A Study of Nurse Practitioner Job Satisfaction in Florida

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A STUDY OF NURSE PRACTITIONER
JOB SATISFACTION IN FLORIDA

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ABSTRACT

The current shortage of staff nurses calls for studies that explore factors that lead to nurse retention. The purpose of this study was to employ survey research techniques to measure job satisfaction in a random statewide sample of Florida Nurse Practitioners. This study was a replication of Kacel, Miller, and Norris’s (2005) study, “Measurement of nurse practitioner job satisfaction in a Midwestern state”. The primary measure in the study was the Misener Nurse Practitioner Job Satisfaction Scale. This survey instrument evaluated the amount of satisfaction derived from various factors of nurse practitioner work in the form of numerical answers on a Likert-type scale. Results from this scale were tallied in order to make a statement about the overall level of job satisfaction experienced by nurse practitioners in Florida. Additionally, the mean scores for each factor were examined in order to identify the most satisfying and dissatisfying aspects of the work. A demographic questionnaire was also completed by each participant.

Of the 501 nurse practitioners asked to participate in the study by mailed request, 220 surveys were returned with 146 meeting inclusion criteria. The average total score for these surveys was approximately 202.51 out of a possible 264. This correlates to a job satisfaction rating of “minimally satisfied” to “satisfied.” Additionally, the data indicate that nurse practitioners in Florida are most satisfied with intrinsic aspects of work and least satisfied with extrinsic factors of work. Finally, the results revealed a lack of statistical significance indicating that total job satisfaction is affected by variations in demographics. However, there is some indication that nurse practitioners working in private practice experience a different level of job satisfaction relating specifically to intrapraction partnership and collegiality than those working in the hospital.

Results from this study indicate that, while nurse practitioners in Florida express at least a minimal level of general job satisfaction, there are numerous aspects of work causing dissatisfaction. Because job dissatisfaction may affect employee retention, these findings merit further investigation into the concerns of nurse practitioners across the United States. Additional studies in other states and regions might increase the generalizability of findings and increase
awareness concerning factors of work that nurse practitioners find dissatisfying such that future improvements may be made for these professionals.
CHAPTER 1

Introduction

An estimated 141,209 nurse practitioners are licensed to practice in the United States as of 2004 (ACNP, n.d.). While the title and job description of nurse practitioner was created only four decades ago, nurse practitioners have greatly impacted healthcare. As these professionals benefit society by both increasing the healthcare workforce and contributing to nursing and medical research, it would seem that many positive outcomes might be derived from maintaining or even adding to the number of nurse practitioners (NPs) within the United States. Therefore, research that determines factors that attracts and retains NPs within the workforce is desirable. However, many factors including practice environment, economic issues, and state laws governing the practice of NPs vary from state to state, making it difficult to make a general statement concerning the job satisfaction of NPs based on research conducted within multiple states. The purpose of this project was to identify factors contributing to NP satisfaction within the state of Florida, so that results may be compared to similar studies in other states. Such comparisons might provide insight into regionally specific factors that contribute a high degree of job satisfaction, or conversely, detract from it. These factors might, in turn, be used to develop strategies to fuel workforce retention of nurse practitioners.

The concept of job satisfaction is comprised of numerous factors; many of which are modifiable. Specifically, Misener and Cox (2001) asserted that job satisfaction depends on individual characteristics of the worker, and that factors contributing to job satisfaction are subject to change. This implies not only that each employee might attain a different level of satisfaction from the same job, but also that contributors of satisfaction are modifiable. Therefore, if specific satisfiers and dissatisfiers can be identified, perhaps such factors can be altered to increase the number of satisfiers and, secondarily, to increase overall levels of satisfaction.
Statement of the Problem

The problem with current understanding of NP job satisfaction is two-fold. First, there is an insufficient amount of information available which measures the overall level of job satisfaction among today’s nurse practitioners. Second, there is a lack of insight into the specific factors, which influence job satisfaction. Without understanding and identifying both the current level of satisfaction and the areas of needed improvement, little can be done to improve the working conditions of nurse practitioners.

Kacel, Miller and Norris (2005) completed a study, which contributed to the understanding of nurse practitioner job satisfaction. However, the authors note that the results are not generalizable to the whole population of nurse practitioners due to inherent geographical limitations within the study. They studied the nurse practitioners of one midwestern state and thus the data has limited external validity due to geographic, political and legal limitations associated with the region in which the initial study was performed. This study is a replication of Kacel, Miller and Norris’ study entitled, “Measurement of nurse practitioner job satisfaction in a midwestern state.” This study will enable a comparison of results from a survey of Florida NPs with the original study in order to identify common areas of dissatisfaction, and, in turn, create more generalizable findings.

Once such information has been compiled, specific goals may be developed that offer strategies with which NP job satisfaction can be improved. Concomitantly, information concerning specific factors producing dissatisfaction among a majority of nurse practitioners may be distributed to employers. The employers would, in turn, have the potential to make changes to decrease dissatisfaction and thus improve work environments for their nurse practitioner employees.

Significance of the Problem

Previous studies have identified two noteworthy characteristics of NP job satisfaction. First, Kacel, Miller and Norris (2005) found that NPs are dissatisfied with some aspects of their work. Second, the authors found that “NPs with 0-1 year practice experience were the most satisfied with their jobs, but satisfaction scores fell steadily with each additional year of experience, reaching a plateau between the eighth and eleventh years of practice” (pg. 27). These are important findings of the research because they are indications of problems within the profession. Clearly, NPs are graduating from school, joining the workforce and then frequently
experiencing conflicts with one or more aspects of the job, which are causing them to become increasingly dissatisfied as time passes. Further, Tzeng (2002) found that job satisfaction is a causative factor in nurses’ intention to leave their jobs. Though this research is in reference to general practice registered nurses, it is an example of the significant impact job satisfaction and dissatisfaction can have, given that job dissatisfaction influences intention to quit and there is currently a shortage of working staff nurses. While presently there is no documented shortage of nurse practitioners, the fact that many of those in practice are suffering from some degree of job dissatisfaction should serve as a warning sign of an imminent future shortage based on a model of staff nursing job dissatisfaction, intention to quit, and shortage.

**Statement of Purpose**

The purpose of this study was to assess the level of satisfaction that is derived from specific intrinsic and extrinsic factors of nurse practitioner work. These findings might be used to modify working conditions for NPs, such that overall satisfaction may be increased before dissatisfaction culminates in escalating numbers of NPs intending to quit and subsequent NP shortage as has already occurred with staff nurses. While such research has been initiated in other states, studies that specifically target Florida’s nurse practitioner population have not yet been published. Following the collection of data examining specific intrinsic and extrinsic factors, this information will be analyzed and used to make a general statement concerning job satisfaction among nurse practitioners in Florida. Subsequently, the results of this study may be compared to the results of similar studies completed in other states, such as Kacel et al.’s, original study (2005). This information might be useful to both NPs and their employers. For NPs, changes within the profession often depend upon governmental regulation.

Since nursing practice environment is unique to each state, important observations might be made by comparing studies. For example, Florida law denies nurse practitioners the right to prescribe controlled substances. Job satisfaction related to levels of autonomy might be compared between Florida NPs and those from another state; specifically one that allows for NP prescription of controlled substances. Findings might be used to support and effect policy making in the future and, secondarily, to further promote NP job satisfaction. For employers nationwide, comparing studies might help identify common areas of dissatisfaction among the states. Progressive employers might then make changes to the work environment that would aid in the retention of employees and the recruitment of new nurse practitioners.
Research Questions

The study will seek to determine the level of job satisfaction among nurse practitioners, differentiating vital contributing factors. The research questions for the study are as follows:

1. What is the current level of job satisfaction among nurse practitioners in Florida?
2. What specific factors contribute most significantly to levels of job satisfaction among nurse practitioners in Florida?

Operational Definitions

Operational definitions for the study are as follows:

1. Nurse practitioners: Any nurse who is currently working, employed, and licensed as a nurse practitioner in the state of Florida.
2. Job satisfaction: This study will utilize the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS), as a measurement tool with which to determine levels of job satisfaction (Misener & Cox, 2001).
3. Intrinsic factors: A category of job related factors on which the conceptual framework for this study was based; the opposite of extrinsic factors (Misener & Cox, 2001).
4. Extrinsic factors: A category of job related factors on which the conceptual framework for this study was based; the opposite of intrinsic factors (Misener & Cox, 2001).
5. Job dissatisfaction: For this study, feelings of job dissatisfaction was determined by scores correlating to the dissatisfied end of the MNPJSS, using a Likert-type scale (Misener & Cox, 2001).

Conceptual Frameworks

Kacel, Miller, and Norris (2005) reported on the overall job satisfaction of nurse practitioners in a midwestern state. Their study identified that NPs were most satisfied with factors identified as intrinsic by Kacel, Miller and Norris (i.e. achievement, recognition, advancement, responsibility, and patient mix), and least satisfied with factors identified to be extrinsic by Kacel, Miller and Norris (i.e. salary, supervision, company policy and administration, working conditions such as time off to serve on professional committees, and involvement in research). These two factors, as identified by Herzberg’s Motivation Hygiene Theory, serve as one of two conceptual models utilized in the completion of this study (Herzberg, 1966). These factors will be evaluated using the Misener Nurse Practitioner Job Satisfaction Scale instrument, which will provide information concerning the current level of NP
job satisfaction in Florida (Misener & Cox, 2001). The authors of the Misener Nurse Practitioner Job Satisfaction Scale also referenced Herzberg’s theory. Thus, completed surveys can be analyzed to determine not only overall levels of satisfaction, but also whether intrinsic factors yield the most satisfaction as opposed to extrinsic. Secondarily, the primary sources of dissatisfaction may be determined. Employers, who hope to decrease dissatisfaction, may then focus attention on improving either intrinsic or extrinsic modifiable factors that correlate with high levels of dissatisfaction. For example, a modifiable intrinsic factor, as identified by Kacel, Miller and Norris is patient mix (Kacel, Miller, & Norris, 2005). If nurse practitioners are found to be dissatisfied with existing patient mix, then employers may work to improve this factor by asserting influence over the acuity of patients that are selected to be seen by the NP, such that the composition is more diverse. Similarly, a modifiable factor identified to be extrinsic by Kacel, Miller, and Norris is time off to serve on professional committees (Kacel, Miller, & Norris, 2005). If nurse practitioners are found to be overall dissatisfied with this factor, employers might make a priority of allowing time off, such that dissatisfaction decreases. Allowing for more time off might seem contra-intuitive to employers who are already short of nursing staff. However, Misener and Cox (2001) assert that Herzberg’s theory implies that if staff is given access to satisfiers such as time off for educational opportunities, the same staff will incur more job satisfaction and therefore they will be less likely to take unexcused absences, or to quit. What employers lose in given time off, Herzberg theorizes that they will make up in employee satisfaction and participation (Misener & Cox, 2001).

