

Northern Ontario Nurse Practitioner Job Satisfaction and Intent to Leave:  
A Constructivist Grounded Theory Study

by

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## Abstract

The current document is a three-paper dissertation exploring northern Ontario primary healthcare Nurse Practitioners' (NPs) job satisfaction and intent to leave. The characteristics of NP job satisfaction and intent to leave are poorly understood. The broader work on NP job satisfaction and intent to leave has relied heavily on quantitative cross-sectional methods. I decided to use qualitative methods in order to seek deeper understanding of NP job satisfaction and intent to leave. The sample for this constructivist grounded theory study included 18 primary healthcare NPs working full time in primary healthcare in Northern Ontario. Telephone interviews were conducted and transcripts were analyzed. We found that primary healthcare NP job satisfaction was dependent upon a particular mix of "satisfiers". These satisfiers included independence and interdependence, challenging work, quiet moments, and beginnings and endings. NPs experience dissatisfaction related to role recognition, geographical distances, overwork, and feeling overwhelmed. Key features were identified as contributors to primary healthcare NP intent to leave. These included inadequate remuneration, the lack of a provincial government pension plan, the quality of their relationships with management and administration and extended benefits programs. Among those considering leaving a primary healthcare NP position, key features of a new position would include adequate remuneration, generous extended benefits, and a shorter distance from home and practice sites. Some respondents intending to leave their current practice setting identified that they would be seeking work outside of NP practice. This study served to clarify key job features and processes related to job satisfaction and intent to leave among Northern Ontario's primary healthcare NP population. A broader theory of NP job satisfaction and intent to leave emanated from the analysis of relationships among these key concepts within the study. The findings of this study could serve to inform initiatives to retain and recruit primary healthcare NPs within both rural and urban practice settings across northern Ontario.

**Keywords:** nurse practitioner job satisfaction, nurse practitioner intent to leave, nurse practitioner workforce, nurse practitioner qualitative research, health human resources, northern Ontario nurse practitioner, primary healthcare nurse practitioner

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# Chapter 1

## 1.0 Introduction

This introductory chapter will present the foundations for this study of northern Ontario Nurse Practitioner (NP) job satisfaction and intent to leave. Very little is known about this professional population. In northern Ontario primary healthcare NPs deliver service to vulnerable populations in both rural and urban areas. In recent years, new positions outside of primary healthcare have opened. Positions have opened in hospitals, specialty clinics, community care access centres and other types of practices. Often, these positions offer higher salaries than NPs are receiving for their work in primary healthcare. Primary healthcare NPs could begin to leave their practices to fill some of these newly developed positions. This is problematic since there is not another group of professionals immediately available to deliver primary healthcare in many northern Ontario communities.

The following chapter will describe key concepts relevant to the study to be presented in this three-paper dissertation. Key concepts include primary healthcare, access to care, primary healthcare NPs, job satisfaction, and intent to leave. The significance of NP job satisfaction and intent to leave will be outlined. A review of the current literature related to NP job satisfaction and intent to leave will be presented. Following the literature review, the study purpose, theoretical foundations, research design and methodology will be presented. The concluding section of this chapter will tie these concepts together by outlining the significance of northern Ontario primary healthcare NP job satisfaction and

intent to leave relative to patient access and the effects of these factors on access to care in northern Ontario.

## 1.1 Primary Healthcare

Primary healthcare is often defined as the first point of contact for patients coming into the health care system (Working Group to the Primary Healthcare Planning Group, 2011). The central goal of organized primary healthcare is better health for all (World Health Organization, 2017). Primary healthcare is an approach to health services that incorporates direct provision of front line services generally offered in community clinic settings and co-ordination functions such as case management that ensures smooth transitions across the health care system (Government of Canada, 2012).

Primary care is a term used to describe a group of services designed to meet the personal health needs of individuals and families. Some services offered through organized primary care include prevention and treatment of common diseases and injuries, basic emergency services, primary mental health care, health child development, peri-maternity care and rehabilitation services (Government of Canada, 2012).

## 1.2 Access to Care

Access to primary healthcare services has been associated with better health outcomes, lower cost per patient, decreased emergency department visits, and improved screening rates (Stephens & Ledlow, 2010; Ionescu-Ittu et al., 2007; Basu & Phillips, 2016; Glazier, 2007). Primary health care access has consistently been a priority for the Province of Ontario and its Local Health Integration Networks (Ontario Ministry of Health

and Long-Term Care [MOHLTC], 2012a; Ontario North East Local Health Integration Network, 2016).

Local Health Integration Networks (LHINs) are Ontario's regional organizations that engage in health planning, funding and improvement (MOHLTC, 2017). Among Ontario's Local Health Integration Networks, attachment and access to a primary care provider is a key system performance indicator (Health Quality Ontario, 2015). Individuals with access to any regular source of care have better health care access than those without a regular provider (Lambrew et al., 1996). Access to primary care contributes to the prevention of both illness and early death (Starfield, Shi & Macinko, 2005).

One of the greatest challenges related to primary healthcare access in Canada is geography and the distribution of services (Health Quality Ontario, 2017). As of 2013, three million Ontarians lacked a primary healthcare provider (Price, Baker, Golden & Hannam, 2015). While the Northern Ontario School of Medicine was established partly in response to the shortage of family physicians in northern Ontario (Centre for Rural and Northern Health Research, 2007), some communities in northern Ontario continue to be underserved (Health Quality Ontario, 2017).

People in rural and northern Ontario face unique challenges in accessing primary health care (Health Quality Ontario, 2017; Health Force Ontario, 2011; Institute for Clinical Evaluative Sciences, 2011) and are less likely to be able to see their health care provider when ill (Health Quality Ontario, 2017). They are more likely than their southern Ontario counterparts to suffer from poorer health status and to die earlier (Health Quality Ontario, 2017).

### 1.3 Primary Healthcare Nurse Practitioners

Ontario's primary healthcare nurse practitioners (NPs) are registered nurses with additional training and extended licensure that allows for the performance of additional controlled acts previously not delegated to nursing (Nurse Practitioners' Association of Ontario, 2014). The additional delegated acts currently include the ordering of diagnostic tests, communicating diagnosis, and ordering medications (van Soeren, Hurlock-Chorostecki, Goodwin & Baker, 2009). The safety and efficacy of NPs as primary healthcare providers has been well demonstrated (Dierick-van Daele et al., 2010; Horrocks, Anderson & Salisbury, 2002).

The primary healthcare NP role has existed in Ontario for many decades (van Soeren, Hurlock-Chorostecki, Goodwin & Baker, 2009). Initial NP integration efforts were designed to address physician departures from remote and underserved areas (NPAO, 2018). Educational programs ran from the 1970's to 1983, when medical schools increased their number of graduates to assess care shortages (NPAO, 2018). In 1983 Ruth Grier, who was the Health Minister for Ontario, resurrected NP educational programs in recognition of the impact NPs could have on primary healthcare (NPAO, 2018). Legislative changes that have occurred since this time have allowed Ontario's primary healthcare NPs to expand their reach more autonomously and effectively.

According to Statistics Canada, as of 2011, 14% of Ontario's population was living in a rural area (Statistics Canada, 2011). As of 2009 over half of all Ontario's NPs worked in underserved locations (van Soeren et al., 2009). Primary healthcare NPs have been introduced into many areas across northern Ontario, often serving smaller, outlying communities (Nurse Practitioners' Association of Ontario, 2014).

The number of primary healthcare NPs in Ontario has been increasing. For example, there were 1,897 primary healthcare NPs registered with the College of Nurses in 2015, 2,106 in 2016, and 2,384 in 2017 (College of Nurses of Ontario [CNO], 2017). In 2016, 8.9% of Ontario's primary healthcare NPs worked in the North East LHIN and 4.6% worked in the North West LHIN (CNO, 2016). The proportion of Ontario's NPs working in the north east and north west regions has been slowly decreasing since 2012 (CNO, 2016). This could be attributable to a lack of new funding for interdisciplinary clinics such as nurse practitioner-led clinics, community health centres, and family health teams. It could also be attributable to NP migration secondary to an increase in the proportion of funded positions south of Barrie.

Several publications highlight the importance and quality of primary healthcare delivered by NPs. A 1974 study by Spitzer et. al. sought to compare care provided by physicians and nurse practitioners. Patients treated by both groups of professionals showed similar mortality patterns, functional capacity and levels of patient satisfaction. A randomized trial conducted by Mundinger et. al. in 2000 found that patients treated by NPs had at least equal and sometimes superior outcomes to those treated by physicians. A 2002 systematic review conducted by Horrocks et. Al. reviewed 11 trials and 23 observational studies. They found that patients were more satisfied with care provided by a nurse practitioner (2002).

In Ontario, publicly funded NPs work on a salary basis. The Ontario MOHLTC funds positions in various models of primary healthcare including family health teams, community health centres, and nurse practitioner-led clinics (Working Group to the Primary Healthcare Planning Group, 2011). Because primary healthcare NPs are usually



salaried, health care system administrators are better able to predict and control costs related to primary health care delivered by NPs.

It is important to have an understanding of NP job satisfaction and factors related to their intent to stay or leave current employment positions. This information could serve to inform healthcare system administrators about how to design and fund attractive NP positions in primary healthcare. Findings could also inform system administrators about how to structure health human resource plans directed at attracting and retaining primary healthcare NPs within communities and especially in rural areas. This will be particularly important in areas where new kinds of NP jobs are being introduced, sometimes funded through different sources and offering more generous salary and benefits. New knowledge about NP job satisfaction and intent to leave could also inform dialogue among nurse practitioners and current and prospective employers.

#### 1.4 Job Satisfaction

According to Locke (1976) job satisfaction is related to an individual's enjoyment of their work and to feelings the individual has about the work itself. Moorman (1993) identified that measures of job satisfaction fall into two categories where they either measure affective or cognitive satisfaction (Moorman, 1993). Meanwhile, Herzberg's Dual Factor Theory further identified that job satisfaction is related to two sets of factors – motivating factors and hygiene factors (Herzberg, 1968). Motivating factors include intrinsic factors such as recognition, achievement, and promotions. Hygiene or dissatisfying factors include aspects of the working environment such as pay, benefits, management, and other items related to working conditions. Sometimes, job dissatisfaction due to dissatisfying hygiene factors such as those identified by Herzberg can lead to

employee intent to leave, often resulting in departure (Mobley, 1977). Given the shortage of primary healthcare services within Northern Ontario, understanding factors, and processes related to NP job satisfaction and intent to leave will be important.

## 1.5 Intent to Leave

Intention to leave can be defined as an employee's plan to leave a current job and to look for another job in the near future (Weisberg, 1994). Intention to leave is one of the greatest predictors of employee turnover (Griffeth, Horn & Gaertner, 2000; Rizwan et al., 2013) and has been associated with lower levels of job satisfaction (Larrabee, Janney & Ostrow, 2003; Mobley, 1977; Clugston, 2000). Organizational commitment has been found to be inversely related to intent to leave (Wunder, Dougherty & Welsh, 1982). Research focused on registered nurses has identified that fatigue and poor working conditions have an influence on their intent to leave (Brewer, Kovner, Greene, Tukov-Shuser & Djukic, 2012). Organizational climate has also been found to be an important determinant of intent to leave among nurses (Stone, Mooney-Kane, Larson, Pastor et al., 2006).

## 1.6 The Significance of Primary Healthcare Nurse Practitioner Job Satisfaction and Intent to Leave

The College of Nurses of Ontario (CNO) statistics show that the proportion of Ontario's NP workforce working in the North East and North West LHIN areas is decreasing (CNO, 2016). There is not another group of professionals available to deliver primary healthcare services to these areas. Therefore, it will be important for the health care system to focus on retaining the NPs currently working in Northern Ontario positions.

The loss of primary healthcare NPs in any area of northern Ontario could lead to decreased access to primary healthcare services and have a negative impact on population health (Macinko, Starfield & Erinosh, 2009). This would be especially true for rural communities that are harder to service (Wilson et al. ,2009).

Job satisfaction has been found to contribute to enhanced retention and decreased intent to leave (Mobley, 1977; Lambert, Hogan & Barton, 2001; Clugston, 2000; Shore & Martin, 1989). Therefore, knowledge about northern Ontario NP job satisfaction is necessary to inform strategies to enhance retention. Knowledge about NP intent to leave is also important. While job satisfaction and intent to leave are two key concepts linked to decreased retention and employee departure, the linkages are not direct. In order for a dissatisfied employee to move from being dissatisfied to leaving an employment position some intermediate linkages must occur (Mobley,1977). Mobley studied hospital workers and found that employee departure is only possible where specific linkages occur which promote movement from dissatisfaction toward intent to leave. Intermediate linkages include thoughts of quitting, available jobs, job search activity, comparison of alternatives, and finally, the decision to quit or stay (Mobley, 1977).

There isn't an existing theory to explain the relationship between NP job satisfaction and retention or dissatisfaction and intent to leave. However, work focused on registered nurses has identified job dissatisfaction as being a major predictor of intent to leave (Larrabee et al., 2003; Coomber & Barriball, 2006). One meta-analysis found job satisfaction inversely related to intent to leave however behavioural intentions (such as those identified by Mobley, 1977) were a necessary antecedent to departure (Irvine & Evans, 1995). There was a strong positive relationship between intending to leave and

actual turnover. Learning more about northern Ontario NP job satisfaction and intent to leave may shed light on key features of job design and employment arrangements that could enhance NP retention through increased satisfaction and decreased intent to leave their current employment positions.

## 1.7 Literature Review

The following section provides an overview of the relevant literature as it pertains to the scope of this dissertation. Specifically, the following section includes an overview of the two key focal areas for this dissertation: NP job satisfaction and NP intent to leave.

### 1.7.1 Job Satisfaction

The majority of the work focused on NP job satisfaction has been done in North America. The work has largely been quantitative, survey-based research. For the purposes of this review, the work in this area will be presented chronologically. Given the small number of studies focused on NP job satisfaction specifically, this thesis will include works focused on role transition as well, given many of these studies identify factors that increase or decrease satisfaction during movement from certification to the working NP role.

An American cross-sectional study published in 1991 focused on Herzberg's Dual Factor Theory and included scales to measure global job satisfaction. One hundred thirty-two NPs registered with the South Carolina State Board of Nursing in 1988 were surveyed (Koelbel, Fuller & Misener, 1991). The response rate achieved was 90%. Participants were found to be moderately satisfied with their NP employment. Variables found to influence

global job satisfaction included: age, number of children, urban locations, achievement, company policies and practices, creativity, independence, and compensation.

Another American cross-sectional study done in 1991 focused on NP job satisfaction and explored the relationship between job satisfaction and practice setting characteristics (Tri, 1991). The study used the Advanced Practice Job Satisfaction Survey and the Primary Care Practice Environments Survey (Hamric & Taylor, 1989). The target population included those on the Washington State Board of Nursing's list of advanced registered NPs. This population included those licensed to practice primary healthcare, pediatric, womens' health, and geriatric patient populations. The sample consisted of 373 respondents with 45% of them working in family practice. NPs were found to have a high level of satisfaction related to autonomy, sense of accomplishment and time spent in patient care. The years of experience and self-perceived skill levels were also identified as being important contributors to higher job satisfaction. Salary was found to be a significant dissatisfier (Tri, 1991).

The purpose of a 2001 study was to construct a valid instrument to measure job satisfaction among NPs. Literature review led to the modification of an existing instrument developed by Mueller and McCloskey (1990) to better align it with NPs working in primary healthcare. Input from NP experts was also sought. Items were reviewed for validity using factor analysis. At that time 33 items were deleted and the key factors were named: intra-practice partnership/collegiality; challenge and autonomy; professional, social, and community interactions; professional growth; time; and benefits. These final items were retained and going forward they comprised the Misener Nurse Practitioner Job Satisfaction Scale which uses a six -point Likert-type survey (Misener & Cox, 2001). The

entire scale produced a Cronbach's alpha of 0.96. Critiques of the instrument have identified that it relies heavily on factor analysis results to justify subscales and does not demonstrate sufficient theoretical rationale (Advanced Practice Nursing Chair, 2017).

A 2002 study conducted in Ontario, Canada focused on workplace empowerment, collaborative work relationships, and job strain among NPs (Almost & Laschinger, 2002). The researchers used a predictive, non-experimental design to survey 63 acute care NPs and 54 primary healthcare NPs. The research team used the Conditions of Work Effectiveness Questionnaire (Chandler, 1986), the Job Activities Scale (Laschinger, Kutzscher & Sabiston, 1993) the Organizational Relationship Scale (Laschinger et al., 1993) and the Collaborative Behaviour Scale (Stichler, 1989). Study participants were found to be moderately empowered, with moderately high levels of collaboration with physicians, moderate levels of collaboration with managers, and low levels of job strain (Almost & Laschinger, 2002).

An American study using a cross-sectional design focused on NP job satisfaction among a sample of NPs from a midwestern state (Kacel, Miller & Norris, 2005). The sample consisted of 147 NPs. The response rate achieved was 63%. The Misener Nurse Practitioner Satisfaction Scale was used (Misener & Cox, 2001). NPs in the study were most satisfied with a sense of accomplishment, challenge in work, their level of autonomy, mixed patient assignments, and the ability to deliver quality care (Kacel et al., 2005). Participants were least satisfied with the lack of availability of time off to serve on professional committees, reward distribution, research opportunities, compensation for duties outside of regular role and schedule, and the absence of financial incentives. Very novice NPs, with up to a year of experience, were most satisfied with scores decreasing

with each additional year of experience up to year eight where satisfaction levels plateaued (Kacel et al., 2005).

A cross-sectional study done in California utilized a mailed questionnaire to assess NP job satisfaction (Wild, Parsons & Dietz, 2006). The response rate was 33% of 200 surveys sent (n=66). An instrument designed for nurses was used (Mueller & McCloskey, 1990). Given the small sample size only descriptive statistics could be generated. Items most associated with satisfaction included schedules and flexibility and interprofessional relationships. Items most associated with decreased satisfaction included lack of research opportunities and belonging to committees (Wild, Parsons & Dietz, 2006). Given that the study was conducted on NPs in only one state, generalizability was limited. Furthermore the instrument used was designed for the NP population such that applicability to the NP workforce could be questioned.

A cross-sectional study sought to describe Ontario NPs' demographic characteristics, geographic distribution, employment trends and practice profiles (Sloan, Pong, Rukholm & Caty, 2006). Surveys were sent to all Ontario NPs and 60% responded (n=621) (Sloan et al., 2006). Issues related to funding, salary, and scope of practice were identified (Sloan et al., 2006). In 2008, a similar cross-sectional study was undertaken as part of the same funded research series (Koren, Mian & Rukholm, 2010). The sample included 53% of all NPs working in Ontario (n=378). Higher salaries, regular increases, and professional development opportunities were identified as priorities (Koren et al., 2010).

In 2012, an additional cross-sectional study of the Ontario NP workforce was undertaken (Mian, Lacarte & Koren, 2012). The survey incorporated new questions about practice, interprofessional care, and the impact and benefits of new authorizations for NP practice (Mian et al., 2012). Registrants with the CNO were included in the survey. Of 1,441 potential respondents, the team achieved a 48% response rate (n= 693) (Mian et al., 2012). NPs reported low salary satisfaction (65%). Of NPs surveyed, 46.7% planned to change positions within one to five years (Mian et al., 2012). This survey was the third in a series conducted over a three-year period. Response rates decreased in each phase of the study. Some newly introduced positions in interdisciplinary teams such as Family Health Teams and Community Health Centres addressed some of the areas previously shown to lead to dissatisfaction among the primary health care NP workforce including higher wages, expedient access to interprofessional consultation, and being a member of an interdisciplinary team (Mian et al., 2012).

A 2007 study conducted in the United States used the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001) as a mail-out survey that was sent to 329 NPs in the state of Arizona (Schiestel, 2007). There was a 47% response rate (n= 155). The mean overall satisfaction score was 4.69 out of a possible 6 for “very satisfied” on Misener’s Likert-style scale. Demographic differences among respondents (employer type, gender, income, full-time versus part-time) did not result in significantly different scores on the satisfaction scale (Schiestel, 2007).

A Canadian descriptive, correlational study by Lamarche and Tullai-McGuinness (2009) investigated Canadian NP job satisfaction. A sample of 162 conference attendees completed an online survey. The Misener Nurse Practitioner Job Satisfaction Survey



(Misener & Cox, 2001 and the Minnesota Satisfaction Questionnaire (Weiss, Dawis, England & Lofquist, 1967) were used. Job satisfaction ranged from satisfied to highly satisfied. The most influential factors on job satisfaction were collegiality, challenge, and autonomy. These findings are consistent with Herzberg's (1968) foundational theory of job satisfaction which includes these items in a category of factors influencing satisfaction globally among workers.

