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## Nurse Practitioner Role Perception, Job Satisfaction, and Anticipated Turnover in the Middle Atlantic States

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NURSE PRACTITIONER ROLE PERCEPTION, JOB SATISFACTION, AND  
ANTICIPATED TURNOVER IN THE MIDDLE ATLANTIC STATES

BY

JENNA R. SABATINO

Dissertation Committee

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Submitted in partial fulfillment of the  
Requirements for the degree of Doctor of Philosophy in Nursing  
Seton Hall University

2022

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# SETON HALL UNIVERSITY

College of Nursing

Graduate Department

## APPROVAL FOR SUCCESSFUL DEFENSE

**Jenna Sabatino** has successfully defended and made the required modifications to the text of the doctoral dissertation for the **Ph.D** during the **Spring Semester 2022**.

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Submitted in partial fulfillment of the  
Requirements for the degree of Doctor of Philosophy in Nursing

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## DEDICATION

This dissertation is dedicated to all mothers: with perseverance and support you can attain your goals.

I dedicate this work to all of the mother figures in my life who have made me who I am today:

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## TABLE OF CONTENTS

ACKNOWLEDGEMENT .....	iv
DEDICATION .....	vi
LIST OF TABLES .....	x
ABSTRACT.....	xi
Background: .....	xi
Purpose:.....	xi
Methods: .....	xi
Results:.....	xi
Conclusion: .....	xii
CHAPTER I: INTRODUCTION.....	1
Research Questions .....	5
Purpose.....	6
Definitions.....	7
Delimitations.....	7
Theoretical Rationale .....	8
Hypotheses .....	9
Significance of the Study .....	9
CHAPTER II: REVIEW OF LITERATURE .....	11
Theoretical Framework.....	11
NP Job Satisfaction .....	13
NP Anticipated Turnover .....	21
NP Role Perception.....	23
CHAPTER III: METHODOLOGY .....	27
Design .....	27
Description of population and sample .....	27
Sample size and statistical power .....	28
Inclusion Criteria .....	28
Setting .....	29
Recruitment of Research Participants .....	29
Instruments and Measurement Methods .....	30
The APN Role Perception Scale (APNRPS) .....	30
The Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS).....	31



The Anticipated Turnover Scale (ATS).....	32
Demographic Data Information Form .....	32
Data Collection Procedures.....	33
Ethical Considerations .....	34
Analysis of Data.....	34
CHAPTER IV: RESULTS.....	36
Introduction.....	36
Research Participants .....	36
Descriptive Statistics of the Study Variables.....	40
Advanced Practice Nurse Role Perception Scale (APNRPS).....	40
Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS).....	41
Anticipated Turnover Scale (ATS).....	43
Research Question .....	44
Hypotheses Testing.....	45
CHAPTER V: DISCUSSION OF FINDINGS .....	47
Introduction.....	47
Background.....	47
The Sample .....	48
The Instruments .....	49
Research Question .....	51
Hypotheses.....	51
Theoretical Framework.....	52
CHAPTER VI: SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND IMPLICATIONS .....	57
Summary.....	57
Conclusions.....	58
Limitations .....	59
Recommendations For Future Research.....	60
Implications.....	60
Practice and Education.....	61
References.....	63
APPENDIX A: HTML File to Data Axle.....	69
APPENDIX B: Advanced Practice Nurse Role Perception Scale .....	70
APPENDIX C: Misener Nurse Practitioner Job Satisfaction Scale.....	72

APPENDIX D: The Anticipated Turnover Scale .....	76
APPENDIX E: Nurse Practitioner Background Data Questionnaire .....	80
APPENDIX F: Seton Hall University IRB approved informed consent form .....	84

**LIST OF TABLES**

Table 1. Participant Characteristics .....	37
Table 2. APN Role Perception Scale Item Statistics .....	41
Table 3. Misener's Nurse Practitioner Job Satisfaction Scale Item Statistics .....	42
Table 4. Anticipated Turnover Scale Item Statistics .....	44
Table 5. Means, Standard Deviations and One-Way Analysis of Variance of Study Variables .....	46

## ABSTRACT

**Background:** The need for nurse practitioners (NPs) in the US has become very evident in recent years. However, the established significance of NPs in the healthcare system does not ensure that NPs are satisfied with their role. To date, no studies have examined NP job satisfaction in the Middle Atlantic States (MAS), which includes New York, New Jersey, and Pennsylvania. Only one study, thus far, has looked at NP role perception from the NPs own perspective, and was completed in the Midwest region of the US. Similarly, no studies have examined NP anticipated turnover the Mid-Atlantic region of the US.

**Purpose:** The purpose of this study was to determine if there was a relationship between NP role perception, job satisfaction, and anticipated turnover for NPs in New York, New Jersey, and Pennsylvania using Afaf Meleis' Transitions Theory. Furthermore, it was determined if there was a statistically significant difference in NP role perception, job satisfaction, and anticipated turnover depending on what state the NP practiced in.

**Methods:** This descriptive correlational study of 190 participants investigated if there was a relationship between NP role perception, job satisfaction, and anticipated turnover in those working in the MAS. Participants completed four instruments: the Advanced Practice Nurse Role Perception Scale (APNRPS), the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS), the Anticipated Turnover Scale (ATS), and an NP Data Background Questionnaire.

**Results:** Statistical analysis demonstrated NPs in New York, New Jersey, and Pennsylvania viewed their perception of their role as unfavorable ( $M=2.6$   $SD=.75$ ), were minimally dissatisfied ( $M=2.9$   $SD=.96$ ), and leaned toward leaving their positions ( $M= 4.2$ ,  $SD=1.43$ ). A significant, positive relationship was found between job satisfaction and role perception. A

negative correlation was found between NP role perception and anticipated turnover. A significant, negative correlation was found between NP job satisfaction and anticipated turnover. There was no significant relationship between NP role perception from state to state. There was no significant relationship between job satisfaction from state to state. There was no significant relationship between anticipated turnover from state to state.

**Conclusion:** This study helped to identify the importance of what work related factors are essential to NPs in order to keep them from leaving their current positions, clinical practice, and even from leaving the nursing profession all together. The vital work of NPs is evident, but keeping NPs satisfied in their jobs and roles is an ongoing challenge. The results of this study should contribute to development and implementation of strategies to mitigate the loss of any additional NPs in the future and keep NPs satisfied and ensure continuous, quality patient care.

**Keywords:** *Nurse practitioner job satisfaction, nurse practitioner role perception, nurse practitioner anticipated turnover, nurse practitioner Middle Atlantic States, advanced practice nurse job satisfaction*

## CHAPTER I

### INTRODUCTION

Over the past four decades, nurse practitioners (NPs) have come to be recognized as a vital component of the healthcare team (Laurant et al., 2004; Shea, 2015). Increased patient access to healthcare (Brom et al., 2016), a shortage of primary care physicians (PCP), and legislation setting limits on resident physician work hours (Moote et al., 2011), have unveiled the significance of NPs in the United States. To keep up with the increased need for providers, the NP workforce is expected to grow 95.2% between the years of 2016 and 2030 (Auerbach et al., 2020). Although elevating the recognition of the vital work of NPs is progress, simply increasing the NP workforce does not ensure that NPs will remain satisfied and retain their roles as clinical practitioners. Brom et al., (2016) revealed that 40% of their NP sample of 181 were unsure if they were staying, not staying, probably not staying, or definitely not staying in their positions. Turnover of NPs can be extremely costly and can negatively impact patients by limiting their continuity of care (DeMilt et al., 2011). According to Brom et al. (2016), NPs continue to encounter challenges related to misunderstanding and confusion of their roles. Some of these challenges include being hired to solve a particular healthcare issue instead of being hired for the need of the NP role, limited scope of practice in many different states, varying reimbursement, staff turnover. Role confusion can lead to many problems including mis-utilization and role conflict for the NP. Previous research regarding NP role and role perception has been mostly conducted from other healthcare workers' perspectives (Brom et al., 2016), therefore, there is further need to examine NP role perception from the NP's own perspective. Several components influential and valuable to NP job satisfaction have been identified by previous researchers including autonomy, salary, benefits, interprofessional relationships, and NP relationships with

management (DeMilt et al., 2011; Hagan & Curtis, 2018; Steinke et al., 2018). However, the majority of this research was conducted in Midwestern and Western states. Since NP practice regulations vary from state to state, lack of standardization in NP state legislation can limit the generalizability of such studies. Therefore, variability in state regulations that govern NP practice were addressed by studying a sample of NPs who practice in a region of the country that has not yet been examined, particularly the Northeast. As per the United States Census Bureau (2010), the Northeast is subdivided into the Middle Atlantic States and New England. The Middle Atlantic States (MAS) were the focus of this study and consist of New Jersey, New York, and Pennsylvania.

As per New Jersey Board of Nursing Law (2020), an advanced practice nurse in New Jersey may order medications or devices subject to a written practice agreement with a collaborating physician. The agreement will specify if prior consultation is required with the collaborator in order to initiate prescriptions. The collaborating physician needs to be present physically or available through electronic communication and periodic reviews of NP charts with the collaborating physician are required. Joint protocols also need to be reviewed, updated, and signed by both parties annually.

According to the New York State Office of the Professions (2020), a New York NP also requires a written collaborative practice agreement with a physician for ordering tests, writing prescriptions, and reviewing charts. There is, however, one major difference between New York and New Jersey state regulations; if a New York NP has 3600 or more hours of clinical experience, they no longer require a written collaborative practice agreement. The only requirement at that point is to attest to a collaborative relationship in their practice.

As per the Pennsylvania State Board of Nursing (2021), a Pennsylvania NP requires a written collaborative practice agreement with a physician. The NPs in Pennsylvania can prescribe medications also in collaboration with a physician. There is a rigorous medication collaboration form where every drug category must be noted in order for the NP to prescribe it. The physician and NP can decide how often the physician must see the NP's patients by checking off the appropriate box on the collaborative agreement: once per year, twice per year, daily, every other visit, upon NP's request, patient or family request, patient not responding to treatment, or other. Thus far, research has not specifically targeted the unique population of NPs in the Middle Atlantic States (MAS). Therefore, this study examined the degree and determinants of job satisfaction for NPs specifically in the MAS. Conducting research to identify the degree and determinants of job satisfaction can potentially impact NPs, patients and their access to care, and the larger healthcare industry.

Interestingly, the aforementioned state regulations regarding NP practice have recently been waived or suspended due to the SARS-CoV-2 pandemic. SARS-CoV-2 is a corona virus that has spread around the globe resulting in the largest and deadliest respiratory disease pandemic since 1918 (Morens et al., 2020). The first cases of SARS-CoV-2 were reported in December 2019 following a report of a cluster of cases in Wuhan, China. The disease caused by this virus has become known as COVID-19 (World Health Organization [WHO], 2021). Some of the most common symptoms of COVID-19 include: fever, chills, shortness of breath, fatigue, body aches, headache, loss of taste or smell, sore throat, nasal congestion, nausea, vomiting, or diarrhea. Symptoms can range from mild to severe illness and usually appear 2-14 days after exposure to the virus (Centers for Disease Control and Prevention [CDC], 2021). Those with underlying health conditions, those who live in long-term care facilities, older adults, and those



with compromised immune systems are thought to be at higher risk for contracting COVID-19 once exposed (American Association of Nurse Practitioners [AANP], 2021). According to the WHO, there have been over 111 million worldwide cases of COVID-19, 2.4 million deaths, and 223 countries, areas, or territories with cases. According to the CDC (2021), as of March 2021, 28 million cases of COVID-19 and 500,000 deaths due to COVID-19 have been reported in the United States. To say that the healthcare industry has been transformed by COVID-19 is an understatement. Healthcare workers and healthcare systems have all had to respond rapidly to accommodate the needs of the pandemic (CDC, 2021). Some examples of the rapid changes made in healthcare included: healthcare worker staffing, increasing the number of intensive care unit beds, adding barriers and negative pressure to patient care areas to promote infection control, and the easing of government regulations for clinicians. Healthcare worker staffing was addressed by requesting retired individuals to return to the workforce, requesting military personnel to assist, hospitals cancelling all elective procedures (CDC, 2021). Specific to NPs, one of the most significant changes came from state governments waiving and/or issuing a temporary suspension of state practice agreement requirements by executive order. In the state of New Jersey, Executive Order 112 was implemented in March 2020. This order temporarily suspended the need for a collaborating physician and joint protocol, along with the need for chart review, suspended the need for collaborating physician name on prescriptions, and the need for a physician to authorize the dispensing of narcotic drugs (AANP, 2021). This executive order was written to remain in effect for the duration of the state of emergency or public health emergency, whichever is longer. The most recent renewal of Executive Order 112 was January 11, 2022 and will remain in effect until revoked or modified by the governor (The State of New Jersey, 2022). In the State of New York, Executive Order 202.10 was implemented in March 2020. This

executive order suspended a written collaborative agreement with a physician through at least March 1, 2022. The state of Pennsylvania issued one of the more comprehensive executive orders in March 2020. Pennsylvania Executive Order temporarily suspended: restrictions requiring an NP to practice within a particular specialty; restrictions prohibiting NPs to prescribe drugs outside of their formulary; an existing prescriptive authority collaborative agreement required by the Board of Nursing; pre-approval requirements for changing drug categories; changes to controlled substances; changes to substitute physicians; changes to how often the physician will personally see the patient; and termination of the prescriptive authority collaborative agreement. Additionally, the order allowed for only one collaborative physician and one substitution physician to be required for initial application of prescriptive authority. Nursing will suspend pre-approval requirements for changing drug categories, change of controlled substances, changes to substitute physicians, changes to how often the physician will personally see the patient, termination of the prescriptive authority collaborative agreement. This executive order will remain in effect until at least March 31, 2022. No other changes or waivers have been made, the NP must maintain other elements of collaborative agreements and supervision in existing state and federal laws and regulations (AANP, 2021). With these unexpected changes to state regulations, it is vital to determine if this has potentially made an impact on NP practice. The COVID-19 pandemic was ongoing at the time of data collection for this research. Therefore COVID-19 was explored, and a question determining if COVID-19 impacted NP practice was included in the demographic questionnaire.

### **Research Questions**

1. Are there relationships between and among NP role perception, job satisfaction, and anticipated turnover in a NP position?

2. Are there differences in job satisfaction among NPs practicing in the Mid-Atlantic region?
3. Are there differences in role perception among NPs practicing in the Mid-Atlantic region?
4. Are there differences in anticipated turnover among NPs practicing in the Mid-Atlantic region?