Herzberg is not alone in his assertion that there are both internal and external influences in the lives of individuals. Herzberg states that total job satisfaction is influenced by intrinsic and extrinsic factors. Herzberg also refers to intrinsic factors as satisfiers and to extrinsic factors as dissatisfiers (Kacel, Miller, & Norris, 2005). In his writing, “Work and the Nature of Man,” Herzberg notes that dissatisfiers are concerned with the environment in which man works. He further characterizes dissatisfiers as “having little effect on positive job attitudes,” and having more effect on the prevention of job dissatisfaction (pg. 74). Conversely, Herzberg states that satisfiers are concerned less with the external work environment and more with the relationship man has with his actual job. Specifically, Herzberg theorizes that unlike dissatisfiers, satisfiers do not simply prevent dissatisfaction, but are capable of increasing satisfaction by causing an increase in man’s internal drive or motivation. Similarly, the second conceptual model utilized
in this study supports this idea that man’s behavior may differ depending on whether he is affected more by internal motivation or by the external forces of a situation. (Herzberg, 1966)

This model is known as Locus of Control. Like Herzberg’s Motivation Hygiene theory, the idea of locus of control has been used as the framework for numerous studies concerning satisfaction with life tasks. The concept recognizes that the outcome of life tasks is affected by both individual, or internal, effort and environmental, or external, factors (Erbin-Roesemann & Simms, 1997). Further, locus of control refers to the understanding that individuals seek to understand the causality of these outcomes by attributing varying degrees of control to these two factors (Erbin-Roesemann & Simms, 1997). Application of the model differentiates those with an internal locus of control from those with an external locus of control. People with an internal locus of control look within themselves for characteristics and skills useful to affect results or reinforcements (Rotter, 1990). The satisfaction and pride resulting from this ability is similar to the increased fulfillment experienced by intrinsically motivated people who look within for a sense of achievement to provide job satisfaction. Externally motivated people, conversely, do not experience the same satisfaction that comes from belief in one’s own capabilities because they attribute outcome in part to external influence such as fate or luck (Erbin-Roesemann & Simms, 1997). This is similar to Herzberg’s assertion that extrinsic factors of employment such as salary, are not able to increase satisfaction because they do not contribute to a person’s belief about themselves (Herzberg, 1966). Instead, these extrinsic factors can only contribute to dissatisfaction if they are not pleasing (Herzberg, 1966). The Motivation Hygiene Theory and Locus of Control, are two completely separate models that both address the differentiation between self and environment. Both contribute to the understanding of satisfaction associated with life tasks, particularly employment. The idea that job satisfaction is a multifaceted and fluid concept is an integral part of any study aimed at learning current levels of job satisfaction for the purpose of improving upon them. Therefore, Herzberg’s Motivation Hygiene Theory and Rotter’s Locus of Control serve as the framework upon which this study is based.

Assumptions

The assumptions for the study are as follows:

1. Job satisfaction is a measurable concept.
2. Nurse practitioners can be graded at some point on the continuum of job satisfaction.
3. When presented with a survey designed to measure job satisfaction, nurse practitioners will answer honestly and to the best of their ability.

Limitations

This study will not be generalizable to the entire population of nurse practitioners due to inherent geographic limitations. Only Florida nurse practitioners will be included in the sample. Therefore, findings will only apply to nurse practitioners in Florida. The surveys will be mailed to a predetermined number of randomly selected nurse practitioners gathered from the Department of Health’s list of licensed NPs. Skewing may occur based on the fact that one personality type of nurse practitioner may be more likely to complete and submit the survey than another. Finally, because the surveys will be mailed to the nurse practitioner’s place of work, the environment for completion of the surveys will not be controlled. Some nurse practitioners may be swayed by discussing answers with others. Therefore, answers may reflect socially desirable responses rather than the individuals’ actual feelings and opinions.

Summary

Research has shown that many NPs are dissatisfied with aspects of their work. However, this research has only been completed in select regions of the United States, and the findings, therefore, are not generalizable to the whole population of NPs throughout the U.S. Research examining the job satisfaction levels of NPs in areas not already studied would benefit past research by adding to the sample size of NPs that have been evaluated. This would both increase generalizability of findings concerning NP satisfaction as whole, and also allow for comparisons to be made between regions of study. Comparisons between research studies completed in various regions of the country are useful because state laws governing the practice of NPs are unique. Using regions with high levels of satisfactions as models with regard to legislature and practice regulation can evoke change in areas of greater dissatisfaction. Pursuing better overall NP job satisfaction throughout the U.S. while numbers of working NPs remain high might prevent the problem faced among registered nurses, which is that of currently attempting to both increase job satisfaction and combat a nursing shortage at the same time. In order to avoid the number deficit and struggle that registered nurses are facing, the fact that there is dissatisfaction among NPs must be recognized, the specific factors contributing to this dissatisfaction must be
isolated, and efforts must be made to modify these factors thereby increasing NP job satisfaction and preventing a shortage of NPs before it starts.
CHAPTER 2

Review of Literature

The following is a review of literature pertaining to nurse practitioner job satisfaction. The literature is divided into three categories: Literature pertaining to the conceptual frameworks, empirical studies concerning the job satisfaction of staff nurses and empirical studies concerning the job satisfaction of nurse practitioners.

Conceptual Frameworks

Motivation- Hygiene Theory

One of the theoretical bases for this study is Frederick Herzberg’s Motivation- Hygiene Theory as described in his book *Work and the Nature of Man* (1966). Herzberg, in the development of his theory, categorized components of job satisfaction. He determined that work can be categorized into satisfiers (also referred to as motivators or intrinsic factors) and dissatisfiers (also referred to as hygienes or extrinsic factors). Satisfiers arise from completion of the job itself, such as sense of achievement. They are so named because the presence of these factors, within Herzberg’s research, was found to be related to motivation and job satisfaction. Herzberg co-labeled these factors motivators because people who are naturally satisfied by these aspects of work will be motivated when these elements are part of a job, even in the absence of extrinsic satisfaction (Collins et al, 2000). Conversely, dissatisfiers stem from the work environment, such as company policy and administration. These factors are so named because they are areas from which dissatisfaction may stem. Herzberg co-labeled these factors dissatisfiers because people who base their satisfaction on these elements will be dissatisfied in the absence of these elements, even in the presence of intrinsic motivation (Collins et al, 2000).

Herzberg (1966) theorized that, while the sum of satisfaction derived from each motivator and hygiene is equal to overall satisfaction, job satisfaction and job dissatisfaction are derived from separate sources and so must be measured independently along two different continuums. Specifically, Herzberg explains that job satisfaction may be examined on a
continuum where the extremes range from no job satisfaction to complete satisfaction. Similarly, he states that job dissatisfaction may be examined on a continuum where the extremes range from no job dissatisfaction to completely dissatisfied. This is in contrast to having one continuum of measurement where the extremes range from job dissatisfaction to job satisfaction. Thus, a person can be satisfied with some motivation factors, for example, and dissatisfied with numerous motivation and/or hygiene factors. Therefore, utilization of Herzberg’s theory, allows for factors of nurse practitioner work to be categorized so that dissatisfying components can be localized. If it was not theoretically possible for the dissatisfiers to be located and amended, then this, and similar studies, would serve no practical purpose. (Herzberg, 1966)

**Application of Herzberg’s Theory**

Although Frederick Herzberg’s Motivation-Hygiene theory was originally based on research conducted using a sample population of accountants and engineers, the theory has been applied during research conducted within other professions. For the purpose of this literature review, only those research articles conducted in the area of nursing will be mentioned. For example, Misener and Cox applied the use of Herzberg’s theory as part of the framework for their study, “Development of the Misener Nurse Practitioner Job Satisfaction Scale” (2001). The authors note, based on findings prior to the development of their scale, “job satisfaction literature surrounding NPs is scant and no instrument existed to measure dimensions specifically for NPs” (Misener & Cox, 2001, p. 93). The authors further state that their reason for choosing this as the conceptual framework is the theory’s support of “the fact that workers may be satisfied with some aspects of their jobs and dissatisfied with other aspects” (pg. 92). The authors were able to translate Herzberg’s satisfiers (achievement, recognition, work itself, responsibility, advancement and potential for growth) into questions related to the daily tasks of nurse practitioners (Misener & Cox, 2001). Herzberg’s dissatisfiers (working conditions, interpersonal relationships, salary, status, security, policies, administration, and supervision) were translated in a similar way (Misener & Cox, 2001). These translations enabled the authors to produce an instrument, specific to nurse practitioners, which distinguishes intrinsic from extrinsic factors so that it may be determined which creates more overall satisfaction in addition to determining the level of satisfaction derived from each individual factor.

Misener’s scale was utilized in Kacel, Miller, and Norris’s (2005), “Measurement of Nurse Practitioner Job Satisfaction in a Midwestern State,” as was Herzberg’s theory. Kacel et
al (2005) confirm that the reason for the use of Herzberg’s research as a conceptual framework is the theory’s ability to distinguish satisfiers from dissatisfiers. They also recognize that these factors are readily subject to change. Therefore, Kacel et al., assert that Herzberg’s theory is useful not only because it is one based on intrinsic and extrinsic factors that are associated with determining levels of satisfaction, but also because these factors are modifiable. This characteristic of factors associated with job satisfaction allows for changes to be made affecting overall levels of satisfaction, which is an indication for completing this type of research. Kacel et al. conclude that use of Herzberg’s theory can do more than assess levels of nurse practitioner job satisfaction; it can lead to increases in nurse practitioner job satisfaction.

**Locus of Control**

The other theoretical basis for this research is Julian Rotter’s Locus of Control. Rotter’s concept of Locus of Control stemmed from his work, *Social Learning and Clinical Psychology* (1954) (Erbin-Roesemann & Simms, 1997). Within his book, first published in 1954, Rotter defined the basic principles of his Social Learning Theory. The primary assertion of this theory is that “personality is the interaction of the individual and his meaningful environment” (p. 85). Rotter elaborates on this first postulate, explaining that personality is not static, but is modifiable because of the experience that comes with a changing environment. It is also within this theory that Rotter describes personality, or behavior, as being “directional” (p. 97). More specifically, behavior is modified in the direction of individual “needs” or environmental “reinforcements” (p. 99).

It is from this proposed relationship between personality and environment and the directional property of behavior that the model now known as Locus of Control (LOC) was conceived (Erbin-Roesemann & Simms, 1997). In Rotter’s (1990), “Internal versus external control of reinforcement: A case history of a variable,” he explains that LOC refers to the degree to which an individual believes an outcome to be attributed to their own personal characteristics as opposed to the influence of chance, luck, fate, others, or unpredictability (p. 489). Therefore, LOC builds on the theoretical concept of social learning theory by acknowledging that both personality and environment influence the actions and outcomes of an individual and then asking for the individual’s perception of which one contributes more. This level of individual perception was not assessed during the course of this research because the purpose of the study was not to make a statement concerning how NPs view control in their lives, but rather to
identify factors both internal and external that influence satisfaction. However, an examination of the factors that influence job satisfaction would be incomplete without a discussion of Locus of Control. The model has been used at the theoretical foundation for numerous studies on life satisfaction, including the one reviewed below.

