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Nurse Practitioners' Characteristics and Job Satisfaction

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TITLE

Nurse Practitioners' Characteristics and Job Satisfaction

PURPOSE

To identify demographics and job satisfaction levels of currently working nurse practitioners (NPs) in California.

DATA SOURCES

A mail-in survey was used to gather data. The Mueller McCloskey Satisfaction Scale was sent to a randomized sample of 200 California NPs with active licensure. Descriptive statistical analysis of usable data was employed.

CONCLUSIONS

NPs reported high levels of job satisfaction. Aspects of the job that showed significant levels of satisfaction were schedules, flexibility of hours, and interprofessional relationships. NPs were least satisfied with not having professional opportunities such as participation in nursing research, writing/publishing, and belonging to a department/nursing committee.

IMPLICATIONS

The findings may be used to guide NP recruitment and retention strategies, practice issues, and job satisfaction for NPs by employing agencies.

KEY WORDS

Job satisfaction; demographics; work setting; Mueller McCloskey Satisfaction Scale; nurse practitioner

Purpose

The purpose of this study was to describe demographic composition, work settings, level of job satisfaction, attitudes toward work environment, and perceived practice barriers of currently working nurse practitioners in California.

Questions

What is the demographic composition, work settings, level of job satisfaction, attitudes toward work environment, and perceived practice barriers of currently working nurse practitioners (NPs) in California? Which practice settings attract NPs? Are there work conditions that affect their ability to provide health care? Do NPs encounter logistical, financial, or economic barriers in providing health care services? How would they characterize NP-physician relationships in their practice settings? Job satisfaction, attitudes, perceived practice barriers, and demographics were measured by a well-established multidimensional survey, the Mueller McCloskey Satisfaction Scale (MMSS), developed by Charles Mueller, PhD and Joanne McCloskey, PhD, RN, FAAN (1990).

Literature Review

Research available on job satisfaction, attitudes toward work settings, and barriers to health care delivery is extensive but little is known about these issues concerning NPs. NPs are expected to double to nearly 100,000 in the nation by 2005 despite the growing concern over the nursing shortage (Cooper, Laud, & Dietrich, 1998). Cooper et al. (1998) reported "physicians are expected to only increase 10% by year 2005" (p. 789). Thus, a close look at the demographic profile, work settings, attitudes toward practice settings, and perceived practice barriers faced by working NPs is warranted.

Nurse Practitioner

The California Board of Registered Nursing (BRN) defines "nurse practitioner" as "a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, who has been prepared in a program that conforms to Board standards" (BRN, 2004). The California Association for Nurse Practitioners (CANP) defines "nurse practitioner" as "a registered nurse with advanced academic preparation and skills who is licensed to provide health care services independently and in collaboration with physicians and other health care professionals" (CANP, 2004). A nurse practitioner provides health care to patients across a life span with a major focus on health promotion and disease prevention. The scope of practice of a nurse practitioner includes performing history and physical exams, diagnosing and treating medical problems, ordering and interpreting diagnostic and laboratory tests, providing patient education, and conducting health care maintenance exams such as well-child care and immunizations. The nurse practitioner acts as a resource for patients and families.

Nurse practitioners work in both rural and urban settings. Practice settings of nurse practitioners include community health clinics, school health centers, hospitals, rural health clinics, private practice, and NP-owned practice. NP specialties include family practice, gerontology, dermatology, orthopedics, surgery, neonatal medicine, occupational health, mental health, and emergency care.

A literature review of advanced clinical nursing practice in the United States conducted by Dunn (1997) concluded that "nurse practitioners became synonymous with primary care in response to social demands for increased access to affordable, quality

health care" (p. 819). "Taken as a percentage of the total population of nurses working in the U. S. A., advanced nurse practitioners currently represent approximately two percent, and yet the substantial and beneficial influence of their role in tertiary and community settings on aspects of patient/client care is without question." (p. 819)

Job Satisfaction

A review of literature showed job satisfaction has been extensively studied in numerous disciplines including nursing, business, psychology, and sociology. Locke (1969) defined job satisfaction as "a function of the perceived relationship between what one wants from one's job and what one perceives it as offering" (p. 814). Misener, Haddock, Gleaton, and Ajamieh (1996) defined job satisfaction as a "multifaceted construct encompassing specific facets of satisfaction related to pay, work, supervision, professional opportunities, benefits, organizational practices and relationships with coworkers" (p. 87). A meta-analysis by Loher, Noe, Moeller, and Fitzgerald (1985) indicated job satisfaction is affected by whether employees perceive positive job characteristics. Employees reported higher levels of job satisfaction and a tendency to stay on their job positions longer if the work setting has positive characteristics (p. 281).