A cross-sectional descriptive study of job satisfaction and intent to leave was conducted at an American national nurse practitioner conference (DeMilt, Fitzpatrick & McNulty, 2011). The Misener Nurse Practitioner Job Satisfaction Scale and the Anticipated Turnover Scale were completed by 254 NPs (Misener & Cox, 2001; Hinshaw, Smeltzer & Atwood, 1987). Respondents were found to be satisfied with benefits, challenge, and autonomy, and were minimally satisfied with professional growth, interpractice partnership, and collegiality (DeMilt et al., 2011). Intent to leave within five years was at 27.7% for the population surveyed. An inverse relationship was found between level of job satisfaction and intent to leave (DeMilt et al., 2011). The sampling process may have attracted NPs more invested in their careers given the study was done at a national NP conference. Alternately those less satisfied with their work may have been more likely to express themselves via survey responses.

An American study sought to measure NP job satisfaction using the Misener Job Satisfaction Scale (Pasaron, 2013; Misener & Cox, 2001), and two surveys developed by the investigators. A nonprobability, convenience sample was used where participants were invited from the author's place of employment. Of 40 potential respondents 17 surveys were returned representing a 43% response rate. The research team was interested in

identifying effective recruitment and retention strategies from the NP perspective by identifying the most satisfying job aspects and methods of role integration. Participants expressed dissatisfaction with professional and monetary recognition, assertive influence, administrative support and collegial relationships (Pasaron, 2013). The findings should be interpreted with caution given the potential bias of the researcher as employee. Also, the findings only represent NPs from one place of employment so findings may not be applicable to other practice settings.

An Australian study, using a phenomenologic approach, sought to gain insight into nursing staff experiences working in a nurse-led walk-in clinic, where NPs were employed (Desborough et al., 2014). Three NPs were included in the study sample. NPs appreciated greater autonomy, however, they did express interest in ongoing physician consultation and collaboration. This could be in the form of somebody to call for consultation rather than in-person consultation. Some NPs felt restrained due to requirements to adhere to clinical protocols rather than being able to apply their own expertise to various patient presentations. The one site study model with only three participants affects reliability of the findings.

A qualitative descriptive study of NP role transition was undertaken by Maten-Speksnijder, Pool, Grypdonck, Meurs & van Staa (2015). Meleis's Framework of Transitions was used as a basis for the study (Meleis, 2010). Both individual and focus group interviews were completed and content analysis was undertaken. Newly graduated NPs felt distressed when becoming responsible for total patient care. Furthermore, early graduates indicated a lack of role models and protocols that made their transition less satisfying (Speksnijder et al., 2015).

A study of NPs working in public hospitals in the Netherlands, produced a sample of 43 NPs and 13 physician assistants. Of those surveyed, 74.4% of NPs were dissatisfied with employer organization and related policies (Zwijnenberg and Bours, 2012). These organizational and policy-related items included lack of planning for role integration, resistance from the medical community, unclear role descriptions, and the lack of a legal framework to facilitate prescribing and the ordering of tests and x-rays (Zwijnenberg and Bours, 2012). Where autonomy has consistently been associated with NP job satisfaction in the literature, systemic resistance to NP autonomy could be determined to be a detractor to NP job satisfaction within that geographic area.

A descriptive study was undertaken by Ryan and Ebbert (2013). The Misener Nurse Practitioner Job Satisfaction Scale was used (Misener & Cox, 2001). NPs in Kansas and Missouri were included in the sample. The two geographic areas were chosen given differences in nursing regulations within each. The instrument was mailed to 522 family NPs living within the study area. Most respondents were in the minimally satisfied to satisfied category. In the United States regulations vary by state and are influenced by the various policies related to not only nursing but medical and pharmacist practice as well (Ryan & Ebbert, 2013). One of the key items identified by Ryan and Ebbert (2013) and related to job satisfaction is initiative to address laws increasing both accessibility to NPs as well as a variety of payment models that allow for access for a larger portion of the population.

Another cross-sectional study explored NP job satisfaction in terms of autonomy and work setting. The authors used a large national sample from the National Sample Survey of NPs to analyze a variety of items related to both autonomy and work setting. A

total of 8311 respondents' data were analyzed. They found that NPs were satisfied overall. Autonomy measures were associated with satisfaction levels. The largest increase in satisfaction scores was related to feelings about how much NP scope of practice skills were utilized on the job (Athey, Leslie, Briggs, Park, Falk, et al., 2016).

A cross-sectional study of satisfaction among NPs working in long-term care in Ontario, Canada was done using investigator-developed questions as well as the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001) which was modified for the Canadian context (Donald & Martin-Misener, 2011). Long-term care NPs were satisfied with their physician collaboration, however, those working in multiple locations tended to score lower. In terms of salary most NPs indicated they were satisfied. However, the number of respondents (12) was rather small and could affect generalizability of the findings. NPs working in multiple settings were more satisfied on the benefits subscale, based on responses on the Misener Nurse Practitioner Job Satisfaction Scale. The NPs were found to be satisfied with the resources provided in their practice settings (Donald & Martin-Misener, 2011).

One qualitative study investigated NP job satisfaction using grounded theory (Shea, 2015). The researcher sought to understand the contextual nature and personal perspectives of NP job satisfaction (Shea, 2015). The sample included NPs from a rural northeastern American state. Face-to-face interviews were conducted with 15 participants. Holistic care as a foundation for the nurse patient relationship was identified as important to job satisfaction. Respect for professional values was also found to be important (Shea, 2015).

In 2015, Lelli, Hickman, Savrin, and Peterson used cross-sectional study to examine the differences in reported autonomy and satisfaction among NPs working in retail clinics versus primary healthcare. In the United States, chains of drug stores and major department stores with pharmacies will sometimes have a small clinic staffed solely by a NP who offers a full range of services. The Misener Job Satisfaction Scale was used (Misener & Cox, 2001). Satisfaction did not differ across practice settings. Despite this, the researchers found that retail NPs had less intent to leave due to better benefits of employment.

The literature was also searched for studies focused on physician and registered nurse job satisfaction. A study of Canadian family physician job satisfaction found that physicians reporting greater stress were less satisfied with medical practice (Burke & Richardson, 1990). A large American study used a cross sectional survey method to evaluate physician satisfaction. They found that physicians were satisfied with autonomy, resources and relationships with staff and the community. Academic physicians had higher satisfaction scores than those working within the regular healthcare system. Some physicians were dissatisfied with the amount of time allotted for intake of new patients (Linzer, Konrad, Douglas et al., 2001). Another American survey based study found that physicians can struggle with work-life balance but remain satisfied in their career. Burnout was found to be an important predictor for physician satisfaction (Keeton, Fenner, Johnson & Hayward, 2007). Physician dissatisfaction was found to be a good predictor of intended turnover (Pathman, Konrad, Williams, Scheckler et al., 2002).

Registered nurse job satisfaction was found to be aligned with psychological empowerment that encompassed hardiness, transformational leaders, good collaboration

and work group cohesion (Larrabee, Janney & Ostrow, 2003). A 2007 meta analysis of registered nurse job satisfaction found that findings were generally uniform across studies. The three key variables found to be correlated with nurse job satisfaction were autonomy, job stress and nurse-physician collaboration (Zangaro & Soeken, 2007). A comprehensive review of the literature focused nurse job satisfaction found that there are forty-four key factors that fit into three clusters – intra, inter and extra personal. Overall, key factors included coping strategies, autonomy, co-worker interaction, direct patient care, organizational policies, resource adequacy and educational opportunities (Hayes, Bonner & Pryor, 2010).

### 1.7.2 Intent to Leave

In reviewing the literature for this study, the search terms focused on NP intent to leave, NP intent to stay, NP recruitment and retention, northern Ontario NP work and employment, and NP employment preferences. The search yielded primarily cross-sectional quantitative studies focused on NP intent to leave.

Within the nursing literature “intent to leave” has been defined as the intent to leave one’s current position, the profession, or the professional role (Larrabee, Janney & Ostrow, 2003). Studies focused on nurse practitioner intent to leave have generally used the Anticipated Turnover Scale as part of their cross-sectional questionnaires (Hinshaw & Atwood, 1984). Studies focused on NP intent to stay or characteristics of a desirable new NP position were not located. Overall, few research studies have focused on the recruitment, retention, or intent to leave of North American NPs.

A recent study by Poghosyan, Liu, Shange, and D'Aunno (2017) used a mail-out survey in one American state to study job satisfaction and intent to leave. The Nurse Practitioner Primary Care Organizational Climate Questionnaire was used (Poghosyan, Nannini, Finklestein, Mason & Shaffer, 2013). The survey was distributed among 163 primary care organizations. With every unit increase in job satisfaction subscale scores, intent of turnover decreased. Decreased intent to leave was found to be most associated with increased general job satisfaction. Contributors to that satisfaction included items such as favourable relations with administration and physicians, and clear role visibility.

Another American study using a cross-sectional, correlational design surveyed emergency department NPs to assess moral distress, levels of practice independence, and intent to leave. The Moral Distress Scale – Revised (Corley, Elswich, Gorman & Clor, 2001), Dempster Practice Behaviour Scale (Dempster, 1990), and self-report intent to leave questions were used. Of 788 questionnaires sent 246 were returned for a 31% response rate. Increased intent to leave was associated with poor patient care results and inadequate staff communication (Trautman, Epstein, Rovnyak & Snyder, 2015).

A cross-sectional American study sought to examine levels of satisfaction and intent to leave current positions and the nursing profession (DeMilt et al., 2010). Within that sample (n=254) comprised of attendees of an American Association of Nurse Practitioners Conference, 27% indicated intent to leave their current NP position. Meanwhile, 5.5% indicated intent to leave the profession. Those intending to leave planned to do so within three to five years (DeMilt et al., 2010). The most common reasons cited for intending to leave were lack of control over their practice and limited career advancement opportunities (DeMilt et al., 2010).

A descriptive study of Canadian oncology NPs by Lukosius et al. (2007) also identified lack of personal growth and career advancement opportunities as reasons for increasing intent to leave. This cross-sectional study had a response rate of 94.8%. Meanwhile, higher job satisfaction scores made it more likely that a subject would remain in their current NP position (DeMilt et al., 2010; Bryant-Lukosius et al., 2007).

Bourdeanu, Pieper, Cannistraci, Faber, and Chen (2015) conducted a cross-sectional study (n=193) focused on burnout, job satisfaction, and intent to leave among American NPs working in oncology. Burnout was identified as a persistent response to job related stressors and included feelings of exhaustion, cynicism, detachment, and a sense of failure (Maslach, 1998). NPs identifying higher levels of emotional exhaustion and burnout were more likely to express intent to leave (Bourdeanu et al., 2015). Over half of study respondents reported burnout as evidenced by high emotional exhaustion and depersonalization scores (Bourdeanu et al., 2015).

One Canadian cross-sectional study assessed intent to leave among Canada's rural and remote NPs. Given many of northern Ontario's primary healthcare NPs work in rural and remote areas, the findings are worthy of consideration here. Rural nurses were more likely to leave their position if they were male, reported higher stress, did not have children or relatives, had lower community satisfaction, greater dissatisfaction with job scheduling, autonomy, on-call requirements, and where they were required to work in what they perceived to be very advanced practice. Those working remotely were also more likely to leave (Stewart et al., 2011).



After reviewing the literature around NP intent to leave, the literature was also searched for findings related to physician and registered nurse intent to leave. A European study of physician intent to leave found an association between burnout scores and increased intent to leave (Soler, Yaman, Estevea, Dobbs et al., 2008). A similar study conducted in China also found an increase in intent to leave for physician rating high on the burnout scales (Zhang & Feng, 2011). A study of the impact of electronic medical record system features and physician satisfaction and intent to leave reported that time pressure was associated with burnout, dissatisfaction and intent to leave (Babbott, Manwell, Brown et al., 2014). An American study used physician registration data to assess departure from clinical practice after indicating intention to leave. Self-reported intention to leave had a positive predictive value of thirty-five point four percent as a measure of actual departure. The most influential factor for departure was older age (Rittenhouse, Mertz, Keane & Grumbach, 2004).

Registered nurse intent to leave can be predicted via self-reported job dissatisfaction (Larrabee, Janney, Ostrow et al., 2003). In an American study empowerment was linked with decreased intent to leave the current profession or position (Zurmehly, Martin & Fitzpatrick, 2009). Coomber and Berriball (2007) studied the impact of job satisfaction components on intent to leave among hospital nurses. They found that job and workplace related factors were very influential upon nurse intent to leave. These factors were found to be more impactful than individual or demographic factors. An American study explored occupational commitment, education and experience and their effect on intent to leave the nursing profession. The authors found that occupational commitment was increased by educational level and experience and that this commitment

decreased intent to leave (Nogueras & Pitman, 2006). Another American study investigated the causes of intent to leave among ICU nurses. The authors found that organizational climate was not affected by intent to leave, however organizational climate and the labour market did influence intent to leave. Most importantly, this study identified that increase pay would not decrease intent to leave (Stone, Mooney-Kane, Larson, Pastor et al., 2006).

### 1.7.3. Literature Review Discussion

A review of the research literature about NP job satisfaction included both qualitative and quantitative studies. Many studies were performed with a focus on a specific geographic areas (eg; Koebel, Fuller & Misener, 1991, Tri, 1991, & Kacel, Miller & Norris, 2005). Several studies that used the Misener Nurse Practitioner Job Satisfaction Scale identified challenge and autonomy as being key satisfiers (Kacel, Miller & Norris, 2005, DeMilt, Fitzpatrick & Anulty, 2011, Scheistel, 2007). Meanwhile, the studies that applied qualitative methods found unique features associated with job satisfaction that were dissimilar to findings of cross-sectional studies that used the Misener Scale. For example, Shea (2015) identified holistic care and respect for professional values as being important satisfiers. Neither of these items were identified within the quantitative studies. Similarly, the Maten-Speksnijder, Pool, Grypdonck, Meurs & van Staa study (2015) identified unique dissatisfiers including distress among novice NPs assuming full scope of practice and the lack of professional role models. Many of the quantitative studies of NP job satisfaction used the Misener Scale and identified similar key findings despite study populations being from different geographic areas. Meanwhile, qualitative studies focused on the same subject area yielded several unique satisfiers and dissatisfiers. This difference

in findings among qualitative and quantitative work highlights the opportunity that more qualitative work on NP job satisfaction could offer.

An overview of the Canadian literature on NP job satisfaction demonstrated consistent use of cross-sectional methods (Lamarche & Tullai-McGuinness, 2008; Mian et al., 2012; Sloan, Pong, Rukholm & Caty, 2006; Almost & Laschinger, 2002). Because these studies were cross-sectional, key concepts for analysis were limited to those included in the various instruments. In the global body of work on NP job satisfaction, many researchers used the Misener Nurse Practitioner Job Satisfaction Survey (Misener & Cox, 2001). This instrument is 17 years old and was developed and validated within the American health care system which is quite different from the Canadian system. Therefore, it would be beneficial to pursue an in depth, qualitative study of NP job satisfaction within Canada using constructivist grounded theory (Charmaz, 2014). The literature around registered nurse job satisfaction uncovered two key items – collaboration and autonomy - that appeared frequently in the cross sectional studies on the NP population. Meanwhile, studies of physician satisfaction also identified collaboration and autonomy as being important.

There were only a few studies focused on NP intent to leave. They were all quantitative and focused on NPs in a specific geographic area. Two studies that addressed NP intent to leave addressed NP job satisfaction simultaneously (Poghosyan, Liu, Shange & D'Aunno, 2017, DeMilt et al., 2010). Both found that NPs who were satisfied were less likely to be planning to leave their current employment. Meanwhile, the Poghosyan et al., study (2017) specifically identified an inverse relationship among NP job satisfaction and intent to leave. This work lays the foundation for more in-depth work on the complex

relationships that could exist among NP job satisfaction and intent to leave. These findings, taken together with the findings related to NP job satisfaction emphasize the fact that any study of NPs is likely to be affected by the geographic area and political environment of the study population. Therefore, findings might not be easily transferable from one NP population to another. Therefore, those interested in a deeper understanding of NP job satisfaction and/or intent to leave in a specific health region or geographic area should consider conducting a study focused on that specific NP population. The application of qualitative research methods should also be considered in light of the unique satisfiers and dissatisfiers that can come forth outside the confines of a specific survey instrument. Of interest, none of the literature identified with the politics of gender or how NPs, as a female-dominated profession, may be marginalized within workplaces and the broader healthcare system.

#### 1.7.4 Study Purpose

Primary healthcare NPs deliver service to thousands of residents of northern Ontario. There is not another professional population ready to replace NPs if they choose to leave the area. Rural communities can be especially challenging to service. Retention of NPs already serving northern Ontario communities is important. Meanwhile, no studies to date have focused on the northern Ontario primary healthcare NP population specifically. A greater understanding of the professional population could provide system administrators and recruiters with information about how to best design positions to enhance NP satisfaction and decrease intent to leave.

The aim of this study was to enhance understanding of northern Ontario primary healthcare NP job satisfaction and intent to leave. Study goals included obtaining a better understanding of this worker population as well as the development of a theory for NP job satisfaction and intent to leave. I conducted a qualitative research using constructivist grounded theory given little is known about the study population and the only instrument available at present is based on an American health care system and is more than a decade old (Misener & Cox, 2001).

## 1.8 Theoretical Foundations

Frederick Herzberg's "motivation-hygiene" theory describes factors in the workplace that lead to satisfaction and a separate list of factors that cause dissatisfaction. The basic underlying premise is that job satisfaction and job dissatisfaction are not merely two places on one continuum as was previously thought. Rather, these phenomenon are influenced by two separate groups of factors. Satisfaction was found to be linked to "motivators" including achievement, recognition, the nature of the work, responsibility, advancement and growth (Herzberg, 1968). Meanwhile, dissatisfaction was found to be related to what Herzberg referred to as "hygiene factors" and included items such as company policies, supervision, relationships with supervisors and peers, work conditions, salary, status and job security (Herzberg, 1968). Herzberg's theory contributed to the study design by informing the asking of separate open-ended questions related to job satisfaction and job dissatisfaction.

Mobley's (1977) Model of the Turnover Process establishes linkages between job dissatisfaction, intent to leave, and turnover. The work has been influential within the

broader human resource literature. The model incorporates findings of earlier theorists including March and Simon (1958) and Porter and Steers (1973). Mobley describes movement toward job departure as a series of cognitive stages beginning with evaluation of satisfaction or dissatisfaction with the current employment position. If the individual feels dissatisfied, this could lead to thoughts of quitting. From thoughts of quitting an individual will then begin exploring the possibility of quitting through assessing gains and losses, the current job market, and available positions. If options present themselves, according to Mobley (1977) individuals would then be likely to plan to search and then actually begin to search for a new position. Finally, the individual would once again compare the current position to the new option. If feasible, an actual decision to leave the existing employment position will follow (Mobley, 1977). The model also demonstrates recognition that sometimes even a satisfied employee will plan to job search. One item identified as a trigger for the satisfied employee's job search would be the impending transfer of one's spouse or some other reason to relocate (Mobley, 1977).

## 1.9 Research Questions

The key research questions for this study were:

1. What factors are associated with job satisfaction among primary healthcare NPs working full time in primary healthcare in northern Ontario?
2. What factors are associated with future intent to leave among northern Ontario primary healthcare NPs working full time in primary healthcare?

## 1.10 Theoretical Underpinning of Research Design: Social Constructivism

This qualitative research study used a constructivist grounded theory approach (Charmaz, 2014) informed by social constructivism as a guiding theoretical underpinning.

Social constructivism is the view that knowledge is constructed through interaction with others. This method holds firmly to the idea that knowledge and reality are constructed through discourse and that knowledge and reality are subjective (Sommers-Flanagan, 2015). It was important to choose a qualitative method that acknowledged the vantage point of the principal investigator as a member of the profession being studied. Given its emphasis on co-constructed realities among researchers and participants, constructivist grounded theory was an excellent fit for the principal investigator, a NP, and interviewer for this study.