**Application of Locus of Control**

Locus of Control refers to identification of where an individual believes control exists, whether internal or external (Rotter, 1990). The idea deals with causality and therefore it helps to determine who or what gets the credit for an outcome (Erbin-Roesemann & Simms, 1997). Because self satisfaction is often the result of accomplishment, locus of control and satisfaction can be theoretically linked. This is evident in the amount of published research relating the two, including Erbin-Roesemann and Simms (1997) study entitled, ”Work locus of control: The intrinsic factor behind empowerment and work excitement.” The findings of these authors supported those of previous research and include the ideas that there is a positive correlation between internal locus of control and work excitement and secondarily job satisfaction (pg 188). In this study, 267 nurses were asked to complete two questionnaires entitled the Work Excitement Instrument and the Work Locus of Control Instrument. Data analysis revealed two pertinent findings. First the authors state, “Personal control was significantly correlated with the total work excitement scale” (pg 188). The second finding indicates a negative correlation between personal control and factors giving control to other entities (pg. 188). In other words, the less achievement is dependent on an outside entity, the more it is attributed to individual effort. Additionally, as individual effort is recognized, work excitement increases. These findings support those of published research concerning NP job satisfaction. NPs have been found to be most satisfied with intrinsic factors of work, and are therefore less satisfied with extrinsic factors (Kacel, Miller, & Norris, 2005). Given that extrinsic factors are concerned more with the work environment, or external relationships, than with the individual, or internal relationships, it follows that they would be less satisfying than intrinsic factors according to Erbin-Roesemann and Simms’ study. The locus of control model asserts that people learn to believe that either internal factors, stemming from one’s own will, or external factors, stemming from outside influence will determine the outcome of a situation (Rotter, 1990). This is different than Herzberg’s theory which is concerned with motivation rather than belief. However, the two models are reminiscent of one another in their differentiation of the individual from environment.
Therefore, both theories are pertinent to a discussion on job satisfaction and both will be utilized in the development of this research.

**Empirical Studies**

**Job Satisfaction of Staff Nurses**

While there is not extensive research available concerning the job satisfaction of NPs, research concerning job satisfaction of registered nurses (RNs) is abundant secondary to the current shortage of staff nurses. The effect that dissatisfied RNs are having, not only on the profession, but also on patient care, serves as an example of how job dissatisfaction can impact NPs. The literature is replete with studies evaluating the issue of job dissatisfaction, and the below listed references regarding staff RN dissatisfaction with the profession document the complexity and importance of this issue. They illustrate the fact that staff RN job dissatisfaction has ramifications throughout the healthcare system, culminating in high nurse turnover rates and increased cost to employers and patients.

The shortage of RNs affects numerous aspects of healthcare systems. Williams (2005) studied the impact of job satisfaction on organizational trust. The author defines organizational trust as an indication of positive expectations employees have concerning their place of employment. A major area of concern impacted by the shortage of practicing nurses has previously been identified, and is summarized by the following citation by Williams (2005). The Joint Commission on Accreditation of Healthcare Organizations noted in 2002 that this shortage of nurses in American hospitals is endangering patient lives (Williams, 2005). The author intended to demonstrate that job satisfaction, and secondarily the nursing shortage, has continued ramifications including the fact that RN job satisfaction is hypothesized to be linked to organizational trust, which is associated with effectiveness of an organization.

Williams (2005) sent surveys to 920 registered nurses employed at a community regional hospital in the northeast. Four hundred and seventy two usable surveys were returned. Measurement tools used for this study included the Index of Work Satisfaction (used to measure job satisfaction), and the Organizational Trust Index. These tools were incorporated into the survey, which was then analyzed by statistical analysis to determine the correlation between the two variables. The authors of the study concluded that there is a positive correlation between job satisfaction and organizational trust. Specifically, particular elements of job satisfaction seem to correlate more with organizational trust than others. For example, nurse-nurse and nurse-
physician collaboration, autonomy, and nurses’ perceived value are all factors which seem to display a high level of correlation. This research helps to illustrate a holistic picture of the concept and implications of job satisfaction. Specifically, job satisfaction of nurses does more than impact the lives of the nurses themselves; pt safety and care, and the well being of the organizations for which they work are affected as well. (Williams, 2005)

McFadzean and McFadzean (2005) found that job satisfaction also affects intra-office morale in the article, “Riding the emotional roller-coaster: A framework for improving nursing morale”. The purpose of the study was to use existing literature to form a holistic framework for nursing morale by examining all factors thought to contribute to the phenomenon. Job satisfaction was identified within the article to be one such factor. Job satisfaction itself was shown to be positively correlated with morale wherein increases in job satisfaction improve overall morale. Increased morale, in turn, is associated with positive patient outcomes resulting in better commitment of clients, fewer lawsuits, etc. It is evident that the effects of nurse practitioner job satisfaction are not limited to the practitioner and patient, but extend to characteristics of the healthcare organizations where they practice.

Similarly, Callighan (2003) completed a study aimed at demonstrating that nursing morale has a significant impact on healthcare including an effect on nurses’ decision to stay within or enter in the field. As morale has been correlated with job satisfaction, this study corroborates the idea that the feelings a nurse experiences through work are worth investigating. Callaghan interviewed 58 nurses (28 males, 30 females) working for the National Health Service in Scotland to explore nursing morale. In the United Kingdom, concern had been expressed regarding recruitment and retention of nurses. Therefore, the purpose of this study was to determine if nursing morale was a problem and identify factors that affect nursing recruitment and retention. Thematic analysis of the interviews was carried out to evaluate the findings. It was determined that morale for the group was very low. A majority of these nurses were considering leaving the profession and said they would discourage others from becoming a nurse. While increase in salary was important, it was identified that other factors must be addressed to prevent further decline in morale. These factors included: job insecurity, lack of support for education, and frustration regarding opportunity for promotion. (Callighan, 2003)

The idea that decreased morale or job dissatisfaction could impact nurses to the extent of leaving the field of nursing was further explored in a study by Kalliath and Morris (2002). Their
research was designed to illustrate the link between job satisfaction and job burnout among nurses. The authors surveyed 203 nurses employed by a community hospital. Participants were given two questionnaires including the Maslach Burnout Inventory, which measures degrees of emotional exhaustion, depersonalization, and personal accomplishment, and a job satisfaction scale. The authors state that previous studies have found that, “depersonalization is the first manifestation of burnout, followed by reduced personal accomplishment” (p. 652). Kalliath and Morris go on to explain that depersonalization and reduced personal accomplishment combine and manifest as emotional exhaustion. The researchers cite previous studies stating, “clear evidence was found for a direct effect of job satisfaction on emotional exhaustion” (p. 652). Finally, emotional exhaustion is thought to contribute to burnout according to Kalliath and Morris. These findings were supported by this study wherein job satisfaction was found to be inversely related to emotional exhaustion (-0.97, P< .01) (pg 651). Therefore, the authors assert that level of job satisfaction can be used to make predictions concerning the likelihood of a nurse experiencing burnout. According to Kalliath and Morris, “Nurses are expected to provide humanistic, compassionate culturally sensitive, competent, and ethical care,” within a setting of limited resources and great responsibility (pg 648). This job description offers a possible reason for the author’s findings that job dissatisfaction and subsequent emotional exhaustion and burnout do occur in nursing. (Kalliath & Morris, 2002)

The idea of nurse turnover and burnout was further explored in Tzeng’s 2002 study, “The influence of nurses’ working motivation and job satisfaction on intention to quit: An empirical investigation in Taiwan.” The author’s purpose for this article was to investigate the influence of nurse’s working motivation and job satisfaction on intention to quit. Tzeng states that it has been shown that nursing dissatisfaction is said to lead to decreased patient satisfaction, which contributes to both poorer patient outcomes and increased numbers of lawsuits for the institution. Additionally, nursing satisfaction reduces turnover rate thereby saving institutional losses due to orientation and training. One cited study found that half of the studied nursing staff wanted to quit their jobs. It is therefore important to understand the reasons contributing to such a large number of dissatisfied nurses in order to resolve the problem. In order to determine how much impact job satisfaction and working motivation have on intention to quit, a 48 item questionnaire was developed and distributed to all nurses working in three different hospitals in Taiwan. Six hundred and forty eight completed questionnaires were returned and statistically analyzed. The
questionnaires contained questions related to intention to quit, reasons for working, satisfaction obtained from nine factors of employment, and demographic information. Conclusions from this quantitative study are as follows. Contrary to the hypothesis, higher job satisfaction does not necessarily lead to decreased intention to quit. Instead, statistically, working motivation, such as dependence on monetary income and demographic data, such as age of youngest child seem to be the most valuable indicators of intention to continue working. It is important to note that job satisfaction was not ruled out as a contributing factor to nurses’ intention to quit; it simply can’t be thought of as the sole indicator as demographics also play a role. Additionally, job satisfaction is an important factor because it is modifiable, unlike many variables dealing with demographics. (Tzeng, 2002)

The effects of job dissatisfaction having been clearly delineated, authors began to turn their attention to researching ways to improve staff RN satisfaction and secondarily to decrease nurse turnover. Collins et al (2000) investigated how new roles contribute to job satisfaction and retention of staff in nursing. This study was derived from a larger scale study designed to identify and define the new roles of nurses and allied health professionals. The measurement instrument was a 38 question survey with both Likert-type answers and spaces for individual comments to be made. The qualitative portion was pilot tested before use, while the qualitative data were exposed to statistical analysis. Theoretical frameworks for the study include Herzberg’s dual theory of job satisfaction and the theory of work adjustment. A thorough literature review was completed prior to initiation of the study. This helped the researchers identify previously determined factors of job satisfaction including respect, autonomy, etc. Similarly dissatisfaction was found to be associated with unmanageable work loads or decreased autonomy. Following completion by 452 nurses and 162 professionals allied to medicine, the results were analyzed and the conclusions are as follows. The study determined general levels of satisfaction to be high among nurses and allied health professionals who hold innovative positions. However, it is to be noted that high satisfaction correlates directly to the professional’s comfort with the degree of training acquired before beginning the role. Finally, and perhaps most disturbing is the percent of nurses who indicated that they would leave the profession if they could. According to the authors, one in four nurses fell into this category. Lack of reward, low morale, and stress were the most often cited factors contributing to this phenomenon. (Collins et al, 2000)
With one in four nurses declaring willingness or desire to change occupations if possible, and the continuing nursing shortage, the need for research into job dissatisfaction was clear. Research shows that RN job dissatisfaction is linked with decreased patient safety, decreased effectiveness of healthcare organizations, nurse burnout, and ultimately nurse turnover. The effects are astounding, yet the importance of research on job dissatisfaction is often overlooked. The afore-mentioned review of literature on staff nurse satisfaction, and the compelling findings concerning the effects thereof, serves as an indication for research on job satisfaction within other nursing fields. Currently, there is an insufficient amount of data concerning job satisfaction of nurse practitioners. The following review of literature cites those that are most recent.

**Job Satisfaction of Nurse Practitioners**

The value of nurse practitioners within the healthcare system is considerable. According to Anderson, Horrocks, and Salisbury (2002), increasing use of NPs could lead to both increased patient satisfaction and increased quality of care. The purpose of their (2002) study entitled “Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors,” was to determine if nurse practitioner care is equivalent to that of physicians. After a thorough review of literature, the authors found 34 research papers, which proved valid in comparing “process, cost, or outcomes of care” between NPs and MDs based on randomized controlled trials or observational studies (pg. 819). It is, however, important to note that the study was limited to situations of acute and emergency care. Generalizations made by the study are not applicable to all areas of healthcare. Further, because the circumstances of care cannot be accounted for in a retrospective study, the findings within acute and emergency care must not be generalized. With all of the limitations taken into account, the results are as follows. Patient satisfaction was higher with nurse practitioners (though this might have been due to perceived care secondary to NPs holding longer consultations). There were no significant differences found in health outcomes between those patients seen by NPs vs. those seen by MDs. NPs made more investigations into patient illness, and the numbers of patients returning for care were approximately the same whether originally seen by NPs or MDs. The authors conclude that, while more research is needed to find out the extent of NP capabilities, the current research does call for an increase in the number of NPs utilized in practice. The intended audience for this paper might have been consumers of NP care. However, results of this study might also be
used to justify research into methods for attracting to and retaining nurses within the NP role. If, in fact NPs are giving cost effective, quality care, which increases patient satisfaction, then appropriate measures should be taken to keep them in the healthcare system. As job satisfaction has been shown to be an important factor in the retention and recruitment of staff RNs, it would follow that job satisfaction is an important factor to consider in the retention and recruitment of NPs.