### **Purpose**

The purpose of this study was to describe the relationships between and among NP role perception, job satisfaction, and anticipated turnover for NPs in the MAS. This study also examined if there was a statistically significant difference in NP role perception, job satisfaction, and anticipated turnover among New York, New Jersey, and Pennsylvania NPs, thus determining if individual state legislation had an impact on NPs. The purpose of investigating these questions was to explore the relationship between these variables, specifically for NPs in the MAS, as there was limited research on NP job satisfaction in this geographic area. The findings from this research are invaluable to the nursing profession and to employers as they can aid in the formulation of strategies to sustain a positive and satisfied NP group (Brom et al., 2016). DeMilt and colleagues (2011) identify the importance of knowing more about what work related factors are essential to NPs, to keep them from leaving their current positions, clinical practice, and even from leaving the nursing profession all together. When NPs leave the profession or a current position, there is a financial loss and continuity of care is diminished (DeMilt et al., 2011). A PCP shortage is expected to increase dramatically in the coming years (Curtis & Hagan, 2018), further emphasizing the need for NP retention. Findings from this study can contribute to the development of strategies for best implementation and full utilization of the NP role (DeMilt et

al., 2011). The results of this study could also assist nursing administrators and leaders to consider how NPs are being utilized in specific work environments and to develop strategies to assist NPs to practice to the full scope of their education and licensure. Previous research demonstrated that NPs report less than ideal satisfaction rates with considerable variability ranging from slightly satisfied to very satisfied (DeMilt et al., 2011; Poghosyan et al., 2017; Steinke et al., 2018). This study can provide information which can be utilized to address NP concerns and potentially raise levels of NP job satisfaction, improve NP role perception, and reduce anticipated level of NP turnover in the future.

### **Definitions**

NP role perception was conceptually defined as how NPs themselves understand their own roles (Brom et al., 2016). NP role perception was operationalized by the Advanced Practice Nurse (APN) Role Perception Scale (APNRPS) (Brom et al., 2016). Job satisfaction was conceptually defined as: “a multidimensional affective concept that is an interaction of an employee’s expectations, values, environment and personal characteristics and it is recognized that satisfiers and dissatisfiers are dynamic and relative to that employee” (Misener & Cox, 2001, p. 93). NP job satisfaction was operationalized by the Misener NP Job Satisfaction Scale (MNPJSS) (Misener & Cox, 2001). Anticipated turnover was conceptually defined as: “the anticipation of leaving one’s current position...” (De Milt et al., 2011, p.44). NP anticipated turnover was operationalized by the Anticipated Turnover Scale (ATS) (Hinshaw & Atwood, 1982).

### **Delimitations**

A lack of standardization in state regulations was identified in previous literature (Phillips, 2021), and this lack posed a potential threat to generalizability. Therefore, this study

focused on the MAS which includes different states with different legislative perspectives. Each state in this study commands different levels of involvement by the collaborating physician, potentially impacting NP job satisfaction and retention.

### **Theoretical Rationale**

This study builds on the theoretical foundation of Afaf Meleis' Transitions Theory, which is central to the nursing profession (Maten-Speksnijder et al., 2015). According to Meleis (2010), the framework of the Transitions Theory consists of five major elements: types and patterns of transitions, properties of transition experience, transitions conditions, indicators of healthy transitions, and nursing therapeutics. Types of transitions include developmental (birth, aging, adolescence), health and illness (recovery, chronic illness), situational (subtraction of persons in established roles and complements-loss of a family member through death), and organizational (changing environmental conditions that affects patients and workers). Properties of the transition experience include awareness, engagement, change and difference, time span, and critical points and events. Transition conditions either hinder or facilitate a person's progress toward a successful transition. Transition conditions can be personal, community, or societal factors that ease or constrain the transition process. Process and outcome indicators validate whether or not a transition was successful. According to Meleis, process indicators include a feeling of connectedness, fruitful interactions, being situated, and developing confidence and coping. Meleis' work has focused primarily on transitions for patients, including those in the new role of motherhood, menopausal women, the elderly who are in transition to institutional care, post-myocardial infarction patients, older adults with Alzheimer's, battering patients who are on their way to recovery, and immigrants and their health. However, Meleis' work can also be used to examine the transition and role of NPs. For example, if an NP encounters a poor transition

condition such as a negative interprofessional relationship, the NP will not be satisfied in their position and could consider leaving their job. The importance of NP transitions becomes evident and are discussed further in this study.

## **Hypotheses**

The following hypotheses have been derived:

- H1:* There is a positive correlation between NP job satisfaction and NP role perception.
- H2:* There is a negative correlation between NP role perception and anticipated turnover.
- H3:* There is a negative correlation between NP job satisfaction and anticipated turnover.
- H4:* There is a difference in NP role perception from state to state in the Mid-Atlantic region.
- H5:* There is a difference in NP job satisfaction from state to state in the Mid-Atlantic region.
- H6:* There is a difference in NP anticipated turnover from state to state in the Mid-Atlantic region.

## **Significance of the Study**

This study adds to the existing body of knowledge surrounding NP role perception, job satisfaction, and retention. As the first study to focus on an NP sample entirely from the MAS, the findings of this research allow comparison of differences between NP practice in MAS and

examine whether scope of practice regulations are associated with role perception, job satisfaction, and anticipated turnover. Furthermore, the findings from this study allow comparison of NPs from MAS to the regions in the United States that have already been researched in the past. Another significant impact is the knowledge to aid the formulation of strategies to sustain a positive and satisfied NP workforce. A satisfied NP workforce leads to less turnover and associated costs and improved continuity of care for patients. Findings from this study assist nursing administration and leaders to recognize what NPs value in their role and practice and identify potential strategies to increase NP role satisfaction. Knowledge generated with relevance to NP role and job satisfaction can be used to design measures which can help to keep NPs from leaving their current positions, clinical practice, and the nursing profession. Such measures can ultimately lead to reduced costs, improved patient outcomes, and improved access to care.

## **CHAPTER II**

### **REVIEW OF LITERATURE**

An extensive literature review was conducted utilizing the Cumulated Index for Nursing and Allied Health (CINAHL), Academic Search Premier, ProQuest, Science Direct, and PubMed to gather information, articles, and texts of what is currently known about nurse practitioner (NP) job satisfaction, NP role perception, and NP anticipated turnover. Keywords used for the search included: nurse practitioner job satisfaction, NP job satisfaction, advanced practice nurse job satisfaction, nurse practitioner role perception, NP role perception, advanced practice nurse role perception, nurse practitioner intent to leave, NP intent to leave, advanced practice nurse intent to leave, nurse practitioner turnover, advanced practice nurse anticipated turnover, NP turnover, nurse practitioner identity, NP identity. Articles were selected based on their content and country of origin. It was discovered that job satisfaction encompasses a vast archive of studies, however, studies with a focus on NPs are limited. The search for job satisfaction from peer reviewed journals yielded 34,000 results. The search for nursing job satisfaction from scholarly (peer reviewed) journals yielded 999 results. NP job satisfaction revealed the least number of results with a total of 12 articles. NP role perception and anticipated turnover from current positions also yielded scarce results with single digit search result lists for each variable.

#### **Theoretical Framework**

Meleis' Transitions Theory was the theoretical framework used to examine transitions from the NP's perspective for this study, specifically the two elements that relate the most to the NP role: (1) transition conditions that may hinder or ease a transition process and (2) outcome indicators. Some of the transition conditions that can hinder an NP's role include: poor interprofessional relationships including relationships with collaborating physicians, poor



RN/NP relationships, and poor patient and patient caregiver expectation of the NP role. The connection between NP role transition and role perception, job satisfaction, and anticipated turnover becomes evident as the transitional conditions that hinder the NP role are similar to the variables found in previous research that have a direct impact on NPs. Additionally, process and outcome indicators indicate a healthy transition and help determine if the outcome of transition was successful. Discovering outcome indicators for successful role transition for NPs could help increase role perception, job satisfaction, and intent to stay in their current roles and remain in the profession for years to come. This could positively impact the predicted primary care shortage and patient access to primary care.

Meleis' Transitions Theory also discusses unhealthy and ineffective role transitions and the theory specifies the term "role insufficiency". Meleis defined role insufficiency as "any difficulty in the cognizance/and or performance of a role and the sentiments and goals associated with the role behavior as perceived by the self or by significant others" (Meleis, 1975, p. 266). This might result from incongruity between role behavior and the role expectation. NP role insufficiency can result from poor role definition, the undercurrents of relationships in the role, or lack of knowledge of the role. NP role insufficiency can come from multiple perspectives including the lay public, physicians, and nurses. Manifestations of role insufficiency include developmental, situational, and health-illness transitions (Meleis, 1975). In previous research, NPs have shared that working to the fullest extent of their role is very important to their satisfaction (Brom et al., 2016; De Milt et al., 2011; Poghosyan et al., 2017; Shea, 2015). Furthermore, interprofessional relationships were also identified as very important to NP satisfaction (Brom et al., 2016; De Milt, et al., 2011; Poghosyan et al., 2017; Shea, 2015). As per Meleis, if the NP role is unclear to either the NP themselves or others working with the NP, role

insufficiency can develop, and therefore, influence NP job satisfaction and NP intent to stay in their current role.

### **NP Job Satisfaction**

Job satisfaction is crucially important within nursing, as nurses comprise the largest segment of the healthcare industry. Areas of research related to the concept of nurse job satisfaction include nurse retention, given the global nursing shortage (Guohong & Jekel, 2011); the provision of quality patient care (Kalisch & Lee, 2014); the creation of positive team interaction (Misener et al., 1996); and increased worker productivity (Koelbel et al., 1991). Just as job satisfaction impacts the RN, NPs are similarly affected. Retention and the quality of patient care provided are subject to the level of job satisfaction of the NP (De Milt et al., 2011). While job satisfaction has been extensively reviewed and studied in multiple disciplines, including nursing, less is known about job satisfaction specific to NPs (Wild et al., 2006).

Poghosyan et al., (2017) conducted a quantitative study to research NP practice environments in primary care organizations and the extent to which they were associated with NP retention. The researchers examined clinical practice environments, job satisfaction, and turnover in NPs practicing in primary care settings in Massachusetts. Using a cross sectional design, data were obtained utilizing the Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ). A list of NPs was obtained from the Massachusetts Provider Database and the questionnaire was sent via physical mail to the NPs listed. A sample of 314 NPs completed the survey, indicating a 40 percent response rate. The survey inquired about organizational level issues, job satisfaction, and intent to leave. Job satisfaction and intent to leave were measured with one question each. According to the researchers, the NP-PCOCQ includes four subscales: NP-Physician Relations (Cronbach's alpha .90); NP-Administration

Relations (Cronbach's alpha .95); Independent Practice and Support (Cronbach's alpha .89); and Professional Visibility (Cronbach's alpha .87). The mean age of participants was 50 years old, 97.3% were women, and 93.3% were White. 56% were practicing in their position for more than seven years.

The results of this study demonstrated most NPs (75.1%,  $n=314$ ) were satisfied with their job. Relationships with physician colleagues was rated favorably ( $M = 3.41$ ,  $SD = 0.37$ ,  $p < .01$ ) while relationships with administrators was rated unfavorably ( $M = 2.96$ ,  $SD = 0.49$ ,  $p < .01$ ). The researchers stated: "...organizations with favorable practice environments, including better working relations with physicians and administration, better support for NP independent practice, and clear role visibility, are more likely satisfied with their jobs and less likely to report intent to leave" (Poghosyn et al., 2017, p.168). While this study is valuable for research on NP job satisfaction, limitations did exist. The main limitation of this study is that the sample includes only NPs who practiced in the state of Massachusetts. The researchers suggest that Massachusetts has no clinical practice restrictions or physician collaboration requirement, however, as per the Massachusetts Board of Nursing website, NPs do have legislative restrictions and require a collaborating physician. However, as of January 1, 2021, full practice authority regulations were signed into place (Massachusetts Association of Advanced Practice Psychiatric Nurses, 2022). This confusion further demonstrates the need for additional research surrounding NP job satisfaction and the components that can have an impact on NPs and their practice.

A descriptive, quantitative study by Wild and colleagues (2006), aimed at identifying the demographics and job satisfaction levels of working nurse practitioners in California. The researchers examined job satisfaction using the Mueller McCloskey Satisfaction Scale (MMSS). Comprised of eight subscales, the 31-question survey was sent to a random sample of 200

licensed and actively working NPs in California in various practice settings. Survey items addressed demographics, work environment, NP attitudes towards their jobs, and perceived practice barriers (Wild et al., 2006). The Cronbach's alphas of the eight MMSS subscales ranged from .52 to .84 (Mueller & McCloskey, 1990) with half of the subscales yielding Cronbach's alphas of  $< .70$ . The instrument's reliability and construct validity were reported as satisfactory.

The results of this study demonstrated that California NPs have high levels of job satisfaction. Factors that were associated with high job satisfaction for this sample of NPs were flexibility in scheduling, the relationship with their immediate supervisor, and the relationship with the physicians they work with. The factors associated with low job satisfaction were not having professional opportunities related to nursing research, writing/publication, and committee membership. If NPs were not satisfied with the aforementioned factors, job satisfaction was negatively impacted. This research study is valuable as it examined the NP characteristics related to job satisfaction and determined the above factors are the most important aspects related to job satisfaction in NPs working in California. Limitations of this study include the small number of return surveys as only 66 (33%) surveys were returned from the initial sample of 200 NPs. A second limitation noted by the researchers is the participant's awareness of the phenomenon under investigation that may have affected the reliability of their responses. Of note, California has restricted NP practice and requires physician oversight and collaboration (Spetz, 2018). This study demonstrates that the existence of collaborative agreements does not necessarily lead to low NP job satisfaction. This finding is congruent with the previously mentioned study by Poghoysyan and colleagues (2017) and was further examined in the current study with a focus on NPs working in the Middle Atlantic States (MAS).

In 2007, Schiestel conducted a descriptive, nonexperimental research study to examine the job satisfaction of NPs practicing in Arizona. Schiestel utilized the 44-item Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS), the only published instrument to specifically measure NP job satisfaction, which has six subscales related to job satisfaction: intrapractice partnership, professional social and community interaction, challenge /autonomy, professional growth, time, and benefits. The researchers did not report the validity and reliability of the MNPJSS for this study, however the instruments authors reported .96 Cronbach's alpha for the entire instrument and .79 -.94 Cronbach's alpha for the instruments six subscales indicating good internal reliability. Schiestel obtained the sample for the study from a list of NPs provided by the Arizona State Board of Nursing. The MNPJSS was mailed to 329 licensed and certified NPs employed either full or part time. The sample included NPs of various practice locations in Arizona. Of the 329 surveys sent, 155 (47%) surveys were returned.