### 1.11 Methodology: Constructivist Grounded Theory

A constructivist grounded theory (Charmaz, 2014) study was used to study northern Ontario NP job satisfaction and intent to leave for the purpose of this dissertation. Constructivist grounded theory was chosen given its ability to facilitate study about diverse, poorly understood concepts and processes. It is inductive and open-ended. The emergence feature of constructivist grounded theory applies to both the process and the product. Social reality, “is multiple, processual, and constructed” (Charmaz, 2014, p. 13). The methodology’s emphasis on emergence relies on an understanding of the concept of time and recognizes that the present arises from the past but has new properties, and that the unexpected may occur (Mead, 1932). Furthermore, this open yet structured method allows for navigation of the topic area freely while ensuring thoroughness. It permits going back and forth between data and analysis. This grounded theory approach, “acknowledges the subjectivity and the researcher’s involvement in the construction and interpretation of data”. This co-constructing among the researcher and subjects was an important feature for this study given the principal investigator’s NP background. This is one of the few

methods that acknowledges the researcher as the co-constructor of experience and meaning (Charmaz, 2014).

Northern Ontario's primary healthcare NP workforce continues to be a female dominated profession. According to the College of Nurses of Ontario's 2017 Statistics only 6.5% of Ontario's NPs identify as being male. Constructivist grounded theory is an excellent fit for the study of the northern Ontario NP workforce given its compatibility with feminist approaches to nursing research and its particular suitability to the study of women. Grounded theory has been used in feminist research since the mid 1990's (Plummer & Young, 2010). Further, the method has the capacity to reveal issues particular to women given its emergent processes and flexible methods of analysis (Plummer & Young, 2010). The focus on context can highlight social processes that may contribute to oppression. Charmaz's (2014) method emphasizes social construction and acknowledges the relationship between the researcher and the participant. A process of reflexivity embedded in the method can facilitate thought and analysis that considers power differentials and the influence of gender in any context.

## 1.12 Methods

### 1.12.1 Study Recruitment and Setting

It was determined that interviews with participants from a broader variety of locations would enrich the quality of the output. I sought to recruit NPs from urban, rural, and remote locations. As was explained in the earlier section, it was not possible to recruit remote NPs for this study. I also sought to balance the number of interviewees from the North East and North West LHINs NPs working in primary healthcare in the study district



were invited for an interview. Invitations were sent via email by the provincial NPs' association. The invitation email communication is included in Appendix A. Effort was made to represent both urban and rural NP populations in order to gain knowledge across practice settings. "Snowball" sampling was used to seek respondents from unrepresented areas. Finally, "theoretical sampling" was used to find respondents who might shed light on specific aspects of NP job satisfaction as needed. For example, some rural clinics were sent the invitation in an effort to obtain rich data from NP groups that had not responded to the initial call for participants and whose members may not have been on the provincial list. Some interviewees were purposively selected through contact with practices from diverse geographic locations. We attempted to achieve balanced participant distribution across the study area. A map of Ontario Local Health Integration Networks and the study areas (Northeast and Northwest Local Health Integration Networks) can be viewed in Appendix B.

I presented the project design and objectives at conferences in order to generate interest in the study in advance and so that potential participants may have had some familiarity with the project prior to survey send out and interview recruitment.

Eighteen participants completed interviews that were conducted by telephone. The semi-structured interview questions are presented in Appendix C. Interviewees were provided with a \$10.00 Tim Horton's gift card in appreciation of their contribution to the study. The incentive was mailed to the participants.

### 1.12.2 Ethical Considerations

Participation in the interviews was voluntary. Respondents' identifiers were removed from any quotations used in the body of the report. Since I was a director and employer/supervisor at one of the nurse practitioner-led clinics in the Sudbury area those NPs (n=3) were not included in the list of potential participants. Despite being reassured about confidentiality, some participants could be less forthcoming with information for fear of being "found out" by their employer through reporting of study findings. All interview participants were provided with information about where they could secure counselling and debriefing services if required as a result of interview participation. An arrangement was made with a local counselling firm that offered a broad array of services both in person and by phone.

The study sample included NPs working full-time in primary healthcare in the North East and North West LHIN in Ontario, Canada. Ethics approval was obtained from the Research Ethics Board at Laurentian University in Sudbury, Ontario. The ethics certificate is presented in Appendix D.

### 1.12.3 Data Collection

The study data were collected via digitally recorded semi-structured telephone interviews with eighteen primary healthcare NPs working in Northern Ontario. Eight urban NPs and ten rural NPs were interviewed. Data was collected during the summer and fall of 2016. The principal investigator conducted all interviews. Interview questions addressed NP job satisfaction and intent to leave. The semi-structured interview guide was used to explore participants' ideas regarding their experiences. Open-ended questions included:

1. Briefly describe your thoughts about your current schedule and practice.
2. What kinds of things make you feel most satisfied at work?
3. What kinds of things make you feel less satisfied at work?

Consistent with the chosen methodology, questions were not asked in a linear fashion and in some cases information about participant experiences were volunteered without specific questions being asked (Charmaz, 2014). Recordings were transcribed by a professional transcription service.

#### 1.12.4 Description of Study Population

Fifteen of the interviewees were female and three of them were male. The average respondent age was forty-six years. The oldest respondent was sixty-two years of age and the youngest respondent was twenty-nine years of age. Ten respondents were from the Northeast Local Health Integration Network and eight were from the Northwest Local Health Integration Network. Eight worked in urban practice settings and ten worked rural. Five of the eight urban respondents were from the Northeast Local Health Integration Network and three urban respondents were from the Northwest. There were seven respondents from northern Ontario Family Health Teams, four from Nurse Practitioner Led Clinics, Two employed by First Nations health funding, two funded by non profit community agencies, one for an Aboriginal Health Access Centre, and one employed by a hospital.

A chart outlining key features of the study population can found as Appendix E

### 1.12.5 Analysis of Interviews

Transcripts were analyzed using open coding and constant comparison (Charmaz, 2014). Data analysis began after the first interview to allow for coding, collection, and analysis to occur simultaneously (Charmaz, 2014). This allowed the interviewer to identify areas that could be probed or introduced in subsequent interviews (Charmaz, 2014). The principal investigator and other members of the research team collaborated in analysis on two occasions where feedback was shared. Categories were developed and refined throughout the process leading to more theoretical coding. Analysis of the categories throughout the research process allowed for the development of progressively more focused codes. Going forward with greater focus allowed the researchers to make meaning of the connections among the central concepts and processes that were identified. Interviewing and constant comparison occurred until saturation. From there a theory to explain the substantive area of NP job satisfaction was developed (Charmaz, 2014).

### 1.13 Reflexivity

Ongoing reflection is essential to ensuring rigour in qualitative research studies (Berger, 2013). Reflexivity is the process of ongoing evaluation of the context of knowledge construction. More specifically, the process engages researchers in ongoing evaluation of their own impact and contribution to the knowledge co-constructed among researchers and the participants involved in the study (Malterud, 2001; Cresswell, 2007). Grounded theory researchers should consider an array of theoretical possibilities and examine personal epistemological foundations as they proceed in their work (Charmaz, 2008).

Since I am a member of the profession being studied, I had to be wary of my biases and prior knowledge of the subject matter. I have been a board member of the Nurse Practitioners' Association of Ontario and during the study I was a board member of the Nurse Practitioner Association of Canada. I have also established and served as director for a nurse practitioner-led clinic funded by the Ontario Ministry of Health and Long-Term Care. I resigned from that position during the course of the study. In recognition of the interplay among myself, the study subjects, and the findings I engaged in some reflexive practices intended to assist me in widening my lens on the subject matter being addressed in the study.

Being a member of the profession being studied poses unique challenges in ensuring the quality of the findings. As a researcher I was certainly drawn to comments that resonated with my own personal observations and experiences as they relate to NP job satisfaction and intent to leave. For example, I felt eager to listen when others reported about the challenges of rural practice, the related geography and the challenges of meeting demands especially where a NP is the sole primary healthcare provider in a community. My interest and focus on some of these comments relates back to my past and current experiences working as a primary healthcare NP in a rural nursing station.

Similarly, my experiences as the inaugural director of an Ontario nurse practitioner-led clinic led to a focus on emerging concepts and processes that were related to accessible service and the quality of care. Because these indicators were key areas of focus for myself as a team leader, I was excited to hear any responses supportive of access and quality and also felt disappointment when hearing from NPs who felt they were

working in practice settings where access and quality were negatively impacted due to a variety of issues.

In co-constructing knowledge with the participants using an iterative process I often reflected upon my own previous employment positions as a staff NP in an effort to process and draw linkages among the feelings and viewpoints of the participants in a more thorough way. I believe that having had experience in the role they were describing as well as having experience in roles peripheral to it really enhanced my ability to formulate relevant questions in the semi-structured interview process while working toward understanding of the key concepts being explored in the study. I also had to be mindful of how my experience in the staff NP role being studied may also have impacted my interpretation and the resulting theory.

After the first few interviews an additional researcher engaged in an independent analysis of the interview transcripts. We then compared findings and engaged in dialogue around the nature of the findings, the impact of my vantage point as it related to the findings, and also discussed the similarities of our findings and how and why that may have occurred. I also maintained notes both directly on the transcripts and separately regarding my thoughts about some of the findings, indicating possible meanings, questions that might still be unanswered, as well as how my own position in the work had influenced the finding itself. I did find the process of reflecting on items, their meaning for the participants and myself and potential implications of the findings for our patients to be cathartic and somewhat liberating (Lincoln & Guba, 1985).

## 1.14 Conclusion and Overview of Subsequent Chapters

The remaining chapters of this dissertation will present findings related to NP job satisfaction and intent to leave. The second chapter will outline the current state of knowledge around NP employment, job satisfaction from the formal research literature and grey literature among countries known to have NPs in their healthcare systems. The third chapter will present the study findings around northern Ontario NP job satisfaction. Within that chapter, a theory of NP job satisfaction and intent to leave will be outlined. This will allow the reader to situate the knowledge gained about NP job satisfaction within the broader theory. The fourth chapter will focus on findings related to northern Ontario NP intent to leave. The decision to separate the findings around NP job satisfaction and intent to leave was made early in the project development process. This was based upon the understanding that while job satisfaction and intent to leave can be related, each of these concepts are clearly defined, separate entities. As such, it became important to gather knowledge about each of these concepts separately. The final chapter will summarize the key findings from the publications, identify study considerations and outline key health human resource recommendations as well as opportunities for future research.

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## Chapter 2

### 2 Review of the Literature: Primary Healthcare Nurse Practitioner Job Satisfaction: An International Perspective

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#### 2.1 Abstract

**Aim:** To review existing research literature and grey literature about nurse practitioner (NP) employment, job satisfaction and intent to leave from around the globe in order to assess the current state of knowledge regarding this subject area.

**Background:** A search of the published literature did not yield any publications presenting a global overview of the current state of knowledge around NP employment, job satisfaction and intent to leave

**Evaluation:** In 2015, Heale and Rieck Buckley identified NP presence in several countries including Australia, Bolivia, Canada, Iran, the Netherlands, the USA, Thailand, Taiwan, and New Zealand. The literature was searched for articles related to NP employment and job satisfaction for each of these jurisdictions.

**Key Issues:** Nurse managers around the globe may sometimes work with limited information to guide their decisions about NP job design, recruitment, and retention.

**Conclusions:** The Misener survey was used fairly consistently. Some work focused on specific geographic areas and used qualitative methods. Much of the information available was from the grey literature. There are unanswered questions related to nurse practitioner job satisfaction and intent to leave in all countries reviewed.

**Implications for Nursing Management:** The findings of this body of work can assist managers to design positions and programs most likely to retain NPs once hired. Similar satisfiers were identified across geographic areas. NPs are interested in adequate remuneration with regular increases, billing and legislative systems that recognize and facilitate NP practice, flexible scheduling with allowance for professional development and supports for novice NPs. Due to the high cost of turnover, attention to factors associated with (or related to) satisfaction can lead to a more satisfied, more productive workforce and facilitate cost savings.

## 2.2 Introduction

Strong primary care services have been associated with better health outcomes, lower cost per patient, decreased emergency department visits, and improved screening rates (Starfield, Shi & Macinko, 2005). Increases in elderly and chronically ill populations worldwide have increased demand for skilled nursing care that includes diagnosis and management of symptoms and disease (DeGeest et al., 2008). Furthermore, skilled primary care, such as that delivered by nurse practitioners (NPs) facilitates health promotion, disease prevention, diagnosis and management of illness and injury (Government of Canada, 2016). NPs are being utilized across the globe to address gaps in primary healthcare (DeGeest et al., 2008). It is important to gain an understanding of factors affecting their employment, job satisfaction and intent to leave so that their retention within primary healthcare can be enhanced.

## 2.3 Purpose of Review

The purpose of this review is to determine the current state of knowledge regarding NP employment, job satisfaction and intent to leave across the globe.

## 2.4 Search Methods

In 2015, a review published by Heale and Rieck Buckley (2015) identified formal recognition of the NP role in various countries across the globe. These included: Australia, Bolivia, Canada, Iran, the Netherlands, the USA, Thailand, Taiwan, and New Zealand. Therefore, for the purpose of this review, the research literature and grey literature were canvassed for articles related to NP employment, job satisfaction and intent to leave for each of these jurisdictions (e.g., nurse practitioner Australia job satisfaction, nurse practitioner Australia employment, and nurse practitioner Bolivia job satisfaction).

Electronic journal database searches were conducted using CINAHL, ProQuest, and Google Scholar. Finally, the grey area literature was searched using a basic Google™ search interface. Inclusion of the grey literature was undertaken given the lack of NP specific research in some of the geographic areas of interest. Findings are organized by country and countries are presented in alphabetical order.

## 2.5 Literature Review by Country

### 2.5.1 Australia

There has been some resistance to an expanded scope of practice for NPs in Australia (Elsom, 2009). As scope of practice in Australia is regulated by jurisdiction, there are differences across regions (Elsom, 2009). Most jurisdictions require at least masters' level preparation and most work autonomously, can order diagnostic tests and prescribe medications (Desborough, Forrest & Parker, 2014). There is currently a 10% NP unemployment rate (Dragon, 2016).

Many of Australia's NPs entered the profession to become self employed by working under the country's billing system (32%) and 15.1% chose this model to increase their income (Currie, Chiarella & Buckley, 2016). Meanwhile, 2.7% expressed disillusionment with the public health care system (Currie et al., 2016). While Australia's NPs had hoped for equal pay to physicians for the same assessments and procedures, there is a significant disparity (Dragon, 2016).

A toolkit developed by the government of South Australia is focused on NP integration, satisfaction, and retention. The guide also addresses some items frequently mentioned in the NP job satisfaction research literature. For example, the toolkit addresses

ensuring appropriate infrastructure and resources, inclusion of NPs in discussions about preparing the team, environment and processes and creating a professional development plan early on. Mentorship and future leadership opportunities are also mentioned (Government of South Australia, 2008). Interestingly, the references used to develop the guide included a Canadian Nurse Practitioner Implementation Toolkit (Canadian Nurse Practitioner Initiative, 2006) and other Canadian Nurse Practitioner Initiative (2006) documents.

One research article focused on NP role integration in the workforce (Helms, Crookes & Bailey, 2015). The team used a case study approach to examine the benefits, challenges, and financial viability of employing a primary healthcare NP in a direct billing practice. The authors found that having a NP in these practice settings resulted in neutral cost. However, there have been issues with the reimbursement rates provided to Australian NPs willing to work on the fee for service model offered there. Some alleged the payments offered were insufficient to support ongoing practice and remuneration costs. Further, Australian NPs are concerned about working in a system where much of their work is hidden due to a very limited list four billing codes (Helms et al., 2015).

An Australian study, using a phenomenologic approach, sought to gain insight into nursing staff experiences working in a nurse-led walk-in clinic, where NPs were employed (Desborough et al., 2014). Three NPs were included in the study sample. NPs appreciated greater autonomy however they also expressed an interest in ongoing physician consultation and collaboration (Desborough et al., 2014). Respondents indicated they would be satisfied with telephone or digital consultation. Some NPs indicated that they felt



restrained due to requirements to adhere to clinical protocols rather than being able to apply their own expertise to various patient presentations (Desborough et al., 2014).

### 2.5.2 Bolivia

The review by Heale and Rieck Buckley (2014) indicated there was a NP presence in Bolivia. The grey literature revealed that some of this NP workforce consists of resident Bolivians, however the remainder of Bolivia's NP workforce are visiting professionals doing missionary work (HOPE worldwide Bolivia, 2016). In Bolivia NPs work in primary healthcare clinics, engage in general health promotion and education, work in acute care stations, and work in clinics specifically for those who have health insurance. Some of the proceeds from the insured patient population support additional projects that serve the poor in adjacent communities (HOPE worldwide Bolivia, 2016).

When NPs are Bolivian residents, they are generally public sector employees (Urcullo, Munoz & Bitran, 2008). There have been retention issues where the public sector could not offer the same payment for service as the private sector, which services the insured only. Therefore, public sector professionals have gained permission to serve private sector clientele as well (Urcullo et al., 2008). The salaries are now moving toward equalization (Urcullo et al., 2008).

Health care workers in Bolivia receive bonuses for training, however this training is infrequently available. The system does not provide performance incentives or incentives to work in underserved areas. Therefore, there is a provider shortage in rural areas (Urcullo, Munoz & Bitran, 2008).

A basic search revealed a large number of relief work opportunities leading one to question what proportion of NPs in Bolivia are employed by domestic organizations. There is an issue with emigration of registered nurses from this country (Siantz & Malvarez, 2008). A health human resource summit held by the Pan American Health Organization found that the main reasons for nursing professionals leaving Bolivia include concerns related to economics, living environments, and the quality of life (Siantz & Malvarez, 2008).

While studies and articles specifically addressing NP job satisfaction in Bolivia were not found, a review of the available grey literature highlighted the current state of employment as well as some of the challenges the country is facing in terms of serving its residents on the public system and retaining NP resources.

### 2.5.3 Canada

The primary healthcare NP role is the fastest growing advanced practice nursing position in Canada (Canadian Institute of Health Information, 2010b). In recent years, a number of new types of NP positions have been developed in a variety of settings including specialty clinics (e.g., diabetes, geriatrics). The newer positions address some of the areas previously shown to lead to dissatisfaction among the primary health care NP workforce, including higher wages, expedient access to interprofessional consultation, and being a member of an interdisciplinary team (Mian, Lacarte & Koren, 2012).

A Canadian descriptive correlational study by Lamarche and Tullai-McGuinness (2009) investigated Canadian NP job satisfaction. A sample of 162 conference attendees filled out an online survey. The Misener Nurse Practitioner Job Satisfaction Scale (Misener

& Cox, 2001) and the Minnesota Satisfaction Questionnaire were used (Weiss, Dawis & Lofquist, 1967). Job satisfaction ranged from satisfied to highly satisfied. The most influential factors on job satisfaction were collegiality, challenge, and autonomy. These findings are consistent with Herzberg's (1968) foundational theory of job satisfaction that includes these items in a category of factors influencing satisfaction globally among workers.

A 2006 cross-sectional study sought to describe Ontario NPs' demographic characteristics, geographic distribution, employment trends and practice profiles (Sloan, Pong, Rukholm & Caty, 2006). Surveys were sent to all Ontario NPs and the response rate was 60% (Sloan et al., 2006). Issues related to funding and salaries were identified. Concerns with scope of practice were also identified (Sloan et al., 2006). In 2008, a similar cross-sectional study as part of the same provincially funded research series was undertaken (Koren, Mian & Rukholm, 2010). The sample included 53% of all NPs working in Ontario (n=378). Higher salaries, regular increases and professional development opportunities were identified as priorities (Koren et al., 2010).

In 2012, an additional NP workforce cross-sectional study was undertaken in Ontario (Mian et al., 2012). The survey incorporated new questions about practice, interprofessional care, and the impact and benefits of new authorizations for NP practice (Mian et al., 2012). Registrants with the College of Nurses of Ontario were included in the survey. Of 1,441 potential respondents, the team achieved a 29% response rate (Mian et al., 2012). NPs reported low salary satisfaction (65%). Of NPs surveyed, 46.7% planned to change positions within one to five years (Mian et al., 2012). This survey was the third

in a series conducted over a three-year period. Response rates decreased in each phase of the study.

A cross-sectional study of satisfaction among NPs working in long-term care in Ontario, Canada was done using investigator developed questions as well as the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001), which was modified for the Canadian context (Donald & Martin-Misener, 2011). Long-term care NPs were satisfied with their physician collaboration, however, those working in multiple locations tended to score lower. In terms of salary most NPs indicated they were satisfied. However, the number of respondents (12) is rather small and could affect generalizability of the findings. NPs working in multiple settings were more satisfied on the benefits subscale, based on responses on the Misener Nurse Practitioner Job Satisfaction Survey. The NPs were found to be satisfied with the resources provided in their practice settings (Donald & Martin-Misener, 2011).