During their literature review for the article, “Job satisfaction among nurse practitioners,” Apold et al (2005) found that there is very little research on this topic. For the sample population, the authors utilized a convenience sample of 207 NPs from national conferences. Apold et al designed a 58 item, Likert-type scale measurement tool, which was comprised of questions dealing with intrinsic and extrinsic factors of employment based on Herzberg’s theory, as well as questions of a demographic nature. This scale contains questions divided into three components: job factors, clinical practice factors, and personal factors. “The job factors and clinical practice factors are equivalent to Herzberg’s extrinsic factors, whereas the personal factors represent the intrinsic factors” (p. 31). The authors hoped to gather data in order to make a general statement about job satisfaction among NPs and to discern whether intrinsic or extrinsic factors yield the most satisfaction. Conclusions drawn from the study reflected that 85% of respondents fell somewhere on the continuum between somewhat and extremely satisfied with their jobs, and intrinsic factors yielded the most satisfaction. Based on these conclusions, the audiences who might benefit most from the research are potential NPs and those who employ NPs. Potential NPs might gain insight as to areas of work which yield satisfaction and compare this information to their own values to see if this job would be a good fit. Those who employ NPs might identify areas in need of improvement to increase practitioner satisfaction. While this article does contribute to an understanding of job satisfaction among NPs, it does not satisfy a need for more research into the area. Though the authors were hoping to increase generalizability of the findings by distributing the survey at national conferences, they limited generalizability by excluding all NPs not in attendance. Additionally, potential bias was introduced to this study by the use of a convenience sample of practitioners at a NP conference. Those who are involved enough in their work to be interested in attending a conference might be more likely to indicate satisfaction with their jobs. Therefore, there is still a need for more studies which utilize random samples of NPs.
One such study that utilizes a random sample of NPs, is Kacel, Miller and Norris’ (2005) study, “Measurement of nurse practitioner job satisfaction in a midwestern state.” This random sample was gathered by obtaining a complete list of licensed practitioners within the state. The researchers sent 250 of these professionals a survey, demographic questionnaire, consents, explanations, and return envelopes, from which they received 147 usable surveys. The data were compiled, statistically analyzed, and presented within the article. The measurement instrument utilized by the authors was the “Misener Nurse Practitioner Job Satisfaction Scale,” a 44 item questionnaire with questions graded on a six point Likert-type scale (Misener & Cox, 2001). In addition to enabling the researchers to make a general statement about job satisfaction within the state, the scale purposefully contains questions concerned with extrinsic factors and questions concerned with intrinsic factors (Misener & Cox, 2001). Similar to the findings in the study by Apold et al., the researchers found that NPs are generally satisfied. Specifically, 72% of respondents were said to be minimally satisfied to satisfied with their work. Additionally, the data indicate that intrinsic factors yield more satisfaction than extrinsic factors. Finally, the researchers note that NPs with the fewest years of experience tend to be the most satisfied. This particular finding is cause for concern. If NPs are beginning jobs being satisfied, but the satisfaction is waning with time, then this is an indication of problems within the job.

Summary

While the few studies completed on NP job satisfaction show general levels of satisfaction among the workforce, research supports the idea that levels of satisfaction are not being maintained or increasing with years of experience as one might expect would happen as individuals grow to be more comfortable with demands of the job. Currently, there is not a documented shortage of nurse practitioners within the United States. However, the fact that research shows that job satisfaction is not a stable variable within the profession is a call for more research into what causes NP job dissatisfaction and what can be done to improve satisfaction. Perhaps if the problem is identified and early intervention is applied then the type mass dissatisfaction that staff nurses are experiencing can be avoided among NPs, and the future possibility of high turnover rates for NPs could be reduced. Therefore further research among random samples of NPs, from various areas of the US, is needed to compare the effects of variations among state laws regarding practice as well as demographic data in order to identify common areas of dissatisfaction and, secondarily, to create more generalizable findings.
concerning the job satisfaction of nurse practitioners. If causes of dissatisfaction can be identified and modified to improve overall satisfaction then perhaps these professionals can be retained within the workforce; a valuable resource for the healthcare of the United States.
CHAPTER 3

Methodology

This study was a replication of Kacel, Miller and Norris’ (2005), study entitled “Measurement of nurse practitioner job satisfaction in a Midwestern state.” Much of the design, setting, sample, instruments, procedure, and data analysis will follow the example set forth in the original study. However, any necessary accommodations will have to be made in order to complete this study in Florida.

Design

The study will utilize a descriptive, cross sectional approach using survey methodology. This was accomplished through the random distribution of questionnaires to licensed nurse practitioners in the state of Florida. A list of these practitioners and their current work addresses was obtained from the Florida Department of Health so that documents could be forwarded appropriately. Statistical analysis was directed towards identifying the level of nurse practitioner job satisfaction. Additionally, more specific analyses were used in order to determine specific job factors related to levels of satisfaction.

Setting

The sample for this study was obtained from the statewide registry of NPs, and surveys were mailed to their last recorded place of employment. Therefore, the setting of the study was the full range of NP specialties as they are distributed throughout the full diversity of practice settings. Such broad sampling is required to make a general statement about NP satisfaction within the state of Florida. However, broad sampling is also beneficial in preventing skewing resulting from distinct policies governing specific specialties.

Sample

As previously stated, the sample was drawn from the Florida Department of Health’s list of licensed practitioners within the state. This was accomplished by selecting every 7th practitioner on the list, which yielded a total sample of 175-200 practitioners. Inclusion criteria
to participate in the study included: 1) a valid Florida nurse practitioner license, and 2) current employment as a nurse practitioner within Florida, with a current practice location listed in the above database. Exclusion criteria for participation include: 1) recent nurse practitioner graduates who are not yet licensed, and 2) those licensed nurse practitioners who are not currently working as a nurse practitioner. It was assumed that Florida nurse practitioner license holders can both read and communicate adequately in the English language. A demographic questionnaire was submitted along with the survey. However, this information was used for the purpose of gathering statistical data with which to make comparisons. No nurse practitioner was be excluded from the study on the basis of demographic data.

**Protection of Human Subjects**

This project was approved by the Florida State University Institution Review Board (IRB) prior to the initiation of data collection. A letter accompanying the survey instruments informed potential participants that by completing the documents they were consenting to participation in the study. The participants were assured of their anonymity, and all reasonable efforts to protect their privacy were utilized. Specifically, the surveys did not contain the participant’s name and were not in any way connected to the address on their return envelopes. All returned documents were kept in a locked location within the researcher’s home. These files will be kept for three years following completion of the study, at which time the consents will be destroyed in accordance with IRB policy.

**Instruments**

As this is a replication study, the same instrument used in the original study was utilized. This measurement tool is the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) (Misener & Cox, 2001). The authors of the MNPJSS created the instrument by first gaining permission to modify an existing nursing job satisfaction scale by deleting some items and making the remaining items specific to nurse practitioners (Misener & Cox, 2001). The researchers then added an additional thirty seven items generated from literature review and interviews of nurse practitioners. This original draft was then submitted for evaluation by a collection of nurse practitioners and nurse practitioner students who created another 18 questions. This seventy-seven item survey was then ready to be subjected to reliability, validity, and pilot testing by way of exploratory factor analysis using the maximum likelihood estimate method. After testing the validity of each of the 77 items, the survey was condensed down to
forty four questions. These 44 items were then tested and found to be acceptably reliable. Further testing showed that deleting any one item from the survey did not significantly affect reliability; therefore the instrument was set at 44 items. Each question is aimed at determining the level of satisfaction incurred from specific aspects of nurse practitioner work. These aspects of work correlate to Herzberg’s intrinsic and extrinsic factors of motivation. The subject may answer using a designated Likert-type scale ranging from 6 being very satisfied to 1 being very dissatisfied. The scale is contained in Appendix A. A demographic questionnaire developed by the researcher is also being utilized for the study, and is contained in Appendix B.

**Procedure**

After receiving Florida State University Institution Review Board approval and gathering permission to replicate the original study, a complete list of licensed, employed nurse practitioners in Florida was obtained from the Department of Health (DOH). Every 7th practitioner on the list was selected in order to yield a total sample of 175-200 practitioners. Additional samplings were planned depending upon the return rate associated with the initial sampling, with a goal of 150-180 final participants. Populations for these subsequent samplings would have been compiled by choosing every eighth nurse practitioner on the comprehensive DOH list, and then every ninth, etc; until the goal was reached.

The following items were contained in each packet forwarded to potential subjects: 1) the letter introducing the study (See Appendix C) 2) the demographic questionnaire (See Appendix B) 3) the survey (See Appendix A) 4) a self addressed stamped envelope. Potential participants were asked to complete the enclosed documents, return the survey and demographic questionnaire in the enclosed envelope, and retain the cover letter for their records. The enclosed envelopes were addressed to return to the home of the researcher. The data from the returned surveys was then compiled, entered into SPSS, analyzed, and graphically represented to summarize the findings.

**Data Analysis**

After compilation of the data, a statistical analysis was carried out in order to make a statement concerning current levels of job satisfaction among nurse practitioners. Though Likert scales typically generate ordinal data, for this study, the scale’s answer choices were given numerical values in order to create an interval scale for analysis. This allowed for the results from each survey to be tallied. A high score indicates substantial job satisfaction, whereas a low
score indicates substantial job dissatisfaction. This helps to give an overall picture of job satisfaction levels among nurse practitioners. Additionally, the data was reviewed to find out if intrinsic factors yield higher satisfaction compared to extrinsic factors. Finally, the demographic data was incorporated by examining whether or not differences in select demographic factors affected job satisfaction.

**Summary**

While the methodology for this research was based on that of a previous study, the design, setting and sample was specific to Florida. After IRB approval was obtained, the Misener Nurse Practitioner Job Satisfaction Scale was distributed to a random selection of nurse practitioners throughout the state. This survey methodology helped to generate data, which was then statistically analyzed to identify trends concerning the job satisfaction of this population.
CHAPTER 4

Results

The purpose of this study is to assess the level of satisfaction derived from various factors of NP work, and the effect, if any, these factors have on overall job satisfaction. Two research questions were adopted in order to address this purpose. The first research question asked: What is the current level of job satisfaction among nurse practitioners in Florida? The second asked: What specific factors contribute most significantly to levels of job satisfaction among nurse practitioners in Florida? Survey methodology was used to collect the data concerning these questions. A random sample of nurse practitioners was created through systematic sampling of those practitioners listed on the Florida Department of Health website. These chosen practitioners were mailed a Misener Nurse Practitioner Job Satisfaction Scale survey instrument, a demographic questionnaire, a cover letter and a return envelope. This process yielded the following results.