Results of the study demonstrated that Arizona NPs were minimally satisfied overall with their jobs ( $M=4.69$ ,  $SD=0.72$ ). Statistical analysis of the results on the MNPJSS showed that participants were most satisfied with the challenge/autonomy ( $M=4.99$ ,  $SD=0.72$ ); time ( $M=4.87$ ,  $SD=0.92$ ); and professional, social, and community interaction elements of their job ( $M=4.71$ ,  $SD=0.78$ ) and least satisfied with intrapractice/collegiality ( $M=4.44$ ,  $SD=1.06$ ); professional growth ( $M=4.43$ ,  $SD =1.00$ ); and benefits ( $M=4.47$ ,  $SD=0.97$ ). Schiestel further analyzed demographic variables with results on the MNPJSS, however found no relationships between or among gender, employer type, annual income, or employment status (full time or part time) and job satisfaction. The results of this study differ from previous research regarding job satisfaction among NPs conducted in the 1990s. As such, this study serves as a foundation for more recent research on NP job satisfaction as the role has evolved since that time. The main

limitation of this study is that only NPs practicing in Arizona were examined. Given various practice locations and regulations by state and institution, these results may not be generalizable. Of note, Arizona NPs have the full authority to practice and prescribe without physician collaboration (Spetz, 2018). Additional research is needed to confirm the relationship of collaborative practice agreements and job satisfaction.

In 2011, DeMilt and colleagues conducted cross-sectional, descriptive research study to measure NP job satisfaction among a national sample of active NPs and their intent to leave their job and the nursing profession. Data was collected from a sample of 254 NPs with varied experience who attended the 2008 American Academy of Nurse Practitioners (AANP) 23<sup>rd</sup> National Conference utilizing the 44-item MNPJSS. The researchers obtained their sample by approaching NPs who visited a recruitment table the first day of the conference. The majority of NPs in this sample were family NPs, most commonly practicing in hospitals and medical centers. Since the sample was from a national conference, state practice regulations vary among the participants; 67% reported that they had full prescriptive authority.

The results of the study demonstrated that the majority of the participants were minimally satisfied to satisfied with their jobs overall ( $M=197.2$ ,  $SD=36.5$ ,  $p= <.01$ ). The researchers noted the aspects indicating the highest job satisfaction were intrapractice partnership and collegiality ( $M=59.1$ ,  $SD=14.7$ ,  $p= <.01$ ). The aspect most related to low job satisfaction was benefits ( $M=14.7$ ,  $SD=3.7$ ) followed by time ( $M=18.1$ ,  $SD=4.2$ ,  $p=.004$ ), professional growth ( $M=20.5$ ,  $SD=5.8$ ,  $p=.002$ ), professional, social, and community interaction ( $M=36.3$ ,  $SD=6.8$ ,  $p = <.01$ ), and challenge/autonomy ( $M=49.1$ ,  $SD=8.2$ ,  $p= <.01$ ) (De Milt et al., 2011). This study offered a look into NP job satisfaction utilizing a national sample. The results were similar to previous studies that were conducted in localized areas (i.e. states and regions). However, the researchers

acknowledge the sample to be a limitation in that although the sample was obtained from a national conference, the sample may in fact not accurately reflect the national NP population.

Brom and colleagues, 2016, completed a descriptive correlational study that focused on NP role perception and job satisfaction, and examined the relationships of variables that could affect NP perception of their role. Similar to the previously discussed research study, this study utilized the MNPJSS. This study was conducted at an undisclosed Midwestern academic medical center (AMC) where NPs employed at the AMC received the instrument via hospital email. Of the 290 NPs who received the instrument, 181 participated (62.4%). For this study, the MNPJSS yielded a .87 Cronbach's alpha for the entire instrument and .76-.93 Cronbach's alpha for the instruments six subscales indicating good internal reliability.

The results of the survey demonstrated that the majority of participants were somewhat satisfied with their jobs ( $M=4.23$ ,  $SD=0.74$ ). Contrary to the findings of De Milt and colleagues, 2011, NPs in this study were most satisfied with benefits ( $M = 4.99$ ,  $SD = 0.82$ ) and challenge/autonomy ( $M=4.47$ ,  $SD=0.84$ ) and least satisfied with intrapractice partnership/collegiality ( $M=3.63$ ,  $SD=1.03$ ) and professional growth ( $M=3.64$ ,  $SD=1.19$ ). Results also showed higher levels of satisfaction among NPs who reported to another NP compared to those who reported to a nurse executive or administrator. The overall level of NP job satisfaction was somewhat satisfied; similar to results of other studies. The contrary findings of specific elements of the MNPJSS demonstrated by this study demonstrates that the work environment (AMC vs. varied practice location) may affect job satisfaction. However, the study being conducted at an AMC, and only one AMC, is a limitation. The culture and policies of a single institution and their effect on NPs employed there, may not be generalizable to NPs as a whole or NPs employed at other AMCs.

While quantitative research involving NP job satisfaction is limited, it is important to recognize that qualitative research regarding NP job satisfaction is even more scarce as suggested by Shea (2014). Shea used grounded theory to obtain NP's perspectives on how they derive satisfaction from their career and profession as opposed to most quantitative research that explores satisfaction with one's job. The advantage of gaining the direct human experience in the case of the NP becomes evident as this research provided rich, emotive results compared to the quantitative studies. This study was conducted in a rural northeastern state in the following work settings: NP run practices, outpatient facilities at hospitals, private physician practices, veteran's hospitals, clinics, family planning centers, Indian Health Service, and a student center at a college. Fifteen NPs participated in this study, 14 of which were female. The average age of the participants was 52 years, and the mean years of experience as an NP was 17. All but one had at least 10 years' experience as an NP. Theoretical sampling was used to recruit participants for this study. After interviewing the participants, it became evident that a common foundation for job satisfaction identified by these NPs was being able to provide holistic care to their patients. Determined persistence was also identified by most of the NPs and describes struggles to establish a work environment that maintains holistic care even though there may be obstacles or difficulties from the organization. Determined persistence is an incorporation of two sub-processes that affect NP job satisfaction: reconciling the work environment and building therapeutic relationships with patients. Reconciling the work environment also has subgroups that include struggling for acceptance (being marginalized, feeling exploited) and balancing the work environment (working the system, living through changes in healthcare systems). Building therapeutic relationships with patients includes the subgroups of preserving a nursing-based practice and discovering professional reward in the provision of care. The theme of



reconciliation of the work environment process reflected the job satisfaction issues found in quantitative work completed by Brom et al., 2016, Poghoysyan et al., 2017, Schiestel, 2007, and DeMilt et al., 2011. Examples of variables that matched quantitative research included level of autonomy, being accepted by the medical team, and productivity of the NPs. The theme of building therapeutic relationships with patients was the area of this study that uncovered new knowledge and adds to the body of NP job satisfaction research.

All NPs in this study describe working with and building relationships with patients as the core of their work. This had not been established or mentioned in any previous quantitative research. When holistic care was provided and patient relationships were well established and strong, these NPs were very satisfied. When patient care was compromised, NP job satisfaction was questionable. Similar to quantitative research, the NPs participating in this study also identified that a lack of collegial relationships with physicians and negative NP perception of their professional value were sources of job dissatisfaction. A strength of this study is that it is one of few qualitative studies that give a first-hand NP perspective on job satisfaction. Moreover, this study also provided methods to improve NP job satisfaction for the future. The researcher suggested one of the first areas of improvement is with NP students. NP educators should prepare the NP student to be resilient and not expect to work autonomously. To assist with education, the researcher suggested inviting practicing NPs to classes to discuss their lived experiences with the students. Mentoring and enhancing the employer's understanding of the causes of NP job satisfaction is also crucial. Employers should recognize and reward NPs for their contributions to their teams. A weakness of this study was that it incorporated participants from only one state. As in the studies by Brom et al., 2016, Poghoysyan et al., 2017, Schiestel, 2007, and DeMilt et al., 2011 practice legislation and lack of autonomy may affect the NP job

satisfaction. Furthermore, this study did not report the participant's level of satisfaction at the time of the interview, instead, the researcher identified the factors that contribute to NP job satisfaction.

### **NP Anticipated Turnover**

The definition of anticipated turnover is the degree to which an employee thinks or has the opinion that they will voluntarily terminate their present position (Hinshaw et al., 1987). The Anticipated Turnover Scale (ATS) was established to operationalize the concept of anticipated turnover and measure the variable intent to leave. The ATS is a reliable instrument, with a Cronbach's alpha of .84 (Hinshaw & Atwood, 1982). Construct validity was estimated by using principal component factor analysis. Two factors were identified that explained 54.9% of the variation of the construct (Barlow & Zangaro, 2010). Demilt et al., 2011 report that intent to leave and anticipated turnover can be used interchangeably. Due to the primary care physician shortage and the extreme costs of NP turnover, the importance of NP anticipated turnover becomes evident (Han, et al., 2018). Registered nurse anticipated turnover has been extensively researched in the past. However, there have only been three studies thus far that examine NP anticipated turnover, they are discussed below.

According to Brom and colleagues (2016), almost 40% of the participants reported that they were unsure, not staying, probably not staying, or definitely not staying in their positions. 26.1 % reported that they were "definitely yes" staying in their position; 36.1% "probably staying"; 26.1% "unsure"; 8.3% "probably not"; 5% "definitely not" (p. 273). Intent to stay was measured with a single 5-point Likert item that asked participants if they intended to stay in their role for the next 3-5 years. Role perception ( $r=0.34$ ,  $p < .01$ ) and job satisfaction ( $r=0.40$ ,  $p < .01$ ) also positively correlated with intent to stay. This study demonstrated a strong link

between job satisfaction, role perception, and intent to stay at current job. Information obtained from this research is valuable to employers as it can aid in the formulation of plans and programs to sustain a positive and satisfied NP workforce. However, the researchers do recognize the study's setting (single AMC) as a limitation and therefore the findings may not be generalizable.

Poghosyan and colleagues, 2017 found the importance of NP relationships to physicians and management is apparent and has a direct effect on NP intent to leave. The researchers suggest placing attention on these issues in order to keep NPs in their clinical roles. The researchers also found that a satisfactory practice environment had a significant negative effect on NP turnover. Furthermore, NPs with better working relations with physicians and administration, better support for NP independent practice, and clear role visibility, were more likely to be satisfied with their jobs and less likely to report intent to leave

The study by DeMilt and colleagues, 2011 found that the majority of the sample did not intend to leave the nursing profession (94.5%) or the NP role as a patient care provider (94.5%). The participants who did intend to leave (5.5%), planned to do so in three to five years with the most common reason being retirement. The ATS was used to determine NP perception of the possibility of voluntarily terminating their present job and furthermore, the possible intent to leave the nursing profession altogether (De Milt et al., 2011). There were significant differences in job satisfaction based on intent to leave current positions, and higher job satisfaction scores were significantly related to intent not to leave current positions. There was also a significant negative relationship between job satisfaction and anticipated turnover. As for the relationship between job satisfaction and intent to leave, NPs without intent to leave their jobs had higher job satisfaction scores. The majority of NPs did not intend to leave their current positions. Of the participants who did intend to leave (27%), they planned to do so in three to five years; in

addition to retirement, common reasons for leaving included having little control over practice and limited opportunity for internal career advancement. Only a small number of participants intended to leave the nursing profession (5.5%) or their role as a direct patient care provider (5.5%). This study demonstrated that most NPs would not leave their current positions—only 27% of their entire sample size, totaling 69 participants were inclined to leave. However, subsequent researchers overinflate the idea that NPs want to leave their positions based on these findings purporting that 27% of the entire sample in one study wants to leave their current position (Brom et al., 2016). The findings show that only 69 of 254 (27%) NPs wanted to leave their current positions and that was after three to five years but these details are not clearly stated by subsequent researchers. A limitation of this study was that the sample was obtained from a national NP conference. NPs attending a conference may be more engaged and committed to their practice than the rest of the population, thus producing ungeneralizable results.

### **NP Role Perception**

NP role perception is defined as the NP perception of their own practice from their own point of view (Brom et al., 2016). Previous research on NP role and perception of NP role has been evaluated from the perspective of other healthcare workers including physicians, nurses, and administrators (Brom et al., 2016). There are only two studies that have examined NP role perception from their own perspective. They are discussed below.

The 2016 study by Brom et al., implemented the first instrument, the APN role perception scale (APNRPS) that examines NP role perception from NPs themselves. The instrument was found to be valid and reliable with a Cronbach's alpha .80. NP role perception was positively correlated with NP job satisfaction ( $r = .44, p < .01$ ) and the intrapractice ( $r = .54, p < .01$ ) and challenge ( $r = .50, p < .01$ ) subscales. Role perception was also positively correlated

with the social ( $r = .28, p < .01$ ) and professional ( $r = .39, p < .01$ ) subscales. Role perception was not related to the aspects of time or benefits. The aforementioned subscales include the following concepts: recognition for the work the NP does, support for the role by others, level of autonomy the NP, sense of accomplishment, interaction with the multidisciplinary team, and professional development opportunities (Misener & Cox, 2001). The correlation should be assessed in further studies but is promising for understanding how role perception and satisfaction are related.

The only additional research that examined NP role perception from the NPs perspective is a recent qualitative article by Bagley, 2018 that studied NP role perception of emergency department NPs. This was a phenomenological study with six participants (four women, two men) who participated in semi-structured interviews. Four themes emerged from this research: inadequate time for professional development, importance of senior medical support in role expansion, inconsistent educational preparation for expanded roles, and perceived reasons for role expansion. Educational support, variations in scope of practice, inconsistent expectations of the role, and inconsistent educational preparation were all concerns shared by the NPs involved in this qualitative study. Minimal studies of the NP's own perception of their role, supports the need for further research focusing on the NP's own perspective of their perception.

### **Summary**

In reviewing the body of literature for NP job satisfaction, research was conducted both qualitatively and quantitatively, although there were a limited number of qualitative studies. Review of the literature revealed inconsistencies with the instruments used to measure job satisfaction. Schiestel (2007), DeMilt et al., (2011) and Brom et al., (2016) utilized the NP specific MNPJSS to measure job satisfaction in their studies while Poghoysayan et al., (2017)

used a one item question. Wild et al., (2006), used the MMSS, however this instrument is specific for use with registered nurses. According to Misener and Cox, (2001) who developed the MNPJSS, the instrument is a valid and reliable measure of NP job satisfaction and although instruments had been created to measure job satisfaction in general, the MNPJSS is the only instrument specific for NPs (DeMilt, et al., 2011). For this reason, the MNPJSS was utilized for this study.