#### 2.5.4 Iran

A review of the grey literature indicated that NPs were introduced as part of health care system reform in Iran (Vatankhah et al., 2013). System leaders recognized that the NP role could be augmented to improve the volume and quality of primary healthcare delivered (Vatankhah et al., 2013). A consumer consultation revealed that Iranian health care consumers had a poor understanding of primary healthcare and that they were not confident about autonomous NP practice. These contextual features of the environment in Iran could contribute to NP dissatisfaction. The concept of the NP working less autonomously, under the supervision or delegation of a family physician has been

identified as an NP dissatisfier in previous studies (Lamarche & Tullai-McGuinness, 2009, Vatankhah et al., 2013).

#### 2.5.5 The Netherlands

A qualitative descriptive study of NP role transition was undertaken by Maten-Speksnijder, Pool, Grypdonck, Meurs & Loes van Staa (2015). Meleis's (2010) "Framework of Transitions" was used as a basis for the study. Both individual and focus group interviews were completed and content analysis was undertaken. Newly graduated NPs felt distressed when becoming responsible for total patient care. Furthermore, early graduates indicated a lack of role models and protocols that made their transition more challenging (Speksnijder et al., 2015).

In another study of NPs working in the Netherlands, 74.4% experienced challenges related to the employer organization and related policies (Zwijnenberg & Bours, 2011). These challenges included lack of planning for role integration, resistance from the medical community, unclear role descriptions, and the lack of a legal framework to facilitate prescribing and the ordering of tests and x-rays (Zwijnenberg & Bours, 2012). Where autonomy has consistently been associated with NP job satisfaction in the literature (Tri, 1991, Kacel, Millar & Norris, 2005, Lamarche & Tullai-McGuinness, 2009), medical and systemic resistance to NP autonomy could be determined to be a detractor to NP job satisfaction within that geographic area.

#### 2.5.6 New Zealand

A mixed methods study conducted in New Zealand mapped the contributions of NPs to care in that country. The study team went forward to map the contributions against

a model of primary healthcare developed by Watson, Broemeling, and Wong (2009). Findings indicated that NPs provided primary healthcare services while maintaining lower costs. 91% of New Zealand NPs felt their role was sustainable in the country and 82% felt accepted by members of the health care team (Harvey, Papps & Roberts, 2015). Many spoke favourably about being able to provide quality outcomes and about their ability to practice autonomously. Despite these findings, many New Zealand NPs expressed challenges related to securing sufficient funding for continuing education. They also expressed concern about being given only five days of training time per year, and receiving a much lower professional development budget than their medical colleagues (Harvey et al., 2015).

#### 2.5.7 Taiwan

A cross-sectional study was conducted in Taiwan where there was not a domestic validated measurement tool for NP job satisfaction. The Misener Nurse Practitioner Job Satisfaction Scale was translated and tested for reliability and validity (Misener & Cox, 2001). The research team ran a cross-sectional study within hospitals. The subscales validated included challenge/autonomy, benefits/collegiality, professional, social, and community interaction, professional growth, and time (Hu, Chen & Lin, 2014).

#### 2.5.8 Thailand

NPs work in Thailand's public healthcare system and play an integral role in delivering care in the country's remote areas (Hanucharunkul, 2007). Despite this presence, this author was unable to locate any research articles or grey literature focused on or addressing NP job satisfaction in Thailand.

### 2.5.9 The United States

In the United States regulations vary by state and are influenced by the various policies related to not only nursing but medical and pharmacist practice as well (Ryan & Ebbert, 2013). Two of the key items identified by Ryan and Ebbert (2013) and related to job satisfaction are initiatives to address laws increasing both accessibility to NPs as well as a variety of payment models that allow for access for a larger portion of the population. A descriptive study was undertaken by Ryan and Ebbert (2013). The Misener Nurse Practitioner Job Satisfaction Scale was used (Misener & Cox, 2001). NPs in Kansas and Missouri were included in the sample. Most respondents were in the minimally satisfied to satisfied category.

A descriptive study by Tri found that NPs who had worked less than two years had lower job satisfaction (Tri, 1991). Similarly, the Ryan and Ebbert (2013) study found lowest satisfaction scores for NPs employed 5 to 10 years, while those with extensive experience (i.e., 30 years or more) had a marked increase in general satisfaction. The Tri (1991) study also found that self-perceived skill level was associated with satisfaction. Together these studies highlight potential new variables of years of experience and perceived skill that are not included in the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001).

Another 2015 study explored NP job satisfaction in terms of autonomy and work setting. The authors used a large national sample from the National Sample Survey of NPs to analyze a variety of items related to both autonomy and work setting. A total of 8311

respondents' data were analyzed. They found that NPs were satisfied overall. Autonomy measures were associated with satisfaction levels. The largest increase in satisfaction scores was related to feelings about how much NP scope of practice skills were utilized on the job (Athey et al., 2015).

A 2005 cross-sectional descriptive correlation study of NPs in the American Midwest assessed job satisfaction using a random sample from the state registry list (n=147) (Kacel, Miller & Norris, 2005). The response rate was 63%. The Misener Nurse Practitioner Satisfaction Scale was used (Misener & Cox, 2001). Overall NPs were found to be minimally satisfied to satisfied. Factors most associated with satisfaction were intrinsic ones such as sense of accomplishment, autonomy, and the challenge of the position. Factors most associated with being dissatisfied included inadequate reward, issues with compensation for services, and lack of increases in salary (Kacel et al., 2005).

A cross-sectional study done in California used a mail in questionnaire to assess NP job satisfaction (Wild, Parsons & Dietz, 2006). The response rate was 33% of 200 surveys sent (n=66). An instrument designed for nursing was used (Mueller & McCloskey, 1990). Given the sample size only descriptive statistics could be generated. Items most associated with satisfaction included schedules and flexibility and interprofessional relationships. Items most associated with decreased satisfaction included items such as lack of research opportunities and belonging to committees (Wild et al., 2006). Because the study was conducted on NPs in only one state, generalizability was affected. Furthermore the instrument used was designed for the registered nurse population. Applicability to the NP workforce could therefore be questioned. The small sample (n=66) also affected the complexity of statistical analysis.



A cross-sectional descriptive study of job satisfaction and intent to leave was conducted at an American national NP conference (DeMilt, Fitzpatrick & McNulty, 2011). The Misener Nurse Practitioner Job Satisfaction Scale and the Anticipated Turnover Scale were completed by 254 NPs (Misener & Cox, 2001; Hinshaw, Smeltzer & Atwood, 1987). Respondents were found to be satisfied with benefits, challenge, and autonomy. They were minimally satisfied with professional growth, interpractice partnership and collegiality (DeMilt et al., 2011). Intent to leave within five years was at 27.7% for the population surveyed. An inverse relationship was found between level of job satisfaction and intent to leave (DeMilt et al., 2011). The sampling process may have attracted NPs more invested in their careers given the study was done at a national NP conference. Alternately those less satisfied with their work may have been more likely to express themselves via survey responses.

One qualitative study investigated NP job satisfaction using grounded theory (Shea, 2015). The researcher sought to understand, “the contextual nature of the NP’s description of job satisfaction from a personal perspective” (Shea, 2015). The sample included NPs from a rural northeastern US state. Face-to-face interviews were conducted with fifteen participants and the constant comparative analysis method was used. Holistic care and patient relationships were identified as important to job satisfaction. Respect for professional values was also identified as being important (Shea, 2015).

A study by Lelli, Hickman, Savrin, and Peterson (2015) examined the differences in reported autonomy and satisfaction among NPs working in retail clinics versus primary healthcare. In the United States, chains of drug stores and major department stores with pharmacies will sometimes have a small clinic staffed solely by a NP who offers a full

range of services. The Misener Job Satisfaction Survey was used (Misener & Cox, 2001). Satisfaction did not differ across practice settings. Despite this, the researchers found that retail NPs had less intent to leave due to better benefits of employment.

## 2.6 Discussion

Many of the quantitative studies done in Canada and the United States utilized the Misener Job Satisfaction Scale (Misener & Cox, 2001). The instrument is based on Herzberg's Dual Factor Theory of job satisfaction and was validated on an American NP population. Items within the survey were selected based on a literature review and modification of an existing instrument (Misener & Cox, 2001; Mueller & McCloskey, 1990). The Mueller and McCloskey item was adapted by Misener and Cox to reflect NP work in primary healthcare (Misener & Cox, 2001). Additional items were added to the instrument based on suggestions from NP program faculty and working NPs.

Very little qualitative work has been done to gain more in-depth understanding and to determine whether factors beyond the Misener instrument influence NP job satisfaction among NPs, especially outside of the USA. Where qualitative methods of study and instruments other than the Misener scale have been used, additional factors related to nurse practitioner employment, job satisfaction, and intent to leave have been uncovered. For example, some Australian study respondents felt restrained by agency policies and identified issues related to an insufficient billing system in that country. Meanwhile, a review of material from Bolivia uncovered the real challenges of health human resource planning in the developing world. While the Misener and Cox (2001) instrument was used for several of the American studies, there were a few that shed light on additional

variables. For example, Tri's (1991) work highlighted the impact of years of experience on NP job satisfaction and this characteristic is not assessed within the Misener Scale. Most of the work from Canada was survey based, suggesting value could be added by further qualitative investigation and research more deeply focused on specific factors related to NP employment, satisfaction and intent to leave.

## 2.7 Implications for Nursing Management

A wealth of information has been published about NP job satisfaction, especially during the past ten years. However this work has been concentrated within Canada and the United States. Furthermore, most quantitative studies used a single instrument and each one focused on a specific geographic area. Meanwhile, NPs have been integrated to varying degrees across jurisdictions and geographic areas worldwide. This review of the literature around NP employment revealed that NPs across geographic areas are generally more satisfied when they work in billing and legislative systems that facilitate their practice (Ryan & Ebbert, 2013, Kacel, Miller & Norris, 2005, Pasaron, 2013). They also indicate a preference for flexible scheduling and generous financial and time allowance for professional development (Kacel, Miller & Norris, 2005, Pasaron, 2013). Supports for novice NPs entering the workforce were also identified as important for satisfaction and retention across practice settings (DeMilt et al., 2011). It will be important to continue to study NPs' relationship to their practice, their employment, and the various healthcare systems across the globe. Further qualitative study should be undertaken in an effort to enhance understanding of key features of NP employment, job satisfaction and intent to leave. Qualitative work could assist researchers in identifying novel and region specific

variables related to NPs and their work. This knowledge could benefit those employing or seeking to employ NPs in their systems and organizations.

More detailed information about NP employment could inform health care system policy and broader primary healthcare enhancement initiatives. This information could lead to enhanced recruitment, retention, and integration. Retention will be particularly important given the high cost of employee turnover. Therefore, systems and governments should continue to dedicate resources to NP-focused research and evaluation, particularly studies focused on employment.

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## Chapter 3

### 3 Northern Ontario Nurse Practitioner Job Satisfaction: A Grounded Theory Study

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#### 3.1 Abstract

**Purpose:** Nurse practitioner (NP) job satisfaction has mostly been studied using quantitative, cross-sectional methods. Particularly, survey instruments from the broader nursing profession and the general human resource fields have been employed. One instrument specific to NPs has also been used, however, this instrument is 17 years old and was validated in the United States within a very different health care system. The authors of this study were interested in looking at NP job satisfaction qualitatively to gain a better understanding of key processes and concepts related to NP job satisfaction within the Canadian context. The following paper presents the findings of a grounded theory study of NP job satisfaction conducted in northern Ontario, Canada.

**Methods:** A constructivist grounded theory was conducted. The study population included NPs working in rural and urban primary healthcare. Telephone interviews were conducted and transcripts were analyzed using constant comparison. The core categories and related concepts and processes were identified. Finally, a theory to explain NP job satisfaction was brought forward.

**Results:** The theory suggests that NP job satisfaction may be achieved where there is a particular mix of satisfiers including independence and interdependence, interdisciplinary and holistic approaches for quality patient care, challenging work, quiet moments, and beginnings and endings. NPs can become dissatisfied when they face challenges related to role recognition, geographical distances, overwork, and feeling overwhelmed.

**Conclusions:** Any deviation from an individual NP's personal balance of these factors could move a satisfied NP toward dissatisfaction and could have a negative impact on retaining NPs in primary healthcare.

**Key Words:** nurse practitioner job satisfaction, nurse practitioner employment, nurse practitioner work satisfaction, nurse practitioner job design, nurse practitioner work, nurse practitioner employee

### 3.2 Introduction

NPs provide essential primary healthcare to patients in various rural and urban areas across Canada. They focus on health promotion as well as advanced health assessment, diagnosis and treatment (Canadian Nurses Association, 2017). NPs serve as the main primary healthcare providers for individual patients and whole communities. They work in standalone practice settings and as members of interdisciplinary teams where several providers work together to deliver primary healthcare (Kutzleb et al., 2015).

Patient access to primary healthcare improves overall health (Starfield, Shi & Macinko, 2005). Yet, access to regular primary healthcare has been a concern in many parts of Canada in recent decades (DiCenso et al., 2010). This is particularly true for rural areas (MacLeod et al., 2017). NPs play an increasingly important role in primary healthcare across Canada (DiCenso et al., 2010; Donald et al., 2010). They represent the fastest growing advanced practice nursing role (Donald et al., 2010). The majority of NPs work with marginalized populations and over half work in underserved areas (van Soeren et al., 2009). Roles have been developed in community health centres, nurse practitioner-led clinics, and family health teams. Meanwhile, newer roles have emerged in

long- term care, emergency departments, home care, cancer centres, and other specialty clinics.

Primary healthcare NPs have been found to provide accessible, safe, effective, and high quality care (Stanik-Hutt et al., 2011). Therefore, it will be important to ensure their retention across rural and urban settings nationwide. High levels of nurse practitioner job satisfaction have been linked to enhanced retention (DeMilt, Fitzpatrick & McNulty, 2011; Koelbel, Fuller & Misener, 1991). A descriptive, correlational study of the Canadian primary healthcare NP job satisfaction found that Canadian primary healthcare NPs are satisfied to highly satisfied (Lamarche & Tullai-McGuinness, 2009). Key contributors to satisfaction within the sample for that study included partnership, collegiality, challenge, and autonomy. While Canadian research has already been done in this area (Lamarche & Tuallai-McGuinness, 2009), it is important to continue the work in order for health care system leaders to understand the drivers of Canadian NP job satisfaction as a means to foster recruitment and retention.

An overview of the Canadian literature on NP job satisfaction demonstrated consistent use of cross-sectional methods (Lamarche & Tullai-McGuinness, 2009; Mian, Lacarte & Koren, 2012; Sloan, Pong, Rukhokm & Caty, 2006; Almost & Laschinger, 2002). Because these studies were cross-sectional, key concepts for analysis were limited to those included in the various instruments. In the global body of work on NP job satisfaction, many researchers have used the Misner Nurse Practitioner Job Satisfaction Survey (Misener & Cox, 2001). This instrument is 17 years old and was developed and validated within the American health care system which is quite different from the Canadian system. Each American and Canadian jurisdiction has its own regulatory

specifications and patterns of NP integration. Therefore, this research team felt it would be beneficial to pursue an in-depth, qualitative study of NP job satisfaction within Canada.

### 3.3 Methodology

A constructivist grounded theory (Charmaz, 2014) study was conducted. This method was chosen given its ability to facilitate study about diverse, poorly understood concepts and processes (Charmaz, 2014). The team felt this method was well suited to the study of NP job satisfaction in Ontario, Canada given little is known about the concept within this specific context. This grounded theory approach acknowledges my involvement and influence in any study and their contribution to the construction and interpretation of data (Charmaz, 2014). This co-constructing among the researcher and subjects was an important feature given the principal investigator's NP background. This is one of the few methods that recognizes the researcher as the co-constructor of experience and meaning (Charmaz, 2014).

The study sample included eighteen NPs working full time in primary healthcare in the North East and North West Local Health Integration Networks in Ontario, Canada. Ethics approval was obtained from the Research Ethics Board at Laurentian University in Sudbury, Ontario. NPs working in primary healthcare in the study district were invited for an interview. Invitations were sent via email by the provincial NPs' association. Effort was made to represent both urban and rural NP populations in order to gain knowledge across practice settings. For the purposes of this study "rural" was defined as a practice setting located in a community with a population of less than 10,000 and not within easy commuting distance to a larger urban centre with a population of greater than 10,000. "Urban" was defined as a practice setting in a community with a population of greater than

10,000 (Statistics Canada, 2001). Snowball sampling was used to seek respondents from unrepresented areas. Finally, theoretical sampling was used to find respondents who might shed light on specific aspects of NP job satisfaction as needed. For example, some rural clinics were sent the invitation in an effort to obtain rich data from NP groups who had not responded to the initial call for participants and who may not have been on the provincial list.

The study data were collected via digitally recorded semi-structured telephone interviews with 18 primary healthcare NPs working in northern Ontario. Eight urban NPs and ten rural NPs were interviewed. Data were collected during the summer and fall of 2016. The principal investigator conducted all interviews. Interview questions addressed NP job satisfaction and intent to leave. A flexible interview guide was used to explore participants' ideas regarding their experiences. Open-ended questions included:

- Briefly describe your thoughts about your current schedule and practice.
- What kinds of things make you feel most satisfied at work?
- What kinds of things make you feel less satisfied at work?

Consistent with the chosen methodology, questions were not asked in a linear fashion and in some cases information about participant experiences were volunteered without specific questions being asked (Charmaz, 2014). Recordings were transcribed by a professional transcription service.

Transcripts were analyzed using open coding and constant comparison (Charmaz, 2014). Data analysis began after the first interview to allow for coding, collection, and analysis to occur simultaneously (Charmaz, 2014). This allowed the interviewer to identify



areas that could be probed or introduced in subsequent interviews (Charmaz, 2014). The principal investigator and other members of the research team collaborated in analysis on two occasions where feedback was shared. Categories were developed and refined throughout the process leading to more theoretical coding. Analysis of the categories throughout the research process allowed for the development of progressively more focused codes. Going forward with greater focus allowed the researchers to make meaning of the connections among the central concepts and processes that were identified. Interviewing and constant comparison occurred until saturation. From there a theory to explain the substantive area of NP job satisfaction was developed (Charmaz, 2014). Theoretical sensitivity was enhanced given the principal researcher's professional knowledge and experiences (Corbin & Strauss, 1990). However, reflexivity during the process was important given the unique vantage point of the primary researcher.

Data analysis resulted in a theoretical framework that identified both NPs' job satisfaction and their intent to leave and the influence they have on each other. For the purpose of this paper, the key concepts and processes related to NP job satisfaction will be presented.

### 3.4 Results

The focus of this discussion is on how the concepts and processes of job satisfaction and dissatisfaction were experienced by the NP participants. The central concept that emerged to unify the various concepts related to NP job satisfaction was that of balance. NPs require a unique balance of various employment setting processes and features in order to remain satisfied. The preferences differed from one NP to another. The concepts and processes most impactful upon northern Ontario NP job satisfaction will be

outlined. They include independence, interdependence, interdisciplinary teams and quality care, challenging work, quiet moments, beginnings and endings, professional recognition, distance, and feeling overworked and overwhelmed. This narrative presentation is an overview of the related concepts and will be done in the context of the current literature.

### 3.4.1 Independence and Interdependence

Many NPs commented on the relationship between their satisfaction of both independence and interdependence in their practice. Some identified that excessive independence has led to feelings of isolation and had decreased their job satisfaction. NPs working very independently, especially in rural areas, commented that they would feel more satisfied if they had increased opportunities to collaborate with other NPs and interdisciplinary team members. The key reason for desiring more interdependence was to engage with others in a formal or informal process of collaboration around patient assessments and clinical decision-making. This finding is consistent with the work of DeMilt et al. (2011) who found that their NP study population was most satisfied when there was intra-practice partnership and collegiality.

One NP's dialogue captured the importance of a balance between independence and interdependence in the form of interdisciplinary consultation. The respondent stated:

Okay, so what I like about this is my freedom. I'm there when I'm there. I don't really have to worry about accommodating the scheduling needs of others. And then – what I don't like about it is there's never that team to bounce things off of. (Respondent #5 Rural)

This desirability of a balance of independence and interdependence became a key discussion point in the interviews. NPs appreciated the lack of structure associated with a rural, standalone practice. However, they were also seeking collaboration with a colleague

on occasion. While being in a practice with more than one primary care provider was suggested by some of the respondents, other respondents, especially from rural areas identified that they would be more satisfied if they could have some kind of formal consulting relationship with other NPs, whether in person or by telephone or even by electronic communication. This finding is consistent with Horner's 2017 study where NP mentorship based on Watson's Caring Model led to improved job satisfaction among NP graduates. This finding also suggests that some regularly available collaborative linkage or mentorship could enhance satisfaction for NPs working in standalone practices. This would be particularly true where the individual NP is very satisfied with the independence offered however dissatisfied with the lack of collaboration. For novice NPs in particular, there is support for collaboration and mentorship with other NPs as a means to enhance job satisfaction (Horner, 2017).