Data Collection

The Florida Department of Health’s comprehensive list of nurse practitioners in Florida contains over 10,500 names. In order to create an appropriately sized sample population, this list was narrowed down by choosing every seventh name as a potential subject for participation. However, this abridged list of nurse practitioners included over 1500 names; a sample size still larger than required for a study of this nature. Therefore, the list of potential subjects was again condensed by choosing every third name from the already shortened file. After exclusion of those nurse practitioners listed as not actively practicing in Florida, this yielded a final sample of 501 nurse practitioners to be included in the initial mailing for the project. Additional mailings were to follow if the return rate from the first was too low to provide an adequate sample. A total of 220 responses were returned; creating a return rate of forty three percent. Seventy four of the 220 returned were excluded based on one of the following reasons: a) one or more of the pages were left incomplete, b) surveys were received after statistical analysis of the data was
complete, or c) the participant was not working as a nurse practitioner within the state of
Florida. This created a final sample population of 146 nurse practitioners.

**Characteristics of the Sample**

The demographic data collected concerning the 146 NPs revealed that the sample was
diverse in several respects. This diversity is likely due to the systematic sampling technique,
which provided a random sample of Florida NPs for this study. These participants are employed
in a total of thirty six different counties throughout Florida. Females comprised eighty eight
percent of the population, while males comprise the other twelve percent. When N=144,
approximately fifty six percent of the population has an employment contract in place. When
N=143, approximately eighty percent identify their salary as ranging between fifty and one
hundred ten thousand dollars per year. Four participants had less than one year of experience as
a NP at the time of survey completion. Another eighty nine participants had between one and ten
years experience, while fifty two participants had more than ten years experience as a NP and
one participant did not provide this information. Finally, demographic data revealed that
participants also vary in the number of hours they spend in practice each week. This diversity in
time spent at work is exacerbated by the indication that many of the participants work in
numerous settings throughout the week. When full time employment is defined by working at
least forty hours per week in a single profession, forty seven of the participants can be
considered full time. This leaves approximately sixty two percent of participants working less
than forty hours per week when N=138. Because no NP was excluded from participation based
on working full-time versus part-time, some skewing of the data on job satisfaction may occur
secondary to varying numbers of work hours practiced each week. Other demographic data for
this group is outlined in Tables 1-3 below. The surveys for this population were transferred into
SPSS software anonymously and these data were statistically analyzed.
Table 1

Practice Site  N= 146

<table>
<thead>
<tr>
<th>Site</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>26</td>
<td>17.8</td>
</tr>
<tr>
<td>Private Practice</td>
<td>47</td>
<td>32.2</td>
</tr>
<tr>
<td>Academia</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>3</td>
<td>2.1</td>
</tr>
<tr>
<td>Health Department</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>32</td>
<td>21.9</td>
</tr>
<tr>
<td>Multiple</td>
<td>33</td>
<td>22.6</td>
</tr>
</tbody>
</table>

Table 2

Ethnicity  N= 146

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>124</td>
<td>84.9</td>
</tr>
<tr>
<td>African American</td>
<td>6</td>
<td>4.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9</td>
<td>6.2</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Table 3

Highest Degree  N= 144

<table>
<thead>
<tr>
<th>Highest Degree</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSN</td>
<td>126</td>
<td>86.3</td>
</tr>
<tr>
<td>DNP</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>PhD</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Master’s Certificate</td>
<td>5</td>
<td>3.4</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>4.8</td>
</tr>
</tbody>
</table>
Research Question 1

Research question number one asked what the current level of job satisfaction is among nurse practitioners in Florida?

Participants answered questions on the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) concerning the level of satisfaction attained from various aspects of their work. These answers were numerically quantified using a Likert-type scale ranging from one to six, where six indicates the highest level of satisfaction. The MNPJSS includes forty four questions, therefore, the highest possible score is 264. A score of 264 would indicate that the individual is “very satisfied” with all aspects of nurse practitioner job satisfaction measured by the MNPJSS. The average total MNPJSS score for nurse practitioners in Florida is 202.5068 with a standard deviation (SD) of 31.28993. This SD indicates some variation in reported scores.

Further, the mean and standard deviation for the subscales Misener defined for the MNPJSS are outlined in Table 4 below. Each item on the MNPJSS fits into one of the six subscales or “factors.” These factors are numbered one through six and are labeled as seen in Table 4. The sum of the scores for each of the items included in a particular subscale, or factor, is the score for the factor. The factors themselves are labeled by Kacel, Miller, and Norris (2005) as intrinsic or extrinsic as seen in Table 4. Factors 1, 3, 5, and 6 are comprised of extrinsic scale items. Factors 2 and 4 are comprised of intrinsic scale items.
### Descriptive Statistics Factors 1-6

<table>
<thead>
<tr>
<th>Factor</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Nature of the Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Intrapractice partnership/ Collegiality</td>
<td>146</td>
<td>61.1747</td>
<td>13.7677</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>2 Challenge/autonomy</td>
<td>146</td>
<td>50.2192</td>
<td>6.4637</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>3 Professional, social, and Community interaction</td>
<td>146</td>
<td>37.5267</td>
<td>5.7920</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>4 Professional growth</td>
<td>146</td>
<td>21.2295</td>
<td>4.8223</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>5 Time</td>
<td>146</td>
<td>18.6123</td>
<td>3.4165</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>6 Benefits</td>
<td>146</td>
<td>13.7445</td>
<td>3.4575</td>
<td>Extrinsic</td>
</tr>
</tbody>
</table>

The total job satisfaction score of 202.5068 has a mean of 4.6 on the six point Likert-type scale, which corresponds to an answer of “minimally satisfied” to “satisfied.” This implies that, while the current level of job satisfaction among nurse practitioners in Florida is satisfactory, it is less than the optimal score of “very satisfied” according to the MNPJSS. Therefore, there is room for improvement of job satisfaction for this population. However, to most efficiently effect an increase in job satisfaction, it is necessary to investigate which aspects of work currently yield the highest satisfaction and, alternatively, to identify those factors that are currently dissatisfying. Research question number two addresses the level of satisfaction derived from specific factors of nurse practitioner work.

**Research Question 2**

Research question two asked what specific factors contribute most significantly to levels of job satisfaction among nurse practitioners in Florida?

Misener’s Nurse Practitioner Job Satisfaction Scale included forty four individual factors of nurse practitioner work and asked the participants to rate the level of satisfaction derived from each. This rating was completed on a six point Likert-type scale offered for each question. The mean and standard deviation for each factor were then determined based on the data provided in
the usable surveys. Table 5 provides a listing of the eight highest scoring factors by mean. Of those included in Misener’s scale, these are considered to be the factors yielding the most job satisfaction to Florida nurse practitioners. The nature of the variable is determined by whether the subscale the factor fits into is intrinsic or extrinsic according to Kacel, Miller, and Norris (2005). As illustrated in Table 5, six of the eight highest ranking factors are intrinsic.

Table 5

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Nature of Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Autonomy</td>
<td>146</td>
<td>5.37</td>
<td>0.814</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Sense of Accomplishment</td>
<td>146</td>
<td>5.27</td>
<td>.849</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Percentage of Time Spent in Direct Care</td>
<td>143</td>
<td>5.27</td>
<td>.759</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Ability to Deliver Quality Care</td>
<td>144</td>
<td>5.27</td>
<td>.741</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Challenge in Work</td>
<td>145</td>
<td>5.24</td>
<td>.819</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Your Immediate Supervisor</td>
<td>144</td>
<td>5.10</td>
<td>1.118</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>Patient Mix</td>
<td>144</td>
<td>5.08</td>
<td>.794</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Time Allocation for Seeing Patients</td>
<td>144</td>
<td>5.03</td>
<td>.848</td>
<td>Extrinsic</td>
</tr>
</tbody>
</table>

Conversely, Table 6 includes the mean and standard deviation for the eight lowest scoring factors by mean. Of the forty four factors included in Misener’s scale, these are the eight most dissatisfying according to the data retrieved from these Florida nurse practitioners. In contrast to the most satisfying factors, six of the eight least satisfying aspects of nurse practitioner work are extrinsic.
Table 6

Lowest Ranking Items from MNPJSS

<table>
<thead>
<tr>
<th>Item</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>Nature of the Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement Plan</td>
<td>139</td>
<td>4.27</td>
<td>1.636</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>Process Used in Conflict Resolution</td>
<td>145</td>
<td>4.24</td>
<td>1.271</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>Input into Organizational Policy</td>
<td>143</td>
<td>4.06</td>
<td>1.333</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>Reward Distribution</td>
<td>145</td>
<td>4.01</td>
<td>1.462</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>Amount of involvement In Research</td>
<td>134</td>
<td>3.92</td>
<td>1.355</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Time Off to Serve on Professional Committees</td>
<td>140</td>
<td>3.90</td>
<td>1.305</td>
<td>Intrinsic</td>
</tr>
<tr>
<td>Monetary Bonuses that are Available in Addition to Your Salary</td>
<td>137</td>
<td>3.47</td>
<td>1.749</td>
<td>Extrinsic</td>
</tr>
<tr>
<td>Opportunity to Receive Compensation for Services Outside of Your Normal Duties</td>
<td>140</td>
<td>3.28</td>
<td>1.632</td>
<td>Extrinsic</td>
</tr>
</tbody>
</table>

Tables 5 and 6 descriptively define the highest and lowest ranking items on the MNPJSS according to the data gathered from this sample of Florida NPs. Independent samples tests were also completed in order to examine the relationship between total job satisfaction (scale total) and various demographic groups within the sample population. The results are summarized below in Table 7. Each of the five demographic variables listed in Table 7 was divided into two groups encompassing the majority of the participants. For example, the variable “practice site” was divided into hospital and private practice. The t-test was performed in order to determine if the difference in these two practice locations affect the total job satisfaction of Florida NPs. However, the lack of statistical significance, as evidenced by $p>0.05$, indicates that
with regards to practice site there is no difference in overall job satisfaction. The findings were similar for the other demographic variables examined. The data concerning total job satisfaction is not diverse enough between the groups examined to be found statistically significant. This is true for each of the groups defined in table including hospital v. private practice, >40 hours/week v. <40 hours/week, >$70,000/year v. <$70,000/year, contract v. no contract, and <10 years experience as a NP v. > 10 years experience as a NP.