Job Satisfaction in Nursing

Since the 1930s, job satisfaction in nursing has been studied extensively. One of the earliest studies about job satisfaction in nursing was conducted at the University of Minnesota in 1940. Nahm (1940) found variables such as "work hours, attitudes about work, relationship with managers, family/work balance, income, and advancement opportunities differentiate satisfied nurses from dissatisfied nurses" (p. 1390). Job

satisfaction has been associated with high turnover among health care providers and may affect the quality of service (Irvine & Evans, 1995).

A meta-analysis of variables affecting job satisfaction in nursing, conducted by Blegen (1993) examined 48 studies with more than 15,000 participants and found "job satisfaction for nurses was negatively correlated with stress and was positively correlated with commitment to the organization" (p. 38). The study concluded job satisfaction continues to be a significant issue in the nursing profession.

A cross-sectional study of individual, work, and geographic factors' influence on nurses' job satisfaction at the state level by Ma, Samuels, and Alexander (2003) found "nurses leave a place of work or leave the profession entirely because of job dissatisfaction" (p. 290). Ma et al. (2003) reported that "60% of nurses indicated their job satisfaction has decreased in the past two years consistent with the conclusion of the 2000 Nursing Executive Center's survey" (p. 298). Independent variables for the study were age, level of education, years of service, salary, hospital bed size, care setting, job position, hospital retirement plan, teaching hospital status, and geographic area (2003). The overall measure of job satisfaction of nurses was reported to be the dependent variable. The study surveyed 17,500 South Carolina (SC) nurses with a respondent sample of 3,931 using a "27-item SC nursing survey developed by Tripp Umbach Synergies research team in cooperation with SC Health Alliance and SC Organization of Nurses Executives" (p. 295). The instrument's reliability and validity were reported to have a ".56 to .78 Common Factor Analysis and Internal Consistency Reliability score and a Cronbach coefficient alpha of .867 indicating good internal consistency" (p. 296).

Ma et al. (2003) concluded that "institutional loyalty and long-term financial security are key elements of recruitment and retention strategy" (p. 299).

Kangas, Kee, and McKee-Waddle (1999) explored differences and relationships among job satisfaction of registered nurses, patient satisfaction with nursing care, nursing care delivery models, organizational structure, and culture. The researchers "examined variables correlated with job satisfaction in nursing from 38 previous studies" (Ma et al., 2003, p. 294). The study was conducted at three hospitals with varying nursing care delivery models. The delivery models chosen were team nursing, case management, and primary nursing. A correlational descriptive survey design was selected. Kangas et al. (1999) concluded "nurses who perceived the environment as supportive reported higher levels of job satisfaction and patients who received care in the primary care delivery model expressed more satisfaction" (p. 38).

In 1998, Cumbey and Alexander conducted a study that examined the relationship of the organizational variables of structure, technology, and environment with job satisfaction among public health nurses in a southeastern state in the U.S. The participants were 838 nurses from 13 public health districts and a central office. "Job satisfaction, the dependent variable, was operationally defined and measured by the MMSS with a Cronbach's alpha reliability coefficient of 0.91" (p. 40). The findings indicated "significant relationships were found between job satisfaction and the demographic variables of nurse category (registered nurses and licensed practical nurses) and years of experience" (p. 43). The authors concluded "organizational structure (vertical participation, horizontal participation, and formalization) was a critical predictor for job satisfaction" (p. 45).