NPs seeking improved satisfaction through interdependence described an interest in leaving their current NP positions to find it. Some indicated an interest in seeking employment in a practice setting that includes other primary healthcare providers. These respondents talked about a preference for more interdisciplinary models of care (e.g., family health team, community health centre, or nurse practitioner-led clinic). This finding was consistent with the work of Curci (2009) who identified an association between interdisciplinary practice and NP job satisfaction. As one rural NP commented:

I would like to be in more of a collaborative setting like a family health team where there's more doctors there, and a lot of nurse practitioners because my big worry is seeing something I'm not sure about, there's no one I can really talk to. There's no other nurse practitioners to say, "hey, what do you think about that." I've been left on my own with very little support. (Respondent #13 Rural)

This process where NPs consider moving from more independent to interdependent practice settings such as interdisciplinary teams highlights the linkage between job satisfaction and intent to leave. An understanding of this linkage could enhance retention through the design of positions and practice settings that promote satisfaction and retention by creating opportunities for interdisciplinary collaboration among providers while respecting the autonomous role of the NP.

### 3.4.2 Interdisciplinary and Holistic Approaches for Quality Patient Care

In this study both urban and rural NPs identified that access to interdisciplinary team members such as physiotherapists, dieticians, mental health counsellors, chiropractors, and others could increase the quality of patient care and would therefore improve their job satisfaction. The impact of quality care on NP job satisfaction is identified in the NP literature (Shea, 2015), and within the broader nursing literature (Aiken, Sermeus, Van den Heede & Sloane, 2012).

Both urban and rural study respondents commented on the lack of provincial coverage for the services of some professionals under the current Ontario Health Insurance Plan. Respondents identified that many of their patients were without employer-sponsored third-party benefits that could be used to cover services from the necessary professionals (e.g., social work, chiropractic, and physiotherapy). For this reason NPs, especially in independent practices and in rural areas, were fulfilling a variety of roles and functions that would typically be filled by professionals with training specific to these services. For example, many respondents engaged in the ongoing counselling of patients with mental health concerns and described themselves as being “part counsellor.” Some identified fulfilling the varied roles as being satisfying, especially where extra training and

certification were sought. This finding was consistent with the qualitative work of Shea (2015) whose study found that NPs were most satisfied when they could offer holistic care.

Meanwhile some respondents commented on the challenges and dissatisfaction associated with fulfilling a variety of roles and functions with varying levels of preparation. This finding is consistent with the work of Bryant-Lukosius and DiCenso (2004) who suggested that mentorship-guided orientations and role preparedness could lead to more successful implementation of NP roles. NPs seek to provide holistic care and can be more satisfied doing so. However, those feeling inadequately prepared to address the kinds of concerns presenting became less satisfied. When feeling unprepared NPs expressed frustration with the lack of funding for interdisciplinary team members they felt could better address some patient concerns.

A respondent with significant clinical experience in both urban and rural areas expressed dissatisfaction regarding the lack of challenge within a caseload where the same types of patients are frequently seen. The respondent commented:

There's a lot of lab stuff, a lot of diabetes. I've been doing diabetes my whole career, it's monotonous. That's why I'm very excited – I like the musculoskeletal stuff, trigger point injections and joint injections and I like doing my biopsies and I'm really excited about doing psychotherapy... (Respondent #3 Urban)

This NP's comments highlight the ongoing process of establishing a balance between chronicity and other experiences within the caseload, especially later in one's career. This respondent's comments, taken together with others, suggest that a more experienced NP might find satisfaction in offering services that have more typically been offered by other members of an interdisciplinary team such as social workers, psychotherapists, clinical dietitians, chiropractors, and others. This would be more likely when the NP has been

specially trained to do so. These comments also suggest that there could be differences among novice and experienced NPs in terms of the balance of interdependence and collaboration most conducive to job satisfaction.

There seems to be a complex linkage between the delivery of holistic patient care and NP job satisfaction. It seems that NPs can be satisfied with holistic patient care not only when they deliver it themselves, but also when it is delivered by a skilled interdisciplinary team. This apparent linkage can help explain why some NPs seeking satisfaction in team settings, where they can seek more interdisciplinary collaboration and where team members with diverse areas of expertise can contribute to holistic care.

### 3.4.3 Challenging Work

According to Benner's (1982) theory of nursing practice development, the level of complexity required to challenge a nurse should increase along the career trajectory. Challenging work has been a well-recognized contributor to job satisfaction across the general human resource literature as well as within the literature pertaining specifically to NPs (Fitzpatrick, Campo, Graham & Lavandero, 2010; Bae, 2016; Lamarche & Tullai-McGuinness, 2009; DeMilt et al., 2011; Kacel, Miller & Morris, 2005). Studies have demonstrated increased satisfaction when NPs' skills are fully utilized (Bae, 2016; Spetz, Skillman & Andrilla, 2017). Having NPs work to their full scope of practice optimizes their contribution to patients' wellbeing and the broader health care system (Martin-Misener et al., 2015).

Many study respondents talked about how the challenges of the full scope NP role maintained their interest in their work and contributed to satisfaction. Those who

associated challenge with their personal conception of job satisfaction were often the same NPs who favoured significant independence in their practice. One NP explained:

Well, I think the challenges are the benefits because I'm always challenged in my job. And I have to be creative. So I get very excited about what I can do differently to service their needs. And yeah, so I think the challenge itself is a benefit. (Respondent #7 Rural)

Meanwhile another NP working in a remote location commented. "You have to work outside of the box to solve problems and be creative. It pushes your limits". (Respondent #9 Rural)

Some study participants commented on decreased job satisfaction related to the lack of challenge associated with more focused caseloads, even within primary healthcare. Primary healthcare NP training in Ontario prepares them to provide care to patients with a variety of acute and chronic health conditions across the lifespan. However, practice settings sometimes attract patient caseloads that are more homogeneous based on unique regional and demographic factors. For example, a practice within a retirement community would likely be more focused on geriatric and chronic disease care. One NP commented:

There's no balance. We have two babies in the whole roster. So every time they come in we're very excited and we all want to see them because we all want a break from racking our brains from the complexity of the other patients. (Respondent #2 Rural)

#### 3.4.4 Quiet Moments

Many of the respondents commented about the relationship between simple hands on clinical activities and breaks from patient care activities and job satisfaction. The activities themselves varied from respondent to respondent. However, their significance could not be ignored given the frequency with which they were mentioned. Many

identified increased satisfaction when they had time to recharge throughout the day. One respondent commented:

I like doing procedures for a change, I think that's because sometimes that's a nice change....it's more hands on and it's not as – sometimes it's nice not to really have to like think and it's just something specific and you do it, versus having to listen to people tell you a whole bunch of stuff and then – so that is kind of a nice little relief if you have some time in between. (Respondent #12 Rural)

One respondent who had secured pay for travel time from one clinical site to another commented that the travel served as a break from the predominantly chronic rural caseload and led to increased job satisfaction. An American study indicated that up to 27% of rural NPs work in more than one site (Spetz et al., 2017). Travel between sites could be a satisfier among this group.

Another respondent delivered outreach services to a nursing home where only mandated annual physicals were completed. This NP drive to the outreach site as being, “the least stressful part of my day.” The NP also commented that the lack of a structured schedule and dealing with only one patient at a time at their own pace was very satisfying. The satisfaction associated with quiet time or time away from complex patient care activities seems to represent a break from the fast pace and strain of the NP workplace. While I was not able to locate any studies focused on NP breaks or burnout, work focused on the nursing profession has highlighted the importance of breaks as a means of preventing burnout. A study by Russell (2016) identified that nurse burnout could be decreased through taking regular breaks and meal breaks. A study by Nejati, Shepley and Rodiek (2016) found that facilitation of breaks and designated spaces for break time can contribute to enhanced nurse satisfaction and performance.



### 3.4.5 Beginnings and Endings

One respondent highlighted the distinct start and finish of procedures as a satisfier stating: “when it’s finished, it’s finished.” Other respondents indicated an interest in working in walk-in clinics where they thought they could increase satisfaction by seeing a wider variety of patients and to practice where therapeutic relationships generally also had a distinct start and finish. Meanwhile, some indicated they felt less satisfied in practices where there were frequent office visits from a small group of patients with unresolved chronic health challenges. The process of seeking variety and distinct beginnings and ends seems to be targeted at reducing the ongoing strain associated with a regular, chronic, and recurring caseload. Such an approach to caseload management, combined with a balanced approach to panel composition, could serve to mitigate this contributor to NP dissatisfaction.

It has become evident that those NPs who choose to become primary healthcare practitioners and secure positions in full-scope, all-ages practices seek variety in their work. When full-scope primary healthcare NPs’ patient caseloads become focused, the risk for job dissatisfaction presents itself. In primary healthcare it seems that complexity, including the need for challenging work, needs to be balanced with diverse clinical functions such as “hands on” procedures, counselling, and routine tasks with distinct beginnings and endings.

### 3.4.6 Challenges Related to Professional Role Recognition

Professional role recognition has been a longstanding challenge for northern Ontario’s NPs. Many respondents commented that they took on caseloads of complex high needs patients upon opening their practices. However, over time those patients received

calls from a provincially sponsored physician matching system offering to schedule the patient with a physician. This shift in patient caseloads led to job dissatisfaction. One respondent commented, “The health care system offers my patients an MD after I’ve got them all sorted.... And sometimes they go” (Respondent #1 Urban). While efforts were made to address this issue, at the time this study was conducted, the Ontario health care system had not implemented a plan to “register” or “recognize” NPs’ patients as being attached to a primary healthcare provider. Some NPs have had ongoing turnover of patients due to this service and to the presence of new physicians accepting patients in their local area.

One aspect of professional recognition that has increased satisfaction among some respondents has been the ability for Ontario’s NPs to refer directly to specialists. In recent years, the Ontario Ministry of Health and Long-Term Care revised the Ontario Health Insurance Plan fee schedule to ensure that specialists could be compensated at the same rate for receiving a patient from a NP or a physician. Prior to this change the fee to receive a patient from the physician was higher and some specialists requested that a physician send the referral. With the change many specialists began to address letters to the NP providing regular care to a patient. One respondent proudly commented, “the specialist writes me letters now.” This recognition of the NP as the primary care provider for the patient demonstrated a step toward formal recognition of the NP role as a patient’s primary healthcare provider.

### 3.4.7 The Challenge of Distance

Rural primary healthcare NPs described the challenges of distance and travel in a few different contexts. Distance and rurality were identified as being dissatisfiers given the

challenges they present for those wanting to maintain ties with extended family and friends outside of the community. One rural NP responded, “You have to attend parties by Skype. It’s too far to go home often” (Respondent #9 Rural).

This respondent went forward to comment,

I love the job. It would be really great if we could move this job to a small city or somewhere that was more accessible. Its four hours each way to the next place. (Respondent #9 Rural).

Similarly, Martin-Misener et al. (2008) conducted a study of rural nurses and their findings highlighted the importance of getting out of their assigned communities regularly as a means to prevent burnout.

Distance also affects NPs’ job satisfaction since it is an obstacle to attending in person networking and professional development opportunities. While digital solutions such as online meetings and the Ontario Telemedicine Network make digital attendance at some of these events possible, many rural participants commented that they would like to attend events in person. In person educational events were seen as a way to decrease isolation and increase skill, with both of these items contributing to increased job satisfaction. These accounts are consistent with research focused on rural NPs where continuing education and face-to-face contact with colleagues were identified as being satisfiers (Andrews et al., 2005).

The distance to travel to educational events from a location such as Kenora or Kirkland Lake means that these participants must take extra days away from the office to travel to live events. While respondents indicated these kinds of events could enhance satisfaction and counter isolation, respondents indicated that most full time primary healthcare NP positions provide five to ten education days per annum. This limited their

ability to travel for training and networking and was identified as a dissatisfier. Limited educational and travel funds were also frequently mentioned in the context of rural practice settings where more travel time and a larger budget would be needed to travel to educational events outside the practice community.

Even where events are available in the local area of a rural practice, the location can still be quite a distance from where rural NPs live and practice. One participant commented, “Driving an hour and a half each way in the evening is not worth it for a one to two hour (educational) session” (Respondent #12 Rural).

Several rural participants commented on winter road safety and its effect on the desire to travel to non-mandatory local education events. One participant noted:

I’m spending four to five hours a week just in travelling. The northern roads in the wintertime – they’re not fun to drive. So that would be the biggest factor” (leading to a job change) (Respondent #12 Rural).

Another rural participant commented on, “going into a ditch a few times” (Respondent #13 Rural).

Weather has been identified as a challenge in the nursing literature focused on rural practice (Martin-Misener et al., 2008). Unfortunately, study respondents were not able to identify any modifications to their working arrangements that could mitigate travel distance as a dissatisfier.

### 3.4.8 Overwork and Overwhelmed

Both rural and urban NPs spoke of challenges related to overworking. Rural NPs often identified they felt increased pressure to be available to patients when they were the only primary healthcare provider in a community. One rural respondent commented:

Some days I just get really irritable and I just think there is no end to the demand. Yeah, you know what? It definitely has a shelf life.....It's not sustainable" (Respondent #11 Rural).

Some also commented on the inability to address the foundational determinants of health that were leading to some of the individual patient concerns. One respondent commented:

I do find though that the problem ... was, a lot of the people because they were so poor the social determinants of health I couldn't really change that they don't have water. And I couldn't really change that there was, you know, thirty people living in a house, like I couldn't change those" (Respondent #7 Rural).

In some communities resources were available to hire a second NP, however, recruitment has proved challenging. Therefore many NP practice settings became sole provider clinics even where volumes were far more than one provider would normally manage. Some commented about the sense of duty to care for as many patients as possible. However, they also expressed job dissatisfaction with the lack of comprehensiveness that sometimes was the result of addressing the local demand. One respondent commented:

I'm frustrated with not being able to practice holistically due to the time available, the number of patients, and nobody else to help or hire" (Respondent #11 Rural).

### 3.5 Discussion

This grounded theory study explored the process of job satisfaction and dissatisfaction among northern Ontario's primary healthcare NPs. It highlighted the importance of a balance between interdependence and independence for individual NPs. In interviewing many northern Ontario primary healthcare NPs it became apparent that each professional could be most satisfied when working with their unique personal balance of these factors.

Challenge has been well substantiated as a satisfier in the NP employment literature (Fitzpatrick et al., 2010; Lamarche & Tullai-McGuinness, 2009). Meanwhile, in

this study challenge presented itself as both a satisfier and dissatisfier. While working on a caseload with good variety and use of an individual NP's full scope of practice was a welcomed challenge, unwelcomed challenges such as a lack of professional recognition, distances to family and educational opportunities, and the lack of variety in clinical caseloads served as major dissatisfiers. Some NPs also commented on dissatisfaction related to not being able to meet demands and bringing work issues home. Many comments highlighted a relationship between job satisfaction and a balance between patient care and non-patient care activities. A balance of kinds of patients and kinds of encounters within the caseload was also highlighted. These are new findings that have not been explored in the NP literature to date. Another new finding was related to the need for a balanced level of independence and collaboration with other NPs or team members. For one respondent this unmet need initiated the process of planning to leave their current setting for a position with an interdisciplinary team.

Figure 3-1: A Theory of Nurse Practitioner Job Satisfaction and Intent to Leave



### 3.6 Recommendations

Further research could focus on the concept of quiet moments in order gain a greater understanding of its significance as a satisfier. It is important to understand how quiet moments enhance satisfaction and to determine if this concept has some role in mitigating NP burnout. The term “burnout” was not used specifically by study participants and the team was unable to find related research within the NP literature. However, some of the study participants indicated a need for regular intervals where they were not involved in complex patient care related activities or where they were involved in basic hands on skills. It seemed these activities could be serving as a means to relieve the pressure and challenges of complex patient care. Further study should evaluate satisfiers and dissatisfiers as they pertain to novice and experienced groups of NPs. While this was not the primary focus of this study, the research team did identify that further evaluation of the similarities and differences among these groups could be important. This accords with the work of Benner (1982) which focused on the development and differences among nurses within various stages across the career trajectory. It would be interesting to determine if Benner’s stages align with the need for specific satisfiers. Finally, health care system officials and clinical managers should consider the findings of this research when engaging in role design. They should consider interviewing candidates with a focus on getting information about their needs for independence and interdependence, time for activities other than direct patient care, educational interests, mentorship, and caseload expectations. Incorporating some of these key satisfiers in collaboration with a newly hired NP could enhance job satisfaction and support retention. NP job seekers should also be aware of their own personal satisfiers and their tolerance to dissatisfiers such as high clinical demand, less interdisciplinary collaboration, and geographic distance. This



knowledge could facilitate a job search that results in a well-matched position leading to enhanced satisfaction.

### 3.7 Limitations

The study population was comprised of NPs working only in northern Ontario, Canada. It is possible that there are some unique features within this province and environment that differ from other geographic areas. This could affect the generalizability of the findings. Further, participants were working full time. Results could have been affected if those working part time or unemployed had been included in the sample. Also, despite applying snowball sampling the research team faced challenges in locating interviewees from the more remote areas of the study region. During the time the data were collected there was an issue with the federal employee payment system and one respondent indicated this might have led to the departure of some northern NPs. Also, a respondent indicated that in the very northern parts of the study area NP employment was an issue in the sense that they had been introduced into settings but that implementation proved challenging and some had left positions. Finally, the principal researcher for this study is a member of the primary healthcare NP profession. While prior knowledge of the area study is considered a benefit to those doing constructivist grounded theory, one should also be aware of the potential bias that could arise. In light of this, the principal investigator met with another member of the research team where they analyzed the same transcripts and compared their findings. They discussed potential bias as it was related to the investigator's licensure as a NP and her experience within education and administration.

### 3.8 Conclusion

This study has explored key issues related to northern Ontario NP job satisfaction. Balance emerged as the key concept. NPs each required a unique balance of a variety of key features and processes in order to maintain satisfaction. While several of the key factors have been explored in the existing literature, this study has introduced the new concept of quiet moments as a key satisfier. A theory has been developed to represent NP job satisfaction and intent to leave. Meanwhile, this paper has focused exclusively on the concept of NP job satisfaction within that theory.

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## Chapter 4

### 4 Northern Ontario Nurse Practitioner Intent to Leave: A Grounded Theory Study

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### Abstract

**Purpose:** While nurse practitioner (NP) job satisfaction has been the focus of a variety of studies, primary healthcare NP retention as represented by intent to leave has received much less attention. The aims of this grounded theory study were to better understand primary healthcare NP (NP-PHC) job satisfaction and intent to leave. A previous article focused on NP job satisfaction. This article will focus specifically on primary healthcare NP intent to leave.

**Methods:** The research team conducted a constructivist grounded theory study in two regions of Northern Ontario, Canada. Eighteen NPs from both rural and urban practice settings were interviewed. Transcripts were analyzed to identify core categories and processes related to primary healthcare NP intent to remain in current employment versus intending to leave.

**Results:** The resulting theory identifies several key features that have been contributory to primary healthcare NP intent to leave across urban and rural locations. Adequate remuneration, the desire for a provincial government pension, good relationships with management and administration and a desire for an extended benefits program were associated with less interest in leaving a current NP-PHC position. Among those considering leaving an NP-PHC position, key features of a new position included adequate



remuneration, additional extended benefits of employment, including a wage top-up for parental leave, distance from home, and distance among different practice sites. Some respondents intending to leave their current practice setting identified that they would be seeking work outside of full time NP practice. An interest in management positions and teaching at the post-secondary level were often mentioned.

**Conclusions:** This grounded theory study of northern Ontario's NP-PHCs has served to clarify the key concepts related to intent to leave among this employee population. Concepts found to be associated with decreased intent to leave among northern Ontario primary healthcare NPs were different from those identified within the current literature. Therefore, the findings of this study could more accurately inform initiatives to retain primary healthcare NPs within both rural and urban practice settings across northern Ontario.