Table 7
Independent Samples Test: Demographics and Total Job Satisfaction

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Scale</th>
<th>T</th>
<th>Sig. (2-tailed)</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Site (Hospital vs. Private Practice)</td>
<td>-1.489</td>
<td>.141</td>
<td>-23.05806</td>
<td>3.3428</td>
</tr>
<tr>
<td>Hours Per Week (&gt;40/week vs. &lt;40/week)</td>
<td>-1.244</td>
<td>.216</td>
<td>-33.21687</td>
<td>7.5684</td>
</tr>
<tr>
<td>Salary Range (More Than 70,000/yr vs. less than 70,000/yr)</td>
<td>1.254</td>
<td>.212</td>
<td>-4.42696</td>
<td>19.786</td>
</tr>
<tr>
<td>Employment Contract In Place (yes or no)</td>
<td>-.143</td>
<td>.886</td>
<td>-11.07872</td>
<td>9.5796</td>
</tr>
<tr>
<td>Years of Experience (&lt;10 years vs. &gt;10 years)</td>
<td>-.952</td>
<td>.343</td>
<td>-16.49589</td>
<td>5.7697</td>
</tr>
</tbody>
</table>

Independent samples tests were also completed in order to examine the relationship between each of the 6 subscales, or factors, defined by Misener and Cox and the various demographic groups within this study. No statistical significance was found between factors one through six and the demographic variable labeled “hours per week.” Similarly, no statistical significance was found between factors one through six and the demographic variables concerning salary range, the presence of an employee contract, and years of experience. However, for the demographic variable “practice site,” factor 1 was found to be statistically significant as indicated by a p < 0.05, specifically p = 0.037. No statistical significance was
found between practice site and factors two through six. Factor one, as defined by Misener and Cox, includes those questions addressing intrapractice partnership/collegiality. Therefore, this finding of statistical significance between factor one and practice site indicates that, according to the data, the nature of the relationship Florida NPs working within a hospital setting form with colleagues is different than that formed by Florida NPs working in private practice.

Finally, the correlation between total job satisfaction and each scale item was measured. These correlations revealed statistical significance for all forty four items as indicated by p values less than 0.05. Additionally, a positive correlation was indicated between total job satisfaction and each scale item as evidenced by Pearson Correlations greater than zero. Specifically, as satisfaction increases for any one scale item, so does overall job satisfaction. Because all forty four items have a positive bivariate correlation, they were divided into those that indicate a moderate correlation ($r < 0.5$), and those that indicate a strong correlation ($r > 0.5$). This is illustrated in Table 8a and 8b below.

<table>
<thead>
<tr>
<th>Scale Item</th>
<th>N</th>
<th>P</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation/Leave Policy</td>
<td>146</td>
<td>.476</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Benefit Package</td>
<td>146</td>
<td>.473</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>146</td>
<td>.414</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Time Allotted for Review of Lab and Other Test Results</td>
<td>146</td>
<td>.477</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Percentage of Time Spent In Direct Patient Care</td>
<td>146</td>
<td>.400</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Social Contact with Your Colleagues After Work</td>
<td>146</td>
<td>.484</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Amount of Involvement in Research</td>
<td>146</td>
<td>.469</td>
<td>p &lt; 0.001</td>
</tr>
</tbody>
</table>
Table 8: Correlations Between Total Satisfaction and Each Scale Item

<table>
<thead>
<tr>
<th>Scale Item</th>
<th>N</th>
<th>P</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Allotted for Answering Messages</td>
<td>146</td>
<td>.524</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Your Immediate Supervisor</td>
<td>146</td>
<td>.727</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Time Allocation for Seeing Patient(s)</td>
<td>146</td>
<td>.547</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Amount of Administrative Support</td>
<td>146</td>
<td>.703</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Quality of Assistive Personnel</td>
<td>146</td>
<td>.535</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Patient Scheduling Policies and Practices</td>
<td>146</td>
<td>.513</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Patient Mix</td>
<td>146</td>
<td>.523</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Sense of Accomplishment</td>
<td>146</td>
<td>.652</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Social Contact at Work</td>
<td>146</td>
<td>.601</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Status in the Community</td>
<td>146</td>
<td>.689</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Professional Interaction with Other Disciplines</td>
<td>146</td>
<td>.637</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Support for Continuing Education</td>
<td>146</td>
<td>.538</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Opportunity for Professional Growth</td>
<td>146</td>
<td>.693</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Time off to Serve on Professional Committees</td>
<td>146</td>
<td>.708</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Opportunity to Expand Your Scope of Practice</td>
<td>146</td>
<td>.751</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Interaction with other NPs Including Faculty</td>
<td>146</td>
<td>.527</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Consideration Given to Your Opinion and Suggestions for Change in the Work Setting or Office Practice</td>
<td>146</td>
<td>.703</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Input into Organizational Policy</td>
<td>146</td>
<td>.718</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Table 8 Continued</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>----------</td>
</tr>
<tr>
<td>Freedom to Question Decisions and Practices</td>
<td>146</td>
<td>.745</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Expanding Skill Level/ Procedures Within Your Scope of Practice</td>
<td>146</td>
<td>.692</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Ability to Deliver Quality Care</td>
<td>146</td>
<td>.641</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Opportunities to Expand Your Scope of Practice and Time to Seek Advanced Education</td>
<td>146</td>
<td>.781</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Recognition for Your Work from Superiors</td>
<td>146</td>
<td>.776</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Recognition of Your Work from Peers</td>
<td>146</td>
<td>.687</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Level of Autonomy</td>
<td>146</td>
<td>.570</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Evaluation Process and Policy</td>
<td>146</td>
<td>.678</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Reward Distribution</td>
<td>146</td>
<td>.796</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Sense of Value for What You Do</td>
<td>146</td>
<td>.640</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Challenge in Work</td>
<td>146</td>
<td>.604</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Opportunity to Develop and Implement Ideas</td>
<td>146</td>
<td>.739</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Process Used in Conflict Resolution</td>
<td>146</td>
<td>.712</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Amount of Consideration Given to Your Personal Needs</td>
<td>146</td>
<td>.709</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Flexibility in Practice Protocols</td>
<td>146</td>
<td>.721</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Monetary Bonuses that are Available in Addition to Your Salary</td>
<td>146</td>
<td>.579</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Opportunity to Receive Compensation for Services Performed Outside of Your Normal Duties</td>
<td>146</td>
<td>.577</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Respect for Your Opinion</td>
<td>146</td>
<td>.779</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>Acceptance and Attitudes of Physicians Outside of Your Practice</td>
<td>146</td>
<td>.577</td>
<td>p &lt; 0.001</td>
</tr>
</tbody>
</table>
Conclusion

The above results represent a summary of the statistical analysis completed for this project. A random sample of one hundred forty six nurse practitioners from throughout the state of Florida provided both demographic information about themselves and practical information concerning the degree of job satisfaction they experience. It is clear that these practitioners are not fully satisfied with their experiences as advanced practice nurses. Therefore, it is important to identify trends within this information that help identify some of the work related causes of dissatisfaction. For this reason the data have been reviewed and are discussed further in the following chapter.
CHAPTER 5

Discussion

Currently there is a deficit of research concerned with job satisfaction among nurse practitioners. The literature indicates that these professionals are experiencing higher degrees of satisfaction in the initial years of employment than in later years (Kacel, Miller, & Norris, 2005). The purpose of this study was to assess the current level of job satisfaction among NPs in Florida and to examine specific factors that influence satisfaction and dissatisfaction. To this end, a random sample of NPs from across the state of Florida was surveyed and the data was analyzed. The results will be discussed with regard to the research questions, the theoretical framework, and the literature review. Additionally, nursing implications for the findings of this study will be identified and the need for future research will be confirmed.

Research Question One

Research question one was concerned with quantifying the amount of job satisfaction experienced by nurse practitioners currently working within the state of Florida. The mean score of the total instrument reflects the level of job satisfaction. The mean score for the sample was 202.51 out of a possible 264 (SD31.3). This indicates that mean satisfaction fell into the minimal to moderate range according to the recommended scoring parameters for the instrument. The presence of a large standard deviation was expected and may be a result of surveying a random group of NPs from a variety of backgrounds with varying levels of satisfaction. There is, in fact, a large degree of variance within the actual scores for each factor with scores ranging from one all the way to six. The later research questions provide reflections on the specific domains within the instrument.

The degree of variability within the responses was similar to the findings of Kacel, Miller and Norris (2005). The results of their study reflected a mean total job satisfaction score of 199.04 (SD 32.22), which is statistically comparable to the results of the current study. As with the current study, these numerical scores also indicate that NPs in this midwestern state are
“minimally satisfied” to “satisfied” with their jobs. However, as Misener and Cox allude to in their writings on the creation of his MNPJSS, the concept of job satisfaction is abstract in nature (Misener & Cox, 2001). Therefore, reflection on the meaning of these values is difficult.

In order to compensate for the vague nature of job satisfaction, Misener and Cox (2001) subjected the items included in their study to an exploratory factor analysis. This factor analysis examined the many variables of job satisfaction and, in particular, of Misener’s scale, and separated them into six distinct subscales. These subscales correlate to total job satisfaction and allow for further discussion of the survey results. For this study, the mean for each factor is detailed in Table 4 on page 42. Percentages were formed by dividing the mean by the total number of points possible as each factor includes a different number of variables from the MNPJSS. In rank order from highest to lowest percentage these factors include, challenge/autonomy (83.7%), professional, social, and community interaction (78.2%), time (77.6%), benefits (76.4%), intrapractice partnership/collegiality (72.8%) and professional growth (70.8%). As stated by Misener and Cox in the creation of the MNPJSS, each of these six subscales is appropriate in the study of the job satisfaction of primary care providers and this helps to make use of this measurement instrument unique for nurse practitioners.

There was a substantial difference between the highest ranking subscale (challenge/autonomy) and the lowest ranking subscales (collegiality and professional growth). The other three subscales rank closely together between 76.4 and 78.2 percent. While NPs in Florida show a general level of total job satisfaction, the examination of more specific subscales indicates that they are more satisfied with aspects of job satisfaction dealing with challenge and autonomy and less satisfied with those aspects concerned with collegiality and professional growth. Research question two more precisely assesses the contribution of specific factors of the MNPJSS to job satisfaction and dissatisfaction respectively.

**Research Question Two**

The level of job satisfaction currently experienced by NPs in Florida was presented in the discussion of research question one. However, the purpose of research question two was not only to discover what these NPs are currently experiencing, but also to provide data that could be used to affect change in the future. Therefore, research question two was developed to identify which factors from the MNPJSS contribute most to job satisfaction among nurse practitioners in Florida. Simultaneously, those factors contributing least to job satisfaction may be identified.
such that problem areas may be discovered and Florida NPs and employers may respond. A discussion of research question number two will include identification of the highest and lowest scoring items from the MNPJSS, analysis of the data concerned with total job satisfaction in various demographic arenas, and finally the correlation between total job satisfaction and each of the forty four items on the MNPJSS.

In order to make a statement concerning how various factors of NP work affect total job satisfaction, the most satisfying and the most dissatisfying factors included in the MNPJSS must be identified. To this end, the mean and standard deviation for each scale factor was determined based on the sample population’s Likert based responses. The eight highest and lowest ranking factors were listed in tables five and six. Six of the eight highest ranking factors are considered to be intrinsic based on the subscales they fit into. The MNPJSS factor with the highest mean for this sample population was “level of autonomy.” The second and third highest means belonged to factors “sense of accomplishment,” and “percentage of time spent in direct care,” respectively. There is an increase in the level of autonomy that one experiences when making the career change from registered nurse to nurse practitioner. Therefore, this finding that these NPs are most satisfied with their current level of autonomy may be a reflection of the practitioners’ contentment with their comparatively higher level of independence. Alternatively, this could indicate the individual’s satisfaction with their level of autonomy compared to other NPs.