Attitudes

"Job satisfaction is a function of elements within the workplace including attitudes and behaviors" (Manojlovich & Laschinger, 2002, p. 590). McNeese-Smith and Crook (1999) conducted a study to "identify the extent values are associated with the independent variables of age group and job stage, and with the dependent variables of job satisfaction, productivity, and organizational commitment" (p. 260). The study's additional purpose was to "determine relationships among values and demographic variables of education, generation, ethnicity, gender, and role" (p. 260) and found "nurses in the top third for job satisfaction, organizational commitment, and productivity showed higher scores for many values including their associates, creativity, esthetics, and management" (p. 269).

Practice Environment

"Practice is that process whereby the professional does the primary work of the profession with fundamental values and beliefs" (Porter-O'Grady, 1989, p. 31). Environment refers to the setting or surrounding. Hinshaw, Smeltzer, and Atwood (1987) reported "group cohesiveness, control over practice, and autonomy are predictive of job satisfaction" (p. 14). Porter-O'Grady (1989) defined collaborative practice as "mutual valuation of nursing and medical practice that fosters respect among the professions and potentiates the contribution of each for the benefit of the patient" (p. 185). "Changes in the nation's health and education systems have mandated that disciplines work together in a coordinated and collaborative manner to enhance response to community needs" (Papa, Rector, & Stone, 1998, p. 415).

Grindel, Peterson, Kinneman, and Turner (1996) evaluated practice environment and its association with the delivery of quality patient care. The Practice Environment Project

(PEP) was developed and provided the conceptual framework for their study. It was based on the premise that a "satisfactory practice environment from the perspectives of patients, physicians, and nurses is conducive to the delivery of quality patient care" (p. 44). The PEP was used to measure core variables in the evaluation of current state-of-the-practice environment. Quantitative and qualitative data comprised of job satisfaction, autonomy, and collaboration among nurses and physician were obtained. Grindel et al. (1996) concluded "patients and physicians reported a high degree of satisfaction with patient care" and "physicians reported a higher level of collaboration with nurses than that reported by nurses" (p. 51).

Practice Barriers

According to the 2004 American Academy of Nurse Practitioners (AANP) website, "patients are being denied access to nurse practitioner providers and primary care services because of state interpretations of Section 4702(a)(2) of the 1997 Balanced Budget Act." A need for legislation that facilitates the use and reimbursement of nurse practitioners as primary care programs in state Medicaid programs. In a recent national survey conducted by AANP, "60% of all nurse practitioners reported over 10% of their practice comprised of Medicaid patients"(AANP, 2004). The amount and quality of health care services provided by nurse practitioners to the needy and vulnerable populations is seriously curtailed.

Literature about California nurse practitioners included a recent study conducted by Anderson, Gillis, and Yoder (1996). The purpose of their study was to identify social and legal barriers in the practice environment of California nurse practitioners. A survey was sent to 5,500 nurse practitioners certified by the BRN as of July 1994 (1996). The survey

consisted of demographics and open-ended questions regarding practice environments of nurse practitioners, and the authors reported a 70% response rate. In response to the open-ended question regarding social and legal barriers to practice, the coders (the researchers) independently compiled a verbatim list of comments" (p. 210) and developed key (thematic) categories shared with an expert panel of three currently working nurse practitioners. Anderson et al. (1996) found that "practice barriers of nurse practitioners were lack of full prescribing authority, lack of support from physicians, reimbursement difficulties, and lack of public awareness" (p. 212).

There were "88,000 nurse practitioners in the U.S. and 10,989 nurse practitioners in California in 2001" (Cooper et al., 1998, p. 790). Furthermore, "California nurse practitioners reported 51% of their patients are uninsured" and "27% care for indigent patients" (p. 790). Wilken (1995) reported "the amount of state effort placed in developing programs and funding for nurse practitioner education, number of educational programs in a state, prescriptive authority, and direct third-party reimbursement were significant predictors of the availability of nurse practitioners" (p. 29). The large number of nurse practitioners serving a diverse patient population makes California an important setting for this research project.