**Key Words:** nurse practitioner intent to leave, nurse practitioner employment, nurse practitioner retention, primary healthcare nurse practitioner work, nurse practitioner employee

#### 4.1 Introduction

Strong primary healthcare results in better health outcomes and lower costs per patient (Starfield, 1994; Dahrouge et al., 2012). Attachment to a primary care provider is a key health care system performance indicator (Health Canada, 2003). Furthermore, continuity of primary care has been associated with positive health outcomes including increased preventive care, decreased emergency department visits and decreased hospitalization (Glazier, 2007). Primary healthcare NPs enhance patient access to comprehensive care in rural and urban areas across Canada. As of 2009 over half of all Ontario's NPs worked in underserved locations (van Soeren, Hurlock-Chorostecki, Goodwin & Baker, 2009).

Primary healthcare NPs (NP-PHCs) are registered nurses with additional training and extended licensure that allows for the performance of additional controlled acts previously not delegated to nursing (Nurse Practitioners' Association of Ontario, 2014). The additional delegated acts currently include the ordering of diagnostic tests, communicating diagnosis and ordering medications (van Soeren et al., 2009). In April

2017, Ontario's NPs were able to take a course to credential them for the additional responsibilities associated with prescribing controlled substances (College of Nurses of Ontario, 2017b). In May 2017, Ontario's NP-PHCs became eligible to provide patients with medical assistance in dying (College of Nurses of Ontario, 2017a). These additional delegated acts combined with graduate level clinical and theoretical education in primary healthcare facilitate the delivery of comprehensive care by NP-PHCs.

The NP-PHC role is the fastest growing advanced practice nursing role in Canada (Canadian Institute of Health Information, 2010). In addition, Canada's primary healthcare NPs offer a service that can improve patient health outcomes. Therefore, systems should be concerned with features that might enhance the recruitment and retention of these professionals. This would be especially true in rural and underserved areas like Northern Ontario where NP-PHCs deliver primary healthcare to patients across broad geographic areas.

While recruitment of NP-PHCs to Canada's rural and urban areas continues to be important, retention should also become a stronger focus. Health professional turnover is a cost that does not add value to organizations (Waldman, Kelly, Aurora & Smith, 2004). Furthermore, experienced health professionals identify that clinical practice environments contribute to turnover (Waldman et al., 2010). While many studies (Kacel, Millar & Norris, 2005; DeMilt, Fitzpatrick & McNulty, 2011; Pasaron, 2013; Lamarche & Tullai-McGuinness, 2010) have focused on NP job satisfaction, much less work has been focused on NP-PHC retention through investigation of employment features affecting intent to leave.

## 4.2 Review of the Literature

In reviewing the literature for this study, the search terms used were: NP intent to leave, NP intent to stay, NP recruitment and retention, northern Ontario NP work and employment and NP employment preferences. The search yielded primarily cross-sectional quantitative studies focused on NP intent to leave.

Within the nursing literature, intent to leave has been defined as the intent to leave one's current position, the profession or the professional role (Larrabee, Janney & Ostrow, 2003). Studies focused on NP intent to leave have generally used the Anticipated Turnover Scale as part of their cross-sectional questionnaires (Hinshaw & Atwood, 1984). However, that scale is more than thirty years old and is a generic instrument for use in human resource research (Hinshaw & Atwood, 1984). The research team was unable to locate studies focused on NP intent to stay or characteristics of a desirable new NP position. Overall, few research studies have focused on recruitment, retention, or intent to leave among Canadian NPs.

An Ontario study of employment patterns and work environment outcomes of specialist nurses in Canada included RN(EC)s (Registered Nurses in the Extended Class – previously the formal title for Nurse Practitioners in Ontario) as part of their study population (Doran, Duffield, Rizk, Nahm & Chu, 2014). The researchers used the Ontario nurses' registration database and also conducted a survey. The study assessed intent to leave using a one question item. Exit rates were lowest for the RN(EC) group of registrants, which included primary healthcare NPs with a departure rate of 1% (Doran et al., 2014).

A recent study by Poghosyan, Liu, Shang, and D'Aunno (2017) used a mailed cross-sectional survey in one American state to study job satisfaction and intent to leave. Decreased intent to leave was found to be associated with increased job satisfaction. Another American cross-sectional study of emergency department NPs assessed moral distress, levels of practice independence, and intent to leave. Increased intent to leave was associated with poor patient care outcomes and inadequate staff communication (Trautmann, Epstein, Rovnyak & Snyder, 2015).

A cross-sectional American study sought to examine the general NP population's levels of satisfaction and intent to leave current positions and the nursing profession (DeMilt et al., 2011). Within that sample comprised of attendees of an American Association of Nurse Practitioners Conference, 27% indicated intent to leave their current NP position. Meanwhile, 5.5% indicated intent to leave the profession. Those intending to leave planned to do so within three to five years. The most common reasons cited for intending to leave were lack of control over their practice and limited career advancement opportunities. A cross-sectional study of Canadian oncology NPs by Bryant-Lukosius et al. (2007) also identified lack of personal growth and career advancement opportunities as reasons for increasing intent to leave. Meanwhile, higher job satisfaction scores made it more likely that a subject would remain in their current NP position (DeMilt et al., 2011, Bryant-Lukosius et al., 2007).

Bourdeanu, Pieper, Cannistraci, Faber, and Chen (2015) conducted a cross-sectional study that focused on burnout, job satisfaction, and intent to leave among American NPs working in oncology. Burnout was identified as a persistent response to job related stressors and included feelings of exhaustion, cynicism, detachment, and a sense of

failure. NPs identifying higher levels of emotional exhaustion and burnout were more likely to express an intent to leave (Bourdeanu et al., 2015). Over half of study respondents reported burnout as evidenced by high emotional exhaustion and depersonalization scores (Bourdeanu et al., 2015).

A Canadian cross-sectional study assessed intent to leave among Canada's rural and remote NPs (Stewart, D'Arcy, Kosteniuk, Andrews, Morgan, Forbes, et al., 2007). Given many of Northern Ontario's primary healthcare NPs work in rural and remote areas, the findings are worthy of consideration here. The researchers used the Statistics Canada definition of rural, which includes the population living outside the commuting zones of large urban centres having a core population of 10 000 or more (du Plessis, Beshiri, Bollman & Clemenson, 2001). For the purposes of this study nurses working in outpost settings and those registered in the Yukon and Northwest Territories were identified as the "remote sample" (Stewart et al., 2011). They found that rural nurses were more likely to leave their position if they were: male, reported higher stress, did not have children or relatives, had lower satisfaction with the community where they lived and worked, greater dissatisfaction with job scheduling, autonomy, on call requirements, and where they were required to work in what they perceived to be very advanced practice. Those working remotely were also more likely to leave (Stewart et al., 2011).

I was unable to find any studies focusing specifically on primary healthcare NP intent to leave in Ontario or Canada. While the findings of studies conducted to date are helpful in shedding light on many of the key factors impacting upon NPs intent to leave, all studies were quantitative, cross-sectional studies. Further, many of them were focused on NP populations other than those working exclusively in primary healthcare. The

limitations identified within this literature review provide support for the need for further study of the northern Ontario and Canadian primary healthcare NP populations. The purpose of this work will be to address knowledge gaps related to northern Ontario primary healthcare NP intent to leave. A theory of northern Ontario primary healthcare NP intent to leave will be presented to demonstrate where NP intent to leave sits in relation to other relevant concepts such as job satisfaction.

### 4.3 Methodology

This paper will outline a constructivist grounded theory study (Charmaz, 2014) that was undertaken in order to enhance understanding of NP-PHC job satisfaction and factors that influence NP intent to leave northern Ontario primary healthcare practice settings. Constructivist grounded theory was chosen given its ability to identify social processes and features relevant to the key area of study (Charmaz, 2014). Furthermore, constructivist grounded theory was preferred by the research team given the method's recognition of the role of the researcher as a participant in the research process. It was important to select a method that recognizes the intermingling of the researcher's interpretations and their interactions with the participants in the co-construction of theory related to N/P-PHC intent to leave. This would be particularly true for this study given the principal investigator was also a member of the professional community being studied.

The study was conducted in Ontario, Canada, in the North East and North West Local Health Integration Networks. The study received ethics approval from the Laurentian University Research Ethics Board. NPs working full-time in primary healthcare in the study district were purposively sampled and invited for an interview. Invitations for study participation were sent via email by the provincial NPs' association. Theoretical

sampling methods were also applied when some rural clinics were sent the invitation to participate in an effort to secure representation from areas that had not responded to the initial call for participants. The research team identified that this group of NP-PHCs may not have been members of the provincial list initially used. Snowball sampling was also applied in an effort to secure respondents who were under represented within the study population. Eighteen primary healthcare NPs were interviewed. The sample consisted of eight urban primary healthcare NPs and ten rural primary healthcare NPs. The Statistics Canada definition of rural being outside commuting zones of centres with a population of greater than 10,000 was used to determine whether participants were urban or rural (du Plessis et al., 2001).

While effort was made to interview some remote NPs from the very northern areas of the province, even with snowball sampling the team was unable to secure any interviews during the study period. One rural respondent indicated that primary healthcare NPs had been formally introduced into practice settings in remote areas of Ontario. However, the respondent relayed that there had been issues with the federal payment system and role integration just before the study period occurred. The respondent indicated that NPs were introduced into the outposts in the very far north of Ontario, however they were placed on salary. Therefore, they were earning much less than they had been working in the same stations as registered nurses where overtime was formally compensated. The respondent relayed that many had departed from their posts as a result.

The study data were collected via digitally recorded semi-structured telephone interviews conducted during the summer and fall of 2016. The principal investigator

conducted all telephone interviews. Recordings were emailed to a secure and private transcription service. Open-ended questions related to NP-PHC intent to leave included:

- What would make it likely for you to remain in your job
- What might lead you to leave this job?
- Do you have any other comments about your job satisfaction or working life?
- Is there anything else you would like to share with me?

Questions were initiated as outlined, however, many participants volunteered responses that covered upcoming questions. Therefore, interviews were semi-structured and adapted to the conversations between interviewer and participant consistent with the chosen method (Charmaz, 2014).

Transcripts were analyzed using open coding and constant comparison. Categories were developed and refined throughout the process leading to more theoretical coding. Analysis of the categories throughout the research process allowed the researcher to make meaning of the connections among the categories. Constant comparison allowed for assessment for saturation and construction and definition of the resulting material that explains NP intent to leave (Strauss & Corbin, 1998). Two other research study team members analyzed some transcripts as a means of ensuring accuracy. This was especially important given the study was conducted by a principal investigator who is licensed as an NP-PHC.

Data analysis produced a theoretical framework that identifies both NP job satisfaction and intent to leave and highlighted interactions among the core categories.



Figure 4-1: A Theory of Nurse Practitioner Job Satisfaction and Intent to Leave



## 4.4 Findings: Factors Associated with Intent to Stay or Leave

### 4.4.1 Remuneration

Many respondents commented on remuneration as being a key factor in whether they would remain in their current NP positions. At the time, the study was conducted; Ontario's NPs had gone almost a decade without an increase in pay. One respondent commented:

You know, quite frankly, if the pay doesn't change, I don't know that I'm going to remain at this job. That's a hard question for me to answer because I really, I don't know, I'm finding that it's becoming more and more difficult to stay with the demand – I guess if the demand was decreased, it would have to be quite substantial. I would leave if there was a continued disparity of salary, the difference between the salary in the hospital versus in the community. That is a big one because our salaries were so much lower, like \$6-\$7 per hour when I compared it, and yeah, so that's huge (Respondent #6 Rural).

Another rural respondent emphasized the importance of competitive salary in terms of decreasing their intent to leave. The respondent went further to emphasize the complexity and isolation experienced when working in rural areas in primary healthcare.

Some study respondents also indicated disappointment with the situation where they trained to work in primary healthcare and wanted to do so but eventually obtained positions at Community Care Access Centres, specialty clinics, and other practice settings given the great disparity and higher pay in these kinds of practice settings.

In discussions about remuneration, some commented that the Ontario NP designation moved to a master's level graduate university program. Many who had previously graduated with a certificate returned to school to complete the master's degree for a variety of reasons including remaining competitive in the job market. However, some expressed frustration that the pay was not increased as a result of this change in the level

and duration of education required for licensure or for those returning to study at the master's level. Remuneration was not a key concept mentioned in the review of the literature related to factors affecting NP intent to leave. Meanwhile, in the study area the movement to the masters level credential, combined with a salary freeze for more than a decade, placed remuneration high on the priority list for this particular NP population.

#### 4.4.2 Relationships with Management and Administration

Relationships with management and administration were mentioned in discussions about both staying and leaving current NP positions. Intent to leave was often higher where respondents felt they were being micro-managed and undervalued. These findings align with previous studies where a lack of control over one's practice was found to be related to an increase in intent to leave (DeMilt et al., 2011, Poghosyan et al., 2017). One study respondent commented:

Other than being on my own with a secretary, this is the second best model that I like. So the model would, you know, its limited management – if management got more involved that always puts pressure on me. If they start messing with your practice then that is a reason I'd want to go do something else (Respondent #3 Urban).

Another respondent commented:

If our manager is actually retiring... everyone is quite apprehensive about who they will get. Because the fellow we have now is lovely, he doesn't micro manage, everyone feels very purposeful and valued. And, you know, he's just really good. And the problem is that we could get some manager in there that's micro managing and you know, making you feel devalued. And, you know, if that type of situation happened I'm quitting, I'm getting out of here (Respondent #5 Rural).

Respondents also frequently mentioned the need for flexibility and related this to management style and their relationship with management. One respondent commented:

Even if I was making \$120,000 a year, if my boss was not allowing me to have my mammogram because they won't allow me time off work so

I can run across to have that done or if I'm not able to flex my time if my husband has a heart attack and I have to run over and see him in Emerg, if that type of stuff – and it does happen all the time, it happens at ....., it happens at the hospital, that's why there's no nurses at the hospital because this is what's happened. If there's a manager like that I'm quitting and there isn't another job in the community to go to (Respondent #5 Rural).

The study findings were aligned with existing literature that frequently identified good relationships with management and administration as a contributor to decreased intent to leave (DeMilt et al., 2011, Poghosyan et al., 2017).

#### 4.4.3 Provincial Government Pension Plan

When asked about retention or intent to leave many respondents emphasized the importance of employment benefits beyond the basic salary. Several respondents mentioned that the Healthcare of Ontario Pension Plan (HOOPP) was not available at their practice setting but that they would consider changing jobs, even if satisfied, in order to secure a position that offered this pension plan. The HOOPP is one of the largest defined benefit pension plans in Canada. Members are credited based on their earnings and years of service. This allows for predictable retirement income (HOOPP, 2017). Regarding the HOOPP one respondent commented:

So this one is managed, well, it goes by your years, you know, so if I was to move somewhere, I'd want to have the HOOPP pension because I've already got 12 years here and then I go – so I'm adding to it versus starting over and then not putting any more in the HOOPP, so...that's a benefit. Right? (Respondent #12 Rural).

Another respondent commented:

Pension, definitely HOOP pension I find is extremely important to have. I wouldn't – even if the pay was more but they didn't have HOOP I would not do the switch (Respondent #13 Rural).

Some respondents emphasized inadequacies in the remuneration and benefits package as being important items affecting their intent to leave their current NP positions. Meanwhile,

some respondents identified that remuneration and benefits of employment were key features affecting their intent to stay working in their current NP positions. While a lack of a HOOPP pension, was a key factor influencing intent to leave, practice settings that have the pension plan can be assured they are more likely to retain their NPs.

#### 4.4.4 Extended Health Benefits

Many respondents commented on the importance of adequate short-term disability coverage. Within some practice settings sick time changed to short-term disability through a third-party insurance provider after a few consecutive days of absence. However, the amounts of funds provided via insurance were sometimes around a quarter of what the NPs were being paid regularly. One NP respondent commented:

And with the \_\_\_\_\_ (chronic health condition), I'm thinking long term. If something happens to me the disability we have is crap right now so it's all things that eventually, if they do not change then yes, people will leave. They're already leaving. They'll be leaving more (Respondent #2 Rural).

Respondents also commented about varying levels of funding for medications and wellness therapies like chiropractic care, massage therapy, counselling, and physiotherapy indicating personal wellness should be a priority especially in light of the type of work they are engaged in. Some workplaces decreased third party coverage for dental and wellness services in order to allow for the purchase of the HOOPP pension. While the HOOPP pension has been identified as a key feature of employment significant enough to retain primary healthcare NPs, inadequate third party benefits were also frequently mentioned as a motivator to leave.

## 4.5 Key Characteristics of a New Nurse Practitioner Position

While not all study participants indicated intent to leave, every respondent was asked about what features they would be looking for in a new NP position if they were to begin to look for one.

### 4.5.1 It's About the Money

While remuneration did not come up in this research team's earlier exploration of NP job satisfaction, it presented frequently in discussions about intent to leave and when respondents were asked about key characteristics they would be seeking in searching for new employment. Several of the respondents identified that pay in the \$125,000 dollars per annum range could attract them to a new NP position. One respondent commented:

I love being a nurse practitioner. I absolutely do. I love my career. And like I said, I enjoy the independence, and this is a fantastic place to work, but I... my biggest stumbling point has been the pay and the lack of respect that has been shown by the provincial government toward nurse practitioners (Respondent #6 Rural).

Another respondent commented, "My financial advisor says I'm crazy to stay. The only reason I'm still here is because I'm so close to pension... I have a full pension in November so, I mean, it would be ludicrous to move on now" (Respondent #11 Rural).

Not only was adequate remuneration identified as a key factor leading to an increased intent to leave - the questions around the desirable features of a new position reinforced this finding. While inadequate financial remuneration could increase intent to leave, the availability of a position that pays a higher rate could also increase the likelihood of an actual NP departure.

#### 4.5.2 Benefits and Extras Attract Interest

One respondent was very clear about benefits they would be seeking in a new position. These included benefits of employment beyond pay and included items such as wage top up for maternity leave and coverage for disability. The respondent commented, “... top up, better pay, better disability coverage” (Respondent #3 Urban).

Many respondents commented about the desire for additional education funding for tuition and travel for various programs. Rural NPs were especially focused on the number of days granted in light of travel time from their practice location to sites offering programs. This more extensive travel is also associated with higher cost.

#### 4.5.3 Preferred Job Locations and Places of Residence

While geographic location and physical environment were not mentioned among respondents when asked about intent to leave, these items presented frequently during discussions about new NP positions. The distance driven to work was mentioned by some respondents. Travel among rural sites was also mentioned. One respondent commented, “The drive also, it’s 30 minutes. So, an hour a day. At some point – I find the winter long. I don’t know how many more years I can take of this” (Respondent #2 Rural).

Another explained:

Well right now, I’m spending about four to five hours a week just in travelling, so if I work in town I don’t – that would be gone, and the northern roads in the winter time is – they’re not fun to drive sometimes. So that would be the biggest factor (Respondent #13 Rural).

Available practice locations also affected NPs’ ability to leave current positions when they wished to do so. Even when very dissatisfied, some remained in positions given living in

smaller centres where new positions were not being created and where vacancies only present themselves a few times a decade. One rural respondent commented:

You know I have an elderly mother that I'm helping look after too and, you know, I can't just leave town. So, I mean, that's a bit of a variable. I think if you're in a big centre there's a little bit more mobility in terms of applying for a position.....” (Respondent #11 Rural).

#### 4.5.4 Team Characteristics and Composition

Many respondents identified team characteristics as being an important factor when considering a new NP position. Although the NP role is generally autonomous, most respondents mentioned a preference for working in a team and also identified that the team should have some characteristics that would be a match with the respondent. One NP commented:

The thing I would look at the most would be to get a feel of the dynamics of the organization, their philosophy, and what their passion is. And so that would be the first thing. Money is not the top one, not even close. It's the working relationships, and the environment – the team environment. And that's one thing I like about this place here, its' got a very strict environment of positive (Respondent #10 Urban).

And another stated, “You know it's nice to have NP autonomy but I'm talking about a practice. Yeah. A practice but you know having an interdisciplinary team is very important too, because I'm not the expert at everything, right” (Respondent #4 Rural).

These findings provide evidence of the importance of team characteristics related to a NP's search for new employment. This finding provides support for this research team's earlier work that focused on NP job satisfaction. Within that part of the study a balance of interdependence and independence within a team environment was identified as a key item contributing to NP job satisfaction. While this practice feature was not



identified as being a key influence upon intent to leave it has been identified as a key feature related to both job satisfaction and recruitment.

