.

The identified data collection methods increased credibility and dependability of the data and of the researcher as the primary research instrument, which assisted in reducing bias in this study. Hence, the researcher has some evidence of this occurrence from personal experience or the experiences of others (i.e., outcome) (Merriam, 1998; Trochim, 2000).

Limitations of this research study included the researcher as the primary research instrument, the self-reporting by participants of their perspectives and practices. The possibility that the purposeful sampling used to identify ideal cases did not in fact identify cases which exemplified the attributes of the research study was a limitation of this study. Delimitations consist of the number of cases for in-depth study of nine and confining the study to one professional network and using O&P professionals in the U.S., only. The researcher set these boundary choices to make the research design reasonable within time constraints and available resources. Additionally, the research design was accessible since the researcher only had to post an invitation at one location (Yin, 2017).

Limiting the number of O&P professionals under the study to nine was keeping with the descriptive-multiple case study design (Yin, 2017) which allowed for in-depth analysis and development. Readers having the understanding and knowledge of the context of this study were a delimiting factor in this study. Considering the research limitations and delimitations, the researcher acknowledges that bias may consciously or unconsciously affect the research process. Confronting and addressing researcher bias are addressed in the next two sections: expected findings and ethical issues (Creswell, 2007; Creswell & Creswell, 2018; Yin, 2017).

Expected Research Findings

The researcher expected to discover that many O&P professionals were over worked and burnout in their workplace; but were limited in job satisfaction and compassion satisfaction because of external and internal factors. External factors included the lack of support from administrators and fellow O&P professionals and/or pressure from amputated patients to have immediate mobility with the use of prosthetics. Internal factors may include a lack of personal knowledge or skill, inability to show compassion, and the ability to sympathize or have patience

with their patients. The results of this study added to the existing literature on job satisfaction and compassion satisfaction in clinical care facilities; while, strengthening the body of literature on job satisfaction and compassion satisfaction in clinical care for patients who have lost one or more limb(s).

Ethical Issues

To establish the integrity of the researcher, Merriam (2009) recommended disclosing the researcher's position as the principal investigator in qualitative research. This disclosure of the researcher's position is also termed 'reflexivity' which Lincoln and Guba (1994) defined as "the process of reflecting critically on the self as researcher, the 'human as an instrument' (p. 183). To examine positionally, the researcher position and approach to completing the study in a timely manner.

Conflict of interest assessment. Romain (2015) characterized circumstances in which the researcher may possess actions or professional judgements that may influence the research study and its participants. If the researcher does not address the conflict of interest, it may pose a significant problem when presenting the research study to the review committee and the public. Identifying and managing conflict of interest are very vital elements in a successful research study. These factors are the researcher's responsibility and depend on his or her disclosure of any conflict of interest. The researcher did not have a conflict of interest in conducting or reporting the results of the research and undertook the challenge of disclosing any conflict of interest should it arise throughout the course of the research study. The researcher was extremely careful not to compromise judgment, or the integrity of the research. The researcher's did not gain personally or professionally from the outcome of the research study.

Researcher's position. Merriam (2009) explained, "Since the researcher is the primary instrument for data collection, data is filtered through his or her particular theoretical positions and biases" (p. 232). The researcher acknowledged that a decision on what was important and what to include or exclude in the data collection, data analysis, and reporting phases of the research was filtered through a personal lens. To minimize potential bias, the researcher triangulated data and attempted to accurately report the research findings as documented through the participant's own perspectives and practices. All data collected in this study is included in this study (Merriam & Tisdell, 2016).

The researcher has been a psychotherapist and social worker for 18 years and aligns herself with the constructivist/social-constructivist theoretical orientation. The researcher believes in the power of compassion in relationship to working with people with mental and physical disabilities and has come to see in her professional experience that compassion while providing clinical services to patients is crucial to their recovery. Previous situations that consisted job satisfaction hindered the ability to have compassion in the workplace, from the researcher's personal experiences. Assuming such complex factors, the researcher was aware that the relationship between job satisfaction and compassion satisfaction, the perspectives of O&P professionals, and the practices employed in the workplace would be similar. Reporting honestly on the relationships between job satisfaction and compassion satisfaction, and potentially the challenges faced when trying to provide compassion, was of critical importance to the researcher as well.

To ensure the integrity of data collection, the researcher avoided deception on the online questionnaire and in-depth telephone interview sessions, by informing participants of the general nature of the inquiry. To account for the possible power imbalance during the interview sessions,

the researcher maintained a relaxed and friendly demeanor, asked open-ended questions, and reminded participants that their participation assisted her in completing her research study (Creswell, 2007). Stake (2005) described qualitative researchers as visitors into the world's private spaces. The code of ethics is very strict, and researchers must have good manners as well. The code of ethics was used by the researcher was to acknowledge potential risks and any benefits to participants. The researcher minimized potential risks and increased benefits through credible data collection and reporting practices (Creswell & Creswell, 2018; Stake, 2005).

At the data analysis stage, the researcher presented the perspectives and complexities which emerged on the topic rather than the researcher's own preconceived beliefs and notions. Although, the questionnaire findings are presented as aggregate data; therefore, pose minimal threat to the individual participants, the in-depth telephone interview sessions and case study findings did not pose a threat of harm. Within the nature of the case study approach, the researcher protected the participants' privacy, withholding any pertinent information that could describe them, personally (Creswell, 2007; Merriam & Tisdell, 2016). As Merriam (2009) reflected on the intensive investigation, which is the case study method, "At the local level, it is nearly impossible to protect the identity of either the case or the people involved" (p. 233). With this in mind, the researcher generated a truthful reporting of the research findings and protected the identity of the participants through the use of pseudonyms. Any identifying information that was removed was not relevant to answering the research questions (Creswell & Creswell, 2018; Merriam, 1998, 2009; Merriam & Tisdell, 2016).

The American Psychological Association (APA; 2010), provide ethical standards for researchers that suggest best practices throughout the research process. A key component of APA standards resides in the honesty of the researcher: honesty in evidence gathering, the actual

data, reporting findings, and in drawing conclusions from the research. The APA also stressed doing no harm to the participants in the reporting of researching findings, communicating in clear and appropriate language for the audience within the final report, and sharing the final publication information with participants and stakeholders (2010). Moreover, as noted by Merriam (2009) on researcher's values and ethics, the "situational nature of ethical dilemmas depends not [only] upon a set of general pre-established guidelines but upon the investigator's own sensitivity and values" (p. 230). The researcher used the ethical standards required in the design of this research project, and was sensitive to ensure ethical practices were adhered throughout the research process.

Ethical Issues in the Study. This section describes potential ethical issues of the study, which are reviewed and addressed through the Concordia University–Portland Institutional Review Board (IRB). Additionally, strategies to mitigate potential ethical issues are addressed. The researcher's position statement and consideration of ethical issues are openly discussed to provide an understanding of the researcher's interests, beliefs, and relationships within the study. The goal of such disclosure is the maintenance of credibility and trustworthiness of data collection, findings, and conclusions drawn through data analysis.

Creswell (2007) posited that in research design, the qualitative researcher must consider ethical issues arising at each stage of the research study: prior to the study, in beginning the study, during data collection, and during data analysis and interpretation. Prior to the study, the researcher received IRB approval to complete the data collection process. Participants at each of the phases are voluntary and the administrator informed its members of the researcher's outreach on the professional network and O&P professionals page.

In the beginning of the study, the researcher divulged the purpose to the participants via an Informed Consent Form (see Appendix A). For the questionnaire, participants, the informed consent form was the first question on the online questionnaire and required a “Yes” response to the questionnaire to be completed and submitted. The research participants signed a paper copy of the informed consent as a reminder of their rights as participants and the purpose of the study. This copy was sent to the researcher via email. The researcher, printed out each “Consent Form,” signed, scanned, and emailed them back to each participant for their records and kept copies of the researcher’s files. A \$100 gift card raffle incentive was included, offered to motivate participants to participate in the research study—not so compelling as to coerce participation. Once the participants completed and submitted the questionnaire, participants responses were downloaded and stored on the researcher’s personal password protected computer. Data files were backed up to an external hard drive and a flash drive and stored in the researcher’s personal fireproof safe to ensure the security of the data. All data files with participants’ data will be deleted within three years of dissertation publication.

Summary

This chapter described the methodology of this qualitative descriptive-multiple case study and the rationale of the participants’ views on whether job satisfaction influences compassion satisfaction. The research design was aligned with the problem, research question, and questions, along with the conceptual framework. The researcher’s purpose of providing thick and rich description of the participants’ responses that will allow reviewers and fellow researchers adequate information for critiquing and transferring the study’s components to another type of research study (i.e., mixed method or quantitative).

The primary research question that guided the direction of this study is as follows: “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?” Whereas, a plethora of research exists on the benefits of job satisfaction and compassion satisfaction in the workplace (Rice et al., 1991; Sprange, et al., 2007; Zhang et al., 2018), this research study explored O&P practitioners’ actual perspectives regarding the relationship between job satisfaction and compassion satisfaction. Even though, studies exist on job satisfaction and compassion satisfaction in other disciplines, the researcher hoped to build new understanding of the existing literature specific to supporting job satisfaction of O& P practitioners as a component of compassion satisfaction. The qualitative methodology of a descriptive-multiple case study method offered an appropriate fit as a design to address this research phenomenon.

Chapter 4: Data Analysis and Results

Introduction

This qualitative, descriptive-multiple case study addressed one research question and the purpose of this study. The question is: “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?” The purpose: To explore whether O&P professionals who work with patients with one or more limb(s) loss believe job satisfaction influences compassion satisfaction. The primary research question was addressed through the exploration of four attributes aligned with the research questions about job satisfaction, compassion satisfaction, organizational commitment, and work productivity.

The data for this study were collected from nine participants using in-depth interview sessions that were prescheduled, prepared open-ended questionnaire, and an online questionnaire using an online survey software. Data was collected from only 10 of the nine participants because of problems with the online questionnaire software (2019). This chapter addressed the questions associated with each attribute as well.

Research Questions

The questions for this study were designed to guide the research to ultimately build a theory that describes parent involvement in the urban community for children with a disability. The questions are listed as follows:

1. How do O&P professionals view job satisfaction in relationship to compassion satisfaction?
2. What causes job satisfaction in the workplace?

3. What causes compassion satisfaction in the workplace?
4. What causes the most dissatisfaction in the workplace?
5. How do employees describe ways in which their workplace can be improved?
6. How do employees describe their motivations/reasons for working in this environment?

These questions were selected as they each aligned with the research format and overall goal of the project. The items were utilized as a base to synthesize previous research and data collected to lead towards the development of themes and correlations related to job satisfaction and compassion satisfaction.

The development of the questions was drawn from the supported conceptual framework, which was built off the three theories of Maslow's needs hierarchy theory (1970), Herzberg's two-factor: Hygiene factors and motivation theory (1986), and the Dispositional Theory (1927). The framework outlines the foundations for the questions which are easily relatable to the perspective being investigated within the study. The conceptual framework develops the initial outline of the process of understanding what relates to the question used in the study. The investigation was based on premises established within this framework.

Role of the Researcher

The research design of this project was a qualitative approach using a descriptive-multiple case study. The primary data collection instrument is the researcher. The researcher's overall role in this study was to provide readers with why the study is important and the results of the study. The researcher possesses a master's degree in social work and has over 18 years of experience working in the mental health field.

The researcher is currently self-employed and is founder and president of a nonprofit charity. Additionally, the researcher is a therapist, grief coach, and real estate sales agent. Furthermore, the researcher is a former caregiver to a spouse with lower limb amputations, a responsibility of the researcher's day interactions and responsibilities, while working full-time. Ultimately, this was the situation that fueled the researcher's desire to explore this phenomenon and develop this qualitative, descriptive-multiple case study.

Description of the Sample

The participants in this study are O&P professionals and members of a professional network O&P professionals group in the U.S. Practitioners are inclusive of direct health service providers (e.g., physicians, technologists, nurses, physical therapists, rehabilitation therapists), operational, and production professional members of a professional network O&P professionals group (Iliopoulos & Priporas, 2011). The study employed a purposeful sampling strategy to select participants for this study (Patton, 2002).

Patton (2002) explained that purposive sampling is often used in qualitative research to identify and select information-rich cases. The technique of purposive sampling involves identifying and selecting individuals, especially knowledgeable or experienced with the research study's phenomenon or topic of interest. Because of the two-phase approach this study undertook, the nine participants in the study completed both phases of the study: Phase 1: In-depth telephone interview sessions, along with a prepared open-ended questionnaire and Phase 2: Online Questionnaire (Boynton & Greenhalgh, 2004).