Theoretical Framework

Herzberg's (1966) Dual-Factor (Motivation- Hygiene) Theory provided the theoretical underpinnings for this research project. Herzberg, Mausner, and Snyderman (1959) conducted a study that looked at relationships between job satisfaction, attitudes, motivation, and aspects of work settings. The research question of their study was "what does the worker want from his job?" (p. 6), and they postulated employee job

satisfaction/ dissatisfaction depends on two variables known as motivators (satisfiers) and hygiene (dissatisfiers) factors. The motivators consist of "recognition, advancement, achievement, the work itself, and increased responsibility" while hygiene factors consist of "working conditions, income, supervision, interpersonal relationships and policies" (p. 6). Herzberg et al. (1959) found "rather than one continuum in which dissatisfaction is at one end and satisfaction is at the other with a neutral territory lying somewhere in the middle, job attitudes are based on satisfiers and dissatisfiers" (p. 28). White and Maguire (1973) found "Herzberg's work on satisfiers was based on Maslow's hierarchy of needs in which psychological growth was considered dependent on achievement" (p. 25).

The study utilized the Mueller McCloskey Satisfaction Scale (MMSS). Mueller and McCloskey based the development of the instrument on the theoretical framework of Maslow. Maslow's hierarchy of needs theorized self-actualization, the highest level of fulfillment, could not be attained until more basic needs were satisfied (Maslow, 1954). "Professional advancement is first dependent on the satisfaction of more basic needs such as assurance of appropriate work loads (physiologic), provision of job security (safety), promotion of partnerships and team development (social), and demonstration of appreciation and recognition (esteem) of nursing's contribution to health care" (Porter-O'Grady & Finnigan, 1984, p. 5).

"Maslow was the first theorist to link satisfaction of human needs to motivation" (Misener et al., 1996, p. 87) and "divided needs into two categories namely deficiency needs and growth needs" (p. 88). Herzberg's theory, comprised of motivators (satisfiers) and hygiene factors (dissatisfiers), correlates with Maslow's growth needs (satisfiers) and deficiency needs (dissatisfiers).

Methodology

Research Design

A quantitative mail-in survey design was used to identify demographics, work settings, job attitudes, and perceived practice barriers of currently working nurse practitioners in California. The instrument, MMSS, consists of 31 questions rated on a 5-point Likert scale. Age, gender, ethnicity, educational preparation, job tenure, and geographic distribution of California nurse practitioners were assessed. Questions about practice characteristics, attitudes toward work settings, and perceived practice barriers were included.

Subjects and Sampling

The participants of the study were currently working nurse practitioners of California. The California BRN was contacted and access to the California Nurse Practitioner Database was obtained and random sampling was employed to allow for a representative sample. Registered nurse practitioners currently not working in California were excluded. Inclusion criteria comprised of California registered nurses with active licensure and currently working as a nurse practitioner in all practice settings.

Instrument

The Mueller McCloskey Satisfaction Scale (MMSS), a well-established tool for measuring job satisfaction in nursing, was originally developed in 1974 and updated in 1987. Mueller and McCloskey (1990) developed the instrument specifically to measure job satisfaction in nursing. The researchers reported "test-retest correlations were tested over a 12-month period" and "evaluated tool for criterion-related and construct validity against other similar tools with positive results" (p. 115). The research developers used a

confirmatory factor analysis. "Cronbach alphas for MMSS global scale were established with a global scale of 0.89" (p. 115).

The MMSS has eight subscales which measure and support three theoretical dimensions: safety (extrinsic rewards, scheduling, family/work balance), social rewards (satisfaction with coworker and interaction), and psychological rewards (satisfaction with professional opportunities, praise/recognition, and control/responsibility) (Wilkinson & Hite, 2001). It has 31 items rated on a 5-point Likert scale with higher numerical values representing greater satisfaction. The MMSS was "found to exhibit acceptable internal consistency and test-retest reliability, as well as factorial, criterion-related, and construct validity" (Mueller & McCloskey, 1990, p. 116).

Misener et al. (1996) conducted a study to assess the validity of the MMSS. The purposes of their study was first to assess the validity of MMSS in the West Bank and secondly, to measure the correlation between the MMSS global score and a single-investigator item, overall job satisfaction. They concluded "the study provides strong evidence that a reliable job satisfaction scale can be used with different cultures and is a useful international measure of job satisfaction" (p. 90). The MMSS provided the "best-fitted" instrument criterion for this research project. Extensive validity and reliability tests conducted globally support its use as a measure of job satisfaction in nursing.