#### 4.5.5 Greener Pastures: Consideration of Other Types of Jobs

When asked about the characteristics of an ideal new position, many NPs expressed an interest in pursuing positions outside of NP practice. Some mentioned considering management positions if remuneration for primary healthcare NPs does not improve. One respondent commented, “I may look more at a management kind of position because I think that would be a good place to be able to put my years of experience to use” (Respondent #6 Rural). Others showed an interest in teaching in the health sciences at the post-secondary level. One respondent commented:

I’ve actually considered teaching, trying to get more into doing teaching because I really love and thrive on academic learning and in practice I have a student right now that I’m preceptoring. She just finished her last day. I love it (Respondent #8 Urban).

Several respondents indicated an interest in working part time as a NP. Respondents cited the demands of full-time practice and a desire for flexibility as reasons they would consider part time work. This was more common among those in late career. Despite this, many indicated these kinds of opportunities were not generally available and that most practice settings only hired full-time.

## 4.6 Discussion

This research team’s findings highlighted some features identified in previous studies (Poghosyan, Liu, Shang & D’Aunno, 2017, DeMilt et al., 2011, Trautmann, Epstein, Rovnyak & Syder, 2015). For example, control over one’s practice environment and an empowering management style were preferred among respondents (DeMilt et al,

2011). Study participants were very focused on salary and benefits of employment though this was not a dominant theme within the general NP intent to leave literature. This focus on salary and benefits could be attributed to the specific geographic location where the study was undertaken. In Ontario, Canada NP-PHC salaries were stagnant at the time the study was conducted. There were also significant discrepancies in remuneration across practice settings. Perhaps in geographic areas where other studies were undertaken NP salaries were more equalized through market forces or the co-ordination of public funding agencies.

In seeking new employment, study participants were focused on salary, benefits, practice location, and team characteristics. The research team was unable to uncover any studies that assessed NP employment preferences using this method or cross-sectional analysis. The findings could inform recruitment professionals and leadership teams hoping to build and attract new NP talent. Of note, relationships with management were mentioned frequently in discussions about intent to stay or leave a current NP position. However, management was not mentioned in discussions about the most desirable “new job” a respondent could seek. This could indicate that poor relationships with management contribute to increased intent to leave, but that they may not be directly linked to NP job satisfaction or dissatisfaction.

#### 4.7 Recommendations

The studies reviewed within the literature utilized standard survey instruments. Some of the key items identified in this study were not included in those survey tools. For example, my study respondents were quite focused on remuneration and benefits. Meanwhile, key factors related to intent to leave as identified within the existing literature

were more focused on relationships and professional autonomy. Going forward, surveys used to assess NP intent to leave and recruitment could include additional questions about pensions, extended benefits programs, and parental leave support. These were key items related to intent to leave within the study sample. The addition of these items could allow researchers to predict NP intent to leave more thoroughly going forward. This would be especially true for any further research being done in northern Ontario where this qualitative study was conducted but is likely applicable elsewhere as well.

#### 4.8 Limitations

This study focused only on northern Ontario's primary healthcare NPs. The political climate and geographical realities of this area could have particular impacts upon intent to leave. For example, in many of the respondents' communities, NP positions may have been available in both primary healthcare and in hospitals and other Local Health Integration Network-funded practice settings. The non-primary healthcare settings tended to offer maternity top-up, a robust pension plan, and comprehensive benefits. The availability of positions with many desirable features within the same community may have contributed to the dominant features identified as important contributors to intent to leave. This study feature could also affect the generalizability of the findings. Also, only primary healthcare NPs working full-time were eligible to participate in the study. It would have been interesting to seek out unemployed and underemployed NP-PHCs as well as those working part time. These groups might provide valuable information and could be the focus of a future study.

In this study, interview questions about intent to leave were introduced right after a discussion about job satisfaction. This may have affected the kinds of factors that came to

mind during discussion around the intent to leave questions. The job satisfaction related discussion may have brought concepts to the forefront that were then easily accessible within interviewees' memories for further discussion around intent to leave. Going forward further study could consider intent to leave only, therefore avoiding any potential bias that may have been generated as a result of the discussion of job satisfaction and dissatisfaction just before the intent to leave segment of the interview.

Of note, the principal researcher for this study is an NP-PHC who has worked in primary healthcare in a variety of models of care within the study area. While this kind of researcher-subject relationship is accepted within the realm of constructivist grounded theory (Charmaz, 2014), one must acknowledge the potential impact such a background could have upon the findings. An interviewer so close to the study population could lead one to question how this relationship may have affected the findings. For this reason, on several occasions during data collection and analysis (constant comparison) the principal researcher had other research team members analyze interview transcripts for comparison purposes. That said, the relationships between the researcher, context and the study population likely strengthened the interview process since the interviewer had a good familiarity with the health care system and models of care where study participants were working. This may have contributed to the selection of relevant probing questions and may have also enhanced the level of discussion related to the key concepts emerging from that health care environment.

#### 4.9 Conclusion

This qualitative, grounded theory study of northern Ontario primary healthcare NPs yielded some novel data that were not consistent with that within the literature. Because

this study was qualitative the research team was able to identify unique key factors related to primary healthcare NP intent to leave. It is likely these factors were not identified in earlier studies given that cross-sectional surveys do not allow for the emergence of variables beyond those covered within the instrument. In this study a pension plan, generous third party benefits and compensated parental leave came to the forefront as important considerations related to NP retention and intent to leave. These findings could suggest the study population from northern Ontario confront some unique challenges related to the nature of their practice and the provincial health care funding environment. These data provides an opportunity to inform NP employers within the study area and beyond regarding additional job related features that could affect primary healthcare NP retention and intent to leave.

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## Chapter 5

### 5 Conclusion

The dissertation was undertaken to contribute to knowledge related to nurse practitioner (NP) job satisfaction and intent to leave through theory development. I conducted eighteen semi-structured interviews to gather information about primary healthcare NPs in northern Ontario. Key satisfiers among this study population included a balance between independence and interdependence, the ability to deliver quality, holistic care in interdisciplinary teams, an appropriate level of challenge in one's work and quiet moments. Key dissatisfiers that emanated from this study included NP role strain related to caseload complexity, challenges related to NP role recognition, longer travel distances between home and work and among work sites, and overwork and overwhelm. Some dissatisfiers became so significant among this study population that they influenced movement towards intent to leave. These dissatisfiers included items related to remuneration, relationships with management and administration, pension offerings and third party benefits, including disability coverage. This chapter will consider those findings in the context of the current literature related to NP job satisfaction and intent to leave, implications, knowledge translations and mobilization and possible future studies.

#### 5.1 Summary of Findings: Nurse Practitioner Job Satisfaction

##### 5.1.1 Independence and Interdependence

When asked about job satisfaction, some the respondents in this study described a balanced combination of independence and interdependence. This was consistent for NPs

from both rural and urban practice settings. While respondents in this study used the terms independence and interdependence, much of the NP job satisfaction literature comments on NP autonomy as a key satisfier (Tri, 1991; Kacel, Millar & Norris, 2005; Koelbel, Fuller & Misener, 1991, Lamarche & Tullai-McGuinness, 2009). While the NP-related literature does not define NP autonomy specifically, the nursing literature describes professional autonomy as, “belief in the centrality of the client when making responsible, discretionary decisions, both independently and interdependently, that reflect advocacy for the client: (Wade, 1999). It is clear the study findings related to NP independence and interdependence fit with some of the broader discussion around NP autonomy.

Autonomy was identified as a satisfier within several of the studies reviewed for the purpose of this work (Desborough et al., 2014; Athey et al., 2016; Wild, Parsons & Dietz, 2006; De Milt et al., 2011; Tri, 1991 & Kacel, Millar & Norris, 2005). Autonomy is also included in the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001). Satisfaction related to work in interdisciplinary teams was also identified as a satisfier within the NP literature (Mian et al., 2012; DeMilt et al., 2011; Desborough et al., 2014). While both NP independence (autonomy) and interdependence have been addressed separately within the literature, this review did not uncover studies that focus on the interaction, or balance, among these two key items. Therefore, further study in this area is suggested.

### 5.1.2 Quality Holistic Care in an Interdisciplinary Model

Another key satisfier for respondents in this study was the ability to provide quality holistic care in an interdisciplinary model. Some other studies focused on NP satisfaction

identified holistic care as an important satisfier (Shea, 2015; Kacel, Millar & Norris, 2005). While holistic care is not included in the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001), satisfaction related to the delivery of quality care is included. Satisfaction related to work in interdisciplinary teams was also identified within the literature (Mian et al., 2012; DeMilt et al., 2011; Desborough et al., 2014). In addition, higher levels of interprofessional collaboration have been linked to decreased job strain among primary healthcare nurse practitioners (Almost & Laschinger, 2002). Within this study population, those NPs most likely to discuss the benefits and satisfaction associated with interdisciplinary care were those working within organized models of care such as Nurse Practitioner Led Clinics, Family Health Teams and Community Health Centres. All of these models of care are provincially funded and house various combinations of primary healthcare providers and allied health professionals within their organizations. These professionals work together in various models to address patient health concerns. Assessment of professional interaction such as that occurring in interdisciplinary teams is included in the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001).

A number of NP respondents also identified that they were most satisfied when working at a skill level that was challenging enough for them. The level of challenge and optimal complexity varied from one NP to another and appeared to be related to years of experience, consistent with Benner's (1982) theory. While novice NPs tended to value team support in managing complexity some more experienced respondents identified challenge and complexity as an important satisfier. This finding is consistent with some of the existing literature around NP job satisfaction. For example, challenging work was

identified as a satisfier by DeMilt et al. (2011), Lamarche & Tullai-McGuiness (2009) and Kacel, Miller & Norris (2005). Tri (1991) also identified NP satisfaction associated with self-perceived skill levels relative to job requirements. Satisfaction with the level of job challenge is also measured within the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001).

### 5.1.3 Quiet Moments

While some NPs described dissatisfaction related to role strain and ongoing caseload complexity, they often highlighted satisfaction related to the performance of simple procedures and valued quiet times throughout the day. When probed about satisfying features of procedures, respondents identified the distinct beginning and ending of these procedures in a rather short timeframe was in contrast to some of the longer term, more complex clinical issues they face. It is understandable that quiet moments enhanced satisfaction by providing a break from complexity, one can also question whether breaks and quiet moments are being sought as a mitigator for burnout. I also noted that neither breaks nor burnout appear to be mentioned in the current literature. However, time off and caseload composition are addressed in the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001) and were identified as a satisfier by Kacel, Millar and Norris (2005).

### 5.1.4 Beginnings and Endings

Study respondents identified satisfaction related to straightforward procedures with distinct beginnings and endings. Respondents identified different kinds of procedures and environments when discussing this satisfier. While some NPs preferred to mix simple

hands on procedures into their caseload throughout the day other respondents identified that they would consider working in a walk in clinic where most visits are episodic and focused on one or two key items. Sometimes these straightforward clinical tasks were identified as being important in balancing the strain associated with delivering complex chronic care to many patients throughout the clinic day. This ties in with the concept of variety as it related to NP satisfaction with the clinical caseload.

### 5.1.5 Professional Role Recognition

Some respondents described dissatisfaction associated with challenges related to professional role recognition. Ontario's Health Care Connect system, which was designed to identify Ontario residents seeking a regular health care provider, was identified as a key item related to frustration. More than one respondent commented that the Health Care Connect service did not recognize NPs' patients as "being served" or "currently attached" within their data system. Therefore, some NPs' patients have received phone calls from Health Care Connect offering them the services of a physician. In some instances, after a NP had spent a considerable amount of time addressing a complex patient's concerns, patients opted to sign on with a physician offered through Health Care Connect. Within the literature only one Dutch study identified role recognition as a dissatisfier (Zwijnenberg & Bours, 2012). The Misener Nurse Practitioner Job Satisfaction Scale includes recognition for NP work from superiors and peers as well as acceptance and attitudes of physicians outside of your practice (Misener & Cox, 2001). These items could capture some of the aspects of professional role recognition as described above. However, they do not fully align with the kinds of items that emerged during this study. Further research on NP role recognition within northern Ontario and beyond is warranted.

### 5.1.6 Challenges of Distance

Distance from home and work served as a key dissatisfier among study participants from rural areas. Working in a community far from home meant greater commute times for respondents who simply wanted to visit family and friends or attend essential professional development events. Those in positions in more rural and northern areas had generally been granted the same amount of education and travel funding and time off as those in more urban centres like Toronto as a result of standard funding packages for NP positions. For example, travelling from Kenora to an event in Toronto could use a NP's entire annual education and travel fund. Meanwhile, a more urban NP could attend several similar events close to home. Commute time was formally recognized within one study reviewed for this work. Koelbel, Fuller and Misener (1991) found that urban locations were preferred for NP satisfaction. Though Misener did work on this 1991 study, it is interesting to note that geography and/or travel time are not addressed within the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001). The Misener instrument includes questions about opportunities and time to expand one's education and this does tie in with rural NPs' concerns around geographic location, travel time and continuing educational opportunities. While only one study identified geography and travel time as key items, system administrators and NPs should be aware of the potential impact of this feature of employment on satisfaction for nurse practitioners working in northern Ontario. This is especially important in light of the expansive geography of this region and the number of NP jobs located a significant distance from urban areas.

### 5.1.7 Overworked and Overwhelmed

Study respondents associated job dissatisfaction with feelings of being overworked and overwhelmed. These findings were more common among NPs working in standalone practices, in smaller teams, and in more rural areas. Respondents discussed challenges related to the overall poor health status in some of the communities where the/y were working. They also expressed concern and frustration with an inability to meet the increasing demand for their services. Some respondents identified that the pressure to meet the demand for care of increasing numbers of patients led to the provision of less comprehensive service than they would have liked to offer. Comments related to demand generally came from NPs working in communities with a shortage of primary healthcare providers and at practices with approved but unfilled positions. Within the literature, overwhelm was identified as a key dissatisfier for new NP graduates assuming total patient care (Maten-Speksnijder et al., 2015). Meanwhile, a study done by Almost and Laschinger (2002) that surveyed both primary healthcare and acute care NPs revealed that primary healthcare NPs had lower job strain. These inconsistent findings indicate a need for further evaluation of the extent of job strain and its impact upon job satisfaction for NPs working in northern Ontario. The Misener Nurse Practitioner Job Satisfaction Scale addresses patient scheduling policies and practices that could partially address this item in survey format (Misener & Cox, 2001).

In reviewing the findings in the context of the current literature I was able to identify that all categories of satisfiers I identified in the northern Ontario context were addressed in some format within the Misener Nurse Practitioner Job Satisfaction Scale (Misener & Cox, 2001). Meanwhile, approaching NP job satisfaction from a qualitative



perspective has identified specific systems and job related items impacting NPs in the geographic area of study. Further, the qualitative approach has facilitated deeper understanding of the interactions among some of the various items identified as satisfiers by the study population.

## 5.2 Summary of Findings: Nurse Practitioner Intent to Leave

### 5.2.1 Remuneration

Study respondents frequently discussed remuneration and identified it as being a key factor in whether they would remain in their current positions. This is not surprising since at the time the study was conducted, Ontario NPs had not received a pay increase for almost a decade. Some expressed frustration with different levels of pay for NP jobs across practice settings. For example, those working in Community Care Access Centres and some hospital positions were earning significantly more than those working in comprehensive primary healthcare, even in rural and remote areas. Some respondents indicated that despite a keen interest in practising in full scope primary healthcare, they accepted positions in other kinds of roles such as diabetes programs or Community Care Access Centre specialty programs and others given the differences in pay and benefits packages. Interestingly, remuneration did not appear within the literature related to nurse practitioner intent to leave. It is likely that this finding is unique to the geographic area where the study was undertaken given the extended period of time that NPs worked without an increase in pay.

## 5.2.2 Relationships with Management and Administration

Many respondents identified that relationships with management and administration were an important factor in determining whether they would stay or consider leaving a current NP position. NPs who felt they were being micro-managed or undervalued were likely to consider leaving a position. Some went further to discuss the importance of managing their own schedules and time off. These findings were consistent with the findings of both Trautman et al., 2015; and Poghosyan, Liu, Shange, and D'Aunno (2017). While only two studies linked relationships with management and administration with intent to leave, several studies focusing on NP job satisfaction identified these relationships as key satisfiers. If an NP becomes very dissatisfied with any feature of employment, including relationships with administration and management, intent to leave would be expected to increase. Within this study population perhaps region specific features of the employment arrangement may have affected this being an important driver of intent to leave. General human resource policies and offerings would be expected to be quite similar across for primary healthcare practice settings across the system given a common funder for the study area.

While some respondents were actively considering leaving a position due to factors related to administration and management, this was dependent on a variety of factors, including whether a position was available in their community. This finding is consistent with the work of Mobley (1977) who recognized the local job market as a key factor that could increase or decrease intent and likelihood to leave. At the time of the study several respondents indicated dissatisfaction however were unable to fulfill the intermediate linkage of finding an available position to apply for in the job market.

Interestingly both urban and rural NPs in northern Ontario commented about the lack of availability of new employment opportunities if they decided to leave. Given the lack of NP jobs within many of the respondents' geographic areas, some indicated an interest in finding work in another area of the system as an intermediate linkage (Mobley, 1977) between being dissatisfied, intending to leave and eventually moving on. Many contemplating leaving cited jobs in teaching or administration as options within their local areas. The lack of available primary healthcare positions and the degree of professional adaptation required to find new employment might decrease NP turnover, even among those who are dissatisfied. This area warrants further investigation.

### 5.2.3 Extended Health Benefits

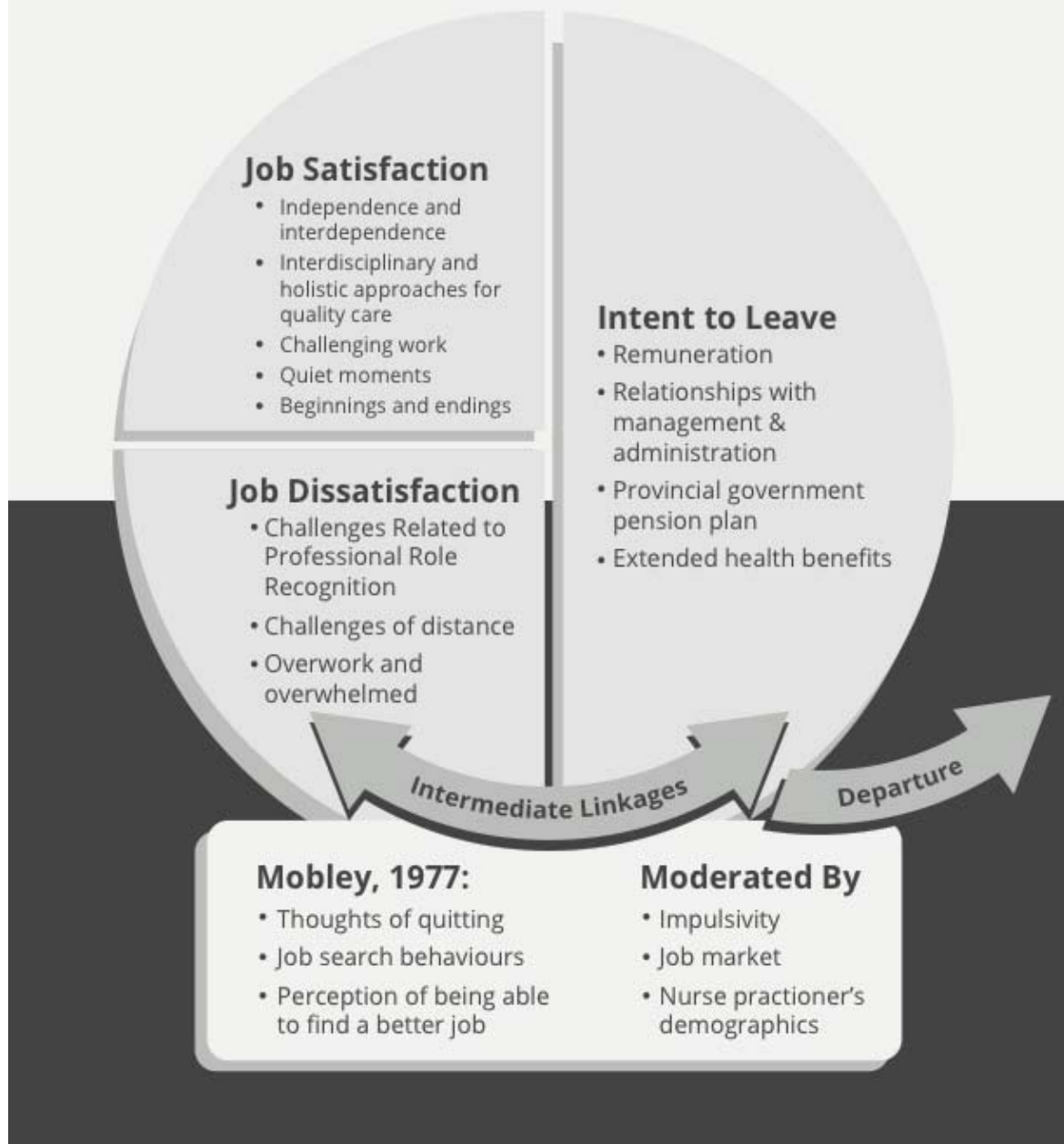
Several respondents identified third party benefits including disability coverage as key drivers of intent to leave. Short-term disability pay was generally much less than the NPs had been earning. Some indicated this was a reason for continuing to work when ill, or for returning to work sooner than recommended after an illness. A few respondents indicated that they had been diagnosed with chronic illnesses that could eventually lead to disability. They also indicated, however, that they were seeking positions in the hospital system or somewhere outside of community-based primary healthcare because the long-term disability insurance provided at the community practice settings would not be sufficient to allow them to meet financial commitments if they did become disabled. Many of the same respondents emphasized the importance of good third party benefits for massage, physiotherapy, and others, especially in light of some of the conditions they had been diagnosed with. Some indicated an interest in assessing plans thoroughly before considering any new NP employment.