Phase 1: In-depth telephone interview sessions. A prepared flyer was shared to 3,342 members on the LinkedIn O&P Professionals group. Of the O&P Professionals, nine individuals agreed to participate in the telephone interviews sessions. The nine research participants in this

research study were selected based on this last criterion: the willingness to participate in an interview session about their experiences with job satisfaction and compassion satisfaction, when caring for patients whom have lost one or more limb(s). The participants' responses to the prepared open-ended questionnaire indicated a relationship between job satisfaction and compassion satisfaction, when providing clinical care to patients who have lost one or more limbs.

O&P professionals who participated in the in-depth interview sessions consisted of three female and six males and identified, knowing a family member or friend who is an amputee. One practitioner had one year of experience as an O&P practitioner; two practitioners had two to five years of experience as O&P professionals, and three practitioners had 18 to 38 years of experience as O&P professionals. The participants' age group ranged from 25 to 64 years old, and their primary function were clinical (doctors), practitioners (orthotics and prosthetics), therapists (physical therapists), and patient care (nurses).

Phase 1: Online Questionnaire participants' sample. A prepared flyer was shared to 3,342 members on the O&P Professionals group. Of the O&P Professionals, nine individuals agreed to participate in the online questionnaire, and a consent form was sent to their email addresses. All of the participants agreed to sign the consent forms and demographics and return them via email, which was completed and returned within 24 hours. Participation in the online questionnaire study began five weeks after sending out flyers; in the first two weeks, five questionnaires were received, and within two weeks the remaining four agreed to participate. The online questionnaire is located in Appendix C and the results from the participants' responses are located in Appendix D. The results are discussed in Chapter 5.

Phase 2: In-depth telephone interview sessions. The nine research participants in this research study were selected based on this last criterion: the willingness to participate in an interview session about their experiences with job satisfaction and compassion satisfaction, when caring for patients whom have lost one or more limb(s). The participants' responses to the prepared open-ended questionnaire indicated a relationship between job satisfaction and compassion satisfaction, when providing clinical care to patients who have lost one or more limbs.

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Table 2

Age of participants and primary function

	25 to 34	35 to 44	45 to 54	55 to 64
Clinical (Doctors)		X		
Orthotic and Prosthetic			X	X
Physical Therapist	X			
Patient Care (Nurses)	X	X		XX
Other			X	

Table 3

Questionnaire Response Rate

Sent Questionnaire	Completed Questionnaires	Returned Questionnaires	Response Rate
9	7	7	78%

The online program, SurveyMonkey, used in this study had some complications and two of the initial nine participants were unable to complete the questionnaire and return the information to the researcher. Only seven participants completed and returned the online questionnaire.

Research Methodology and Analysis

The purpose of this research study was to explore whether O&P practitioners who work with patients with lost one or more limb(s) loss believe job satisfaction influences compassion satisfaction. The researcher selected descriptive-multiple case study as the best fit to address the research question, since it describes a phenomenon in its real-world context (Yin, 2014). In this study, support for job satisfaction and compassion satisfaction was investigated through four identified attributes: job satisfaction, compassion satisfaction, organizational commitment, and work productivity. The investigation of these attributes aimed to answer the primary research question, “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?”

The interest of the researcher was to explore the relationship between job satisfaction and compassion satisfaction of O&P practitioners and to develop an in-depth understanding of how job satisfaction and compassion satisfaction is supported within organizations. For this reason, a qualitative research method was selected. Denzin and Lincoln (2011) explain, “Qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret,

phenomena in terms of the meanings people brings to them” (p. 3). In this study, the perspective of O&P practitioners on job satisfaction and compassion satisfaction was investigated from the interpretivist paradigm (Merriam & Tisdell, 2016), which focuses on discovering meaning in authentic contexts when gathering and interpreting data (words; not the numbers).

Creswell (2007) and Creswell and Creswell (2018) posited that in qualitative studies, the primary data collection instrument is the researcher. In this study, the researcher employed the use of a prepared open-ended questionnaire, an online questionnaire, and telephone interview sessions were used to support the O&P perspectives to collect data from the participants in the study. Data collection tools included field notes from telephone interview sessions as well. The researcher used a reflective journal throughout the data collection and analysis process to document critical information and insights. The reflective journal proved to be an invaluable data collection tool, in helping to ensure the research was reported with integrity. Yin (2014) stated, “a major strength of a case study data collection in the opportunity to use many different sources of evidence” (p. 110).

The analysis of the data in this study was to establish patterns and themes, by taking the 16 perspectives to discuss the phenomenon of the relationship between job satisfaction and compassion satisfaction among O&P practitioners who provide clinical care to patients with limb loss. This process of the data was essential to understanding the factors that are associated with job satisfaction and compassion satisfaction. The data analysis process determined how each O&P practitioner viewed the relationship between job satisfaction and compassion satisfaction, when providing clinical care to patients who have lost one or more limb(s). The research used thematic and pattern analysis to identify themes that further explained this phenomenon

(Creswell & Creswell, 2018; Stake, 2005; Yin, 2014). Additional discussion of the analysis process and data collected is presented in Chapter 5.

Responses to the prepared open-ended questionnaire were captured using NVivo software. The recorded interview sessions were transcribed into a Microsoft Excel document and input into the NVivo software. This software design allows qualitative researchers to translate data into an analysis that offered rich verbal descriptions and the development of themes from the participants' responses. The software can identify key words and phrases. As commonalities in terms emerged, themes were identified. These descriptive themes were derived from the lived experiences of the O&P practitioners', through their responses to the prepared open-ended questionnaire (Creswell, 2007; QSR, 2019).

Summary of the Findings

The findings of the study displayed an understanding of job satisfaction and compassion satisfaction among O&P practitioners who provide clinical care to patients with limb loss. Through the analysis of the data, a conclusion was drawn to understand the factors that affect job satisfaction and compassion satisfaction. Yin (2012) discussed the design of the case study and the significance, collection and analysis of quantitative data, including the use of surveys within each case supports the overall study. The use of the nine cases aligned together to understand job satisfaction and compassion satisfaction in the workplace.

The examination of the data showed that the O&P practitioners believed there was a correlation between job satisfaction and compassion satisfaction and opportunities for growth within their work environment and the opportunities to enhance education through trainings and collaboration with other practitioners. The O&P practitioners within the study thought they were all focused on the best interest of the patients by building rapport and communication, and

promoting parent involvement opportunities. The O&P practitioners all stated that the relationship between job satisfaction and compassion satisfaction allowed them to be successful. The data collected throughout the study assisted the researcher to determine an understanding of the research questions utilized in this study.

Presentation of Data and Results

The researcher utilized the data to establish an overall plan to investigate relationship between job satisfaction and compassion satisfaction among O&P practitioners who provide clinical care to patients with limb loss. Stake (2006) defined a case study as an in depth analysis of one or more events, settings, programs, social groups, communities, individuals, or other “bounded systems” in their natural context” (p. 4). Yin (2012) discussed case study as a method that makes connections of experiences. Hence, selection of this case study supported, the researchers focus on the relationship between job satisfaction and compassion of O&P practitioners. The data collection process was built to identify the factors that are associated with job satisfaction and compassion satisfaction and support a theory based on the literature in Chapter 2 and data collected within Chapter 4. For the reader to establish triangulation, the researcher has provided to the following diagram to describe the process and overall findings of the research.

Telephone interview sessions – case study responses.

Case study 1: Aishwarya. Aishwarya is a physical therapist and works at a large rehabilitation hospital that offers inpatient and outpatient clinical care, promotes medical education, and advanced research to patients with limb loss. Fifteen years ago, Aishwarya chose the clinical practice of physical therapy in order to work with amputee patients to gain mobility to have a better quality-of-life. Aishwarya is very proud to work at her job and in the field as a

physical therapist and reported that the hospital where she works is a recognized leader in rehabilitative medicine in the U.S., and across the globe.

The hospital is known to offer world-class inpatient and outpatient care through its network of four inpatient facilities and 25 outpatient centers. Aishwarya works with patients with various types of limb loss and understands that each patient needs differ, and patients require an individualized treatment plan. While in school studying to become a physical therapist, Aishwarya knew she wanted to work in a hospital setting, and her 15 years in the field, she stated “I wouldn’t change anything” about the work with patients.

During Aishwarya’s employment at the hospital; she has gained additional knowledge through education, support, workshops and seminars in relation to patient care, limb amputation, ambulation, and with this education; she has received an extensive background in prosthetics education and care. For Aishwarya, the education provides her with the confidence and clinical skills needed to effectively provide effective clinical care to patients. Aishwarya’s extensive and thorough knowledge of prosthetics and ambulation has given her the skills to assess patients before administering the appropriate treatment to amputee patients. Another important factor for Aishwarya is that the hospital is a teaching hospital and there is always ongoing learning opportunities and actual hands-on experience to better understand the ramifications of what entails for the patients and how to provide treatment.

Aishwarya is not only limited to working in the physical therapy clinic, but also have the opportunity, to work in the prosthetic clinic and work with patients with different limb loss and amputation. Aishwarya’s admits that the education helped her to learn more about herself and to eliminate any biases and stereotypes, especially when working with other people from different cultures. Aishwarya gets a fulfillment working with patients listening to their stories and helping

regain mobility. She believes that clinical care does not exclude the patient's psychological and emotional effects that can impact their success dealing with their limb loss. Aishwarya has worked with many patients that was dealing with depression and was mentally paralyzed that prohibited them from learning the necessary steps to learn to walk and function that stifled their independence of taking care of themselves and needing someone to care for them. "Some people give up and get in their head, their situation is hopeless."

Working at the hospital Aishwarya works with her supervisor in establishing yearly goals; this includes weekly meetings through clinical supervision, and evaluations that allow her to keep focused and address areas needed to work on. Aishwarya feels that meeting these goals allows her to experience successes and satisfaction in her workplace. The desire to work as a physical therapist allows Aishwarya to enjoy working with the diagnosis and the patient's effected. Aishwarya meets the needs of many patients with physical impairment because of amputation.

Consequently, the full impact of limb loss often involves the devastation of the removal of the limb, understanding the patient's pain threshold, and the importance of patient's follow-up care. However, when working with patients, Aishwarya is also feeling their struggles, and want to help relieve their frustration and stress. Aishwarya realizes that in order to provide the best clinical care she cannot take on more than she should, this belief and practice allows her not to get too attached to her patients. Although, Aishwarya admitted that remaining professional is in her patient's best interest that she does as much as possible in a professional manner, but sometimes difficult, however, for the most part she does not get too involved in her patients' personal life. Aishwarya believes that it is crucial in their treatment and is always alert to her patients' clinical needs.

Aishwarya admits that it is equally important to keep personal distance, and not get involved in their personal life for their continued success in treatment. Aishwarya believes, “The patient has to move on in their community that is how she measured success with patients.” Aishwarya noted that if she did not adopt this philosophy; she would not know how to separate her desire to be involved personally with patients, “I can’t be their crutch, forever.”

During Aishwarya’s work at the hospital; she has seen all types of patients and been witness to their struggles, and what inspires her are those patients, despite their struggles they keep trying, and never give up on hope. The key to patient care and patient success is not having too many patients and being able to provide appropriate clinical care and enough time with each patient. Although she does not get too involved with patients’ personal life, Aishwarya is still capable of providing the care while showing compassion for her patients.

Aishwarya believes that having compassion is an important component when providing clinical care and needed for any profession when working with amputated patients. Compassion includes understanding what type or reason for the patient’s amputation. Aishwarya believes that her place of employment is a very unique place to work, and the care providers, and practitioners always work as a team, “I think you alone can’t work with patients; it takes a team.” The hospital is affiliated with other locations (within the hospital and other hospitals) that allows for constant collaboration among other providers and practitioners. Once a month through phone calls with representatives from different sites or on-site meetings, practitioners reviewed patient cases, discuss difficult cases, and derive at treatment plans to provide the best clinical care, “The hospital promoted a good work environment and with peers.”

Aishwarya believes that the hospital is a caring and empathic place for patients to receive the best clinical care, and although, the hospital is large, it still provides the compassion that

other facilities do not have for their patients. “I can say this because I have talked to clinicians from other hospitals and clinics.” The hospital offer various services and patients are privy to pool therapy, peer support groups and support from staff. Aishwarya believes that patients receive services at the hospital because they know they will receive the best care, whether inpatient or outpatient care, and the staff invests in their treatment.