Another area of inconsistency was the broad range of sample sizes. Sample sizes ranged from 66 to 314 participants. Proper power analysis and effect size should be taken into consideration in order to achieve quality and accurate data results. Larger sample sizes and samples from varying locations or regions could add significant value to this body of research and make results more generalizable. Furthermore, overall NP job satisfaction proved to be inconsistent throughout the literature and throughout the country. Different practice laws in each state as well as sampling NPs from different practice settings likely contributed to the varied results of NP job satisfaction.

Despite the aforementioned inconsistencies, common themes emerged as described by NPs from all studies reviewed. Quality working relationships with physician colleagues was highly regarded and necessary to ensure NP job satisfaction (Poghoysen et al., 2017; Shea, 2015; DeMilt et al., 2011; Brom et al., 2016). Benefits, autonomy, and workplace environment were also common threads throughout the literature and were major factors in NP job satisfaction. Most researchers agreed that the focus of employers and institutions should be to enhance and foster the relationships between NPs and physician colleagues as this would not only elevate NP job satisfaction but would improve the quality of care provided by NPs. The majority of NP job satisfaction research studies were conducted in the western United States. There is a dearth of

research surrounding NP job satisfaction from the Mid-Atlantic States; thus validating the need for this study which examined the job satisfaction of NPs practicing in New York, New Jersey, and Pennsylvania utilizing the MNPJSS.

In reviewing the literature for NP anticipated turnover, there is a strong link between job satisfaction and anticipated turnover. As a result, some of the conditions that cause job satisfaction were also found to influence anticipated turnover. For example, relationships with physicians, relationships with management, and practice environments were found to directly impact anticipated turnover. Similar to job satisfaction, the methodologies of examining this variable were found to be inconsistent. Some researchers used the ATS, others used single questions asking participants in the demographic section if they intend to leave their position. Again, there was a lack of research on NP anticipated turnover in general, and there has been no research completed in the MAS on this topic. Therefore, this study examined NP anticipated turnover in the MAS, using the ATS.

There was limited research on NP role perception. Only two studies actually focused on NP role perception from their own perspective (Brom et al., 2016; Bagley 2018). Only one study used the APNRPS thus far, so it was valuable to examine this tool further. There was a lack of research about the relationship between NP job satisfaction and NP role perception with NP intent to leave their current positions. Therefore, it was evident that these variables needed further examination, especially in the MAS, where there was an absolute dearth of research surrounding NPs.

## **CHAPTER III**

### **METHODOLOGY**

The methods, procedures, and design of this research study including the population and sample, recruitment of participants, description of power analysis, instruments, data collection, data analysis, and ethical considerations will be discussed in this chapter.

#### **Design**

This descriptive, correlational research study analyzed the relationships between and among nurse practitioner (NP) role perception, job satisfaction, and anticipated turnover for NPs in the Middle Atlantic States (MAS) of the United States of America. This study also examined if there was a statistically significant difference in NP role perception among those employed in New York, New Jersey, and Pennsylvania. Furthermore, exploratory regression analyses were conducted with selected demographic characteristics to determine the relationships between and among NP role perception, job satisfaction, and anticipated turnover and examined correlations between and among these variables. Demographic characteristics included: self-identified gender, age, ethnicity, race, highest level of nursing education, years of experience as an RN and NP, current state in which the NP practices, certification specialty, workplace setting, length of time in current position, and last time worked clinically if not currently working. There was also a question addressing the impact of temporary suspension of NP state regulations and collaborative agreements due to COVID-19 and if this had an impact on their NP practice.

#### **Description of population and sample**

The sample for this study included NPs who have practiced in the MAS within the last five years. According to the United States Census Bureau (2010), the Northeast is separated into



two divisions: the MAS and New England. New England consists of Connecticut, Maine, Vermont, New Hampshire, Rhode Island, and Massachusetts. The MAS includes New York, New Jersey, and Pennsylvania which was the focus of this study. This geographical area was chosen as no previous research surrounding NP job satisfaction had focused on this area. The sample for this study included English speaking NPs from all specialties to increase generalizability of the study. Participation was voluntary.

### **Sample size and statistical power**

According to Pedhazur and Pedhazur Schmelkin (1991), in order to determine the proper sample size to be used in a study, a researcher must establish the level of significance  $\alpha$ , the population effect size, and the power, or  $\beta$  level, which is the likelihood of obtaining a significant result. Using G\*Power 3.1.9.2 (Faul, Erdfelder, Buchner, & Lang, 2014) to calculate an analysis for two-tailed, medium effect size of .30,  $p=.05$ , and power of 0.80, the sample size required for this study was 84.

### **Inclusion Criteria**

This study was limited to NPs of any specialty employed in the MAS with clinical experience in the last five years. The MAS is comprised of three states: New York, New Jersey, and Pennsylvania. Only those participants who could read, write, and speak English were included in this study. Participants were recruited through the American Nurses Credentialing Center (ANCC) electronic mailing list. The ANCC is the largest certifying body for advanced practice registered nurses in the United States of America (American Nurses Credentialing Center, 2021).

**Setting**

All data for this study was collected online via Qualtrics Survey Software. Qualtrics is an online survey tool which allows users to generate and distribute a survey via the internet.

Participants were able to access the survey through their own personal electronic devices with access to the internet.

**Recruitment of Research Participants**

Participants were recruited through the ANCC electronic mailing list. The ANCC was contacted directly via a link posted on the American Nurses Association (ANA) website in order to obtain a member contact list. A market research analyst returned contact and advised that member contact list requests were processed by a third-party company, Data Axle. Data Axle was contacted for the ANCC membership list. Data Axle requested specific information including the practice location of the NPs to be contacted and a draft email to be sent to members. A html file (Appendix A) that included all of the information the participants would read in their email was sent to Data Axle. Prior to sending the email to ANCC members, Data Axle sent a test email requiring final approval. Following the approval of the test email Data Axle sent the approved email to all of the ANCC certified NPs in the MAS, which included a link to participate in the study. When the participant selected the link provided in the email, they were directed to the Qualtrics electronic survey website.

The ANCC emailed their certified NPs in the MAS a link to participate in the study. When the participant selected the link provided in the email, they were directed to the Qualtrics electronic survey website.

## **Instruments and Measurement Methods**

The following three research instruments were utilized to collect and measure data from the study participants: “The APRN Role Perception Scale” (APRNPS), “The Misener Nurse Practitioner Job Satisfaction Scale” (MNPJSS), and “The Anticipated Turnover Scale” (ATS). A researcher developed Demographic Data Information Form was also utilized and included in the survey.

### **The APN Role Perception Scale (APNRPS)**

The APNRPS, an NP developed instrument, was chosen for this study as this was the first instrument designed to examine NP perception from the NP’s own perspective. Prior to this instrument, perception of NPs was only examined through other healthcare worker’s perspectives such as physicians, nurses, and healthcare administrators (Brom et al., 2016). Five NPs who were leaders of shared governance councils at academic medical centers came together to develop the APNRPS. The final result was a nine-item survey to assess the general perceptions of NPs about their role at an AMC. The items were measured on a seven-point Likert scale: strongly disagree, moderately disagree, slightly disagree, neither agree or disagree, slightly agree, moderately agree, and strongly agree. The APNRPS demonstrated reliability with a Cronbach’s alpha .80. “To assess concurrent validity, the NP role survey was correlated with the intrapractice subscale of the MNPJSS, because the items of this subscale most closely addressed the questions asked in the NP Role Survey” (Brom et al., 2016, p.272). This instrument with its validity and reliability was deemed a valuable instrument to use to examine NP role perception. The average and standard deviation for each item, as well as the total score average and standard deviation may be calculated. Items 4,7, and 9 are reverse scored. Permission to use the APNRRPS was obtained from the authors Dr. Heather Brom and Dr. Bernadette Melnyk (Appendix B).

### **The Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS)**

According to Misener and Cox, (2001) who developed the MNPJSS, other instruments had been created to measure general job satisfaction, however the MNPJSS is the only instrument developed to measure job satisfaction specifically for NPs (DeMilt, et al., 2011). The original version of the MNPJSS was comprised of 77 items. An exploratory factor analysis was done to reduce the number of instrument items to the lowest amount possible (Misener & Cox, 2001). The MNPJSS contains 44 questions utilizing a six-point Likert scale format. Responses range from very satisfied (6) to very dissatisfied (1). The participant is instructed to circle the number that best relates to them. The range of scores for the MNPJSS is 44 to a maximum score of 264 (Misener & Cox, 2001). There are six subscales within the MNPJSS. They include: intrapractice partnership, challenge/autonomy, professional/social/community interaction, professional growth, time, and benefits (Misener & Cox, 2001). The Cronbach's alpha for the entire instrument was .96 and the individual subscales range from .79-.94 (Misener & Cox, 2001); therefore, the instrument is reliable. In this study, an item was considered to load on a given factor if the factor loading was .35 or greater for that factor and was less than .35 for any other factor. A factor was required to have three items load on it to be retained. If items had a complex structure, they were deleted from further analysis. (Misener & Cox, 2001, p. 96). An in-depth factor analysis was completed for each item, and each were between acceptable cutoff points. Otherwise, the items were discarded. This supports that the validity of this instrument is acceptable for this study. To score this tool, sum up all 44 items for the total score. The sum of the following items is indicated for each subscale. Intrapractice partnership/collegiality: 6, 9, 24, 25, 26, 37, 30, 33, 34, 38, 39, 41,42,43. Challenge/autonomy: 7, 12, 13, 27, 28, 29, 32, 35, 36, 40. Professional, social, community interaction: 10, 14, 15, 16, 17, 23, 31, 44. Professional

growth: 18, 19, 20, 21, 22. Time: 4, 5, 8, 11. Benefits: 1, 2, 3. Permission to use the MNPJSS was granted by the purveyor of the instrument, Dr. Casey Shillam (Appendix C).

### **The Anticipated Turnover Scale (ATS)**

The original Anticipated Turnover Model designed by Hinshaw (1982) provided a strategy to examine relationships among certain variables and described anticipated turnover and actual turnover among nurses. Its purpose was to propose ideas to improve retention and prevent unnecessary turnover based on the data (Barlow & Zangaro, 2010). The ATS is a 12-item survey utilizing a seven-point Likert-type scale. Responses range from *strongly agree* (7) to *strongly disagree* (1). A higher score demonstrates higher intent to leave one's position. A lower score demonstrates lower intent to leave one's position. The scores range from 7–84. There is an equal amount of positive and negative worded questions spread throughout the scale to decrease response bias. The Cronbach's alpha from the original study that evaluated the ATS was .84 overall. The Cronbach's alpha for each subscale was .70 to .90 (Shader, Broome, Broome, West, & Nagle, 2001). Permission to use the ATS was granted from Dr. Jan Atwood (Appendix D).

### **Demographic Data Information Form**

The Demographic Data Information Form (Appendix E) developed by the researcher, is a 12-item questionnaire that elicited a variety of demographic information from participants. The demographic information included: the participant's age, gender, race, ethnicity, highest level of nursing education, the number of years practiced as an NP and RN, type of NP certification, the state in which they practice, workplace setting, and number of years in current NP position. There was an additional question asking if the current waived state regulations due to the COVID-19 pandemic had an impact on their NP practice.

## Data Collection Procedures

Participants were voluntarily recruited through the ANCC. Following approval of the study proposal, evidence of SHU IRB approval, research instruments, and procedures to obtain consent were submitted to the ANCC research team for review. Once accepted, the ANCC emailed their certified NPs in the MAS a link to participate in the study. When the participant selected the link provided in the email, they were directed to the Qualtrics electronic survey website. Upon arriving to the survey website, the participant reviewed an IRB-approved informed consent form (Appendix F) containing a general description of this research study in which the researcher explained the reason for the study, provided an overview of the study, described the ethical issues related to participation in the study, the eligibility of the participants for the study, and a formal request for volunteer participants. The letter included specific information about the following: the researcher's academic affiliation, data collection procedures, an overview of all questionnaires, the recommended procedure for completing each research instrument, and proper submission of the survey. The letter stated that for participants that practice in more than one state, they should respond only for the state that they primarily practice in. The letter instructed participants to only take the survey one time. The letter also included information about voluntary and anonymous participation in the study, the risks and benefits of participation, and contact information to use if the participant had questions about the study or their rights as a participant in research. There was an explicit statement in the letter that informed the participant that submission of completed surveys implies consent to voluntarily participate in the research study. Therefore, no formal consent form was needed and no signature was required.

## **Ethical Considerations**

Protection of human rights was maintained throughout this research study. Approval for the study was obtained from the Seton Hall University's (SHU) Institutional Review Board (IRB). No personal identifiers were collected. An IRB- approved informed consent form (Appendix F) was included for each participant to view. The form stated that participation was voluntary and the participant could withdraw at any time without any consequences. Participants were notified that they would not receive any incentives or compensation for participating in the study. When the participant opened the survey via the provided link, consent to participate in the study was implied. The approximate duration of the survey (about 20 minutes) was disclosed to the participant as well.

## **Analysis of Data**

This research study investigated the relationships between and among NP role perception, job satisfaction, and anticipated turnover in the MAS using Afaf Meleis' Transitions Theory. The data collected within the Qualtrics software was reviewed for accuracy by the primary researcher and subsequently transferred to a Statistical Package for the Social Sciences (SPSS) 28.0 file. Using SPSS 28.0 software, descriptive statistics was run on each of the variables, to provide the mean, median, mode, range of scores, and/or standard deviation to describe central tendencies. Correlation is used to determine the strength and direction of the linear association between two variables (Agresti & Finlay, 2009). For this study, Pearson correlation was used to determine these relationships between each pair of study variables: NP job satisfaction and NP role perception, NP job satisfaction and anticipated turnover, and NP role perception and anticipated turnover. Inferential statistics were run on the variables that were related to the dependent variable of anticipated turnover to determine their predictive values. For example, if anticipated

turnover was found to have significant correlation with any of the demographic variables (gender, age, ethnicity, race, highest level of education, years of experience, state practiced in, job setting, length of time in current position) regression analysis was run to determine which variable was a better predictor of anticipated turnover. *T*-tests were utilized to determine any mean differences between groups of variables. Additionally, a one-way analysis of variance (ANOVA) was run to determine whether means on the dependent variable, anticipated turnover, were significantly different.



## CHAPTER IV

### RESULTS

#### Introduction

This research study sought to determine if there was a relationship between and among nurse practitioner (NP) role perception, job satisfaction, and anticipated turnover for NPs in the Middle Atlantic States (MAS) of the United States of America. Furthermore, this study examined if there was a statistically significant difference among the main study variables depending on what state the NP practiced in. This study was limited to NPs employed in the MAS who have had clinical experience within the last five years. The survey was released to ANCC certified NPs on August 17, 2021 and again on October 20, 2021. A total of 212 individuals responded to the survey. Twenty of those participants (9%) did not identify which state they practice in, and therefore, did not meet the inclusion criteria of the survey. Two participants (1%) reported that they have not worked clinically within the last five years, therefore, they were also excluded, resulting in a total of 190 participants. Analysis of data was performed using the Statistical Package for the Social Sciences 28.0 (IBM SPSS for Windows 28.0).