A two-page double-sided survey was used. The first page consisted of the 31-item MMSS scale while the second page asked for demographic characteristics: gender, age group, current marital status, number of children living at home, number of dependents the subject cares for, racial/ethnic background, advanced practice certification, work

setting/organization/agency, clinical area, practice setting, years of RN practice, and years of NP practice.

Research Procedures

The California Board of Registered Nursing provided the names and addresses of nurse practitioners, and after IRB approval, a survey package containing directions for participation, return envelope, and survey was mailed to the random sample of 200 NP's. Subjects received an implied consent letter (see Appendix E) and were asked to complete and return the survey within 2 weeks in the stamped envelope. Subjects were not identified in the research findings and participation was completely voluntary.

Ninety-four surveys were received. Twelve surveys were returned past the due date and four of the surveys were returned unanswered. Two came from nurse practitioners leaving for a different state. A total of 66 valid responses were used to determine findings.

Descriptive statistical analysis of usable data was performed. Maximum likelihood factor analysis was performed using SPSS-X Factor that is consistent with the process used by McCloskey and Mueller. Descriptive statistics (mean values, SD, and frequencies) were tallied for sample's variables. Since the MMSS instrument is rated on a 5-point scale, any item having a mean value of above 3 was considered a factor that enhances job satisfaction. The *t*-tests for each subscale were used to measure the differences between Northern California and Southern California nurse practitioners.

Findings

Most of the NPs were female (90.9%), married (72.7%), had advanced practice certification for NPs (80.3%), and within the age group of 50-59 (39.4%). There were

18.2% between the ages of 30-39, 6.1% age 60 or over, and 3.0% under age 30. Regarding marital status, 10.6% were never married, 9.1% separated/divorced, and 6.1% widowed. Concerning children, 42.4% did not have children living at home. However, 12.3% reported having three dependents and 7.7% had four or more dependent on them for care. Most were Caucasian (80.3%), followed by Hispanic (6.1%), Filipino (4.5 %), other Asian/ Southeast Asian (4.5 %), and Black/African American (1.0%).

Insert Table 1 here

Most worked at ambulatory care settings (42.4%), and 27.3% reported "other setting/organization" indicating: School of medicine, Correctional facility, Diabetes health clinic. Regarding clinical area, 27.3% noted "other " and indicated: Forensics, Pain medicine, Oncology, Diabetes clinic, Chronic disease, Neurology, and Neonatal, and 19.7% noted Family practice, (13.6%) Pediatrics, (12.1%) Obstetrics/reproductive, (9.1%) Internal Medicine, (7.6%) Geriatrics, (3%) Psychiatry/mental health, (3%) Emergency/trauma, and (1.5%) Orthopedics.

Regarding practice setting, 63.6% worked in a group practice (NP/MD) setting while 10.6% worked in a NP managed care setting. For years of practice, 56.1% reported more than 20 years of RN practice, 16.7% reported 15-20 years of RN practice, 12.1% reported 5-9 years, 7.6% reported 10-14 years of RN practice, and 7.6% indicated less than 5 years. There were 33.3% with 5-9 years of NP practice. Among the participants, 21.2% had more than 20 years of NP practice, 19.7% had less than 5 years, 18.2% had 10-14 years of NP practice, and 7.6% had 15-20 years of NP practice.

Generally, the nurse practitioners seemed to be very satisfied with their jobs; 48.5% reported "very satisfied" with the flexibility in scheduling work hours, 59.1% were "very satisfied" with the opportunity to work straight days, 51.5% reported "moderately satisfied" with the salary, and 27.3% reported "very satisfied" with the salary. Regarding the amount of responsibility, 51.5% reported "moderately satisfied" and 33.3% were "very satisfied." Also, 33.3% indicated "moderately satisfied" with having control over work conditions, 21.2% reported "very satisfied," while 9.1% were "very dissatisfied."

Concerning work hours, 47% reported "very satisfied," 69.7% were "very satisfied" with having weekends off per month, and 56.1% were "very satisfied" with the flexibility in scheduling weekends off. Also, 50% were "very satisfied" with the opportunity for part-time work, 18.2% were "very satisfied" with compensation for working weekends, and 25.8% were "neither satisfied nor dissatisfied" with weekend compensation. Also, 31.8% were "moderately satisfied" and 25.8% were "very satisfied" with vacation benefits; 31.8% reported "moderately satisfied" and 27.3% were "very satisfied" with the benefits package (insurance, retirement) they receive at their current job.