In contrast to the highest ranking MNPJSS factors, six of the eight lowest ranking factors are considered to be extrinsic based on the subscales they fit into. A positive note about this finding is that extrinsic factors are often more readily modifiable than intrinsic factors (Kacel, Miller, & Norris, 2005). For example, the second lowest ranking of all forty-four MNPJSS items for this sample population was the factor concerned with monetary bonuses in addition to the practitioner’s salary. To say that employers should increase the number of bonuses is simplistic in that healthcare budgeting is a multifaceted issue. However, employers might find that increasing practitioner participation in the budgeting process might be a more practical way of modifying this factor in order to decrease dissatisfaction and possibly increase overall job satisfaction. Similarly, the MNPJSS factors with the lowest ranking and third lowest ranking means are “opportunity to receive compensation for services performed outside of your normal duties,” and “time off to serve on professional committees” respectively. All three of these factors of nurse practitioner work contributing most to dissatisfaction are practice environment
issues, specifically budgeting and scheduling. This calls for improvement in education concerning the value of NP time and input, and secondarily an improvement in nurse practitioner contract negotiation and solidarity. The findings, based on this sample population could be a starting point to make changes and potentially positively impact the profession as a whole.

Identifying the highest and lowest ranking MNPJSS items addresses research question number two by uncovering which factors contribute most to NP job satisfaction in Florida. However, it was hypothesized that this data may have been affected by variations in the demographic identity of the sample population. Independent samples t-tests were performed in order to determine if total job satisfaction were statistically different based upon several factors of a demographic nature. For example, the demographic variable practice site which compared outpatient and hospital based NPs was used as a means of group assignment via which to determine if scores differed based upon this distinction. Other demographic variables examined are listed in Table 7 and include hours per week, salary range, employment contract in place, and years of experience. The hypothesis that total job satisfaction was affected by demographic variations was not supported as evidenced by a lack of statistical significance to indicated differences between the groups. This is true for all demographic variables tested. Therefore, no statement can be made concerning the relationship between total job satisfaction and demographic variables.

It was hypothesized that, while there was no statistically significant difference between groups of demographic variables and a vague concept such as job satisfaction, perhaps there would be a difference between the demographic groups and the more specific subscales defined by Misener and Cox. Sample t- tests were performed in order to verify whether or not satisfaction with each of the subscales would be increased or decreased with regard to the demographic data. These t- tests compared the six subscale satisfaction scores of the same two most common groups within the demographic variables as listed above. For example, the scores for intrapractice partnership/collegiality were compared by practice site to determine if there was a difference in the satisfaction attained by those working only in private practice versus working only in the hospital for this particular subscale. No statistical significance was found to exist between any of these subscales and the demographic variables hours per week, salary range, presence of employee contract and years of experience. However, there was statistical significance between practice site and intrapractice partnership/collegiality or Factor 1. This
would indicate that there is a difference between the collegiality experienced within the private practice setting versus the hospital setting. The hypothesis that there is a difference between the demographic groups and the more specific subscales was therefore supported. This finding may be a result of numerous differences between the two settings including a greater presence of support staff as well as interaction with individuals from more varied disciplines within the hospital system and opportunity for more time spent with colleagues within the office due to a greater degree of stability in scheduling. Because the reason for this statistically significant difference cannot be identified by the current research, this is an identification of an opportunity for further investigation. If one setting is producing higher levels of job satisfaction than the other then maybe there is something to be learned from the two settings.

The differences in the data associated with the comparison of outpatient and inpatient NPs could potentially be used to increase the total level of job satisfaction currently experienced by Florida NPs, which was identified by research question number one to be less than ideal. In order to establish how this may be accomplished, the relationship between each of the MNPJSS items and total job satisfaction was examined. A set of correlations was performed in order to identify the relationship between specific items on the scale and the total scale score. A positive correlation was found to exist between each of the MNPJSS items and total job satisfaction such that as the score for any one item increases, so does overall job satisfaction. While this is logical due to the very nature of scales, it does suggest that the factors addressed by individual items could be addressed in a workplace in order to positively inflect satisfaction.

This finding offers a practical means by which to apply the findings of this research. For example, the lowest ranking MNPJSS item according to this research was found to be opportunity to receive compensation for services performed outside of your normal duties. If an effort was made on the part of NP and employer to increase the amount of satisfaction derived from this item, according to the correlation analysis, total job satisfaction would be increased as well. Similarly, future research could focus on identifying which MNPJSS items contributed to the difference experienced by private practice NPs versus hospital NPs with regards to the intrapractice partnership/collegiality subscale. Small changes made over time could increase the level of job satisfaction experienced by nurse practitioners in Florida and prevent discontent and shortages within the profession in the future.
Theoretical Framework

The two conceptual frameworks utilized for this research were Herzberg’s Motivation Hygiene Theory, and Rotter’s Locus of Control. These theories provided the foundation on which to build an understanding of job satisfaction among nurse practitioners in Florida. Additionally, they help to explain the findings of the analysis of data acquired from this sample population. A discussion of the theoretical frameworks with respect to the results of this research will include rationale for the coexistence of job satisfaction and job dissatisfaction according to Herzberg, identification of the benefit of separation by Herzberg of intrinsic from extrinsic factors, and finally interrelation of Herzberg’s theory and Rotter’s and an interpretation of Locus of Control in the work of nurse practitioners.

The findings of this research indicate that NPs in Florida are experiencing satisfaction with many aspects of their work and simultaneously experiencing less satisfaction with other aspects of their work. Herzberg (1966) describes extrinsic factors as “dissatisfiers” that are involved with the environment in which one works. Conversely, intrinsic factors, or “satisfiers,” are primarily focused on the personal relationship one has with the job (Herzberg, 1966). Herzberg’s theory allows for the examination of job satisfaction under the assumption that job satisfaction and job dissatisfaction are separate entities and can be present at the same time with respect to one individual (Herzberg, 1966). This supports the idea that some factors of a job can be satisfying while others are dissatisfying. This is an important concept in the understanding of the findings of this research. If job satisfaction and job dissatisfaction were the two opposite ends of a single spectrum then it would be most important to look at the overall level of job satisfaction as identified by the sample population. However, Herzberg’s theory asserts the presence of two separate spectrums where, for example, the ends might read “job satisfaction” and “no job satisfaction” (Herzberg, 1966). This supports the idea of looking at the individual factors to distinguish those contributing most to job satisfaction from those contributing most to job dissatisfaction. When examining individual returned surveys, on a single survey there were answers ranging from one all the way to six on the six point Likert type scale. This NP was very satisfied with some items and very dissatisfied with other items. Due to the utilization of Herzberg’s theory, the scores from such a survey are not simply tallied to produce an indication of total job satisfaction, but they can be further analyzed to distinguish the most satisfying factors
from the most dissatisfying factors. Thus dissatisfying aspects of NP work can be isolated and improved upon in order to increase total job satisfaction.

The idea that dissatisfying factors can be improved is supported by Herzberg’s separation of intrinsic from extrinsic factors. With reference to the scores from this sample population of Florida NPs, the five MNPJSS factors with the highest mean scores were all intrinsic based on Herzberg’s work. Of the eight MNPJSS factors with the lowest mean scores, six were extrinsic. This would indicate that NPs in Florida are most satisfied with factors relating to their personal relationship with the job and least satisfied with the work environment.

In support of Herzberg’s theory that satisfaction and dissatisfaction can coexist, these NPs seem to be satisfied with the internal rewards of the job and dissatisfied with the external rewards or lack thereof. These extrinsic factors of NP work are also described by Herzberg as “dissatisfiers” and tend to be modifiable in nature (Kacel, Miller, & Norris, 2005). Herzberg identifies extrinsic factors as being dissatisfiers because they do not have the power to influence a person’s idea about themselves and therefore cannot increase satisfaction (Herzberg, 1966). Instead, extrinsic factors affect job satisfaction by increasing or decreasing job dissatisfaction (Herzberg, 1966). This distinction made Herzberg’s theory beneficial for the analysis of data for this research.

The other conceptual framework utilized in this research is Rotter’s Locus of Control. Rotter’s theory correlates to Herzberg’s in that Rotter distinguished between those who draw on internal abilities and will for the accomplishment of tasks from those who believe that whether or not tasks are completed is dependent upon external forces (Rotter, 1990). Both theories differentiate between the internal and the external. While, no data was collected concerning the locus of control of the participants of this sample population, Rotter’s theory can be used to support Herzberg’s assertion that satisfaction is the product of internal abilities, strengths and relationships. The nature of the work of nurse practitioners should demand at least some level of internal locus of control. An example of this factor, which provides support for locus of control as a factor which might positively inflect overall satisfaction, is the very high ranking displayed by autonomy. NPs cannot rely on external forces to affect change in the lives of clients and must, to some extent, believe in their own ability to influence the outcome of a situation. These Florida NPs are deriving higher levels of job satisfaction from intrinsic factors that describe this kind of internal relationship. Future research may be necessary to find out if these NPs are
experiencing satisfaction from these intrinsic factors because they have an internal locus of
control and associate this internal relationship with a positive self identity. However, the current
research was designed to be more comparable to past research that does not examine the role of
locus of control. Parallels and contrasts to published research were explored.

**Review of Literature**

The literature review with respect to job satisfaction and staff nurses found that decreased
job satisfaction does correlate with intention to quit and secondarily with increased turnover rates
(Tzeng, 2002). This research was used as a model to exclaim the importance of monitoring job
satisfaction levels among NPs, though there is no documented shortage of NPs at this time. The
analysis of data compiled for this research does indicate the presence of dissatisfaction in some
specific factors among NPs in Florida. It follows that, based on the available research
concerning dissatisfaction of registered nurses, that the possibility of a future shortage of NPs
could be realized. The probability of the problem of dissatisfaction among NPs resolving itself
without intervention is small. It is more likely that dissatisfaction would remain and even
increase over time as the demand for healthcare workers grows out of proportion with the supply
causing increased workload on those in the field. Further, a study by Callighan (2003),
examined factors influencing recruitment and retention of registered nurses in Scotland. Many
of the participants of this study stated they would consider leaving the profession and/or
discourage others from becoming a nurse. These participants attributed these feelings to many
factors including salary, job insecurity, lack of support for education, and frustration regarding
opportunity for promotion. While the MNPJSS was not used in the assessment of this
population, and these factors do not correlate exactly with the items on Misener and Cox’s scale,
there are similarities between the factors that the nurses in Callighan’s study found to be
dissatisfying and the factors that NPs in Florida found to be dissatisfying. Specifically, monetary
issues and lack of opportunities for advancement seem to be dissatisfiers that the two professions
have in common. Again, this supports the idea that these two populations, and the trials they are
facing, are similar. Both populations are nurses, both are experiencing dissatisfaction, and both
could experience desertion of their profession in the future if the issues are not addressed.

The findings of this study also correlate to the findings of published literature concerning
job satisfaction and nurse practitioners. This research was a replication of Kacel, Miller and
These authors analyzed the data retrieved from 147 usable surveys returned by a random sample of NPs in a single state. The conceptual framework, methodology, and data analysis were similar to this study completed in Florida. Also similar were several of the findings of the studies. First, in both states, NPs were found to be “minimally satisfied” to “satisfied.” Second, both studies found that a majority of the highest mean scores for factors of the MNPJSS to belong to intrinsic factors, while a majority of the lowest mean scores belong to extrinsic factors. (Kacel, Miller, & Norris, 2005)

Kacel, Miller and Norris (2005) acknowledge that studies completed on sample populations within a single state cannot be considered indicative of the feelings of NPs throughout the US. Specifically, these authors note that the laws and regulations defining NP practice will always affect the findings within a particular state. Therefore, it would be beneficial to examine the laws of the Midwestern state and those of Florida to see if they are similar. Further research would then be needed to see if job satisfaction is increased in a state where the practice of NPs is different than in either of these two states. In particular, factors described by Misener and Cox as autonomy, professional interaction, status in the community, and opportunity to expand scope of practice should be noted with reference to differences between the states.