#### Research Participants

Personal and professional demographic information obtained from research participants included self-identified gender, age, ethnicity, race, highest level of nursing education, years of experience as a RN and NP, state in which the NP practices, certification specialty, workplace setting, length of time in current position, last time worked clinically if not currently working, and a question regarding the impact of waived state regulations on NP practice due to COVID-19. Approximately 92% of research participants (n=170) identified as female and 8% male

(n=15). The reported age of research participants ranged from 29 to 76 years of age ( $M=52.8$  years,  $SD=9.98$  years) and the reported race of research participants were: 80.6% (n=150) White, 7.5% (n=14) Black, 6.5% (n=12) Asian, 3.8% (n=7) other, 1.1% (n=2) Native Hawaiian/Pacific Islander, and 0.5% (n=1) American Indian/Alaska Native. The reported ethnicity of research participants was: 95.6% (n=173) non-Hispanic and 2.8% (n=5) Hispanic as shown in Table 1. Research participants were asked to report the highest level of education obtained; most 78% (n=144) reported holding a master's degree, 14% (n=27) held a Doctor of Nursing Practice (DNP), 4.3% (n=8), Doctor of Philosophy (PhD) in Nursing degree, and 4.3% (n=8) reported having a degree other than those listed for selection.

Table 1. Participant Characteristics

Characteristics	Number	Percentage
<b>Gender</b>		
Male	15	8
Female	170	92
<b>Race</b>		
American Indian or Alaska Native	1	.5
Asian	12	6.5
Black	14	7.5
Native Hawaiian or Pacific Islander	2	1.1
White	150	80.6
Other	7	3.8
<b>Ethnicity</b>		
Hispanic	5	2.8
Non-Hispanic	173	95.6
<b>Education</b>		
MSN	144	78.0
DNP	27	14.0
PhD	8	4.3
Other	8	4.3
<b>Practice State</b>		
New Jersey	85	46.2
New York	56	30.4
Pennsylvania	55	29.9
Other	4	2.2
<b>Certification Specialty</b>		

Family	76	41.5
Adult	33	17.8
Adult-Gerontology Primary Care	29	15.8
Psychiatric Mental Health	17	9.3
Adult-Gerontology Acute Care	13	7.1
Adult Acute Care	11	5.9
Pediatric Primary Care	11	5.9
Women's Health	5	2.7
Pediatric Acute Care	4	2.2
Neonatal	1	.5
Setting		
Hospital - other (please specify)	76	41.6
Private physician office/practice	29	15.3
Long-term care facility	11	5.9
I am not currently working	8	4.9
Federal clinic	7	3.8
Private NP office/practice	5	2.7
Home care agency	3	1.6
Hospice	1	.5
Other (Please specify)	32	17.5
Length of time in Current Practice		
More than 5 years	79	43.4
3-5 years	45	24.7
1-2 years	23	12.6
6 months - 1 year	9	4.9
Less than 6 months	13	7.1
Practice impact by COVID waivers		
Yes	27	14.8
No	156	85.2

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The range of participants' years of experience as a registered nurse (RN) was 0 to 53 years ( $M=20.27$  years,  $SD=13.20$  years) and years of experience as an NP ranged from 0 to 40 years ( $M=13.30$  years,  $SD=8.97$ ). As noted in Table 1, research participants were asked to report which state they worked in; 46.2% ( $n=84$ ) reported practicing primarily in New Jersey, 30.2% ( $n=55$ ) in New York, 29.7% ( $n=54$ ) in Pennsylvania, and 2.2% ( $n=4$ ) chose "other" in addition to New York, New Jersey, or Pennsylvania. Regarding NP certification, 41.5% ( $n=76$ ) of participants reported being certified as Family NP, 18% ( $n=33$ ) certified as an Adult NP, 15.8% ( $n=29$ ) certified as Adult-Gerontology Primary Care NP, 9.3% ( $n=17$ ) certified as Psychiatric

Mental Health NPs, 7.1% (n=13) certified as Adult-Gerontology Acute Care NP, 6% (n=11) certified as an Acute Care NP, 6% (n=11) certified as Pediatric Primary Care NPs, 2.7% (n=5) certified as Women's Health NPs, 2.2% (n=4) certified as Pediatric Acute Care NPs, and .05% (n=1) certified as a Neonatal NP.

The majority of research participants, 41.6% (n=76) reported being employed at a hospital setting. The remaining participants reported employment at the following locations: 15.3% (n=29) at a private physician office, 6% (n=11) at a long-term care facility, 4.4% (n=8) reported not currently employed, 3.8% (n=7) at a federal clinic, 3.3% (n=6) at a retail-based clinic, 2.7% (n=5) at an NP run practice, 2.7% (n=5) at an urgent care clinic, 1.6% (n=3) for a home care agency, 0.5% (n=1) at a hospice facility, and 17.5% (n=32) at a location other than those above. Research participants reported the following lengths of time in their current position; 43.4% (n=79) greater than 5 years, 24.7% (n=45) 3-5 years, 12.6% (n=23) 1-2 years, 4.9% (n=9) 6 months –1 year, and 7.1% (n=13) less than 6 months. The majority of research participants, 82%, (n= 114) reported being active employees. The question asking whether waived state regulations due to COVID-19 impacted participants NP practice yielded the following results: 14.8% (n=27) yes and 85.2% (n=156) no. Those who responded yes provided the following comments: “made it easier to see and treat more patients”, “increased telehealth”, “I do not currently require a collaborating psychiatrist which is helpful”, “NPs allowed to practice without collaboration”, “less barricades to care”, “during pandemic surge, transitioned to remote and saw patients in other states as needed”, “increased ability to provide care as it should be done”, “less restrictive Rx environment, telehealth within Pennsylvania”, “more autonomy, less supervision”, “more job satisfaction and more work opportunities”.

## **Descriptive Statistics of the Study Variables**

The APNRPS, the MNPJSS, and the ATS were used to operationalize the main study variables to answer the following research questions:

1. Are there relationships between and among NP role perception, job satisfaction, and anticipated turnover in a current NP position?
2. Are there differences in job satisfaction among NPs practicing in the Mid-Atlantic region?
3. Are there differences in role perception among NPs practicing in the Mid-Atlantic region?
4. Are there differences in anticipated turnover among NPs practicing in the Mid-Atlantic region?

### **Advanced Practice Nurse Role Perception Scale (APNRPS)**

The APNRPS consists of nine items using a seven-point Likert scale to evaluate an NP's own view of their role perception. The scale choices range from 1 (*strongly disagree*) to 7 (*strongly agree*). Each participant's total scores could range from 9 to 63. The higher the score, the more favorable the NP views their perception of their role. After reverse scoring items 4, 7, and 9, the Cronbach's alpha for the APNRPS for this study was .82. Participant scores (n=172) ranged from a minimum of 10 and a maximum of 63 ( $M=23.67$   $SD=6.72$ ). Total scores for the APNRPS had a skewness statistic of 1.37 indicating a somewhat negatively skewed distribution. However, the mean (23.67), mode (22.00), and median (23.00) were aligned with minimal skewness, as such assumptions of normality were maintained (Gray et al., 2017). Similar to the total scores, the summated Likert scores also showed participants had an unfavorable view of

their role perception ( $M=2.6$   $SD=.75$ ). Individual item statistics for the APNRPS are reported in Table 2. Participants were most agreeable with “my satisfaction with my job is heavily related to how I am able to practice in my role”, and least agreeable with “my nurse colleagues are supportive of my APN role”.

Table 2. APN Role Perception Scale Item Statistics

Measurement Items	Mean	SD	N
1. I am currently able to practice to my state's full scope in my current job as an advanced practice nurse (APN).	1.96	1.56	172.00
2. I believe that my physician colleagues are supportive of my APN role.	2.01	1.46	172.00
3. I believe that my physician colleagues understand my APN role.	2.15	1.57	172.00
R4. My satisfaction with my job is heavily related to how I am able to practice in my role.	6.22	1.12	172.00
5. There are multiple barriers in my current job to being able to practice to my full scope.	4.46	2.16	172.00
6. I believe my nurse colleagues are supportive of my APN role.	1.74	1.16	172.00
R7. I believe our healthcare administrators are supportive of my APN role.	5.46	1.75	172.00
8. I believe that I could be doing more in my current job as an APN that would be legally allowable within my scope of practice.	3.59	2.28	172.00
R9. I believe that if I were allowed to take on more responsibility under my scope of practice that patient outcomes would be further improved.	4.56	2.16	172.00

R=reverse coded item

### Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS)

The MNPJSS consists of 44 items utilizing a 6-point Likert scale format. Responses range from 6 (*very satisfied*) to 1 (*very dissatisfied*). The range of scores for the MNPJSS is 44 to a maximum score of 264. The higher the score, the more satisfied the NP is with their job. The Cronbach’s alpha for the total MNPJSS for this study was .97. The MNPJSS also had subscales which include intrapractice partnership/collegiality, challenge/autonomy, professional, social,

community interaction, professional growth, time, and benefits. For partnership/collegiality the Cronbach's alpha for this study was .95. For challenge/autonomy the Cronbach's alpha was .90. The Cronbach's alpha for professional, social, and community interaction was .88. For professional growth, the Cronbach's alpha was .84. For time, the Cronbach's alpha was .86. For benefits, the Cronbach's alpha was .81. Participant scores (n=140) ranged from 52 to 264 ( $M=128.00$   $SD=42.05$ ). Total scores for the MNPJSS were normally distributed. Similar to the total scores, the summated Likert scores also showed participants were not satisfied in their positions ( $M= 2.9$ ,  $SD=.96$ ). The individual item statistics for the MNPJSS are reported in Table 3. Participants were most satisfied with the opportunity to receive compensation for services performed outside of normal duties, and least satisfied with level of autonomy.

Table 3. Misener's Nurse Practitioner Job Satisfaction Scale Item Statistics

Measurement Items	Mean	SD	N
JS - 1. Vacation/ Leave policy	2.49	1.53	141
JS - 2. Benefit Package	2.65	1.46	141
JS - 3. Retirement Plan	2.84	1.51	141
JS - 4. Time allotted for answering messages	3.11	1.53	141
JS - 5. Time allotted for review of lab and other test results	3.00	1.52	141
JS - 6. Your immediate supervisor	2.60	1.53	141
JS - 7. Percentage of time spent in direct patient care	2.11	1.14	141
JS - 8. Time allocation for seeing patient(s)	2.42	1.33	141
JS - 9. Amount of administrative support	3.21	1.61	141
JS - 10. Quality of assistive personnel	2.93	1.48	141
JS - 11. Patient scheduling policies and practices	3.03	1.47	141
JS - 12. Patient mix	2.14	1.15	141
JS - 13. Sense of accomplishment	2.17	1.15	141
JS - 14. Social contact at work	2.48	1.40	141
JS - 15. Status in the community	2.36	1.22	141
JS - 16. Social contact with your colleagues after work	2.79	1.38	141
JS - 17. Professional interaction with other disciplines	2.47	1.19	141
JS - 18. Support for continuing education (time and \$\$)	3.26	1.51	141
JS - 19. Opportunity for professional growth	3.06	1.42	141
JS - 20. Time off to serve on professional committees	3.77	1.45	141
JS - 21. Amount of involvement in research	3.74	1.42	141
JS - 22. Opportunity to expand your scope of practice	3.38	1.57	141
JS - 23. Interaction with other NPs including faculty	2.85	1.47	141

JS - 24. Consideration given to your opinion and suggestions for change in the work setting or office practice	3.09	1.57	141
JS - 25. Input into organizational policy	3.55	1.64	141
JS - 26. Freedom to question decisions and practices	3.16	1.61	141
JS - 27. Expanding skill level procedures within your scope of practice	2.90	1.38	141
JS - 28. Ability to deliver quality care	2.06	1.00	141
JS - 29. Opportunities to expand your scope of practice and time to seek advanced education	3.06	1.40	141
JS - 30. Recognition for your work from supervisors	3.09	1.59	141
JS - 31. Recognition of your work from peers	2.35	1.27	141
JS - 32. Level of autonomy	2.02	1.29	141
JS - 33. Evaluation process and policy	2.94	1.54	141
JS - 34. Reward distribution	3.65	1.52	141
JS - 35. Sense of value for what you do	2.95	1.71	141
JS - 36. Challenge in work	2.40	1.32	141
JS - 37. Opportunity to develop and implement ideas	3.18	1.55	141
JS - 38. Process used in conflict resolutions	3.06	1.47	141
JS - 39. Amount of consideration given to your personal needs	3.09	1.55	141
JS - 40. Flexibility in practice protocols	2.94	1.39	141
JS - 41. Monetary bonuses that are available in addition to your salary	4.40	1.60	141
JS - 42. Opportunity to receive compensation for services performed outside of your normal duties	4.45	1.52	141
JS - 43. Respect for your opinion	2.84	1.53	141
JS - 44. Acceptance and attitudes of physicians outside of your practice (such as specialists you refer patients to)	2.38	1.23	141

### Anticipated Turnover Scale (ATS)

The ATS consists of 12-items utilizing a 7-point Likert scale. Responses range from 7 (*strongly agree*) to 1 (*strongly disagree*). A higher score demonstrates higher intent to leave one's position. A lower score demonstrates lower intent to leave one's position. The scores can range from a minimum of 7 to a maximum of 84. For this study, the Cronbach's alpha was .90. Items 1, 3, 6, 8, 9, and 10 were reversed scored as per the authors of the tool. Participant scores (n=148) ranged from a minimum of 12 and a maximum of 84 ( $M=51.32$   $SD=17.28$ ). Total scores for the ATS were normally distributed. Similar to the total scores, the summated Likert scores also showed participants were leaning toward leaving their positions ( $M= 4.2$ ,  $SD=1.43$ ). Individual item statistics for the ATS are reported in Table 4. Participants were most agreeable



with “I plan to leave this position shortly” and least agreeable with “I plan to stay in my position a while”.