Aishwarya’s sense of job satisfaction has not changed at all over the years and attest that she is a good place to work and would not want to work at any other place. Aishwarya’s clinical care has developed over the years; her knowledge about prosthetics have increased, and she really values the expertise obtained by working in the field, “I have the opportunity to help in the prosthetic clinic with patient care.” Salary and pay are an important component for Aishwarya, not earning a decent salary would have a tremendous impact on job satisfaction and working at the hospital.

Case study 2: Rob. Rob is a Prosthetic and Orthotic practitioner and owner of a small outpatient facility that provides prosthetics to amputee patients. Rob personally fabricates and fit prosthetics for patients with limb losses. Rob would like to offer other services in his facility that could better help in his patients functioning and mobility.

Rob has worked as an O&P practitioner for approximately 40 years and understands the importance of empathy when working with limb loss patients. “A lot of people in my profession have to realize that the amputee is new to their limb loss.” Rob believes that limb loss is an adjustment of the patient’s life, and some patients also experience symptoms of depression or anxiety that contributes to the impact on adjusting to their new lifestyle and mobility challenges. Rob reflected on the importance of practitioners showing patient compassion in their treatment, and compassion consist of being patient while working with a person with limb loss. “If a

practitioner does not have patience, they will not like working in this profession.” Rob discussed that many colleagues rush through their office visits with patients and do not provide them with quality care, and many practitioner’s disposition often comes off as not caring about the patient’s well-being.

Rob started out working in a mid-size company then ended up opening his own facility. Rob reported that the mid-size company spent time focusing on time and money, and not providing quality of care. The owner would tell Rob that he should work with patients only 30 minutes or less. Rob pointed out that practitioners’, should spend at least one-hour or more with patients to provide quality clinical care. Especially in the beginning of their treatment, patients are getting adjusted to their new lifestyle without the use of their limb(s). Rob is glad he is in a position of owning his facility and being able to take as long needed when working with patients.

Rob can spend as much time as he wants with his patients, so he does not rush or make his patients feel like they are a number by giving them a certain amount of time to receive services. Rob’s biggest problem is wondering if he will get paid after submitting the bill to the insurance company. On many occasions, Rob, would receive from insurance companies pre-authorized, however, insurance companies still will deny the claim. “The reimbursement process is horrible.” Rob enjoys working as an O&P practitioner, and happy to work in a profession that every day is different. Rob may fabricate device(s) one-day, do some lab work the next day; he enjoys the flexibility of his job.

The following day Rob visits a nursing home to provide clinical care to elderly patients in need of service or not mobile enough to visit his office. “I’m not stuck in one spot.” Rob is the only practitioner in the office and handles all aspects of prosthetics and orthotics when working with patients. “I’m hands on.” Rob considers himself an expert in his profession, not because of

the number of years worked in the profession, but how he has developed his craft over the years. Rob believes that it is a skill to fabricate prosthetics, “It’s the artistic part of the job,” and not everyone is capable of fabricating. Rob went on to say that many people work at a job or in a profession for many years and cannot call themselves and expert.

Rob explains the main attribute when working with limb loss patients is having compassion and empathy. Rob believed that if a practitioner does not have these attributes, the patient will not have a good outcome with the device. Rob is aware of other practitioners who does not care about the patients, and if the practitioner does not care, he or she will not care what device is put on the patient.

Rob believed that having a physical therapist working in his office with a background in prosthetics would be beneficial for the patients. The physical therapist would help patients with movement, and an exercise plan to help them with mobility. Rob view success when patients are no longer in pain and will have the ability to return to their function despite the amputation or physical limitation. “They don’t have to thank me personally; I could see it in their face and function.”

Although, Rob does not have a nice facility, and generate lots of money; he still enjoys working with amputee patients. Rob’s frustration is mostly with the reimbursement from insurance companies that they find reasons not to pay. As a business owner, not getting reimbursed for the work provided to patients affects the purchasing of supplies, paying bills, paying staff, and servicing or purchasing equipment to adequately provide services to patients. Rob sees a relationship between not being reimbursed for services and job satisfaction. “Job satisfaction is affected by the bull crap of insurance companies. Rob believed that job satisfaction can be increased by the respect from payers (insurance companies). Instead,

insurance companies make him feel like he is a criminal because of the cost of products. “We are made to be the bad guy.” The fact that Rob’s sense of compassion has changed over the years; he believed the change is connected to insurance companies not reimbursing payments, and insurance companies not covering for services and devices that once was covered. Many of Rob’s patients have poor coverage, and patients expect a lot more than their insurance company will pay. Rob explains that keeping compassion, whether job satisfaction or compassion satisfaction is often hard to maintain when patient’s insurance coverage does not compare to their friend’s. Most often, the patient wants the more expensive device that is not covered under their insurance. “Sometimes the patient may drive the Cadillac but don’t have the Cadillac insurance.” To the patient’s dismay; they do not always understand the reason for not being eligible for the more expensive device, and take their frustration out on the practitioner, when they need to discuss further with their insurance company.

Case study 3: Paul. Paul is a Prosthetic and Orthotic practitioner and works at an out-patient facility that provides prosthetics to amputee patients. Paul enjoys the work he provides to limb loss patients. Paul has worked as an O&P profession for 38 years and during this time has seen a need for better organization between fabrication and scheduling.

At times, fabrication and scheduling are not communicated properly between the two departments, and the outcome is to reschedule the appointment for fitting of their new prosthetic device, when fabrication is not completed. This means the patient will have to reschedule another appointment. The lack of communication is no fault of the patient, and the facility will have to explain to an already anxious patient that their appointment needs to be rescheduled for another day. This can affect the trust and relationship between practitioner and patient and can become extremely frustrating for them both. Despite the mix-up with scheduling, Paul remains

compassionate and addresses any concerns that his patients may have about their new prosthetic device.

“I have the ability to put someone at ease,” says Paul. Paul believes that the facility should streamline the process from start to finish, so there is a minimal of paperwork and forms to fill out. Stress and production quotas can impact job satisfaction, according to Paul, and when fabrication does not meet the scheduling time, patients are then doubled and the caseload for the day or week can become stressful. The practitioner cannot give patients the extra time sometime needed, because time goes towards the quota’s that must be met.

Paul enjoys working as a practitioner and gets much satisfaction from the profession, as well as, the respect he gets from patients. Paul believed that compassion is the ability to have an emotional response to the patient’s pain. The reason patients continue seeking services from him is because of the compassion he gives to them during clinical care. Paul is inspired by helping patients and provides “good clinical in retaining your patients.” Paul reiterated that the O&P professional’s job is to provide the appropriate help and assistance to those patients in need, and effective listening is not only important aspect of providing effective clinical care, this also applies to staff who collaborate with each other who provide the clinical care to patients. In the beginning of Paul’s career; he was encouraged to try anything to help patients. Now it is all about what the regulations through the States legislation, and how they are applied, in order, for patients to receive what they really need.

Paul believed over the years his sense of compassion has changed, and sometimes it is a more adversarial relationship with the patients than it needs to be. This is largely due to the industry and government and the regulations that he must abide to when providing treatment to

patients. There is a strong relationship between job satisfaction and compassion satisfaction, and it helps to measure the good work done with your patients.

Case study 4: Juan. Juan is an O&P practitioner and works at a mid-size clinic that offers outpatient care, and physical therapy services. The clinic has three practitioners and one physical therapist. Juan has worked as an O&P practitioner for 2 years and each day he learns more about limb loss. Juan's support in the clinic has been instrumental to his growth and development in the profession. He enjoys working with patients with limb loss and on several occasions have interaction and the opportunity to speak with his patient's caregivers or guardians and provides them with helpful information like support groups to be around other people who are going through the same thing.

Most of Juan's patients keep their appointments and is brought to their appointment by a caregiver or guardian, who also provides the transportation. Juan understands the impact of limb loss on the patient as well as the family. Juan's goal is to help the patient learn how to walk again, put their clothes on, and have some independence performing daily activities "sometimes or with the use of crutches." Although, Juan has worked as an O&P practitioner for 2 years, he believed that his clinicals, while in college, well prepared him for the job. The clinicals allowed Juan to work with patients and was able to better text book jargon and apply to real life patients. However, Juan believes that he still has much to learn and will become a more seasoned practitioner with more experience and years in the profession.

At the clinic, Juan keeps busy learning new techniques and make it a point to attend workshops in-house and at other locations, and conferences to stay informed with the latest treatment modalities. Juan is determined to get the best training at the clinic, he often shadows a colleague to gain a better comprehension of the day-to-day activities of a practitioner and to see

other practitioners' approaches when working with patients. Juan experiences at the clinic have been very helpful in his growth and development. Whenever, Juan feels unsure or lacks confidence he can approach a fellow colleague to help and answer questions. Juan believed the most important factor in this profession is having "Grit," to achieve hard things. A practitioner needs perseverance combined with the passion for the work he or she is doing to strive for long-term goal achievement.

Juan is grateful working in his clinical environment, he previously worked as an investment broker, with a Master's in Business Administration, then he decided to go back to college and earned a degree in Orthotics and Prosthetics after a family member lost both legs due to diabetes. Juan started working as a practitioner later in life than many other colleagues and gave up a lucrative job working on Wall Street making a good salary. At times he felt like "why am I doing this" but knew he wanted to create a different lifestyle for himself and his family. Juan strongly believes that without the support of management, his transition would have been very difficult, and he would have struggled in his new profession.

Juan's job satisfaction was increased because his work environment and the practice of fairness and compassion from his supervisor and management, which had a significant impact on his job commitment. "Same playing field," for everyone. The compassion, Juan received from supervisor, management and his colleagues transformed to the patients, compassion was something that Juan did not see when working on Wall Street. Juan defined compassion, by not perceiving judgement or bias on how we think patients are supposed to manage their treatment. Orthotic and Prosthetic practitioner's job is to meet their patients where they are at in treatment. Juan also believes that his job as a practitioner is to give his patients that extra push to help them achieve their goal.

Juan believed that compassion is greatly needed in this profession, being compassionate allows him to become more effective workers and helper. He is very inspiring in this profession by getting the education and growth needed to become an expert in this field. Juan's sense of jobs satisfaction has changed over time, he believes that making lots of money is not the key to happiness. Since being an O&P practitioner, Juan has had the opportunity to help many people in different capacities, and since making the transition into the profession it has been rewarding. "It's not always about making a lot of money, it's about helping others." Juan also believed that his compassion has changed over time due to life experiences that has had a significant effect on how he looks at situations in his life as well as his patients' life.

Case study 5: Carl. Carl is a primary care physician (PCP) and works in a large hospital setting. Carl's hospital offers inpatient and outpatient clinical care to patients with an array of different health problem and issues. During Carl's childhood, he decided to become a medical doctor to help people feel better and perhaps even save their lives. Carl's parents encouraged and nurtured his decision to pursuit of becoming a doctor. He earned a bachelor's degree, and completed the necessary undergraduate coursework in biology, physics, chemistry and mathematics to meet the requirements to take the Medical College Admissions Test (MCAT), and passed on the first try, and was accepted into medical school.

After earning a medical degree, he completed a residency program and obtained licensure to practice medicine. Carl reported the residency program was often grueling and demanding, and many resident doctors could not keep up with the demand. He went on to say that only a few doctors were able to limit their work hours to normal business days; most work irregular hours including during the night and on the weekends. The residency was stressful and required

emotional stability, but the completion was rewarding. After graduating from an accredited medical school, he qualified for licensure and the first attempt, passed the exams.

Carl enjoys working as a primary care physician, and by mastering the necessary skills to help patients, the skills enabled him to apply techniques, diagnosis and treatment to patients with various illnesses and concerns. “Everyone doesn’t have the skills to do this.” While providing clinical care to various patients, Carl admits that some will follow their treatment plan, while others have difficulty following the plan, and their symptoms sometimes worsen. Instead of getting discouraged; he does not take patient non-compliance personal even when the patient’s health situation has worsened. Carl believes the best approach to patient non-compliance is by practicing patience when working with difficult patients. This is the reason he believes critical skills are needed for his part of the job. Practitioners need to have resilience to those patients that usually have a low compliant rate.

Carl stated that “these are the same patients who return back to his office with a different symptom or the original problem gets worse.” He believes that it is more of a doctor’s responsibility than providing treatment and giving a diagnosis. Doctor’s also need the following skills; problem solving, leadership, empathy and communication and proficiency with specialized tools and technology. He needs another viable plan that will help the patient recover quickly from the problem. Carl shared that the patient’s success contributes to his experience with job satisfaction that is why he maintains a resilient attitude when providing clinical care to patients. If he did not maintain a resilient perspective, he would take their noncompliance personally and not be invested in their care.