Regarding their immediate supervisor, 33.3% reported "very satisfied", 27.3% reported "moderately satisfied," and 13.6% noted "moderately dissatisfied." Only 1.5% reported "very dissatisfied" with their nursing peers; 34.8% reported "very satisfied" and 40.9% "moderately satisfied" with their nursing peers. Also, 30.3% were "neither satisfied nor dissatisfied" with maternity leave time, while 39.4% were also "neither satisfied nor dissatisfied" with child care facilities.

A majority of the NPs were satisfied with physicians they work with; 47% reported "very satisfied," 37.9% "moderately satisfied," 9.1% "neither," and 6.1% "moderately

dissatisfied" with the physicians. Furthermore, 40.9% reported "moderately satisfied" with the delivery care method used at their workplace; 37.9% were "moderately satisfied" with the opportunities for social contact at work, while 25.8% indicated "moderately satisfied" with opportunities for social contact with colleagues after work, and 31.8% reported "moderately satisfied" with opportunities to interact professionally with other disciplines.

Most of the participants (40.9%) were "neither satisfied nor dissatisfied" with opportunities to belong to department and institutional committees. However, 16.7% reported "moderately satisfied," and 13.6% were "very satisfied." An equal percentage of NPs (25.8%) reported they were "neither satisfied nor dissatisfied" and "moderately satisfied" with control over what goes on at the work setting; 24.2% were "very satisfied," and 20% reported "moderately dissatisfied."

Concerning recognition for their work from superiors, 37.9% were "moderately satisfied," while 22.7% were "very satisfied." In addition, 57.6% were "moderately satisfied" with recognition for their work from their peers. Regarding the amount of encouragement and positive feedback, 22.7% were "very satisfied," while 34.8% were "moderately satisfied" with the amount. An equal percentage of NPs (12.1%) was "moderately satisfied" and "moderately dissatisfied" with the opportunities to participate in nursing research. Although 28.8% reported "neither satisfied nor dissatisfied" with their participation in organizational decision-making, 25.8% reported "moderately satisfied," and 15.2% were "very satisfied."

Mean values and SD were calculated for each subscale of nurse job satisfaction between the Northern and Southern California regions. Regions were based on the zip

code from the returned survey envelope. There were no significant differences. On a 5-point Likert scale, the two highest mean values for nurse practitioners were for "scheduling" (north: X= 4.030, south: X = 4.058) and "coworkers" (north: X= 4.148, south: X= 4.219). On the other hand, the lowest mean value was for the item "professional opportunities" (north: X= 2.902, south: X: 2.991).

Insert Table 2 here

Conclusions

This study indicated these NPs have high levels of job satisfaction. Aspects of the job that showed significant levels of satisfaction were schedules, flexibility of hours, and interprofessional relationships. Most of the NPs reported job satisfaction across all eight subscales of the MMSS: extrinsic rewards, scheduling, family/work balance, co-workers, social contact, professional opportunities, praise/recognition, and control/responsibility. NPs were least satisfied with not having professional opportunities such as participation in nursing research, writing/publishing, and belonging to a department/nursing committee. Job satisfaction reported by NPs in Northern California did not differ from NPs in Southern California.

Implications

The findings of this study add to the limited body of knowledge about currently working California NPs and provided insight into the disposition of California NPs, specifically in terms of their demographic composition, practice environment, job attitudes, and perceived practice barriers. The findings contribute to the literature by

identifying practice site characteristics that reflect high job satisfaction and have the fewest practice barriers for California nurse practitioners. In addition, the findings identified an increasing public awareness of the expanded role of NPs and may guide strategies addressing NP recruitment and retention, practice issues, enhancement of nursing job satisfaction, reduction of practice barriers, organizational redesign that fosters interprofessional collaboration and dialogue, and increasing the effectiveness of NPs in health care. The findings could guide research about strategies that enhance delivery of competent, cost-effective, quality health care.