*Table 4. Anticipated Turnover Scale Item Statistics*

Measurement Items	Mean	SD	N
- 1. I plan to stay in my position awhile.	5.09	2.07	148.00
+ 2. I am quite sure I will leave my position in the foreseeable future.	4.15	2.23	148.00
- 3. Deciding to stay or leave my position is not a critical issue for me at this point in time.	4.81	1.98	148.00
+ 4. I know whether or not I will be leaving this agency within a short time.	3.28	2.09	148.00
+ 5. If I got another job offer tomorrow, I would give it serious consideration.	3.45	2.17	148.00
- 6. I have no intentions of leaving my present position.	4.20	2.25	148.00
+ 7. I have been in my position about as long as I want to.	4.09	2.08	148.00
- 8. I am certain I will be staying here awhile.	4.38	2.11	148.00
- 9. I do not have any specific idea how much longer I will stay.	3.84	2.04	148.00
- 10. I plan to hang on to this job for a while.	4.70	2.05	148.00
+ 11. There are big doubts in my mind as to whether or not I will really stay in this agency.	4.58	2.13	148.00
+ 12. I plan to leave this position shortly.	4.74	2.09	148.00

Each item was scored based on + and – key provided. For example, on a five-point scale, for + items, strongly agree is scored as 5 while strongly disagree is scored as 1. Conversely, for a negative item on the same five-point scale, and item response of strongly agree is scored as a 1, and strongly disagree is scored as a 5.

## **Research Question**

The overarching question of this study sought to determine if there is a relationship between and among NP role perception, job satisfaction, and anticipated turnover in a NP position and was addressed by the following hypotheses.

## Hypotheses Testing

H1. Hypothesis 1 stated that there is a positive correlation between NP job satisfaction and role perception. Pearson correlation demonstrated that there was a significant, positive relationship between NP job satisfaction and role perception ( $r = .398, p = <.001$ ). This hypothesis was supported.

H2. Hypothesis 2 stated that there is a negative correlation between NP role perception and anticipated turnover. The Pearson correlation coefficient between NP role perception and anticipated turnover demonstrated a slight, but statistically significant negative relationship ( $r = -.159, p = .027$ ). This hypothesis was supported.

H3. Hypothesis 3 stated that there is a negative correlation between NP job satisfaction and anticipated turnover. The Pearson correlation coefficient between NP job satisfaction and anticipated turnover demonstrated a significant, negative relationship ( $r = -.626, p = <.001$ ). This hypothesis was supported.

Table 5. Means, Standard Deviations and One-Way Analysis of Variance of Study Variables

Measure	Role Perception		Job Satisfaction		Anticipated Turnover		ANOVA		$\eta^2$
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F ratio</i>	<i>df</i>	$\eta^2$
	New Jersey	23.26	7.75	128.07	45.44	52.50	17.45	.225	3,166
New York	24.28	6.09	127.53	39.80	50.11	16.49	.002	3,135	.00
Pennsylvania	23.90	5.84	127.91	42.66	51.14	18.06	.263	3,143	.01

H4. Hypothesis 4 stated that there is a statistically significant difference in NP role perception from state to state in the Mid-Atlantic region. To determine if there was a statistically significant

difference in NP role perception from state to state in the MAS, a one-way ANOVA was run.

The results showed that there were no significant differences in NP role perception between New Jersey, New York, and Pennsylvania NPs  $F(3,166)=.225, p=.879$ , as shown in Table 5.

Therefore, this hypothesis was not supported.

H5. Hypothesis 5 stated that there is a statistically significant difference in NP job satisfaction from state to state in the Mid-Atlantic region. To determine if there was a significant difference in NP job satisfaction from state to state in the MAS, a one-way ANOVA was run. The results showed that there were no significant differences in NP job satisfaction between the states of the MAS  $F(3,135)=.002, p=1.00$ , as shown in Table 5. Therefore, this hypothesis was not supported.

H6. Hypothesis 6 stated that there is a statistically significant difference in NP anticipated turnover from state to state in the Mid-Atlantic region. To determine if there was a significant difference in anticipated turnover from state to state in the MAS, a one-way ANOVA was run. The results showed that there were no significant differences in anticipated turnover between the states of the MAS  $F(3,143)=.263, p =.852$ , as shown in Table 5. Therefore, this hypothesis was not supported.

## **CHAPTER V**

### **DISCUSSION OF FINDINGS**

#### **Introduction**

The purpose of this descriptive, correlational study was to determine if there was a relationship between nurse practitioner (NP) role perception, job satisfaction, and anticipated turnover for NPs in New York, New Jersey, and Pennsylvania using Afaf Meleis' Transitions Theory. Furthermore, it was determined if there was a statistically significant difference in NP role perception, job satisfaction, and anticipated turnover depending on what state the NP practiced in. A total of 212 individuals responded to the survey. Twenty participants were excluded as they did not specify which state they practice in, and two additional participants were excluded due to lack of clinical employment in the last five years, resulting in a total of 190 participants. Pearson correlation analysis was utilized and statistically significant relationships were found between NP role perception, NP job satisfaction, and NP anticipated turnover. However, after running a one-way ANOVA, there was no statistically significant relationship found between the aforementioned variables and the state of NP practice.

#### **Background**

The need for NPs in the US has become increasingly evident in recent years. Increased patient access to healthcare (Brom et al., 2016), a shortage of primary care physicians (PCP) and legislation setting limits on resident physician work hours (Moote et al., 2011), have unveiled the significance of NPs in the US. However, the established significance of NPs in the healthcare system does not ensure that NPs are satisfied with their role. Previous research examined NP job satisfaction and found the most influential and valuable components to NP job satisfaction included autonomy, salary, benefits, interprofessional relationships, and NP relationships with

management (DeMilt et al., 2011; Hagan & Curtis, 2018; Steinke et al., 2018). Previous research also demonstrated that NPs reported less than ideal satisfaction rates with considerable variability ranging from slightly satisfied to very satisfied (DeMilt et al., 2011; Poghosyan et al., 2018; Steinke et al., 2018). To date, no studies have examined NP job satisfaction in the Middle Atlantic States (MAS). Only one study, thus far, has looked at NP role perception from the NPs own perspective, and was completed in the Midwest region of the US (Brom et al., 2016). Similarly, no studies have examined NP anticipated turnover the Mid-Atlantic region of the US.

In this research study, NP role perception was conceptually defined as how NPs themselves understand their own roles (Brom et al., 2016). NP role perception was operationalized by the APNRPS (Brom et al., 2016). Job satisfaction was conceptually defined as: “a multidimensional affective concept that is an interaction of an employee’s expectations, values, environment and personal characteristics and it is recognized that satisfiers and dissatisfiers are dynamic and relative to that employee” (Misener & Cox, 2001, p. 93). NP job satisfaction was operationalized by the MNPJSS (Misener & Cox, 2001). Anticipated turnover was conceptually defined as: “the anticipation of leaving one’s current position...” (De Milt et al., 2011, p.44). NP anticipated turnover was operationalized by the ATS (Hinshaw & Atwood, 1982).

### **The Sample**

The sample for this study consisted of 190 predominantly White female participants with a master’s degree who were on average over 50 years old. Moreover, most participants were certified family NPs working in a hospital setting with more than 10 years of experience. According to the American Association of Nurse Practitioners’ 2020 national NP sample survey, the aforementioned demographic results found in this study are consistent with the national

sample survey results. These results are also consistent with previous research by Brom et al., 2016 and DeMilt et al., 2011.

Most participants reported that the waived state regulations due to COVID-19 did not impact their NP practice. This result was unexpected given the impact of COVID-19 on the healthcare system. However, for those who responded that their practice was impacted, the effect was positive with NPs reporting greater autonomy, better patient access to care due to use of telehealth technology, and less restrictive practice environments. These unexpected results could be limited to this particular sample of NPs; perhaps NP positions in this geographic region did not change significantly during the COVID-19 pandemic.

### **The Instruments**

The instruments utilized in this research study demonstrated excellent psychometric properties. In this study, the alpha reliability for the total score on the APNRPS, MNPJSS, and the ATS was .82, .97, and .90 respectively. The alpha reliability found in this study was consistent with previous study findings for each instrument: .80 for the APNRPS (Brom et al., 2016), .96 for the MNPJSS (Misener & Cox, 2001), and .84 for the ATS (Hinshaw & Atwood, 1982).

Scores on the APNRPS indicated that the participants had an unfavorable view of their NP role perception. Participants revealed having multiple barriers to being able to practice to their full scope. Furthermore, participants felt their nurse colleagues were not supportive of their NP role. In previous research, Brom et al. (2016) developed the APRNRPS and were the only researchers to use this tool thus far. Their findings revealed that NPs had moderate role perception ( $M=4.30$ ,  $SD=1.23$ ). The score for NP role perception in this study was much lower

than the previous study indicating NP perception of their role is still not fully understood. NP perception of their role relative to scope of practice, support of colleagues, satisfaction, and outcomes needs to be further examined with the use of the APNRPS. With further use of this tool in the future, strategies can be formulated to improve NP role perception.

Scores on the MNPJSS indicated that the participants were minimally dissatisfied and their results were incongruent with previous research which revealed NPs were slightly satisfied to very satisfied (DeMilt et al., 2011; Brom et al., 2016; Poghosyan et al., 2018; Steinke et al., 2018, Wild et al., 2006). A possible explanation for the lower level of satisfaction for participants in this study is the ongoing COVID-19 pandemic. Recent research found that there is a direct correlation between the COVID-19 pandemic and negative job satisfaction and turnover in nursing (Lavoie-Tremblay et al., 2021). In retrospect, a question regarding the impact of COVID-19 on NP job satisfaction should have been included in this study. Other possible explanations may include different state regulations, different workplace settings, or salary for those participants involved in previous studies. For example, the study by Wild et al. (2006), recorded a very high level of satisfaction among their sample. However, most of their sample were NPs in ambulatory care settings. This study included many different practice settings and could potentially be the reason for a lower job satisfaction score than previous research.

Scores on the ATS indicated that participants were leaning toward leaving their positions. Participants were most agreeable with “I plan to leave this position shortly” and least agreeable with “I plan to stay in my position a while”. Similarly, DeMilt et al., (2011), reported a score mean score of 5.1 on the 7-point scale with participants also leaning toward leaving their positions. Furthermore, Brom et al., (2016) found that almost 40% of their participants reported

that they were unsure, not staying, probably not staying, or definitely not staying in their positions. Of note, the ATS was not used in this study.

### **Research Question**

The overarching research question for this study asked if there was a relationship between and among NP role perception, job satisfaction, and anticipated turnover in a NP position. This research question was addressed by the following hypotheses.

### **Hypotheses**

The first hypothesis was supported after Pearson correlation analysis demonstrated a significant, positive relationship between NP job satisfaction and role perception. This finding is consistent with the finding by Brom et al., 2016 who also found a moderate, positive correlation with the total MNPJSS score. Findings from this study and the study by Brom and colleagues supported the premise that an NP's favorable perception of their role is related to increased job satisfaction.

Statistical testing for hypothesis 2 demonstrated a slight, negative correlation between NP role perception and anticipated turnover. As scores on the APNRPS increased, scores on the ATS decreased. As such, the findings of this study are similar to Brom et al., (2016) who found increased intent-to-stay was related to increased role perception among NPs.

Hypothesis 3 was supported after statistical testing demonstrated that there was a significant, negative correlation between NP job satisfaction and anticipated turnover. This finding was consistent with previous research by Brom and colleagues supporting the premise that lack of NP job satisfaction does correlate with NPs potentially leaving their jobs. As the



scores for NP job satisfaction increased, scores on the anticipated turnover scale decreased, meaning they had no intent to leave.

The findings of this study did not support hypotheses 4, 5 or, 6 which suggested significant differences among the main study variables (NP role perception, job satisfaction, and anticipated turnover) from state to state in the Mid-Atlantic region of the United States. A one-way ANOVA was conducted for each variable, and there were no significant differences found between the states. These variables had never been investigated in multiple states before this research, nor have ever been investigated specifically in the Mid-Atlantic region. An explanation for the lack of relationship with the main study variables between the states is that although each of these states have some differences in their regulations, each of these states is classified similarly as a reduced practice authority state (American Association of Nurse Practitioners, 2021). In a reduced practice state, laws can reduce the ability of NPs to practice in at least one element of their practice, require career-long regulated collaborative practice agreements with another healthcare provider, or limit the setting of the NP's practice. Future research should consider a comparison between states that promulgate a reduced practice authority and those that promote full practice authority to examine if there is a significant difference.

### **Theoretical Framework**

Meleis' Transitions Theory (1975, 2010) was utilized as the theoretical framework for this study. Meleis' theory focused primarily on transitions for patients, including the new role of motherhood, menopausal women, older adults who were experiencing transitions in care to an institutional setting, patients post-myocardial infarction, older adults living with Alzheimer's disease, battered patients on their way to recovery, and immigrant health related to the following five major elements: types and patterns of transitions; properties of transition experience;

transitions conditions; indicators of healthy transitions; and nursing therapeutics. Although Meleis' Transitions Theory was founded in patient care, the theory may also be applied to examine the transitions of NP roles in their daily work as well as global roles in the healthcare industry; given that Meleis' main concept are transitions throughout a continuum or experience. Meleis' Transitions Theory may be applied to the NP's perspective and therefore, can benefit NPs by identifying barriers in their role. Meleis' Transitions Theory focuses on the idea that all transitions have similar properties in common which can include time span, disruptions, loss of familiarity, loss of support, gaining a new network/support, questions about skills (Meleis, 2010). In context of this study, if an NP encounters a poor transition condition such as a negative interprofessional relationship while working, the NP may not be satisfied in that position or their role and may consider leaving the job for a different role, thereby affecting NP staff turnover rates.

The two elements from Meleis' Transitions Theory that apply the most to the NP role are (1) transition conditions that may hinder or ease a transition process and (2) outcome indicators. According to Meleis, transition conditions either hinder or facilitate a person's progress toward a successful transition. Transition conditions can be personal, community, or societal factors that ease or constrain the transition process. Examples of transition conditions that can hinder an NP's role include: poor interprofessional relationships including relationships with collaborating physicians, poor RN/NP relationships, and poor patient and patient caregiver expectation of the NP role. In this study, participants identified several conditions that hinder their transition process and, therefore, their NP role. In the APNRPS, participants were agreeable with "there are multiple barriers in my current job to being able to practice to my full scope", and least agreeable with "my nurse colleagues are supportive of my APN role". Furthermore, responses to the

MNPJSS revealed, participants were least satisfied with level of autonomy. In identifying the above barriers, there is clearly a need to develop processes and strategies to support each NP to successfully cope with their role and the transitions they encounter during their careers. Future research should focus on standardized strategies and processes all NPs can follow to ease their transitions and ensure a satisfied NP group.