The factors that most impact job satisfaction for Carl is the success of patients and compensation. Job satisfaction can be increased or maximized by having an accurate expectation

of your job. It is important that what you are doing, you can be proud of, and family happy that is how I define success. Carl would describe compassion as if you can have a sense of what someone else is going through, this means seeing through patient's eyes. Carl believes compassion is needed in this profession, and, if you do not have it, you will become frustrated if patients are not complaining. Even when patients are not compliant, and they received appropriate clinical care to patients and did your part as their physician, you will be satisfied that you did your job and your best for the patient.

It is very inspiring to see patients go through recovery and become better or well after surgery. Doctors go through the journey with their patients and get very excited after 5 or 6 months into recovery that the treatment and plan helped them get better or cured. Carl's sense of job satisfaction has not changed over the years; he has been practicing as a primary care physician for 2 years and is still developing in the profession. Each person that Carl provides clinical care to; his skills get better and allows him to gain more experience while working with people. Carl's feelings about the relationship between job satisfaction and compassion satisfaction is that, if you don't have a lot of compassion, you are not going to be satisfied with the job or working with patients.

Case study 6: Joseph. Joseph is a nurse and works at a large hospital that offers inpatient and out-patient care, also works at an out-patient addiction clinic, providing clinical care to patients who may not seek medical treatment that he is able to address or refer to their primary care physician. Joseph's patients receive medical treatment for different reasons. Joseph has worked with many amputee patients in both clinical settings.

Joseph has been a nurse for 26 years, and likes the fact that he stays constantly busy, and have lots of patient contact. Joseph likes the idea that his work allows him to help people in need

of chronic support, to use his skills to provide appropriate medical care. “I give patients hope and encouragement for healing.” Joseph admitted if he was unable to leave patients with a sense of hope, he would not work in the nursing profession, because it would ultimately affect his job satisfaction. Joseph believes that a good nurse listens to their patient’s fears and address to the best of their ability the patients concerns. For example, “A patient with phantom pain, I know it’s nothing there, but I need to be empathic.” In my opinion the nurses’ role is invaluable, we provide hands-on care to patients by administering medications, managing intravenous lines, observing and monitoring patients' conditions, maintaining records and communicating with doctors, and supervising nurses’ aides. The nurse has more interaction with the patient and can report to the doctor concerns that the patient may have and fail to inform their doctor.

For Joseph, relationships are built from trust when establishing rapport with patients. Joseph believes in order to build trust; it is done by communicating with patients often and being very clear when communicating. This often means explaining treatment plans to patients several times for them to comprehend the doctor’s treatment modality or orders. In contrast, the ability to express empathy is another step to building rapport. Joseph described the importance of remaining empathetic when working with patients without getting emotionally overwhelmed, but to always project calmness, at all times despite the situation. “Patients do not want to see their nurse in an uproar, and unable to control their emotions,” stated Joseph.

It is not Joseph’s job to implement fear in my patients, but it is important that my patients understand the significance of their role in treatment. Joseph explained that patients want their nurse to communicate with them about their new adjustment without the limb(s) and ask about the life outside the hospital or clinic. Joseph reflects again that clinical care is about giving patients hope and caring. Especially, to patients who is “downtrodden” about their amputation, it

is my job to give them hope. As a health care professional, it's important to establish good communication and trust with your patients. Joseph recalls that patient satisfaction and health outcomes are both affected by whether patients feel that the people caring for them are sensitive to their needs and empathize with them.

Joseph's religion and spiritual beliefs have played a significant impact on his practices as a nurse. Joseph has never imposed his spiritual beliefs and his spiritual beliefs are important in his life and work. "At the end of the day, I'm able to share my faith and give people hope who may not have it." He experienced several times when a patient asked him to pray for them or with them before leaving the hospital. It really is not hard to show a patient compassion; it means meeting them where they hurt the most and provide comfort and support. "Compassion is needed in this profession, nurturing people no matter where they are in their life span." Joseph reported that nurses often treat people like a car, and they must remember that patients are not a piece of metal. People hurt, they suffer, and as their nurse Joseph has had the opportunity to provide education to them to avoid infections and set-back in their treatment. For some people this means getting them off the recliner chair and inspire them to use physical therapy or use devices that will help gain their mobility.

The inspiration that Joseph receives from the profession has helped him to change and become a better nurse. "I take patient care personally." This change has led him to a professional transformation, with the understanding that patients' pay his salary, and they must always receive "top notch care." Joseph feels that having this attitude about patients has made him a more compassionate and sensitive nurse when he addresses the needs of each patient; he provides individualized clinical care, because he understands that each patient are different. "I'm good at making patients feel at ease, especially if I do home visits."

In addition, to helping patients with ambulation, Joseph believes that patients with limb loss need to be in a health environment that supports their condition. Patient's new amputation has an incision line, feel pain, and might need the right treatment, such as a wound center. The wound center, they will have the appropriate supplies, cleaners and equipment to exam and access the skin with experts and surgeons available on staff. On many occasions, Joseph has treated patients who did not get the best treatment or have not been compliant with treatment. If Joseph did not care about the work provided to his patients; he believes his compassion would be affected by his job satisfaction and he would no longer work in this profession.

Case study 7: Melody. Melody is a nurse who works at a large hospital that provides inpatient and outpatient care to patients. Before working in her current work environment, she worked at a methadone clinic as a dosing nurse. Melody has been a nurse for 8 years, and often feel that patients do not always respect her time and will sometimes seek medical care at the last minute. Melody explained that seeking medical care when it is time for her to go home to relax and spend time with her husband and son. "They don't understand there is an end of the day for us." Melody reports that patients will pop-up anytime, because they know that the clinic will never refuse them treatment. "We never say no."

As care providers, we can easily get burnt-out if we neglect to take care of ourselves. Melody feels that it is a management responsibility to set boundaries, especially her boss who never seems to turn away a patient. "My boss would rather treat someone instead of turning patients away." Sometimes her actions can be frustrating, we have worked tirelessly for eight-hours, and she decides to let patients come in for treatment, when they could be sent to the emergency room. On several occasions we will let the patient in, and they are referred to the emergency room for further assistance. Melody contends that when a patient is not refused

treatment, they remember and know they will get in the door and get serviced. The patients will always expect to be seen, despite the time of day or at closing time. This has not deterred Melody from providing quality care to patients or even had a negative impact with her work performance.

Melody works in this profession, because she knows that the nursing profession could lead to other promising leadership career aspirations in the future. Melody wants to pursue a master's degree within two to three years, and her goal is to become a nurse practitioner to administer more patient care. In fact, with a nursing degree, Melody mentioned that her work requires her to work with many different types of clinical cases and patients. Working at the methadone clinic was her first job after graduating college and working in that environment; she did not know what to expect working in addictions. The job allowed her to learn and set realistic goals, she learned how to be more compassionate and focus establishing better relationships with patients. During her time at the methadone clinic, Melody had several opportunities to provide clinical care to several amputee patients. Melody stated that working with individual's in addiction has helped her become more aware of the reason patients engage in drug uses, and how patient use drugs to cope with depression, trauma, and other life circumstances.

Melody reported it is the compulsive nature of the behavior that is often indicative of a behavioral addiction, or process addiction, in an individual. The compulsion to continually engage in an activity or behavior despite the negative impact on the person's ability to remain mentally and/or physically healthy and functional in the home and community defines behavioral addiction. The person may find the behavior rewarding psychologically or get a "high" while engaged in the activity but may later feel guilt, remorse, or even overwhelmed by the consequences of that continued choice. Often the choice to continue use of drugs can lead to the

neglect of health which sometimes result in diabetes, if not controlled, and the patient may also deal with other health issues like renal failure and limb loss.

Once Melody left the methadone clinic; she started working at the large hospital. She admits that working at the methadone clinic gave her the necessary skills to bring to her current job and has allowed her to better work with compliant and non-compliant patients. In the meantime, Melody, believes that whatever type of nursing she decides work in; she will be helping patients. It could mean helping patients navigate through the health care system, which can be daunting for many people.

Melody believes nurses need the necessary skills to effectively work with amputee patients, and the skills would be beneficial to the patients', and beneficial to the nurse to have some experience working with amputee patients. If someone is newly amputated, the last thing a nurse wants to see the patient experience any complications. Sometimes when Melody digs deeper, she discovers that the patient is experiencing symptoms of depression or is stressed. Melody has witnessed many patients increase their drinking, and/or drug use because of the limb loss. "Patients not only deal with the limb loss, but experience other psychological factors that leads to an increase of alcohol and/or drug use." Patient increases their drug or alcohol use to avoid dealing with the concerns around the amputation and increase their drug or alcohol use to help them cope with the situation, instead dealing with the issue through therapy or counseling. It is critical that I assess my patients and address any mental health concerns after an amputation to help them better understand and avoid compromising their treatment.

Melody has learned that having patience with her patients is crucial during their treatment. Patients who once had their limb(s), will not function as they use to and will have to learn how to walk or use their hands. Melody notes that before the amputation patients were able

to walk, run, or even exercise, and after the amputation their life is forever changed. Melody has seen many patients, who were active with exercise or in reasonably good health prior to the amputation have a better chance and the ability to regain ambulation, they learn to use the prosthetic(s) to engage again in previous activities. While patients that may have had health problems and did not engage in physical activities prior to the amputation might have more difficulty regaining mobility without a device. Melody pointed out another problem that she has witnessed in many amputee patients, many have difficulty bathing, dressing, putting socks and shoes on, or even cooking a meal. "Like putting on pants."

Devoting extra time to patients and knowing it will take them extra time to do things they had done before the amputation." The factors that most impact job satisfaction is flexibility for Melody is room for growth and a good salary. "I have an awesome boss." Melody's boss is always open for suggestions; she is a person with great leadership skills, her boss helps create job satisfaction. Melody defined success, by the individual's ability to set goals for themselves and take the necessary steps to achieve the goals. It could be a long-term goal like, "I want to get my Masters in 2 or 3 years or a short-term goal like "I going to clean my house." Melody believes that both are different successes, but they are a success.

Melody describes compassion and feels it in the nursing field, and nurses typically have good compassion. Melody feels that compassion intertwines with empathy, the two go hand and hand. Working with those who are vulnerable, you want to develop compassion, makes you want to help patients more. What inspires her the most about the profession is that she can be helpful to individuals no matter what department or route she may go in the nursing profession.

Melody's perspective will never change and will always be satisfied with her job.

Melody's sense of job satisfaction has changed over the years, when she was the methadone clinic; she was a new graduate student and did not know what to expect. The methadone clinic allowed her to learn as much as possible and develop techniques and skills. Since Melody has been in the field for several years, she can set her goals and aspirations a bit higher. As well as, my sense of compassion, at first it was new for her. Melody felt that she learned a lot about addiction. However, after the methadone clinic lost their license and another company brought the existing clinic, the job became "awful." Melody has developed more compassion and focus over the years and understand the importance of establishing relationships with her patients.

Melody has been able to learn more about her patients and their reasons for drug use. It helped her develop better compassion when providing clinical care to patients over the years. Melody wanted to share this important factor about the relationship between job satisfaction and compassion satisfaction, is being able to take time out for yourself. At the end of the day the job will function without you. It really is important not to take work home that could consist of patient problems or paperwork. Melody's final key realization is learning to disconnect and not bring work home this allows you to start fresh the next day.

Case study 8: Sarah. Sarah is a nurse who works at a community center that provides outpatient care to patients. Sarah enjoys the clinical care that she provides to patients and especially in patients with limb loss. Sarah has over 15 years of experience working in a methadone clinic as a dosing nurse and then a nurse supervisor. Sarah likes having her own space and at her current job she shares space with another person that makes her job difficult, and she is not able to concentrate and be focused. Sarah reported that the person she shares the office with is often very loud, which makes it difficult to hear her patients' concerns. "This

person's personality sucks up the room." Sarah was recently informed that her co-worker would be moving out of the office, and no longer will share an office with anyone. Sarah believes this autonomy will allow her more productivity and cannot wait for her coworker to leave.

Sarah recalled when younger, she lived near a local university. During this time the campus was in the construction phase and Sarah remembers looking through a fence, saying to herself "I'm going to go to this school and become a doctor or a nurse." Sarah did not accomplish her dream of becoming a nurse until when she was an adult and after having three children. Sarah believes it is a real privilege to work and help people. To gain their trust and be in their life to help them achieve challenging goals. Sarah takes pride that her patients will open-up and tell her private and personal things because they trust her. Sarah admitted that patients tell her things they sometimes will not tell their doctor, and on many occasions; she would tell her patient to talk to their doctor about the problem.