In contrast to the study completed by Kacel, Miller and Norris, and this research, Apold et al’s (2005), “Job Satisfaction Among Nurse Practitioners,” utilized a convenience study from a national conference and so the sample population was not localized to one particular state. Also dissimilar to these other state-wide studies was Apold et al’s creation of a job satisfaction scale other than Misener’s. However, Herzberg’s theory was again the conceptual framework on which this measurement tool was based and therefore the instrument was designed to distinguish between intrinsic and extrinsic factors (Apold et al, 2005). Overall, these NPs were found to be “somewhat,” to “extremely satisfied,” with their jobs (Apold et al, 2005). As with the Midwestern state and Florida research, the NPs in Apold et al’s study were found to be most satisfied with the intrinsic factors of work. While the findings of this study are not anymore generalizable to the entire population of NPs in the US than the state-wide studies, it is noteworthy that the findings of all three studies are similar. Each of these articles report that the sample populations studied are experiencing some degree of dissatisfaction with their jobs and
the majority of the members of these populations are more satisfied with the work itself than with the work environment.

**Nursing Implications**

Certainly no profession should be expected to yield reports of perfect job satisfaction. However, based on the current shortage of registered nurses and looming shortage of nurse practitioner, the dissatisfaction of NPs may be of particular significance to the world of healthcare. As masters prepared nurses are leaving school and entering the workforce it is discouraging to read research such as that completed by Kacel, Miller and Norris indicating that job satisfaction decreases after the first year of employment. These nurses have very little understanding of the work environment they are about to enter into. Based on the available research, it is expected that these new nurse practitioners, like those more experienced, will be more satisfied with intrinsic factors of work than with extrinsic factors. However, intrinsic factors such as, “sense of accomplishment,” which yield higher satisfaction may be the factors these new NPs are more prepared to experience than the extrinsic factors such as monetary bonuses. Therefore, perhaps more emphasis in school should be put on negotiating the extrinsic factors of NP work (Kacel, Miller, & Norris, 2005). Again, these extrinsic factors and the dissatisfaction associated with them often are without a simple answer for decreasing this dissatisfaction. However, emphasizing the role and value of this profession within the graduate nursing programs, in addition to preparing these graduates for an active role in budgeting, negotiation, delegation and administration may help to reduce the stress associated with a less than ideal work environment (Kacel, Miller, & Norris, 2005). Similarly those who employ NPs must understand the impact that the stressful work environment is having on these professionals. Simple gestures of inclusion in the decision making processes or consideration to the individual preferences of employees may increase job satisfaction and decrease turnover rates. This is why research concerning the job satisfaction of nurse practitioners is so important. A single finding may be the difference between decreasing the turnover rate of today’s NPs and an eventual shortage within the profession. There is a need for more research concerning the level of job satisfaction among NPs in other states across the US. The more states that are involved in this kind of research, the more data there will be available to draw correlations from between the states with regard to legislature and scope of practice.
Summary

Though there is not currently a recognized shortage of nurse practitioners, evidence exists that job dissatisfaction is occurring among NPs. Following the example of registered nurses, a shortage of nurse practitioners may be in the future. This research supports the findings of previous researchers that NPs are dissatisfied with numerous modifiable factors of their work. According to the work of Herzberg and Misener and Cox, many of these factors are extrinsic or pertaining to the work environment. Changes can be made to minimize the dissatisfaction produced by these factors, increase overall job satisfaction and maintain this vital healthcare resource.
APPENDIX A

THE MISENER NURSE PRACTITIONER JOB SATISFACTION SCALE
### Misener Nurse Practitioner Job Satisfaction Scale ©

**Instructions:**

The following is a list of items known to have varying levels of satisfaction among NPs. There may be items that do not pertain to you, however please answer it if you are able to assess your satisfaction with the item based on the employer’s policy, i.e., if you needed it would it be there?

**HOW SATISFIED ARE YOU IN YOUR CURRENT JOB AS A NURSE PRACTITIONER WITH RESPECT TO THE FOLLOWING FACTORS?**

<table>
<thead>
<tr>
<th>Item</th>
<th>V.S.</th>
<th>S.</th>
<th>M.S.</th>
<th>M.D.</th>
<th>D.</th>
<th>V.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vacation/Leave policy</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Benefit package</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Retirement plan</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Time allotted for answering messages</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Time allotted for review of lab and other test results</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Your immediate supervisor</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Percentage of time spent in direct patient care</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. Time allocation for seeing patient(s)</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Amount of administrative support</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. Quality of assistive personnel</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. Patient scheduling policies and practices</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. Patient mix</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. Sense of accomplishment</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14. Social contact at work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15. Status in the community</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16. Social contact with your colleagues after work</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17. Professional interaction with other disciplines</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
HOW SATISFIED ARE YOU IN YOUR CURRENT JOB AS A NURSE PRACTITIONER WITH:

V.S. = Very Satisfied  M.D. = Minimally Dissatisfied
S. = Satisfied        D. = Dissatisfied
M.S. = Minimally Satisfied  V.D. = Very Dissatisfied

18. Support for continuing education (time and $$)  
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
19. Opportunity for professional growth
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
20. Time off to serve on professional committees
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
21. Amount of involvement in research
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
22. Opportunity to expand your scope of practice
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
23. Interaction with other NPs including faculty
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
24. Consideration given to your opinion and suggestions for change in the work setting or office practice
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
25. Input into organizational policy
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
26. Freedom to question decisions and practices
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
27. Expanding skill level/procedures within your scope of practice
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
28. Ability to deliver quality care
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
29. Opportunities to expand your scope of practice and time to seek advanced education.
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
30. Recognition for your work from superiors
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
31. Recognition of your work from peers
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
32. Level of autonomy
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
33. Evaluation process and policy
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
34. Reward distribution
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
35. Sense of value for what you do
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
36. Challenge in work
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
37. Opportunity to develop and implement ideas.
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
38. Process used in conflict resolution
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
39. Amount of consideration given to your personal needs
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
40. Flexibility in practice protocols.
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
41. Monetary bonuses that are available in addition to your salary
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
42. Opportunity to receive compensation for services performed outside of your normal duties.
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
43. Respect for your opinion
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1
44. Acceptance and attitudes of physicians outside of your practice (such as specialist you refer patients to)
   V.S. S. M.S. M.D. D. V.D.
   6 5 4 3 2 1

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Demographic Questionnaire

Instructions: Please answer the following questions about yourself.

1. Age _______

2. Gender: Female [ ] Male [ ]

3. Ethnicity: White/ Caucasian [ ] Black/African American [ ]
   Latino/Hispanic [ ] Native American [ ] Asian/Pacific Islander [ ]
   Multi- Racial [ ] Other [ ]

4. Highest degree of education in nursing: MSN [ ] DNP [ ] PhD [ ]
   Master’s Certificate [ ]

5. Practice site (Please indicate all that apply)
   Hospital [ ] Private Practice [ ] Academia [ ]
   Long Term Care [ ] Health Department [ ]
   Other (Please Specify) ________________________________

6. Location of practice site (County only) ________________________________

7. Number of years in practice as a nurse practitioner _______

8. Number of hours in practice per week (Please list by site)
   ___________________________________________________________________

9. Salary range: 0- 30,000/year [ ] 30,001- 50,000/year [ ]
   50,001- 70,000/year [ ] 70,001- 90,000/year [ ] 90,001- 110,000/year [ ]
   110,001- 130,000/year [ ] 130,001- 150,000/year [ ] > 151,000/year [ ]

10. Employment contract in place? Yes [ ] No [ ]

   Thank you so much for your time!
APPENDIX C

LETTER INTRODUCING THE STUDY
Dear Prospective Participant,

My name is Alison May, and I am a master’s degree candidate at the Florida State University College of Nursing. I am writing to request your participation in research for my thesis entitled: A Study of Nurse Practitioner Job Satisfaction in Florida. With your help, I hope to collect data concerning the degree of satisfaction derived from specific factors of nurse practitioner work within the state. Enclosed with this letter you will find a demographic questionnaire and the Misener Nurse Practitioner Job Satisfaction Scale. Completing these questionnaires indicates that you have agreed to participate in this study voluntarily. Please return completed documents in the enclosed stamped envelope, but do not include your name in the return address.

Your name and address were retrieved from the Florida Department of Health registry for the purpose of survey distribution. However, inclusion of your name on the return documents is not necessary, and all reasonable attempts will be made to maintain anonymity throughout this process.

If you have any questions or concerns about the study, or your participation in it, please contact the researcher at (352) 214-5558, or her major professor, Dr. James Whyte at Florida State University’s College of Nursing (850) 644-5359. Please retain this letter as you may contact the researcher at anytime throughout this process.

Your participation is invaluable for the completion of my research and I thank you in advance for your time and participation in this study.

Sincerely,

Alison A. May, RN, BSN
APPENDIX D

PERMISSION TO REPLICATE THE ORIGINAL STUDY
Permission to replicate the study received Wednesday, September 6, 2006 by email from Barbara Kacel.

Dear Allison,
Sure, you may replicate our study. You will have to get permission to use Terry Misener's questionnaire. You may reach him at ********. He will also send you the survey instrument and the scoring sheet for the factors.
It was a very interesting project. Let me know if I can help you with anything else.
Sincerely,
Barb Kacel FNP-C
APPENDIX E

PERMISSION TO USE THE SURVEY INSTRUMENT
Permission to use the Misener Nurse Practitioner Job Satisfaction Scale survey instrument received by email response from Dr. Terry Misener on Saturday, October 21, 2006.

I am pleased to give you permission to use the Misener Job Nurse Practitioner Job Satisfaction Scale. I only ask that you give appropriate attribution. I would also appreciate seeing a copy of your study. Attached is a copy of the instrument and scoring to use the constructs we developed. Best Wishes.

Terry
APPENDIX F

IRB APPROVAL
APPROVAL MEMORANDUM

Date: 7/18/2007

To: Alison May

Address: 2353 Mission Road Apt H8, Tallahassee, Florida 32304
Dept.: NURSING

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
A Study of Nurse Practitioner Job Satisfaction in Florida

The application that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Expedited per 45 CFR § 46.110(7) and has been approved by an expedited review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 7/14/2008 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving
human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: James Whyte, Advisor
HSC No. 2007.512
REFERENCES


BIOGRAPHICAL SKETCH

Alison May was born on November 19, 1980 in Gainesville, Florida. She is the daughter of Franklin E. May and Cherry F. May. After graduating from Gainesville High School in 1999, she moved to Tallahassee, Florida to attend Florida State University. In 2004, she graduated with her BSN degree and began working on the cardiac floor of a hospital in her hometown of Gainesville. In 2005 she returned to Florida State University to pursue her master’s degree in nursing. In August of 2006 she married her husband, Scott P. Stuart. Currently, she anticipates graduating in the spring of 2008 with her MSN in the family nurse practitioner track after which she will be seeking employment as a nurse practitioner.