Process and outcome indicators validate whether a transition was successful. Process indicators include a feeling of connectedness, fruitful interactions, being situated, and developing confidence and coping. The NPs in the current study did not feel connected to their fellow nursing or physician colleagues. Furthermore, the NPs in this study reported low acceptance and poor attitudes from physicians outside of their practice, as shown in table 3, item 44. The NPs were also not satisfied with professional interactions with other disciplines, as shown in table 3, item 17. For confidence, the NPs in this study reported that they were minimally dissatisfied with the opportunity to develop and implement their ideas, as shown in table 3, item 37. From the results of this study, outcome indicators such as the NPs in the MAS feeling connected, having fruitful interactions, or feeling confident were not validated. Therefore, the transition processes for these NPs throughout their careers have not been successful. These results and the variables influencing these outcome indicators should be thoroughly evaluated, researched, and improved with further research in the future.

Meleis' Transitions Theory also discusses unhealthy and ineffective role transitions and the theory specifies the term "role insufficiency". Meleis defined role insufficiency as "any difficulty in the cognizance/and or performance of a role and the sentiments and goals associated with the role behavior as perceived by the self or by significant others" (Meleis, 1975, p. 266). The cause of role insufficiency is incongruence between role behavior and the role expectation.

NP role insufficiency can result from poor role definition, the undercurrents of relationships in the role, or lack of knowledge of the role. NP role insufficiency can come from multiple perspectives including the lay public, physicians, and nurses. Manifestations of role insufficiency include developmental, situational, and health-illness transitions (Meleis, 1975). Previous research found the ability of NPs to work to the fullest extent of their role important and directly related to role satisfaction (Brom et al., 2016; De Milt et al., 2011; Poghosyan et al., 2017; Shea, 2015). Furthermore, interprofessional relationships were also identified as very important to NP satisfaction (Brom et al., 2016; De Milt, et al., 2011; Poghosyan et al., 2017; Shea, 2015). As per Meleis, if the NP role is unclear to either the NP themselves or others working with the NP, role insufficiency can develop, and therefore, influence NP job satisfaction and NP intent to stay in their current role. Congruent with previous research, this study found that the NPs felt that they do not practice to their full scope and do not feel autonomous. Furthermore, previous research revealed that interprofessional relationships were very important to NP satisfaction (Brom et al., 2016; De Milt, et al., 2011; Poghosyan et al., 2017; Shea, 2014). However, the majority of NP participants in this study reported their nurse and physician colleagues as not supportive of their role. Role insufficiency is clearly an issue for the NPs in this study as they felt they were not practicing to their full scope and were not autonomous. Furthermore, intraprofessional relationships with both physicians and RNs were reported as negative. As per Meleis, the undercurrents of relationships in the role can be one of the causes of role insufficiency and is undoubtedly an issue for the NPs in this study.

The results of this study are supported by multiple components of Meleis' Transitions Theory including transition conditions, outcome indicators, and role insufficiency. Meleis theorized that transition conditions hinder the transition process. Transition conditions in this

study included barriers to working to full scope of practice, RN/NP intraprofessional relationships, and autonomy. Outcome indicators reveal whether or not a transition was successful. According to Meleis, process/outcome indicators include a feeling of connectedness, fruitful interactions, being situated, and developing confidence and coping. The NPs in this study reported not feeling connected to their fellow RN or physician colleagues, not feeling interactions were fruitful, and not feeling confident. Finally, Meleis asserted that role insufficiency is caused by incongruence between role behavior and the role expectation. The NPs in this study reported working beneath their scope of practice along with experiencing poor relationships with RN and physician colleagues; both leading to an insufficient NP role.

## CHAPTER VI

### SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND IMPLICATIONS

#### Summary

This descriptive correlational research study was the first to examine the relationships between and among nurse practitioner (NP) role perception, job satisfaction, and anticipated turnover in NPs in the Middle Atlantic States (MAS). Research participants completed the Advanced Practice Nurse Role Perception Scale (APNRPS) to measure NP role perception, the Meisner Nurse Practitioner Job Satisfaction Scale (MNPJSS) to measure NP job satisfaction, the Anticipated Turnover Scale (ATS) to measure NP anticipated turnover, and a demographic data questionnaire.

The purpose of this study was to describe the relationships between and among NP role perception, job satisfaction, and anticipated turnover for NPs in the MAS. This study also examined if there was a statistically significant difference in NP role perception, job satisfaction, and anticipated turnover among New York, New Jersey, and Pennsylvania NPs, thus determining if individual state legislation had an impact on NPs. The overarching theoretical framework utilized for this study was Afaf Meleis' Transitions Theory. The Transitions Theory consists of five major elements: types and patterns of transitions; properties of transition experience; transitions conditions; indicators of healthy transitions; and nursing therapeutics. The two elements most applicable to NPs in this study were transitions conditions and outcome indicators.

The sample for this study consisted of 190 voluntary participants who met eligibility criteria, who were recruited to take this study's self-reporting online survey via the American

Nurses Credentialing Center (ANCC) electronic mailing list. An email providing a description of the study and a link to survey was sent to NP members of the ANCC registered in the MAS.

Upon clicking the link, participants were directed to a Qualtrics survey which provided the title of the study, its affiliation to Seton Hall University, and the letter of solicitation.

Demographic data revealed the participants were predominantly White females holding a master's degree and were on average over 50 years of age. Most of the participants were certified family practice NPs working in a hospital setting with greater than 10 years' experience in the field.

## **Conclusions**

This study revealed that NPs in New York, New Jersey, and Pennsylvania perceived their role as unfavorable ( $M=2.6$   $SD=.75$ ), were minimally dissatisfied ( $M=2.9$   $SD=.96$ ) and leaned toward leaving their positions on the anticipated turnover scale ( $M=4.2$ ,  $SD=1.43$ ).

To investigate the relationship between NP job satisfaction and role perception, a Pearson correlation was conducted. Results yielded a significant, positive relationship between NP job satisfaction and role perception ( $r=.398$ ,  $p < .001$ ). Therefore, as NP perception of their role increased, so did NP job satisfaction.

Pearson correlation was also utilized to investigate the relationship between NP role perception and anticipated turnover. Results yielded a slight, negative correlation between the two variables ( $r=-.159$ ,  $p=.027$ ). Hence, as perception of their role increased, NP anticipated turnover decreased.

Similarly, Pearson correlation was performed to investigate the relationship between NP job satisfaction and NP anticipated turnover. A significant, negative correlation ( $r = -.626$ ,  $p =$

<.001) was found between NP job satisfaction and anticipated turnover. Thus, as NP job satisfaction increased, anticipated turnover decreased.

Subsequently, a one-way ANOVA was performed to investigate the relationship between NP role perception, NP job satisfaction, and NP anticipated turnover between each state of the MAS. Results yielded no statistically significant difference in NP role perception between the states in the MAS  $F(3,166) = .225, p = .879$ . Likewise, results demonstrated no significant difference in job satisfaction between states in the MAS  $F(3,135) = .002, p = 1.00$ . Lastly, results revealed no significant difference in anticipated turnover between states in the MAS  $F(3,143) = .263, p = .852$ .

### **Limitations**

The aforementioned results exhibited lower rates of role perception and job satisfaction and similar levels of anticipated turnover for NPs in the MAS compared to previous research conducted across the country (Brom et al., 2016; De Milt, et al., 2011; Poghosyan et al., 2017; Shea, 2014). A contributing factor to the difference in results to these lower NP job satisfaction results may be the current global pandemic which did not exist during prior studies. Recent research regarding frontline nursing and COVID-19 reported a direct correlation between the COVID-19 pandemic and negative job satisfaction and turnover (Lavoie-Tremblay et al., 2021). Therefore, the ongoing COVID-19 pandemic may be a limitation to this study. In retrospect, a question regarding the impact of COVID-19 on NP job satisfaction should have been included in this study.

A second limitation was the NP practice regulations of the states included in this study. Although New York, New Jersey, and Pennsylvania have regulatory differences, they are all



considered reduced practice authority states (American Association of Nurse Practitioners, 2021). Therefore, the lower level of NP level of satisfaction and role perception and the higher level of anticipated turnover could be due to this factor. Future research should consider a comparison between states that have a reduced practice authority and those that promote full practice authority to examine whether a significant difference exists.

A final limitation of this study was related to the sample as the participants practiced in the MAS. Therefore, results may not be generalizable to NPs across the country. Future research should consider a study comparing different geographic regions.

### **Recommendations For Future Research**

Additional research on NP role perception, job satisfaction, and anticipated turnover is recommended. This study found lower role perception and job satisfaction, and similar levels of anticipated turnover for in NPs in the MAS compared to previous research. Since role perception, job satisfaction, and anticipated turnover for NPs were identified in this study as an ongoing issue, future research to identify strategies to ensure and sustain a positive NP workforce is suggested. Future research should consider conducting similar research between different geographical regions in the United States, including comparison of reduced practice authority states and full practice authority states. Finally, future studies should consider analysis of NP role perception utilizing the APNRPS, as this study was only the second to use the instrument. The results generated by the instrument are vital to NPs and the nursing profession.

### **Implications**

The findings from this study are invaluable to the nursing profession as they can aid the formulation of strategies to ensure a positive, fulfilled NP workforce. For example, NPs in this

study viewed their level of autonomy, percentage of time spent in direct patient care, and level of accomplishment among the lowest items they were satisfied with. On the APNRPS, the lowest scoring items were: “I believe my nurse colleagues are supportive of my APN role” and “I am currently able to practice to my state’s full scope in my current job as an APN”. Organizations, employers, and administrators should analyze these data points, and develop tools and strategies to mitigate low NP satisfaction, role perception and decrease turnover. For example, the percentage of time spent in direct patient care data point can be analyzed by organizations and improved with minimal effort. Perhaps the cause of the dissatisfaction with this is as simple as the NPs spending excess time at the computer or answering phones. Organizations can then determine how to alleviate such disruptions keeping NPs from direct patient care. Efforts to mitigate disruptions may not only help to retain qualified NPs in their roles, but may also positively impact patient outcomes by ensuring quality, continuous care (DeMilt et al., 2011).

This research study was only the second to utilize the APNRPS. The results from this study supported the instrument’s purported reliability yielding a Cronbach’s alpha of .82 proving the instrument to be reliable and consistent. These results substantiate the validity of the instrument and its ability to provide valuable information for future studies related to nursing, the nursing profession, and NP practice.

### **Practice and Education**

Unfortunately, the lowest scoring item on the APNRPS was “I believe my nurse colleagues are supportive of my APN role”. Nurses should be a foundation of support for NPs as they are within the same discipline. An area of opportunity to improve this issue lies in nursing education. Undergraduate nursing programs should provide education concerning the role of NPs, NP scope of practice, and expectations for working with NPs in the clinical setting.

Graduate nursing programs should also provide education on team building, interprofessional education, and social and role support for NPs. As a result, role insufficiency (Meleis, 2010) can be avoided, and NPs will have improved satisfaction and role perception as well as lower anticipated turnover. Similarly, other disciplines within healthcare including physicians and physician assistants, should receive education surrounding the NP role to foster an environment for NPs to work to their full potential.

Finally, this study helped to identify the importance of knowing more about what work related factors are essential to NPs, to keep them from leaving their current positions, clinical practice, and from leaving the nursing profession. The vital work of NPs is evident, but keeping NPs satisfied in their jobs and roles is an ongoing challenge. The results of this study should contribute to development and implementation of strategies to mitigate the loss of any additional NPs in the future and keep NPs satisfied to ensure continuous, quality patient care.

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**APPENDIX A (HTML FILE TO DATA AXLE)**

Dear Nurse Practitioner:

My name is Jenna Sabatino, and I am a nurse practitioner and PhD student at Seton Hall University, College of Nursing. In order to meet the degree requirements for the PhD program, I am conducting a research study that will examine nurse practitioner role perception, job satisfaction and anticipated turnover in New York, New Jersey, and Pennsylvania. To continue to the survey please click the link below:

[https://shu.co1.qualtrics.com/jfe/form/SV\\_8vwYdQ10eVct0fr](https://shu.co1.qualtrics.com/jfe/form/SV_8vwYdQ10eVct0fr)

Thank you for participating in my research study,

Jenna Sabatino, MSN, NP-C

Doctoral Student, PhD in Nursing

Seton Hall University College of Nursing

123 Metro Boulevard

Nutley, NJ 07110

## APPENDIX B

### The APN Role Perception Scale

The following statements address your role as an advanced practice nurse (APN). Please select the number that best describes your agreement or disagreement with each statement. There are no right or wrong answers.

*SD = strongly disagree, MD = moderately disagree, SLD = slightly disagree, NAD = neither agree or disagree, SLA = slightly agree, MA = moderately agree, SA = strongly agree*

	SD	MD	SLD	NAD	SLA	MA	SA
1. I am currently able to practice to my state's full scope in my current job as an advanced practice nurse (APN).	1	2	3	4	5	6	7
2. I believe that my physician colleagues are supportive of my APN role.	1	2	3	4	5	6	7
3. I believe that my physician colleagues understand my APN role.	1	2	3	4	5	6	7
4. My satisfaction with my job is heavily related to how I am able to practice in my role.	1	2	3	4	5	6	7
5. There are multiple barriers in my current job to being able to practice to my full scope.	1	2	3	4	5	6	7
6. I believe my nurse colleagues are supportive of my APN role.	1	2	3	4	5	6	7
7. I believe our healthcare administrators are supportive of my APN role.	1	2	3	4	5	6	7
8. I believe that I could be doing more in my current job as an APN that would be legally allowable within my scope of practice.	1	2	3	4	5	6	7
9. I believe that if I were allowed to take on more responsibility under my scope of practice that patient outcomes would be further improved.	1	2	3	4	5	6	7

The average and standard deviation for each item, as well as the total score average and standard deviation may be calculated.

Reverse score items 4 and 7, 9

Please refer to the following article for psychometric properties of the scale:

Brom, H. M., Melnyk, B., Szalacha, L. & Graham, M. (2016). Nurse practitioners' role perception, stress, satisfaction and intent to stay at a midwestern academic medical center. *Journal of the American Association of Nurse Practitioners*, 28(5). doi: 10.1002/2327-6924.12278



**Brom**, Heather M <[hmbrom@nursing.upenn.edu](mailto:hmbrom@nursing.upenn.edu)>

Mon 3/25/2019 11:54 AM

Jenna R Sabatino ✓



Hello Jenna - you would be permitted to use the scale in an online format (this is how we administered it as well). As for studies that I have used the tool, we have had several requests but to my knowledge no one has published findings. I hope you are making good progress in your studies.