It is a gift to have the ability to listen and give the patient the attention they need when suffering from a chronic illness or amputation. When a patient loses a body part, there is alteration in their body image. Especially, when a patient loses a leg(s) that often get scabs and a good practitioner must have good listening skills to provide the clinical care the patients' needs to gain the confidence to adapt to their new lifestyle without their limb. Sarah stated that "these soft skills are important" and good listening skills allows for therapeutic communication with the patient, the doctor and for her as a nurse.

Sarah reflected to when she was sick and unable to work. Before getting sick, Sarah identified herself as successful as someone in her profession. But when she could no longer work due to her illness, Sarah was able to put herself in her patient's circumstances. Sarah recalled not being able to walk for two years and living in a rehabilitation clinic. At the rehabilitation clinic,

she had to learn to take care of herself and create a good balance; this meant for her to address her own needs, by setting boundaries and limitations. It was a really long process for her, and she wanted to walk and take care of herself quickly and had to learn patience during this time of recovery. The clinical care that Sarah received from practitioners at the rehabilitation clinic was compassionate and they cared about her progress. Sarah agrees that compassion is being able to see what someone is going through. Sarah believes that her experience allowed her to be a better nurse when working with patients, and when flat on her back, Sarah thought she was very compassionate, until getting sick; she gained a different perspective.

Sarah suggests that practitioners must look and acknowledge patients' pain, but also be aware of their physical and mental pain. When providing clinical care to patients, Sarah always tries to validate their feelings and remember that compassion has a lot to do with listening. Sarah pointed out as a nurse compassion correlates with taking care of people who are vulnerable. Sarah believes that if she did not have any compassion or empathy for her patients; she would be an ineffective nurse and rush their treatment "How can you work with people and not have compassion." For Sarah, it is not about making money, it is about taking the time to listen to someone.

Over time, Sarah believes being compassionate has changed. When Sarah became a manager; she no longer interacted with patients. Sarah's role as manager took her away from clinical care working directly with patients. Her responsibilities consist of supervising other nurses with lots of paperwork and meetings. Sarah enjoys direct clinical care, working with patients, and now that she has recovered from her own illness; she has taken a job that allows her to take care of patients. "Sarah no longer wants to work as a manager dealing with staff issues and concerns."

Sarah noted that the relationship between job satisfaction and compassion satisfaction is congruent and run hand and hand. She also believes that compassion fatigue relates to job satisfaction and will wane on you if not happy or upset on the job. If a person is not happy or upset about the job these feelings will make you feel and start being unproductive. Sarah believes that if she does not have what is needed to work efficiently, the patient would feel her frustration through the clinical care provided; which in turn will make them frustrated and may hinder their optimism in the patient's treatment.

Case study 9: Jerry. Jerry is a nurse and has been working in a large hospital that offers in-patient and outpatient services. Jerry enjoys being a nurse and cannot imagine working in any other profession. As a practitioner, Jerry works with patients with different health problems.

Six years ago, Jerry decided that he wanted to become a nurse and enrolled in a nursing program. Jerry recalls that after high school nursing was not his first choice; his initial goal was to go into business and graduate college with a Business Administration degree. Jerry noticed people were not getting jobs in business after graduating and thought what profession would allow him to make a decent living, at this point decided to go into nursing. Jerry's mother is a nurse and she seemed to enjoy working with patients, and her job, so he decided to pursue a nursing career. Jerry admits that nursing is a good profession and he will always be able to find a job at another hospital or if her move out of his state.

For the last two years, Jerry has been working in the surgical nurse, assisting surgical technicians prepare and organize the operation room. Jerry's responsibilities consist of providing patient's with pre-procedure instructions, administering any medications and assist other health care professionals with things like sterilization and starting IV lines. Once the procedure begins, Jerry monitors the patients' vital signs, pass instruments to the surgeons and operate surgical

equipment. If he becomes aware of any issues, such as erratic vital signs, his job is to communicate this with the team. In case of an emergency in the operating room, Jerry must be prepared to perform lifesaving procedures if necessary. Jerry is also responsible for post-surgical care, such as transporting the patient to their room, monitoring their status and providing care. Post-surgical care also involves administering medications, taking vitals and educating the patient about post-operative care.

As Jerry reflected on working in the operating room and being part of a surgical team that have saved many lives. Jerry shared that the nursing profession requires having patience. Patients' get aggravated when they can no longer do the things they once did before their illness or amputation. Jerry believes if he did not have patience, he would become frustrated and not deliver good clinical care. Jerry feels proud that he has the opportunity, to help patients through their transitions and can give patients a positive attitude, motivation and outlook to move forward. He enjoys giving people the confidence to look at their situation as a stepping stone, and not dwell on their amputation as a tragedy in their life. Jerry reported "I like helping people get over their hurdle."

Jerry's compassion derives from his heart, he believes, as a Christian he has more compassion for people, especially for those who are suffering. And if he did not have compassion, he would not be able to see patients through their struggles or tragedy. Jerry does not believe his compassion has changed over the years and is willing to help people any way possible. Compassion is part of the process and contribute towards helping people who need that extra push. Job satisfaction is connected to compassion satisfaction. Jerry feels satisfied when patients make accomplishments.

Data collection and result summary. The two phases of the research study—telephone interview sessions and the online questionnaire provided extensive data for answering the primary research question. In this study, O&P practitioners’ perspectives supported the relationship between job satisfaction and compassion satisfaction. The research study data analyzed to identify the four attributes as themes. The researcher identified the four attributes prior to data collection and were, in fact, relevant to answering the primary research question.

Online Questionnaires

The study utilized a questionnaire that was created by the researcher. The responses per questionnaires’ were counted and scaled to determine just how all participants felt about the relationship between job satisfaction and compassion satisfaction in the workplace. The document were also used as tool during the analysis process to further develop the themes.

The Orthotic and Prosthetic online questionnaire was instrumental as it provided the results of the perspective of O&P practitioners. Each listed section contained sections that addressed the question. The researcher tallied each of the responses and added total tallies to numerically understand what tier responses fell. The tiers function 1 as very satisfied, satisfied, neither satisfied or dissatisfied dissatisfied, or very disagree to tier 5, and on the same questionnaire tiers, 1 as always, usually, sometimes, rarely or never. The results showed their

perspective of these nine cases, and their feelings towards job satisfaction and compassion satisfaction through interactions and perceptions of the workplace.

The questionnaire provided data that contributed the development of the following themes job satisfaction, compassion satisfaction, organizational commitment and work productivity (see Appendix D). Through the responses of O&P practitioners they feel a connection between job satisfaction and compassion satisfaction, these is seen as O&P practitioners note tallied higher points in level 1 and 2 for the job satisfaction. For helping others the O&P practitioners indicated they felt connection, and want to use their skills to help patients, yet they were split about feeling invigorated after working with patients. Helping others the O&P practitioners indicated they felt connection, and want to use their skills to help patients, yet they were split about feeling invigorated after working with patients.

Triangulation

The multiple case study is based on four samples from the study. As the data were collected, the researcher found that using the O&P practitioners' perspectives became apparent in the data collection process. From the collection of questionnaires, a questionnaire, interviews, and field notes provided triangulation of the data. Triangulation may be the use of multiple theories, data sources, methods or investigators within the study of a single phenomenon (Williamson, 2005). The researcher examined the four perspectives of the collected data to distinguish data for understanding the multiple themes. Through this descriptive report, the researcher, shown the data that provided the reader with the opportunity to draw conclusions based on the theme. Triangulation is generally considered to promote a more comprehensive understanding of the phenomenon under study and to enhance the rigor of a research study (Heale & Forbes. 2013).

Yin (1994) compared the use of the replication strategy to conducting a number of separate experiments on related topics. Replication is carried out in two stages—a literal replication stage, in which cases are selected (as far as possible) to obtain similar results, and theoretical replication stage, in which cases are selected to explore and confirm or disprove the patterns identified in the initial cases. According to this model, if all or most of the cases provide similar results, there can be substantial support for the development of a preliminary theory that describes the phenomena (Eisenhardt, 1989). Figure 2 shows the process of data collection and the triangulation of the sources data within this study. Using information from previous research studies, the researcher analyzed the data that created the themes identified from the data collected.

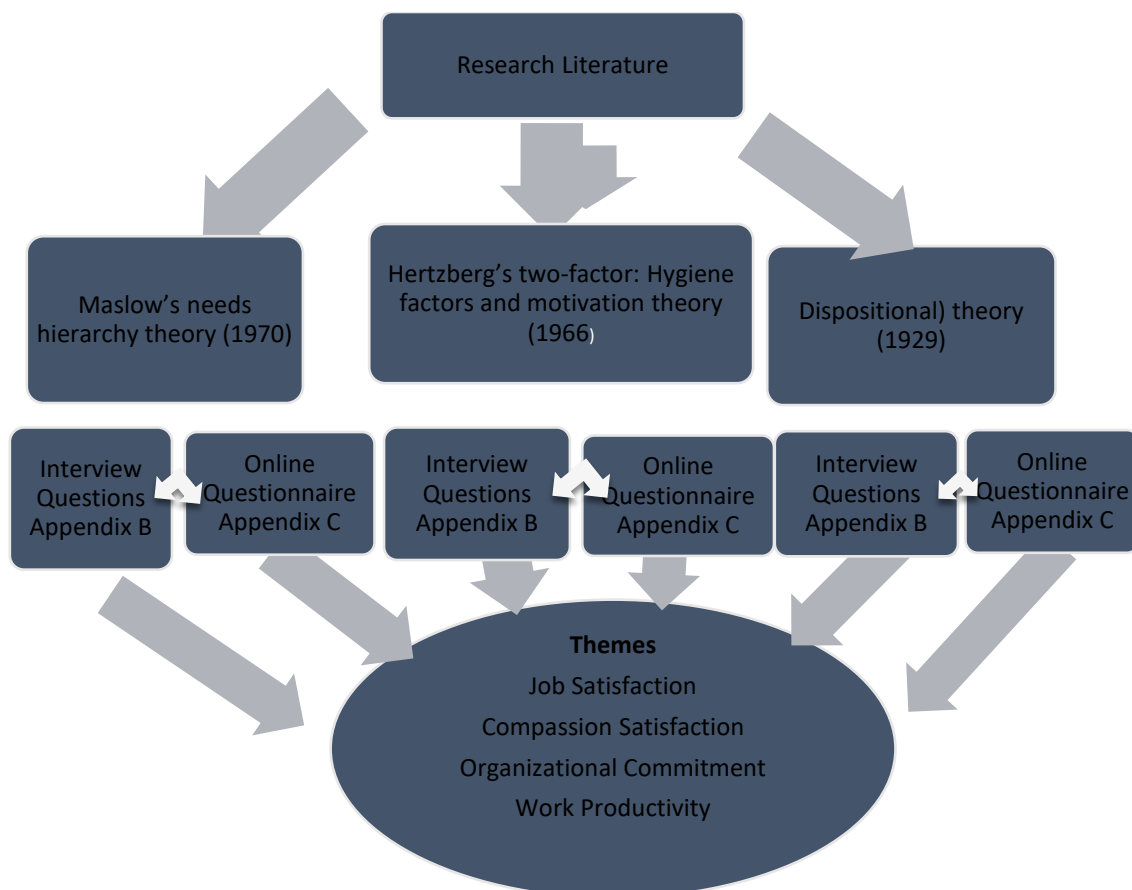


Figure 2. Triangulation chart.

Themes

The use of the questionnaire, online questionnaires, and telephone interview sessions contributed to the establishment of the themes in this research study. The telephone interview sessions were recorded and transcribed verbatim. The transcription was read multiple times and recordings were listened to very carefully to ensure accuracy of the transcription (Fielden, Sillence, & Little, 2011; Braun & Clarke, 2005). The data after transcription was checked by the participants for accuracy and language used during the interview sessions. The information garnered from the telephone interview sessions was transcribed, coded, and analyzed by NVivo. Every two or three lines of text were reviewed to identify key words, contexts of words, and reflections (Creswell, 2007; Fielden et al., 2011; QSR, 2019). See Table 4 for the NVivo coded themes.

Table 4

NVivo Chart Themes

Auto-coded Themes	Number of times
Code	9
Compassion	4
Goal	3
Health	5
Helping	7
Home	4
Job satisfaction	11
Life	3
Listening	3
Patients	10
People	7
Physical Therapist	3
Provider	3
Skills	5
Time	3
Work	7

Berends and Johnston (2004) and Creswell (2007) found that coding required an explicit and iterative process in which the researcher altered and modified the analysis as reflected by the data and as ideas emerge. Codes were meant to capture the qualitative richness of the phenomenon and were selected for clarity and conciseness. Codes were then treated as the foundation for the themes and used by the researcher. During this process the initial thoughts or ideas were noted as an essential stage in data analysis (Fielden et al., 2011). The capacity to generate ideas through transcription is recognized as the coding phase and applied as key concepts in the thematic analysis process (Berends & Johnston, 2004; Creswell, 2007; Fielden et al., 2011; Guest, MacQueen, & Namey, 2012).