## 5.2.4 Provincial Pension Plan

Some respondents indicated that practice settings decreased third party benefits for massage therapy, other kinds of therapists, and dental coverage in order to provide access to the provincial hospital pension plan (HOOPP). Some respondents had indicated that this was done because funds provided by the Ontario Ministry of Health and Long-Term Care were not sufficient to provide both a comprehensive third party benefits program and HOOPP. Respondents indicated that both HOOPP and third party benefits including adequate disability coverage were important in terms of retention and decreasing intent to leave.

The key findings related to northern Ontario NP intent to leave are all related to hygiene factors from Herzberg's Dual Factor Theory (Herzberg, 1968). Hygiene factors are a unique set of factors that Herzberg has identified as being important drivers of job dissatisfaction. The list of hygiene factors includes items such as salary, benefits and working conditions and aligns well with the list of drives of intent to leave presented here.

# A Theory of Nurse Practitioner Job Satisfaction and Intent to Leave



5-3 A Theory of Nurse Practitioner Job Satisfaction and Intent to Leave

The work undertaken for the purposes of this study has led to the development of a theory to explain NP job satisfaction and intent to leave. The theory includes both satisfiers and dissatisfiers from the findings, presented on the left side of the diagram. Consistent with Herzberg's Dual Factor (1968) theory, the lists of satisfiers and dissatisfiers included different items without overlap between the two categories.

Herzberg's (1968) motivation factors for job satisfaction include promotion opportunities, personal growth, recognition, responsibility, and achievement. From the current study, job satisfaction factors are consistent with those put forth by Herzberg. However, some of those factors fell into different categories than they did in Herzberg's theory. For example, Herzberg's theory suggests that satisfaction is associated with recognition, whereas respondents in this study identified that challenges related to role recognition led to their dissatisfaction.

Study respondents identified role recognition, distance and difficult geography, and feelings of being overworked and overwhelmed as being key factors leading to dissatisfaction. This study population's dissatisfiers did not align with Herzberg's theory in that dissatisfiers were generally items offered by an employer such as compensation, benefits or work setting enhancements. Meanwhile, these items did present themselves in the list of key drivers of intent to leave. In essence, the list of factors associated with intent to leave may have previously been part of the basic list of dissatisfiers, eventually becoming intense enough issues to fuel intention to leave.

Using Herzberg's theory as a basis for the study may have influenced the development of this theory. In developing the study questions I asked specifically about

things that would contribute to making a respondent more satisfied and then asked about dissatisfaction separately. The influence of Herzberg on the semi-structured interview questions themselves may have indirectly impacted theory development leading to distinct categories for factors related to NP job satisfaction and NP job dissatisfaction. Meanwhile, emergence of these two distinct categories could be attributable to the broader applicability of Herzberg's theory.

Within this study's theory a linkage is established between job dissatisfaction, intent to leave and potential NP departure through the application of Mobley's (1977) Model of Turnover. An NP's movement from being dissatisfied with a work dissatisfier to developing increased intent to leave and possibly departing is dependent upon a variety of other factors called intermediate linkages (Mobley, 1977). Intermediate linkages that form a bridge between dissatisfiers, intent to leave, and departure are employee actions such as thoughts of quitting, initiation of job search behaviours, and a perception of being able to find a better job (Mobley, 1977). Meanwhile, initiation of these actions is moderated by individual impulsivity, the current job market, and employee demographics (Mobley, 1977).

Evaluating the similarities and difference among findings from this study and those based on more generic human resource theories such as Herzberg (1968) and Mobley (1977) highlights the importance of an in depth understanding of a specific worker population within a geographic location. While there were significant similarities between the findings of this study and the key features within Herzberg's theory, findings from this study around NP job satisfaction definitely had their own flavour. While the lists of satisfiers and dissatisfiers were distinctly different lists of factors (consistent with

Herzberg), the contents of each category were not fully consistent with the motivation and hygiene categories within Herzberg's theory. Meanwhile acknowledging and incorporating Mobley's theory and emphasizing the importance of intermediate linkages has strengthened understanding around dissatisfaction, intent to leave and departure (Mobley, 1977).

### 5.3 Practical Implications

The findings of this research have contributed to knowledge around nurse practitioner job satisfaction and intent to leave. In particular, they have provided insight into key items and processes contributing to NP job satisfaction, NP job dissatisfaction, NP intent to leave and the kinds of positions NPs would be seeking if they were to choose to leave a current position. Furthermore, the findings have contributed to the development of an original theory of nurse practitioner job satisfaction and intent to leave. This theory could serve as a basis for further study and refinement. The theory could also serve as the basis for enhancement of existing survey instruments designed to measure NP job satisfaction and intent to leave.

The study was conducted in Northern Ontario, Canada and is one of the few NP focused studies that has been completed within this geographic area. The findings could serve to inform those engaging in health human resource policy at the system level in northern Ontario and beyond. For example, the Ontario Ministry of Health and Long-Term Care's (MOHLTC) Primary Healthcare Branch as well as LHINs have been involved in setting key parameters around NP funding and employment. Developing positions and human resource policies and packages aligned with the satisfiers identified in this study could promote NP satisfaction and enhance retention. Mitigating the impact of factors



identified as being related to intent to leave could also promote retention. This could be especially important in areas that could be challenging to recruit to, like small towns and rural areas a significant distance from the nearest urban centre.

With an awareness of the findings here, individual NPs could be empowered to more thoroughly assess their own personal satisfiers and dissatisfiers and to use this awareness to assist them in seeking positions best suited to their individual preferences. An awareness of potential satisfiers and dissatisfiers could also better inform job search activities if intending to leave a position. In the future, a practice setting appraisal tool could be developed and evaluated that could inform NPs of their scores as they relate to various kinds of practice opportunities. This could better inform them of the kinds of positions and benefits they should be seeking if looking for their first NP position or future employment.

Each factor identified in this study, whether it be a contributor to NP satisfaction, dissatisfaction, or intent to leave, should be studied in depth. Work of this nature could generate greater understanding of these individual factors, some of which could be manipulated through changes in job and practice design and health human resource policies.

## 5.4 Methodological Rigour, Study Considerations, and Future Directions

### 5.4.1 Ensuring the Quality of Qualitative Research

Qualitative research must be subjected to quality standards relevant to the selected method. Each qualitative research methodology has its own set of quality indicators (Campbell & Machado, 2013). In designing and conducting this research study the focus was on basic quality parameters related to qualitative research. Those noting the principal investigator is a member of the employee group being studied could challenge credibility of the proposed study. In order to improve credibility in this area the investigator engaged in journaling throughout the study process (Shenton, 2004). Frequent debriefing with supervisors also enhanced credibility, and the similarities in findings among these supervisors and the principal researcher supported confirmability. (Shenton, 2004).

Even in the most carefully constructed qualitative study dependability can be challenged given the observations have emanated from one point in time in one unique environment (Shenton, 2004). The ever-changing environment of the health care industry and the absence of an NP pay increase for many years leading up to the data collection for this study may have affected the long-term dependability of the findings, especially those related to remuneration and intent to leave. After the data collection an NP pay increase was announced. It would be expected that findings related to that area might have been different following a modest province wide NP pay increase that was granted after our data collection.

Transferability is always an important consideration for any researcher working towards theory development. While I have accepted that the unique and evolving health

care environment may have affected dependability and durability of the our findings over time, All of the central features and processes identified within our theory represent items that have been brought forward in various studies from many geographic areas. Further, most our key features and processes have been identified, to varying degrees, by other authors conducting qualitative and quantitative studies across the globe. The details of these linkages among our findings of those of others are outlined in detail in the discussion section.

In terms of the study sample, selection bias presented itself. Although I sought participants through the provincial association and used snowball sampling, I was unable to interview respondents from the remote areas of northern Ontario given an employment disruption that was occurring at that time. During the time that our data collection was undertaken, there was an issue with the federal government's payment system. This led to the departure of some contract NPs working in the northernmost regions of the study area. During the time that data collection was undertaken there was also an issue with NPs being hired in the northern areas without on call included in the payment system. Meanwhile, registered nurses working in those same stations are being compensated off hours. Therefore, many NPs who had been formally hired to perform expanded roles in the very northern parts of Ontario had departed. I was unable to locate any to interview. Therefore, selection bias led to reporting on rural and urban NP populations only, where the initial study design and research proposal indicated that remote NPs would also be included.

#### 5.4.2 Study Considerations

The findings of this study may be affected by several limitations. One of the challenges of implementing grounded theory for the purpose of this project was that it was

difficult to determine how many interviews were needed. There were also time constraints associated with the limits of an academic program. While I started with a target of 30 respondents I was challenged to move beyond 18 respondents. Part of the reason for this was that I was planning to interview urban, rural, and remote NPs. At the time the data collection phase of this study was started, there were issues with the federal payroll system used by employers of remote northern Ontario NPs. I was told by one respondent that some NPs who had been working in the remote communities of the far north had departed in light of this issue. At the same time, NPs who had been recruited to work in remote Northern Ontario communities had been placed on a salary pay scale. Meanwhile, their registered nurse counterparts were on a shift plus on call type contract. One respondent relayed to me that many NPs had left given they were earning much less than the registered nurses in light of the salary model they had been offered. The respondent who had been in contact with this group of NPs over time was unable to provide me with the name of any NPs working in that role specifically in the remote communities of Northern Ontario at the time of data collection. While the data seemed saturated, I cannot be sure that new concepts would not have emerged if I had been able to interview more NPs including some from remote practice areas.

Another limitation of the study is the fact that data were collected in one geographic region in Northern Ontario, Canada. Therefore, some of the findings could be a direct result of unique factors and features related to the region where the study was conducted. Also, the employment arrangements for most of the study participants would be the result of human resource policies that ultimately originate within various branches of Ontario's MOHLTC. It is possible that findings might be very different if the study had

been conducted in different regions or if respondents were interviewed across a variety of regions governed by other bureaucratic structures.

### 5.5.3 Future Directions

Additional study could focus on differences in specific satisfiers and dissatisfiers for NPs at early, mid, and late career. I noted that more novice NPs tended to identify an interest in higher levels of interdependence and consultation with other professions who could provide relevant services to their patients. However, more experienced NPs often indicated that the addition of new skills such as joint injections, psychotherapy, foot care, lesion removal, and others allowed them to deliver more holistic patient care independently. Interestingly, both novice and experienced NPs seemed to be interested in delivering holistic care to their patients. One key difference was that more novice practitioners indicated a preference for a team effort while more experienced NPs more often described satisfaction resulting from more independence in the delivery of care. Given respondents' preferences for interdependence and their dissatisfaction when unable to meet patient care demands, I recommend that all sites plan to employ two NPs, regardless of the kind of practice. Also, those in positions to develop NP positions should consider these findings and collaborate with NPs to develop positions and practices that are more likely to contribute to job satisfaction.

### 5.5.6 Knowledge Translation and Mobilization

While the products of this dissertation will likely be printed in academic journals, it will also be important to continue to disseminate the findings to relevant stakeholders.

Most importantly, as a member of the NP profession I will seek out opportunities to share my findings with parties who could benefit from the knowledge that has been constructed.

## 5.6 Conclusion

In conclusion, this dissertation has furthered understanding of northern Ontario primary healthcare NP job satisfaction and intent to leave. Furthermore, it has led to the development of a broader theory of NP job satisfaction and intent to leave. These novel study findings highlight the potential for regional differences in terms of key concepts and processes impactful upon NP job satisfaction and intent to leave. Findings around intent to leave in particular highlight the impact of political and policy environments as well as geographic location. The differences between the findings for this study and findings of those done in other geographic areas emphasized that unique regional flavours will determine the state of NP job satisfaction and intent to leave at any given time.

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## Appendices

### Appendix A: Email Communication/Invitation

#### **Seeking Study Participants:**

#### **Primary Healthcare Nurse Practitioner Job Satisfaction study in the Northeast and Northwest Local Health Integration Networks**

The purpose of this study is to better understand job satisfaction and intent to leave among primary healthcare nurse practitioners working full time in the Northeast and Northwest Local Health Integration Networks.

The initial phase of the study will involve one-on-one telephone interviews. Questions will focus on current practice settings, factors influencing satisfaction with nurse practitioner work and factors that would make it more or less likely that a nurse practitioner would plan to leave their current practice.

The invitation to participate in an interview for this study may have been circulated by your employer. Your employment will not be compromised by participating in this study. Every effort will be taken to ensure that no identifying comments will be shared with your employer.

Study findings could be used to inform recruiting, job design and human resource strategies targeted at staffing primary healthcare nurse practitioner practices in Northern Ontario.

If you are interested in booking an interview at your convenience please email Jennifer Fournier, study principal investigator at [jl\\_fournier@laurentian.ca](mailto:jl_fournier@laurentian.ca). All interview data will be kept confidential. We are seeking balanced geographic representation for the study. Therefore only those selected for an interview will be contacted.

Thanks in advance for your support of this study.

Jennifer Fournier NP-PHC, RNEC, MHS, PhD©

Adjunct Professor, School of Nursing, Laurentian University

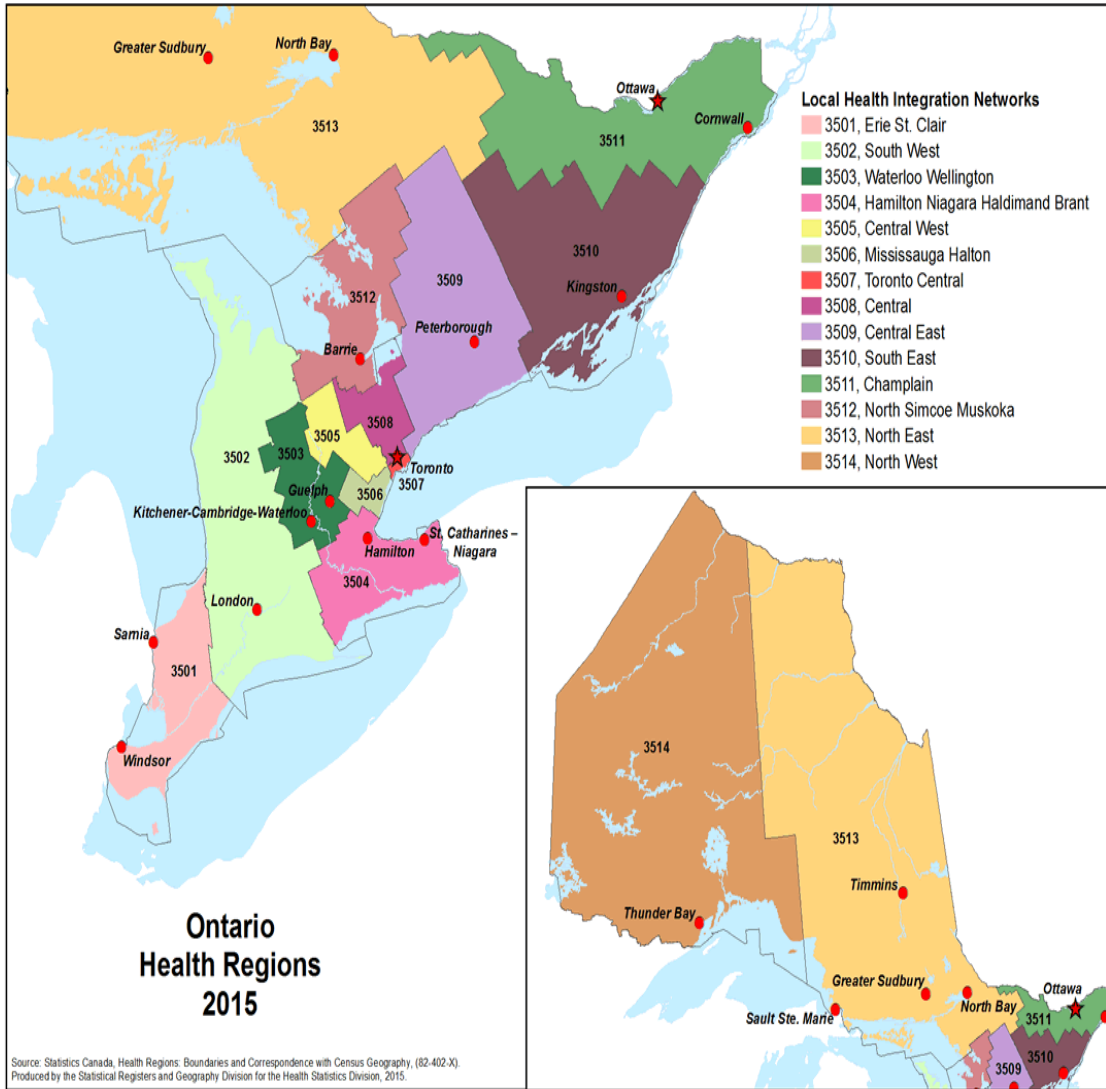
935 Ramsey Lake Road

Sudbury, Ontario

[Jl\\_fournier@laurentian.ca](mailto:Jl_fournier@laurentian.ca)

(705) 929-8484

# Appendix B: Ontario Local Health Integration Network Map –Northeast and Northwest Highlighted



## Appendix C: Semi-Structured Interview Questions

### Background

- Tell me a little about yourself, your family, your hobbies, and any community involvement, clubs etc.
- What community do you work in and how long have you worked there?
- Tell me about the model of care, team composition, and hours at your current practice.
- Did you move to the community to take this job? Did you have previous ties to the community?

### Job Satisfaction

- Briefly describe your thoughts about your current schedule and practice characteristics.
- What kinds of things make you feel satisfied at work?
- What kinds of things make you feel less satisfied at work?

### Intent to Leave

- What would make it likely for you to remain in your job
- What might lead you to leave this job?
- Do you have any other comments about your job satisfaction or working life?
- Is there anything else you would like to share with me?

Thank you for taking the time to complete the interview with me today.

## Appendix D: Ethics Certificate



### APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL / New / Modifications to project X / Time extension	
<b>Name of Principal Investigator and school/department</b>	Jennifer Fournier, supervisor Nancy Lightfoot, School of Rural and Northern Health
<b>Title of project</b>	Primary Healthcare Nurse Practitioner Job Satisfaction in Northern Ontario
<b>REB file number</b>	2015-10-25
<b>Date of original approval of project</b>	December 7, 2015
<b>Date of approval of project modifications or extension (if applicable)</b>	March 2, 2016
<b>Final/Interim report due on:</b> (You may request an extension)	December 2016
<b>Conditions placed on project</b>	

During the course of your research, no deviations from, or changes to, the protocol, recruitment, or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office. Congratulations and best wishes in conducting your research.

Rosanna Langer, PhD, Chair, *Laurentian University Research Ethics Board*

## Appendix E: Respondent Characteristics

Rural Respondents	10
Urban Respondents	8
FHT Respondents	7
CHC Respondents	1
NPLC Respondents	4
AHAC Respondents	1
FN	2
Hospital	1
Non Profit Agency	2
Male Respondents	3
Female Respondents	15
Highest Age	62 years
Youngest Age	29 years
Average Respondent Age	46.2 years

FHT = Family Health Team

CHC = Community Health Centre

NPLC = Nurse Practitioner Led Clinic

AHAC = Aboriginal Health Access Centre

Non Profit Agency = Other kinds of funders including municipalities, churches, organizations