Limitations

One limitation to this study is the small number of returned surveys. The participants in the survey remained anonymous; thus, the researcher was unable to have any personal contact with the participants to remind them to complete the survey. A second limitation of the study is participants' awareness of the phenomenon under investigation that could have affected the reliability of their answers. Subjectivity and truthful answers to questions on the survey present possible limitations to the proposed study. The third limitation exists due to participants' willingness, hence, greater intention to follow guidelines, than those who did not respond to the survey.

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Table 1

Demographics (N = 66)

Variable		
Gender	Frequency	%
1. Female	60	90.9
2. Male	5	7.6
3. Missing	1	1.5
Age Group		
1. Under 30	2	3.0
2. 30-39	12	18.2
3. 40-49	21	31.8
4. 50-59	26	39.4
5. 60 or Over	4	6.1
6. Missing	1	1.5
Marital Status		
1. Never Married	7	10.6
2. Separated-Divorced	6	9.1
3. Married	48	72.7
4. Widowed	4	6.1
5. Missing	1	1.5
Children Living at Home		
1. None	28	42.4
2. One	18	27.3
3. Two	16	24.2
4. Three	3	4.5
5. Missing	1	1.5
People Dependent on you for care		
1. None	26	39.4
2. One	13	19.7
3. Two	13	19.7
4. Three	8	12.1
5. Four or more	5	7.6
6. Missing	1	1.5
Racial-Ethnic Background		
1. White-Non Hispanic	53	80.3
2. Black-African American	1	1.5
3. Other Asian-South East Asian	3	4.5
4. Hispanic	4	6.1
5. Filipino	3	4.5
6. Other	1	1.5
7. Missing	1	1.5
Have Advanced Practice Certification for NPs		
1. Yes	53	80.3
2. No	11	16.7
3. Missing	2	3.0
Your Work Setting : Organization-Agency		
1. Acute Hospital	12	18.2
2. Public-Community Health	2	3.0
3. Skilled Nursing-Extended Care	4	6.1
4. Home Health Nursing Care	2	3.0

5. Ambulatory Care Setting	28	42.4
6. Other	18	27.3
Clinical Area		
1. Family Practice	13	19.7
2. Geriatrics	5	7.6
3. Pediatrics	9	13.6
4. Internal Medicine	6	9.1
5. Obstetrics-Reproductive	8	12.1
6. Psychiatric-Mental Health	2	3.0
7. Emergency-Trauma	2	3.0
8. Orthopedics	1	1.5
9. Other	18	27.3
10. Missing	2	3.0
Practice Setting		
1. Nurse Practitioner Managed-Care	7	10.6
2. Group Practice	42	63.6
3. Other	15	22.7
4. Missing	2	3.0
Years of RN Practice		
1. Less than 5 Years	5	7.6
2. 5-9 Years	8	12.1
3. 10-14 Years	5	7.6
4. 15-20 Years	11	16.7
5. More than 20 Years	37	56.1
Years of NP Practice		
1. Less than 5 Years	13	19.7
2. 5-9 Years	22	33.3
3. 10-14 Years	12	18.2
4. 15-20 Years	5	7.6
5. More than 20 Years	14	21.2

Table 2

Independent Samples T-Tests for Each Subscale Between Regions (North-South) (N = 31 NORTH; N = 35 SOUTH)

	Region	N	Mean	Std. Deviation
Subscale 1 Extrinsic Rewards	1. North	28	3.714	.8448
	2. South	33	3.737	.9308
Subscale 2 Scheduling	1. North	22	4.030	.7862
	2. South	23	4.058	.6486
Subscale 3 Balance of Family and Work	1. North	18	3.481	.4461
	2. South	22	3.379	.9160
Subscale 4 Co-workers	1. North	27	4.148	.7046
	2. South	32	4.219	.7177
Subscale 5 Interaction Opportunities	1. North	27	3.444	.6137
	2. South	28	3.804	.8118
Subscale 6 Professional Opportunities	1. North	23	2.902	.6560
	2. South	27	2.991	.9915
Subscale 7 Praise and Recognition	1. North	26	3.606	.7388
	2. South	33	3.795	.9067
Subscale 8 Control and Responsibility	1. North	29	3.552	.7303
	2. South	33	3.394	.9969