The initial open coding resulted in multiple repeated terms or keywords that emerged as themes. These codes identify the knowledge, experiences, and perspectives among O&P practitioners who described how they provide clinical care for patients with limb loss (Fielden et al., 2011; Guest et al., 2012). The ability to identify themes is a fundamental responsibility in qualitative research studies (Creswell, 2007; Creswell & Creswell, 2018; Ryan & Bernard, 2003). Ryan and Bernard (2003) suggested the process of using word-based techniques, such as the following: key words in context, key indigenous terms, and repetitive words as expressed by participants in response to the research questions to search for themes in qualitative data.

Repeated themes that evolved from the telephone interview sessions were identified and categorized into clusters of themes. These specific themes were grouped into a broader category to capture the essence of the relationship between job satisfaction and compassion satisfaction among O&P practitioners. Looking at the words the participants use tell the researcher what they are talking about (Creswell, 2007; Creswell & Creswell, 2018; Ryan & Bernard, 2003). Figure 3 presents the coded themes and Figure 4 identifies the number of times “O&P practitioners”

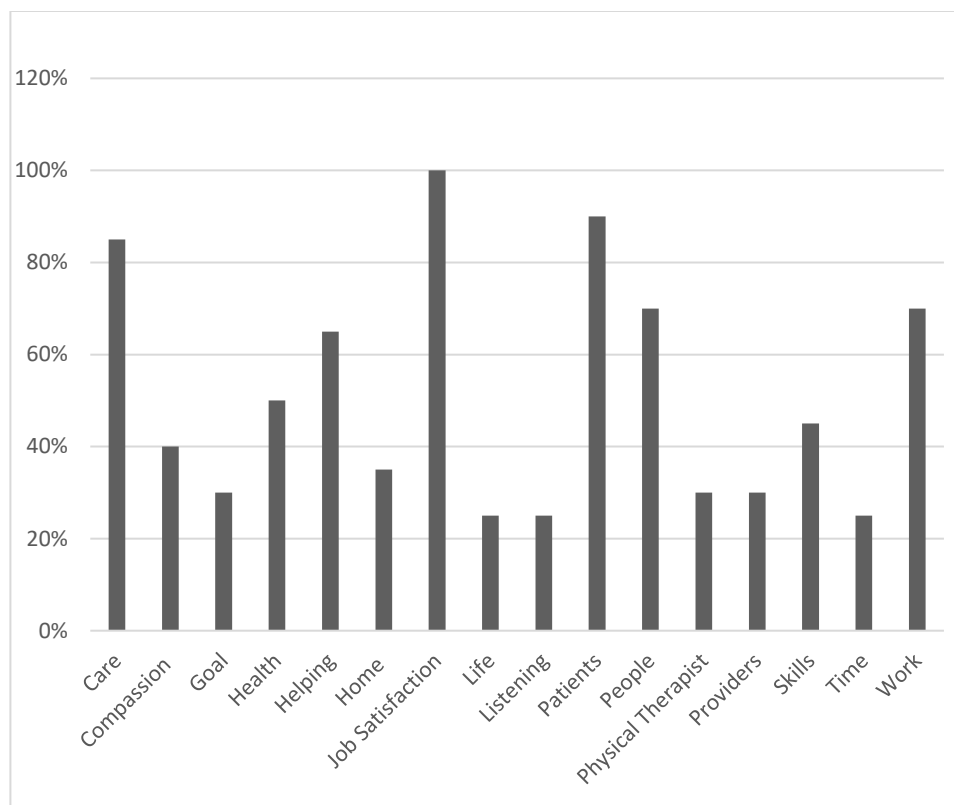


Figure 3. Auto code themes results.

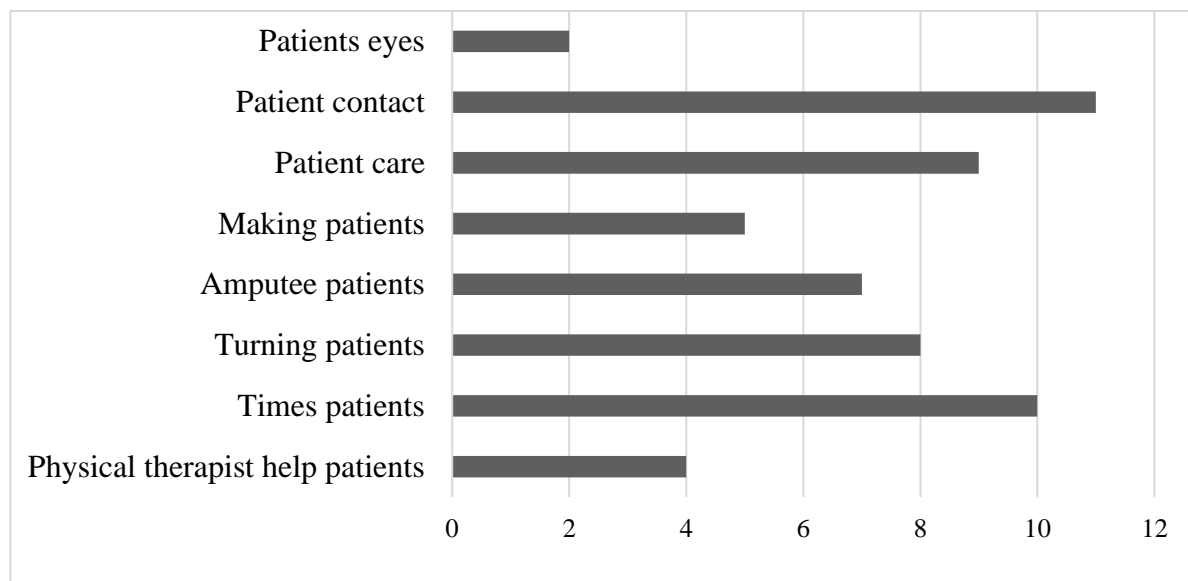


Figure 4. Number of times patients coded.

Summary

This chapter represented an analysis of the data collected on four attributes of the relationship between job satisfaction and compassion satisfaction through two phases of this research study: the online questionnaire and telephone interview sessions. Keeping with the research design of the descriptive-multiple case study, the researcher attempted to describe how each attribute of job satisfaction and compassion satisfaction was reported by the participants through the online questionnaires and interview sessions. While this chapter examined the data and its support of the four attributes of the relationship between job satisfaction and compassion satisfaction independently. Chapter 5 addresses the discussion and conclusion of this qualitative descriptive-multiple case study.

Chapter 5: Discussion and Conclusion

Introduction

This study explored whether job satisfaction influences compassion satisfaction among O&P practitioners who work with patients who have lost limb(s). Throughout this study, job satisfaction, compassion satisfaction, organizational commitment, and work productivity are the attributes that support the research findings. All names provided O&Ps pseudonyms to protect the identity of O&P participants: OP1–OP9 for the participants who completed the in-depth interview sessions with the prepared open-ended questionnaire and the participants completing the online questionnaire are not identifiable in any way. The telephone interview session participants' were given fictitious names as well.

The first section presents a summary of the research results, followed by a discussion presenting the nine case studies to describe the relationship between job satisfaction and compassion satisfaction. While Chapter 4 provided a detailed analysis of the attributes, this chapter considers how the case study participants provide perspectives by combining the identified attributes. A cross-case synthesis (Yin, 2014) identifies emergent themes across the nine cases in relation to the literature to answer the research questions. Next, limitations of the study are considered. Finally, this chapter presents implications of the results for practice, policy and theory, and recommendations for further research.

Summary of the Results

This descriptive-multiple case study explored the primary research question “How do O&P professionals view job satisfaction and whether it influences compassion satisfaction when working with patients who have lost one or more limb(s)?” Randolph and Johnson (2005) lend support to the extrinsic and intrinsic job satisfaction areas that are most predictive of rehabilitation

professionals' career satisfaction and desire to stay on the job. The six research questions in this study were used to gain a better understanding throughout this exploration into this subject. According to the participants' responses, employers must recognize that ““even though the level of pay may have a limited ability to satisfy, that does not mean that pay is not motivating” (Judge et al., 2010, p. 163). Some employees are motivated by deeper motivations than pay, such as recognition, compliments, appreciation, and encouragement (Hofmans, DeGieter, & Pepermans, 2013).

This descriptive-multiple case study design was implemented, and data was gathered through in-depth telephone interview sessions, along with audio recordings and the researcher's notes, a prepared open-ended questionnaire, and an online questionnaire. The findings of this research study suggest that despite pressures that could potentially affect job satisfaction and compassion satisfaction, practitioners still enjoy their work in this clinical care profession.

Discussion of Results

The research procedures established that collected data were designed to establish an understanding of what were the crucial factors that supported or negated job satisfaction among O&P practitioners in the workplace. The researcher developed case studies and determined that the nine cases were evident throughout the research. The research questions the researcher looked for responses were:

1. How do O&P professionals view job satisfaction in relationship to compassion satisfaction?
2. How do O&P professionals view job satisfaction in relationship to compassion satisfaction?
3. What causes job satisfaction in the workplace?

4. What causes compassion satisfaction in the workplace?
5. What causes the most dissatisfaction in the workplace?
6. How do employees describe ways in which their workplace can be improved?
7. How do employees describe their motivations/reasons for working in this environment?

These six questions are used to understand the relationship between job satisfaction and compassion satisfaction among O&P practitioners who work with patients with limb loss.

Through the investigation the following themes were established, job satisfaction, compassion satisfaction, organizational commitment, and work productivity.

Job satisfaction. O&P professionals view job satisfaction as patients make accomplishments. This research study provided a detail account of the importance of job satisfaction in the workplace. Bathena (2018) noted that a satisfied employee is not just a retained employee, but an ambassador for the brand, internally and externally. This factor was built on the key ideal that happy employees are more loyal to the company and its objectives, and they will go the extra mile to achieve goals and take pride in their jobs, their teams and their achievements.

The participants discussed in detail the importance of job satisfaction, as a clinical care provider. Gautam, Mandal, and Dalal (2006) stated managers, supervisors, human resource specialists, employees, and citizens in general are concerned with ways of improving job satisfaction. However, much of the job satisfaction research has focused on employees in the private sector (Lawer & Porter, 1968; Niehouse, 1986). The motivation to investigate the degree of job satisfaction arises from the fact that a better understanding of employee satisfaction is

desirable to achieve a higher level of motivation that is directly associated with patient satisfaction.

The O&P practitioners described the connection of job satisfaction with their patients. Several practitioners' discussed job satisfaction and the respect received by the profession from their patients and family members. They realize that their profession is something to be proud of. These individuals had more responsibilities dealing with staff, than by operating their own a facility. Some shared frustrations included insurance company payment reimbursements and how not being paid on time impacts job satisfaction. The participants expressed when patients make accomplishments and are successful using their prosthetic devices, they also feel a sense of accomplishment and know they have done their job well. The main discussion was there any relationship between job satisfaction and compassion satisfaction, and several practitioners confirmed that they both are connected, and cannot have one without the other.

Compassion satisfaction. O&P professionals view compassion satisfaction intertwines with empathy, and not having a lot of compassion the practitioner will not be satisfied at especially when working with patients with limb loss. The practitioner should be sensitive to the patient's overall needs. O&P practitioners discussed the importance of having compassion in this profession, because you see a patient who have been through a struggle or tragedy and the goal is to help them achieve or overcome their challenge. The O&P practitioner is there to give the patient that extra push to help them see things through a different lens and to gain a new perspective on life. Compassion satisfaction is about obtaining fulfilment from caring by overcoming the adverse emotional exposures encountered in the work environment (Hooper et al. 2et al., 2010). On the other side of compassion satisfaction—compassion fatigue—is the negative aspect of helping those who experience traumatic stress and suffering. The participants

in this study did not experience compassion fatigue in a way that it might influence job satisfaction and compassion satisfaction in the workplace. Their main focus is always on the patients' progress and clinical care. The participants discussed compassion satisfaction as being nonjudgmental and showing empathy for their patients. Several practitioners feel that working with vulnerable patients, practitioner's need to have compassion. They feel without compassion it makes it more difficult to give patients that extra push needed to get through their struggle or tragedy. The interviews confirmed that compassion satisfaction helps build relationships with patients and without compassion, job satisfaction would be in jeopardy.

Organizational commitment. O&P professionals view organizational commitment in the workplace. Organizational commitment is the willingness to continue employment with an organization, to be loyal to the employing organization, to put exert extra effort for the achievement of organizational goals, and the level of identification of employee's and his employing organization's goals (Shore & Shore, 1995). The theme pertaining to salary radiated throughout the interview sessions. Seven of the O&P practitioners admitted that their organizational commitment is not based solely on making a lot of money. They reported selecting their professions allowed them the opportunity to earn a decent salary and set goals and take steps to achieve success. O&P practitioners discuss meeting their goals by the end of the year and that is when they felt success and satisfaction. The researcher utilized the questionnaires that were charts on a five-tier scale for the O&P practitioners' online questionnaire. The responses per questionnaires' were counted and scaled to determine just how all participants felt about the relationship between job satisfaction and compassion satisfaction at the workplace.

These documents were also used as tool during the analysis process to further develop the themes.

The questionnaire was instrumental as it provided the results of the perspective of O&P practitioners. Each listed section contained sections that addressed the question. The researcher tallied each of the responses and added total tallies to numerically understand what tier responses fell. The tiers function 1 as very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied not all, to tier 5 that function as very dissatisfied. On the same questionnaire the tiers tallied responses 1 always, usually, sometimes, rarely, to tier 5 that function as never. The results showed their perspective of these nine cases of O&P practitioners' job satisfaction and compassion satisfaction when providing clinical care to patients with limb loss.

The questionnaire provided data that contributed the development of the following themes job satisfaction, compassion satisfaction, organizational commitment and work productivity (see appendix D). Through the responses of O&P practitioners they feel invigorated after working with patients, and tallied in level 3. For job satisfaction, O&P practitioners indicated interpreted they felt their work makes them happy, and through their work they are able to make a difference in patients' lives. This was the same perspective from all nine participants, and tallied in level 1 and 2.

Work productivity. O&P professionals view on work productivity and taking care of self to avoid compassion fatigue (burnout). O&P practitioner discussed staying knowledgeable about prosthetics, to better educate patients. Several O&P Practitioners believe that they have gained more experience while working with limb loss patients. O&P practitioners discussed working in a nice facility have an impact on their productivity. A nice facility does not mean new but clean and having working equipment and supplies to do their best job.

O&P practitioners detailed their communication methods with the fabricators. Several O&P practitioners discussed communication with fabricators as being frustrating. They did not feel at times they were able to get the devices on time. Regarding the fabrication, O&P practitioners discussed just how important communication with the fabricator, and better organization between fabrication and scheduling.

Practitioners discussed the importance of work productivity and providing clinical care to patients. Having as much time as required by each patient to provide quality clinical care. Accordingly, it is vital that companies understand concepts such as employee engagement and patient satisfaction and how these concepts relate to customer satisfaction and the overall customer experience (Peltier & Dahla, 2009). The O&P practitioners valued the opportunity to help patients acknowledge their physical limitations and how to improve their mobility. The practitioners discussed the importance of giving patients hope and encouragement that allows them to gain positive attitude and motivation—not seeing their amputation as a tragedy. Acknowledge their physical limitations and how to improve their mobility. Numerous practitioners feel that helping people reach their personal best is rewarding as they go on this journey with their patients.

Discussion of the Results in Relation to the Literature

The reported data had key relationships to the literature in Chapter 2. The literature identified and aligns with several of the concepts created through the data analysis. Triangulation occurred in this study as the themes fell within the boundaries of the supporting theories for the study. The theories are as follows: Maslow's hierarchy of needs theory (1970), The Hertzberg

motivator-hygiene theory (196) and dispositional theory (1927). These theories are the foundation used to identify how the attributes relate to the phenomenon under study.

Oliveira et al. (2018) showed that the absence of burnout syndrome was a predictive aspect for the development of job satisfaction. The primary theme that was made relevant in the study was job satisfaction. Abaci and Arda (2013) stated, “job satisfaction has a positive impact on productivity, presence and competitive performance, resulting in a decline in employee turnover rates and withdrawal behaviors.” The primary theme that was made relevant in the study was job satisfaction. Bathena (2018) stated that job satisfaction is a very important part of an employee’s life cycle and motivation to remain loyal to and employed by an organization.

The participants in the study each all agreed that they were a key influence in the clinical care of their patients. O&P satisfaction shows that there are several factors that impact practitioner’s satisfaction. Compassionate Listening was identified as a subtheme that O&P practitioners felt affected their ability to provide efficient patient care. Compassion involves listening that is related to good therapeutic communication. Abdolrahimi, Ghiyasvandian, Zakerimoghadam, and Ebadi (2017) stated, therapeutic communication was considered as antecedents of improving physical and psychological health status of the patient as well as professional development. The addition of the compassion satisfaction is an additional factor worth further exploration. O&P practitioners have additional factors that affect compassion satisfaction from being involved.

These acts and words of kindness, empathy, and understanding are part of the person-intensive, complex interaction between patient and caregiver, between someone who feels that his body is broken and invalid and someone whose job is to respond to those

feelings and relieve the suffering, to mend and heal, to make whole. (Halstead, 2001, p. 151).

The themes created through this investigation helped the researcher to understand just how job satisfaction and compassion satisfaction influence the organization's commitment and work productivity among O&P practitioners.

Limitations

The researcher set boundaries of the cases on this multiple case study (Yin, 2014) to focus on relationship between job satisfaction and compassion satisfaction with O&P professionals who provide clinical care to patients with one or more loss of limb(s). As a qualitative research study, it was not the intent to generalize the findings to a larger population. Rather, describing how job satisfaction supports the relationship of compassion satisfaction through a framework of the four attributes was the focus of this study. This methodological constraint preventing generalizations as one limitation of this study. However, according to Maxwell (2013) it may be possible to generalize theories or processes which could provide opportunities for future exploration of the study's research questions.

The purposive sampling strategy of criterion sampling (Patton, 2015) was used to identify similar cases that met the predetermination criterion of a relationship between job satisfaction and compassion satisfaction among O&P professionals who provide clinical care to patients with limb loss. The goal of purposeful sampling is to achieve a depth of understanding about the research problem (Palinkas et al., 2013). One limitation of this research study is that the perspectives of practitioners that fitted patients with the device were not incorporated. Gathering information from practitioners can be useful in the development of a comprehensive and integrative intervention model. Whereas, nine O&P professionals responded to the questionnaire,

only seven questionnaires were collected because of a glitch in the computer software program. The preferred number of participants for this research study was 30 O&P professionals. However, a sample size of 30 participants is adequate for making inferences (Chow, Shao, Wang, & Lokhnygina, 2018; Morse, 2000).

In the interim, the study focused specifically on whether job satisfaction influences compassion satisfaction among O&P professionals who provide clinical care to patients with one or more limb loss. The research findings may not be generalizable to other types of health service environments. The data and information on job satisfaction and compassion satisfaction might suggest further research in this area in other fields of study when the employees are the caretakers of individuals who have lost one or more limb(s). The results can be used to provide information useful for improving the current framework used to provide job evaluations, training and development programs and enhance clinical care to patients at other facilities, health clinics and hospitals (Iliopoulos & Priporas, 2011).

Implication of the Results for Practice, Policy, and Theory

This research study was built upon a conceptual framework that considered foundations of needs hierarchy theory (Maslow, 1970, 1987), motivator-hygiene theory (Herzberg, 1966), dispositional approach (Allport, 1937; Cattell, 1965; Eysenck, 1952; Pervin, 1993) support the primary argument that job satisfaction and compassion satisfaction theories overlapped with other theories that explained human motivation (why people do what they do when faced with dissatisfaction in the workplace).

In this study, the researcher wanted to describe how O&P professionals view the relationship between job satisfaction and compassion satisfaction while providing clinical care for patients with one or more limb loss. The aim of the research was especially relevant

considering the lack of research studies on O&P professionals' perspectives suggesting job satisfaction is influenced by compassion satisfaction in the workplace over time (Lilius et al., 2008, 2011). The findings of this research study seem to suggest that despite the pressures that could limit job satisfaction and compassion satisfaction, some O&P professionals still enjoy providing clinical care for patients with limb amputations. While the quantitative questionnaire data was limited to only 10 participants, the in-depth interview sessions gathered qualitative data from a larger population of O&P professionals who reported to believe in the relationship between job satisfaction and compassion satisfaction.

Considering the findings presented in Chapter 4 from the two phases of the study, as well as the descriptive case studies presented and analyzed in this chapter, the research results see, to lend support for the following recommendations for O&P facilities when developing organizational leadership programs, trainings and evaluations to practitioners that are inclusive of direct health service providers (e.g. physicians, nurses, technologist, physical therapists, rehabilitation therapist), operational, and production professionals (Iliopoulos Priporas, 2011).

Improving the thread of communication. The respondents provided overwhelming responses just how important communication was between direct health service providers. One of the highlighted concerns among practitioners was increasing communication between the fabricators and O&P practitioner. Many of the O&P practitioners felt as if communication was equally important among all practitioners who work with the same patient. The research has shown that this population has additional concerns in consideration when communication is limited with other practitioners when working with limb loss patients.

O&P practitioner education and training. In addition to communication providing additional training for practitioners that clinical care to patients with limb loss. The data showed

that O&P practitioners feel they want to know everything about their patient's disability and that they are willing to work with other practitioners to educate the patient. Each of the perspectives within this study showed they felt overall there is a need for on-going education and training concerns outside of their control.

Organizational support. The hospital, facility or rehabilitation clinic is a fantastic location to have a resource center for O&P practitioners who provide clinical care to patients with limb loss. When individuals feel supported they are more likely to remain part of the team. If a hospital, facility or clinic functions as a support system for practitioners, they are more inclined to be committed in the workplace. The data revealed that O&P practitioners feel safe in the work environment, and feel as they belong. Maslow (1970) noted employees need to feel physically safe in their work environment). When job security, policies and structure are in place it helps practitioners maintain a positive attitude about the clinical care they provide to patients, and about their workplace. Interaction with colleagues and supervisors is important to the practitioners that provides open communication and building of relationships that are important. Herzberg (1966) motivating factors and hygiene factors are characteristics of a job that are consistently related to job satisfaction. The O&P practitioners confirmed that achievement, recognition, the work, responsibility, advancement, and growth were important incentives in the workplace. The perspective of the participants showed that organizational support experienced by O&P practitioners was a result of a combination of working conditions, collaboration with other providers, and communication with supervisor and among other multidisciplines caused a favorable orientation toward the organization.

Recommendations for Further Research

Each of the four emergent themes discovered during this study and identified in the discussion of results in relation to literature represent areas for further research. For example, on the attribute of job relationship, this study found that O&P professionals view job satisfaction as the satisfaction one gets from the profession, and the respect from the patients. Investigating how O&P professionals define or understand “satisfaction one gets from the profession” may represent an opportunity for future research.

The delimitations, or intentional boundary choices by the researcher represent additional areas for further research. In this study, the research was bound to a LinkedIn O&P Professionals group that included only U.S. practitioners. The research questions could be investigated by sampling practitioners who live outside of the U.S, for example, to compare how O&P professionals from other countries view job satisfaction and compassion satisfaction. The researcher limited the number of cases to nine based on multiple case study design recommendations for independent researchers (Yin, 2014) and used criterion sampling to select similar cases. Future research could potentially expand the number of cases as well as explore cases. Expanding the number of cases would allow the researcher to explore perspectives from more participants.

This study utilized a qualitative research methodology and a multiple case study design to approach the research problem. Data was collected through questionnaires and in-depth interview sessions. To further explore the themes discovered in this study, other methodologies or methods could be employed to investigate the findings. For example, narrative research may be appropriate to allow O&P professionals to document how they view the relationship between job satisfaction and compassion satisfaction by journaling on their experiences. A quantitative

methodology could be employed to gather data on the frequencies and types of interactions between O&P professionals and patients on job satisfaction and compassion satisfaction during work to enrich our understanding of the role of the O&P practitioner.

Conclusion

The chapter provided a case study in-depth interview sessions, a discussion on the four emergent themes in the context of reviewing literature, and resolution of the research questions. The study's limitations, implications for practice, and recommendations for future research were also discussed. The emergent themes discovered during this study suggested that O&P professionals believe that job satisfaction and compassion satisfaction correlates and synonymous with patient care; when working with patients good listening skills allows for therapeutic communication; needing lots of patience when working with patients; helping people reach their personal best, having a good salary is great but patient successes the reward and setting boundaries, and not taking work home. It is significant and inspiring to discover that job satisfaction and compassion satisfaction is in relationship between O&P professionals who provide clinical care to patients with lower limb loss. The O&P professionals in this study seem to appreciate working with patients that need that extra push, but most impactful was that the work they do is not only about the pay.

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Appendix A: Informed Consent Form

Title: “Job Satisfaction and Compassion Satisfaction among Orthotic and Prosthetic

Professionals: A Descriptive Multiple Case Study”

Donna Atherton, MSW

Doctoral Student

Concordia University

Cell Phone: [redacted]

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Jillian Skelton, Ed.D.

Supervising Professor

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As a professional working in the field of prosthetics and orthotics, you are invited to participate in a research study. This form will give you information about this study and answer your questions. This study is being conducted in partial fulfillment of the Doctor of Education in Transformational Leadership at Concordia University, Portland Oregon. The study is being conducted using male and female O&P professionals through [redacted], a social media platform.

What is the purpose of the study?

The purpose of this descriptive multiple case study approach is to explore the extent to whether job satisfaction influences compassion satisfaction among O&P practitioners who work at facilities that provide clinical care and prosthetic devices for patients who have lost one or more limb(s).

What will be done if you participate in this study?

If you decide to take part in this study, you will be asked to complete an online questionnaire that consists of 30 questions providing demographics and telephone interview sessions, along with a prepared open-ended questionnaire. For maximize convenience and flexibility—where and when you choose to respond, the questionnaire will be posted online. This method also assures that all responses remain confidential. The questionnaire will take approximately 10 to 15 minutes to complete. The interview sessions will take about 30 to 60 minutes to complete and will be scheduled according to your availability. All interview sessions will be audio recorded for accuracy and validity of your responses.

What are the discomforts and risks that you might expect?

There are no risks to you for participating. A decision not to participate will not affect you in any way.

Will the study cost you anything?

There is no financial cost to you for your participation in this study. The only cost will be the investment of your time in the interview process.

Will participants be compensated for their time?

While direct payment cannot be offered, all participants will be entered into a raffle pool for a \$100 gift card. The winner will be drawn at random within a week of closing the study.

payment cannot be offered, all participants will be entered into a raffle pool for a \$100 gift certificate. Participants must provide an email address through which the winner can be communicated.

What are the potential benefits of the study?

There are no direct benefits to you for your participation in this study, but the information gained may help management of prosthetic and orthotic facilities better understand the nature of job satisfaction and compassion satisfaction among this particular group of professions.

Will my privacy be respected?

Personal questions or identifying data will not be asked or collected. The results of this research study will be reported and published only in the aggregate (group form), therefore no answers can be linked to any one individual.

How can I get answers to my questions?

If you have any questions or comments about this study, you may call the principal investigator by phone at [redacted] or e-mail at [redacted]. All emails and calls will be returned immediately.

Can I quit at any time?

You may decide to withdraw from the study at any time. Your name will not be entered into the raffle.

Are there any conflicts of interest?

The researcher has no financial interest in this study. She will not receive any direct or indirect benefit by your decision to participate in this study.

Please read the consent form provided and complete sign the bottom section. Your participation in this research project is greatly appreciated.

You are free not to take part in this study. If you decide to participate, you may withdraw your consent at any time without any repercussions. Before giving your consent by signing this form, you will have the opportunity to ask questions about the study procedures, inconveniences, risks, and available alternatives.

Your signature indicates that you voluntarily agree to participate in this research project. And be audio recorded during the telephone interview sessions. A copy of this consent form will be emailed to you with both our signatures to you to maintain for your records. Consent is assumed for participants providing an initial on the online questionnaire version. Your signature on this document allows the researcher to contact you by email and telephone for the purpose of the study, only.

I, _____, hereby agree to participate in a research study entitled “JOB SATISFACTION AND COMPASSION SATISFACTION AMONG ORTHOTIC-PROSTHETIC PROFESSIONALS: A DESCRIPTIVE MULTIPLE CASE STUDY

_____ Signature	_____ Date
--------------------	---------------

I have fully explained to _____ the nature, purpose and risks of this study, and have answered all questions to the best of my ability. To the best of my knowledge, the participant signing this consent has had the study fully and carefully explained, and clearly understands the nature, risk, and benefits of participation in this research.

_____ Donna Atherton, Principal Investigator	_____ Date
---	---------------

Appendix B: Open-ended Questionnaire

- Q1. If you could change ONE thing about your workplace, what would it be? Why?
- Q2. What is the MAIN reason you work in this profession?
- Q3. In your opinion, what are the critical skills needed to effectively work with amputee patients?
- Q4. What factors do you think most impact Work Satisfaction?
- Q5. How can work satisfaction be increased or maximized in your field?
- Q6. How do you define personal success?
- Q7. How would you describe compassion?
- Q8. Do you think compassion is needed for this profession? Why or why not?
- Q9. What about your profession inspires you most?
- Q10. Has your sense of work satisfaction changed over time? Why or why not?
- Q11. Has your sense of compassion changed over time? Why or why not?
- Q12. Is there anything you can share about the relationship between job satisfaction and compassion in the field of orthotics and prosthetics?

Appendix C: Online Questionnaire

Consider each question about you and your current work environment. Select the number that honestly reflects how you experiences these things in the last 30 days.

5 = Extremely Satisfied

4 = Very Satisfied

3 = Satisfied

2 = Somewhat Satisfied

1 = Not Satisfied

1. Being able to keep busy all the time. _____
2. The chance to work alone on the job. _____
3. The chance to do different things from time to time. _____
4. The chance to be “somebody” in the community. _____
5. The way my boss handles his/her workers. _____
6. The competence of my supervisor in making decisions. _____
7. Being able to do things that don’t go against my conscience. _____
8. The way my job provides for steady employment. _____
9. The chance to do things for other people. _____
10. The chance to tell people what to do. _____
11. The chance to do something that makes use of my abilities. _____
12. The way company policies are put into practice. _____
13. My pay and the amount of work I do. _____

- 14. The chances for advancement on this job. _____
- 15. The freedom to use my own judgment. _____
- 16. The chance to try my own methods of doing the job. _____
- 17. The working conditions. _____
- 18. The way my co-workers get along with each other. _____
- 19. The praise I get for doing a good job. _____
- 20. The feeling of accomplishment I get from the job. _____

Consider each question about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- 21. I get satisfaction from being able to [help] people. _____
- 22. I feel invigorated after working with those I [help]. _____
- 23. I like my work as a [helper]. _____
- 24. I am pleased with how I keep up with techniques/protocols. _____
- 25. My work makes me feel satisfied. _____
- 26. I have happy thoughts and feelings about those I [help]. _____
- 27. I believe I can make a difference through my work. _____
- 28. I am proud of what I can do to [help]. _____
- 29. I have thoughts that I am a "success" as a [helper]. _____
- 30. I am happy that I chose to do this work. _____

Compassion Satisfaction Score: _____

Appendix D: Responses to Online Questionnaire

Q1. Being able to keep busy all the time.

	Responses
Very satisfied	2
Satisfied	4
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q2. The chance to work alone on the job.

	Responses
Very satisfied	2
Satisfied	2
Neither satisfied or dissatisfied	3
Dissatisfied	0
Very dissatisfied	0

Q3. The chance to do different things from time to time.

	Responses
Very satisfied	6
Satisfied	0
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q4. The chance to be "somebody" in the community.

	Responses
Very satisfied	3
Satisfied	2
Neither satisfied or dissatisfied	2
Dissatisfied	0
Very dissatisfied	0

Q5. The way my boss handles his or her workers.

	Responses
Very satisfied	0
Satisfied	0
Neither satisfied or dissatisfied	7
Dissatisfied	0
Very dissatisfied	0

Q6. The competence of my supervisor in making decisions.

	Responses
Very satisfied	1
Satisfied	2
Neither satisfied or dissatisfied	4
Dissatisfied	0
Very dissatisfied	0

Q7. Being able to do things that don't go against my conscience.

	Responses
Very satisfied	5
Satisfied	1
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q8. The chance to work alone on the job

	Responses
Very satisfied	2
Satisfied	2
Neither satisfied or dissatisfied	3
Dissatisfied	0
Very dissatisfied	0

Q9. The chance to do things for other people.

	Responses
Very satisfied	6
Satisfied	0
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q10. The chance to tell people what to do.

	Responses
Very satisfied	3
Satisfied	1
Neither satisfied or dissatisfied	3
Dissatisfied	0
Very dissatisfied	0

Q11. The chance to do something that makes use of my abilities.

	Responses
Very satisfied	5
Satisfied	1
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q12. The way company policies are put into practice.

	Responses
Very satisfied	1
Satisfied	3
Neither satisfied or dissatisfied	3
Dissatisfied	0
Very dissatisfied	0

Q13. My pay and the amount of work I do.

	Responses
Very satisfied	4
Satisfied	1
Neither satisfied or dissatisfied	2
Dissatisfied	0
Very dissatisfied	0

Q14. The chance for advancement on the job.

	Responses
Very satisfied	2
Satisfied	2
Neither satisfied or dissatisfied	3
Dissatisfied	0
Very dissatisfied	0

Q15. The freedom to use my own judgment.

	Responses
Very satisfied	5
Satisfied	1
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q16. The chance to try my own methods of doing the job.

	Responses
Very satisfied	5
Satisfied	1
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q17. The working conditions

	Responses
Very satisfied	2
Satisfied	3
Neither satisfied or dissatisfied	2
Dissatisfied	0
Very dissatisfied	0

Q18. The way my co-workers get along with each other.

	Responses
Very satisfied	2
Satisfied	3
Neither satisfied or dissatisfied	2
Dissatisfied	0
Very dissatisfied	0

Q19. The praise I get for doing a good job.

	Responses
Very satisfied	2
Satisfied	3
Neither satisfied or dissatisfied	2
Dissatisfied	0
Very dissatisfied	0

Q20. The feeling of accomplishment I get from the job.

	Responses
Very satisfied	4
Satisfied	2
Neither satisfied or dissatisfied	1
Dissatisfied	0
Very dissatisfied	0

Q21. I get satisfaction from being able to [help] people.

	Responses
Always	4
Usually	2
Sometimes	1
Rarely	0
Never	0

Q22. I feel invigorated after working with those I [help].

	Responses
Always	1
Usually	2
Sometimes	3
Rarely	0
Never	0

Q23. I like my work as a [helper].

	Responses
Always	2
Usually	3
Sometimes	2
Rarely	0
Never	0

Q24. I am pleased with how I keep up with techniques and protocols.

	Responses
Always	1
Usually	4
Sometimes	2
Rarely	0
Never	0

Q25. My work makes me feel satisfied.

	Responses
Always	2
Usually	4
Sometimes	1
Rarely	0
Never	0

Q26. I have happy thoughts and feelings about those I [help].

	Responses
Always	2
Usually	3
Sometimes	2
Rarely	0
Never	0

Q27. I believe I can make a difference through my work.

	Responses
Always	3
Usually	3
Sometimes	1
Rarely	0
Never	0

Q28. I am proud of what I can do to [help].

	Responses
Always	4
Usually	2
Sometimes	1
Rarely	0
Never	0

Q29. I have thoughts that I am a "success" as a [helper].

	Responses
Always	1
Usually	5
Sometimes	1
Rarely	0
Never	0

Q30. I am happy that I chose to do this work.

	Responses
Always	3
Usually	3
Sometimes	1
Rarely	0
Never	0

Appendix E: Interview Protocol

The interview session will take approximately 30 minutes to complete. May I have permission to audio-record the interview, so that it can later be transcribed and checked by you for accuracy later in the study?

- Yes Permission Granted.

Screening Questions:

With which Sex/Gender do you identify?

- Male
- Female

What is your age group?

- Under 30
- 30–39
- 40–49
- 50–59
- 60–69
- Over 70

How many years have you worked at this field? _____

What is your primary function with your company/practice?

- Administration/Management
- Clinician/Therapist/Patient Care
- Production
- Other _____

Have you, a relative, or friend ever experienced an amputation/prosthetic device?

- | | | |
|-------------------------|-------|------|
| Self | • Yes | • No |
| Relative/Spouse/Partner | • Yes | • No |
| Close Friend | • Yes | • No |

Appendix F: Statement of Original Work

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

Statement of academic integrity.

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

Explanations:

What does “fraudulent” mean?

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

What is “unauthorized” assistance?

“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another’s work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.

Statement of Original Work (continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.
2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research in the *Publication Manual of The American Psychological Association*.

Donna Atherton
Digital Signature

Donna Fisher Atherton
Name (Typed)

October 16, 2019
Date