Sincerely,

Heather

**Heather Brom, PhD, APRN**

Postdoctoral Research Fellow, Center for Health Outcomes and Policy Research

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Twitter: [@heather\\_brom](https://twitter.com/heather_brom)



## APPENDIX C

**Misener Nurse Practitioner Job Satisfaction Scale ©****Instructions:**

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

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

V.S. = Very Satisfied

S. = Satisfied

M.S. = Minimally Satisfied

M.D. = Minimally Dissatisfied

D. = Dissatisfied

V.D. = Very Dissatisfied

	V.S.	S.	MS.	M.D.	D.	V.D.
1. Vacation/Leave policy	6	5	4	3	2	1
2. Benefit package	6	5	4	3	2	1
3. Retirement plan	6	5	4	3	2	1
4. Time allotted for answering messages	6	5	4	3	2	1
5. Time allotted for review of lab and other test results	6	5	4	3	2	1
6. Your immediate supervisor	6	5	4	3	2	1
7. Percentage of time spent in direct patient care	6	5	4	3	2	1
8. Time allocation for seeing patient(s)	6	5	4	3	2	1
9. Amount of administrative support	6	5	4	3	2	1
10. Quality of assistive personnel	6	5	4	3	2	1
11. Patient scheduling policies and practices	6	5	4	3	2	1
12. Patient mix	6	5	4	3	2	1
13. Sense of accomplishment	6	5	4	3	2	1
14. Social contact at work	6	5	4	3	2	1
15. Status in the community	6	5	4	3	2	1
16. Social contact with your colleagues after work	6	5	4	3	2	1
17. Professional interaction with other disciplines	6	5	4	3	2	1

**HOW SATISFIED ARE YOU IN YOUR CURRENT JOB AS A NURSE PRACTITIONER WITH:**

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

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

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



April 3, 2019

Jenna Sabatino, MSN, NP-C  
Clinical Nurse Manager  
New York Presbyterian-the Allen Hospital Emergency Department  
5141 Broadway  
New York, NY 10034

VIA: email

Dear Ms. Sabatino:

I am delighted you are interested in using the Misener Nurse Practitioner Job Satisfaction Survey for your PhD project.

This letter serves as permission for you to use the tool in your study of job satisfaction among your nurse practitioner staff in New York and New Jersey under the following conditions:

- The survey will only be used for your research study and you will not sell or use it with any compensated or curriculum development activities.
- You will send a copy of your completed research study to my attention upon completion of the study.
- You will acknowledge the University of Portland School of Nursing in all manuscripts using the Misener Nurse Practitioner Job Satisfaction Survey tool, whether published or unpublished.

I wish you the best on this study.

Sincerely,

A handwritten signature in black ink, appearing to read "Casey R. Shillam".

Casey R. Shillam, PhD, RN  
Interim Dean and Associate Professor  
University of Portland  
School of Nursing



March 8, 2021

Jenna Sabatino, MSN, NP-C  
Clinical Nurse Manager  
New York Presbyterian-the Allen Hospital Emergency Department  
5141 Broadway  
New York, NY 10034  
jenna.sabatino@student.shu.edu  
VIA: email

Dear Ms. Sabatino,

This letter serves as permission for you to use the Misener Job Satisfaction tool in your study expansion in Pennsylvania. Please consider this letter as an addendum to the full permission letter dated April 3, 2019.

I wish you the best on these projects.

Sincerely,

A handwritten signature in black ink, appearing to read "Casey R. Shillam".

Casey R. Shillam, PhD, RN  
Interim Dean and Associate Professor  
University of Portland  
School of Nursing



## APPENDIX D

Anticipated Turnover Scale (ATS)

ITEMS	Strongly Agree	Moderately Agree	Slightly Agree	Uncertain	Slightly Disagree	Moderately Disagree	Strongly Disagree
1. I plan to stay in my position awhile	7	6	5	4	3	2	1
2. I am quite sure I will leave my position in the foreseeable future.	7	6	5	4	3	2	1
3. Deciding to stay or leave my position is not a critical issue for me at this point in time.	7	6	5	4	3	2	1
4. I know whether or not I will be leaving this agency within a short time.	7	6	5	4	3	2	1
5. If I got another job offer tomorrow, I would give it serious consideration.	7	6	5	4	3	2	1
6. I have no intentions of leaving my present position.	7	6	5	4	3	2	1
7. I have been in my position about as long as I want to.	7	6	5	4	3	2	1
8. I am certain I will be staying here awhile.	7	6	5	4	3	2	1
9. I do not have any specific idea how much longer I will stay.	7	6	5	4	3	2	1
10. I plan to hang on to this job for a while.	7	6	5	4	3	2	1
11. There are big doubts in my mind as to whether or not I will really stay in this agency.	7	6	5	4	3	2	1
12. I plan to leave this position shortly.	7	6	5	4	3	2	1

Nurse Retention Evidence-Based Guideline

© The University of Iowa Gerontological Nursing Interventions Research Center

## Scoring Guidelines, Anticipated Turnover Scale

### ANTICIPATED TURNOVER SCALE

By

(Hinshaw, A.S. and Atwood, J. R.)

#### Response Options

AS	=	Agree Strongly
MA	=	Moderately Agree
SA	=	Slightly Agree
U	=	Uncertain
SD	=	Slightly Disagree
MD	=	Moderately Disagree
DS	=	Disagree Strongly

Directions: For each item below, circle the appropriate response. Be sure to use the full range of responses (Agree Strongly to Disagree Strongly).

Scoring Key	Options	Item
(-)	AS MA SA U SD MD DS	1. I plan to stay in my position awhile.
(+)	AS MA SA U SD MD DS	2. I am quite sure I will leave my position in the foreseeable future.
(-)	AS MA SA U SD MD DS	3. Deciding to stay or leave my position is not a critical issue for me at this point in time.
(+)	AS MA SA U SD MD DS	4. I know whether or not I'll be leaving this agency within a short time.

- (+) AS MA SA U SD MD DS 5. If I got another job offer tomorrow, I would give it serious consideration.
- (-) AS MA SA U SD MD DS 6. I have no intentions of leaving my present position.
- (+) AS MA SA U SD MD DS 7. I've been in my position about as long as I want to.
- (-) AS MA SA U SD MD DS 8. I am certain I will be staying here awhile
- (-) AS MA SA U SD MD DS 9. I don't have any specific idea how much longer I will stay.
- (-) AS MA SA U SD MD DS 10. I plan to hang on to this job awhile.
- (+) AS MA SA U SD MD DS 11. There are big doubts in my mind as to whether or not I will really stay in this agency.
- (+) AS MA SA U SD MD DS 12. I plan to leave this position shortly.

ATS: Rev 8/84

O: dean's correspondence instruments: tools

### **INSTRUCTIONS FOR SCORING SCALES AND SUBSCALES**

#### **SCALES WITHOUT SUBSCALES**

##### **1. GIVE EACH ITEM A SCORE**

Use the + and – key provided. For each item, score it according to whether it is positive or negative. For example, on a 5-point scale, for + items, SA is scored 5 and SD is scored 1. Conversely, for a negative item on that same 5-point scale, an item response of SA is scored 1 and SD is scored 5.

## Anticipated Turnover Scale



JAN ATWOOD <atwoodj@comcast.net>

Mon 2/25/2019 12:06 AM

Jenna R Sabatino; ahinshaw@umich.edu ✓



Greetings, PhD Student Sabatino,

Dr. Hinshaw and I are supportive of your use of the ATS, job and work satisfaction scales and any other of our successful predictors of turnover you can use. The other successful predictors include group cohesion, control over nursing practice and job stress. Please let me know the scales of interest.

Sincerely,  
Jan R. Atwood, PhD, RN(ret), FAAN  
Professor Emerita, Colleges of Nursing and Public Health  
University of Nebraska Medical Center  
and  
Adjunct Professor, College of Nursing  
University of Arizona

Sent from Xfinity Connect Application

-----Original Message-----

**APPENDIX E****NP Background Data Questionnaire**

Q0

**NP BACKGROUND DATA QUESTIONNAIRE**Instructions:

This page contains questions that provide information about your background. Please answer each question completely by choosing the response that pertains to you or writing your answer to the open-ended questions.

Q1

What is your gender?

- Male
- Female
- Other-please specify

Q2

What is your age?

Q3

Please select the response that best describes your ethnicity.

- Hispanic
- Non-Hispanic
- Unknown

Q4

Which one or more of the following would you use to describe your race. Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

Q5

What is your highest level of nursing education?

- MSN
- DNP
- PhD
- Other

Q6

How many years of experience do you have:

As a registered nurse (RN)     As a nurse practitioner (NP)

Q7

In what state(s) do you currently practice in as an NP?

- New Jersey
- New York
- Pennsylvania
- Other

Q8

What specialty are you certified in as an NP?

- Adult NP
- Adult Acute Care NP
- Adult-Gerontology Primary NP
- Adult- Gerontology Acute Care NP
- Family NP
- Pediatric Primary Care NP
- Pediatric Acute Care NP
- Neonatal NP
- Psychiatric Mental Health NP
- Women's Health NP

Q9

iQ

In what type of setting do you work in your primary position as a NP? Check only one.

- |   |   |
|---|---|
| <input type="radio"/> Private physician office/practice | <input type="radio"/> Hospital emergency department                             |
| <input type="radio"/> Private NP office/practice        | <input type="radio"/> Hospital - other (please specify)<br><input type="text"/> |
| <input type="radio"/> Nurse managed clinic              | <input type="radio"/> Federal hospital  |
| <input type="radio"/> Retail based clinic               | <input type="radio"/> Long-term care facility                                   |
| <input type="radio"/> Urgent care clinic                | <input type="radio"/> Hospice   |
| <input type="radio"/> Ambulatory surgery center         | <input type="radio"/> Home care agency  |
| <input type="radio"/> Federal clinic                    | <input type="radio"/> I am not currently working                                |
| <input type="radio"/> Hospital inpatient unit           | <input type="radio"/> Other (Please specify)<br><input type="text"/>            |
| <input type="radio"/> Hospital outpatient clinic        |   |

Q10

How long have you been working in your current primary NP position?

- Less than 6 months
- 6 months - 1 year
- 1-2 years
- 3-5 years
- More than 5 years
- I am not currently working

Q11

If you are NOT currently working in a clinical setting, when is the last time you did work clinically?

- Less than 6 months
- 6 months- 1 year
- 1-2 years
- 3-5 years
- More than 5 years
- Not applicable, as I am currently working

Q12


Have the currently waived NP state regulations due to COVID-19 impacted your NP practice? If yes, please explain.

- Yes

- No



## APPENDIX F (IRB approved informed consent form)

	<b>Informed Consent Form</b>	Seton Hall University Institutional Review Board JUL 13 2021 Approval Date Expiration Date JUL 13 2022
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**Title of Research Study:** Nurse practitioner role perception, job satisfaction, and anticipated turnover in the Middle Atlantic States

**Principal Investigator:** Jenna Sabatino, MSN, NP-C

**Department Affiliation:** Seton Hall University, College of Nursing

**Sponsor:** This research is supported by Seton Hall University, College of Nursing.

**Brief summary about this research study:**  
 The following summary of this research study is to help you decide whether or not you want to participate in the study. You have the right to ask questions at any time.  
 The purpose of this study is to describe the relationships between and among nurse practitioner role perception, job satisfaction, and anticipated turnover, for nurse practitioners in the Middle Atlantic States.  
 You will be asked to complete a survey.  
 We expect that you will be in this research study for 20 minutes.  
 The primary risk of participation is confidentiality and privacy  
 The main benefit of participation is

**Purpose of the research study:**  
 You are being asked to take part in this research study because you are a nurse practitioner who can read, write, and speak English, and you practice in New York, New Jersey, and/or Pennsylvania  
 Your participation in this research study is expected to be for 20 minutes.  
 You will be one of at least 84 people who are expected to participate in this research study.

**What you will be asked to do:**  
 Your participation in this research study will include: the completion of four questionnaires which are listed below:

1. The NP Role Perception Scale (NPRPS), which is designed to examine NP perception from the NP's own perspective.
2. The Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS), which is developed to measure job satisfaction specifically for NPs
3. The Anticipated Turnover Scale" (ATS), which is used examine relationships among certain variables and describe anticipated turnover and actual turnover among nurses. The model's purpose was to propose ideas to improve retention and prevent unnecessary turnover based on the data
4. A Demographic Data Information Form, which asks demographic questions such as gender, place of work, years of clinical experience.

Procedures: The survey is attached to a link sent via email from the American Nurses Credentialing Center (ANCC) that once clicked, will direct you to a survey assessment site called Qualtrics. Upon arriving to the site, you will start the questionnaire. Completion and submission of the questionnaire will imply your consent to participating in this research study thus your signature for consent is not required.

OnlineConsent.v2.2020-2021



## Informed Consent Form

### **Your rights to participate, say no or withdraw:**

Participation in research is voluntary. You can decide to participate or not to participate. You can choose to participate in the research study now and then decide to leave the research at any time. Your choice will not be held against you.

The person in charge of the research study can remove you from the research study without your approval. Possible reasons for removal include missing study visits, non-compliance with the study procedures.

### **Potential benefit:**

There may be no direct benefit to you from this study. You may obtain personal satisfaction from knowing that you are participating in a project that contributes to new information.

### **Potential risks:**

The risks associated with this study are minimal in nature. The risks include confidentiality and privacy.

### **Confidentiality and privacy:**

Efforts will be made to limit the use or disclosure of your personal information. This information may include the research study documents or other source documents used for the purpose of conducting the study. These documents may include. We cannot promise complete secrecy. Organizations that oversee research safety may inspect and copy your information. This includes the Seton Hall University Institutional Review Board who oversees the safe and ethical conduct of research at this institution.

This survey is being hosted by Qualtrics and involves a secure connection. Terms of service, addressing confidentiality, may be viewed at <https://www.qualtrics.com/terms-of-service/>. Upon receiving results of your survey, any possible identifiers will be deleted by the investigator. You will be identified only by a unique subject number. Your email address will be stored separately from your survey data. All information will be kept on a password protected computer only accessible by the research team. The results of the research study may be published, but your name will not be used.

### **Data sharing:**

De-identified data from this study may be shared with the research community at large to advance knowledge. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

### **Cost and compensation:**

You will not be responsible for any of the costs or expenses associated with your participation in this study.

There is no payment for your time to participate in this study.

### **Conflict of interest disclosure:**

The principal investigator and members of the study team have no financial conflicts of interest to report.



## Informed Consent Form

**Contact information:**

If you have questions, concerns, or complaints about this research project, you can contact the Seton Hall University Institutional Review Board (“IRB”) at (973) 761-9334 or [irb@shu.edu](mailto:irb@shu.edu).

If you want a copy of this consent for your records, you can print it from the screen.

If you do not wish to participate in this study, please exit the browser. If you would like to continue please click the link below: