

ABSTRACT

JOB SATISFACTION AMONG CENTRAL CALIFORNIA NURSE PRACTITIONERS

Job satisfaction among nurse practitioners is essential in ensuring that patients receive the best attention while in primary care settings. There are potential benefits that job satisfaction can yield to the healthcare setting and the patient, such as an enhanced image among prospective job seekers. In addition, there are cost savings benefits associated with retaining the current workforce of nurse practitioners. The current research examines the factors that influence and those that deter nurse practitioners' job satisfaction in Central California by using the MNPJSS scale. The findings show that nurse practitioners are satisfied with their supervisors, the challenging nature of their work, and the flexibility to take part in professional committee aspects. On the other hand, the nurse practitioners showed least satisfaction with their compensation, the freedom to take part in other gainful healthcare facility endeavors, and the time they are given for leave.

Keywords: Job Satisfaction, Nurse Practitioners, Patients, Primary Care

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May 2021

JOB SATISFACTION AMONG CENTRAL CALIFORNIA
NURSE PRACTITIONERS

by
Theo O. Ikele

A project
submitted in partial
fulfillment of the requirements for the degree of
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APPROVED

For the California State University, Fresno
Doctor of Nursing Practice:

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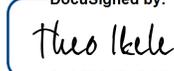
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CHAPTER 1: INTRODUCTION

Purpose and Background

In California, the issue of clinician shortage is not new; this gets worse in the rural areas of the state that have less clinicians available to provide the much needed health care services to the population living in those areas. The Central California/Central Valley region is made up of Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare counties (centralcalifornia.org, 2018). Several areas in those counties are designated as medically underserved areas (MUAs) by the Health Resources and Services Administration (n.d.). The medically underserved areas/populations are designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental, or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons) (Health Resources and Services Administration (n.d.)).

The Central California/Central Valley region remains one of those parts of the state that unfortunately has been affected by clinician shortage. A report from the University of California San Francisco (Maier, 2017) shows that the California Central Valley region is among the regions in the state that have been projected to have the worst shortages of primary health care providers. According to that report, the region is projected to have an 18% shortage of primary care providers by 2030. This forecast suggests that the Central Valley region will have an estimated 71 primary care providers per 100,000 residents (Maier, 2017). Similarly, it is projected that the gap between patients and effective care delivery

will widen because there is an increasing number of the aging population, highly increasing chronic disease rates, and the expansion of insurance coverage under the Affordable Care Act, which supports the projected growth in demand for primary care practitioners (Spetz & Muench, 2018). In a region that is already struggling to have adequate number of primary care clinicians to care for those living in the area, if the projected scenario is not adequately taken care of, it will make an already difficult situation more complicated. Such a scenario will make it much more difficult for individuals to get the health care services they need and deserve. The purpose of this project was to identify those factors that affect the job satisfaction of nurse practitioners in the region to help provide insight about what measures can be taken to help increase the number of nurse practitioners in the region and help avert the looming health care crisis.

In California, a nurse practitioner is a registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health and illness needs in primary health care (California Board of Registered Nursing, 2021). Nurse practitioners in California work in different clinical settings. Nurse practitioner job satisfaction is affected by different factors as examined under the Misener Nurse Practitioner Job Satisfaction assessment tool; these factors can change at any particular point in time. Since the factors under which nurse practitioner job satisfaction is measured (using the MNPJSS tool) can affect nurse practitioners differently, the level of job satisfaction that those individuals achieve from their job may be different. This same situation holds true even if nurse practitioners work on the same clinical setting or are in the same nurse practitioner specialty.

Problem Statement

Although nurse practitioners remain a very important part of the health care workforce in the Central California/Central Valley region, little is known about their level of job satisfaction. The importance of job satisfaction to nurse practitioners is very important to health care consumers as well as the general public. Spetz and Muench (2018) reported that California nurse practitioners are positioned to fill the primary care gap; however, they face challenges in their practice. The report shows that California nurse practitioners are more likely to concentrate in counties that have high physician-to-population ration (Spetz & Muench, 2018). The Central California/Central Valley region with many areas designated as medically underserved areas (MUAs) and health professional shortage areas (HPSAs) by the Health Resources and Services Administration (n.d.) will stand to gain more when there are more nurse practitioners working in the area. However, the willingness of nurse practitioners to work in the region will depend to a great extent on the level of satisfaction they derive from their jobs. As a result of the need to explore such factors, this study became necessary. It is hoped that when such factors that affect nurse practitioners' job satisfaction in the region are identified and the necessary actions taken to address them adequately, that can lead to more nurse practitioners willing to work in the region, and will make it possible for Central California to get the health care services they need on time. It is also hoped that the availability of more nurse practitioners can help drive down the cost of health care services for the people living in the region.

Significance of the Study

Job satisfaction can play a huge role in the morale of nurse practitioners, and this can have impact on the quality of care that nurse practitioners provide to patients. Pasarón (2013) found that nurse practitioners expressed dissatisfaction

with professional and monetary recognition, assertive influence, administrative support, and collegial relationships. These findings are very important because they indicate problems that need to be addressed. It is particularly important in the case of the Central California/Central Valley region that these issues be adequately addressed in order to positively affect nurse practitioner job satisfaction in the area so as to decrease nurse practitioner turnover and attract more nurse practitioners to the region. When necessary interventions are taken to adequately address the areas of nurse practitioner job dissatisfaction, this can help prevent the looming dearth of primary care providers in the region. Conversely, if necessary steps are not adequately taken, the problem of health care access in the region and the shortage of primary health care providers in the area can worsen.

The purpose of this project is to evaluate the job satisfaction that nurse practitioners in the Central California/Central Valley region derive from their jobs. This project explored both the intrinsic and the extrinsic factors that affect job satisfaction of nurse practitioners working in the Central California/Central Valley region. The results obtained can help highlight factors that impact nurse practitioner job satisfaction with the goal of addressing factors that have negative implication for job satisfaction. Additionally, the goal is to reinforce those factors found to have positive impacts on the job satisfaction of nurse practitioners in the Central California/Central Valley region. The results can also be beneficial in the recruitment and retention of nurse practitioners at various health care facilities by helping employers know those factors important for the job satisfaction of nurse practitioners. Such information may be important in making strategies on how to have more primary care providers in the region to help alleviate the shortage.

As a result of the fact that clinical practice environment can have huge impacts on the job of nurse practitioners, it is important to find out how nurse

practitioners working in the Central California/Central Valley region are impacted by different factors in the area. Such findings can be used to compare job satisfaction of nurse practitioners in the Central California region to that of nurse practitioners in other regions in California or other parts of the United States. Moreover, the results might help to identify areas that hinder nurse practitioner job satisfaction, with the hope of addressing such areas at the facility, local, or state level in order to increase nurse practitioner retention and attract new nurse practitioners to the region.

CHAPTER 2: LITERATURE REVIEW

Theoretical Framework

Motivation-Hygiene Theory

The Herzberg's motivation-hygiene theory, which is often referred to as a two-factor theory, was developed through the works of Herzberg, Mausner, and Snyderman in 1959 regarding people's attitude towards work; this theory was influenced by Maslow's hierarchy of needs (Alshmemri et al., 2017). In the book *Work and the Nature of Man* (1966) by Herzberg, it was determined that factors determining job satisfaction are different from factors that cause job dissatisfaction (Parker, 1969). According to Parker (1969), the first sets of factors are called motivators and they include achievement and motivation. The second sets of factors are called "hygiene factors" and include company policy and supervision (Parker, 1969).

Herzberg's book involved the study of factors that affected the job satisfaction of the study sample, which included accountants and engineers. The study involved more than 203 accountants and engineers working in nine factories in the Pittsburgh, PA area of the United States (Alshmemri et al., 2017). The sample was studied to know which factors in their work environment influenced them and caused job satisfaction as well as which factors caused dissatisfaction. From this research study, a two-factor theory of job satisfaction was developed (Alshmemri et al., 2017). According Alshmemri et al. (2017), there are two sets of factors that affect job satisfaction, the aforementioned motivation factors and "hygiene" factors. The motivation or satisfiers create motivation for work and lead to job satisfaction because of the workers' need for self-growth and self-actualization (Alshmemri et al., 2017). Such motivation factors lead to positive

work attitude and are intrinsic to the job (Alshmemri et al., 2017). Some of the motivation factors are achievement, recognition, the work itself, and responsibility (Alshmemri et al., 2017).

The other set of factors have negative impacts on job satisfaction and are called “hygiene” factors or dissatisfiers. The term “hygiene” is used in reference to medical hygiene that operates to remove environmental hazards (Alshmemri et al., 2017). Hygiene factors reduce job satisfaction and include interpersonal relations, salary, company policies and administration, relationship with supervisors and working conditions (Alshmemri et al., 2017).

Application of Herzberg’s Theory in Nursing

Herzberg’s theory continues to be relevant today in identifying the level of job satisfaction of employees. In the nursing profession, the theory is very useful as it can be used to explore work settings in order to know what motivates nurse practitioners in the performance of their jobs. In the development of the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS), Herzberg’s theory was used to identify those factors that provided job satisfaction to nurse practitioners as well as those that did not (Misener & Cox, 2001).

Literature on Nurse Practitioner Job Satisfaction

Over the past years, there have been studies done to examine the level of nurse practitioners job satisfaction across different places in the United States. The California Board of Registered Nursing conducted a research study in 2017 to evaluate, among other things, job satisfaction among nurse practitioners (NPs) and certified nurse midwives (CNMs) in California (Spetz et al., 2018). That study is the most elaborate recent research on job satisfaction of nurse practitioners in

California. During the study, 2,500 surveys were mailed out to nurse practitioners and certified nurse midwives in California; of this number, 1,588 (64%) eligible questionnaires were returned (Spetz et al., 2018). The California Board of Registered Nursing worked in collaboration with University of California, San Francisco to develop the survey used in the study. The sample was divided into three groups: NP only, CNM only, and those with dual (NP and CNM) certifications (Spetz et al., 2018). The study sample was grouped according to certification type and rural/urban category: large urban area, urban commuter area, large rural area, small rural area, isolated small rural area. The sample was also grouped by age: under 35 years, 35-44 years, 45-54 years, 55-64 years, and 65 years and older (Spetz et al., 2018). Surveys were emailed to participants who had valid email addresses; paper versions of the survey were also mailed to participants with valid mailing addresses. This study is very important because it examined the factors that affect nurse practitioners as well as certified midwives in California. The study also identified financial factors as common problems in providing high quality care to patients especially in places where the insurance companies denied coverage (Spetz et al., 2018).

Another research study on nurse practitioner job satisfaction was carried out in Massachusetts and involved nurse practitioners practicing in 163 primary care organizations to determine the extent to which their practice environments affected nurse practitioner job retention (Poghosyan et al., 2017). The study used the Nurse Practitioner Primary Care Organizational Climate Questionnaire to gather responses. The questionnaires had four scales: Professional Visibility, Nurse Practitioner-Administration Relations, Nurse Practitioner-Physician Relations, and Independent Practice and Support (Poghosyan et al., 2017). The study used multilevel logistic regression models to analyze the results. It was

found that nurse practitioners rated the relationship between them and physicians favorably, whereas the nurse practitioner-administrator relationship was not rated favorably (Poghosyan et al., 2017). Moreover, all the subscales that measured nurse practitioner practice environment had similar influence on the outcome variables, and nurse practitioners who were from organizations that have higher mean scores on the nurse practitioner-administrator subscale had higher job satisfaction scores (Poghosyan et al., 2017).

This study is important because it studied one of the main factors that can affect nurse practitioner job satisfaction: work environment and how it affects nurse practitioner job satisfaction. A good and comfortable practice environment can have positive impact on the job satisfaction that nurse practitioners derive from their job; on the contrary, an uncomfortable practice environment can negatively affect the job satisfaction of nurse practitioners as well as their productivity and patient care. The study surveyed the impact that practice environment can have on nurse practitioner job satisfaction from the perspectives of Professional Visibility, NP-Administration Relations, NP-Physician Relations, and Independent Practice and Support. The study again underscores the need to address those factors that affect the job satisfaction of nurse practitioners.

CHAPTER 3: METHODOLOGY

This chapter describes the research methods used to conduct this study. This chapter also discusses the methods used in analyzing the data obtained from survey participants.

Research Design

In this study, the descriptive non-experimental survey methodology was used to examine factors that affect the job satisfaction of nurse practitioners in the Central California/Central Valley region. The descriptive non-experimental survey method was used because of its advantage that independent variables cannot be manipulated; rather, they occur naturally (Price et al., n.d.). The variables involved in this study were measured as they occurred naturally without any form of manipulation by the researcher. In order to do this, the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) was used to examine the satisfaction imperatives of nurse practitioners in the Central California/Central Valley region. The MNPJSS is a valid tool used to evaluate nurse practitioners' job satisfaction level (Misener & Cox, 2001). According to Steinke et al. (2017), MNPJSS has been used as a reliable as well as a valid instrument in measuring nurse practitioners' job satisfaction both at the national and international levels. The instrument contains 44 items grouped into six subscales. The items are measured on a Likert scale of 1 to 6, where 1 denotes the lowest level of dissatisfaction (very dissatisfied) and 6 denotes the highest satisfaction (very satisfied). As mentioned earlier, the MNPJSS items are divided into six subscales: intra-practice partnership/collegiality, challenge/autonomy, professional/social, and community interaction, professional growth, time, and benefits (Steinke et al., 2017). This study identified factors that affect the job satisfaction of nurse practitioners in the Central California/Central Valley region as independent variables.

Recruitment

According to Newington and Metcalfe (2014), the success of any research relies on an effective recruitment strategy upon which participants are obtained. The process is often impeded by ethical considerations that make it fundamental for research to portray voluntariness in the sense that research subjects are not coerced or manipulated into participation in the inquiry. In order to ensure voluntary participation in this research, the researcher ensured various considerations were implemented. First, as Vanclay et al. (2015) suggested, the no-coercion implies that any financial incentives used to lure people to participate in research should not be considered as a bribe. Instead, the researcher's incentives were only commensurate to the amount of time they spent while giving their responses to the questions posed. In addition, voluntariness was also ensured by the researcher informing the participants the details of the study so that they were adequately informed of what the study entailed, risks and the benefits of participating in the study. Further, Vanclay et al. (2015) insisted that the participants must be informed of their right to withdraw from the study at any time that they deemed it necessary to do so in order to show voluntariness among those who opt to participate in data collection. Accordingly, the researcher informed the participants that they could opt out of the research at any time they felt it necessary. However, the right to withdraw was limited to the end of data collection process because after the results had begun to be analyzed, this provision ceased to work. Furthermore, the participants' voluntariness was marked by each of the participants signing a consent form.

Sample

The sample of this study is made up practicing nurse practitioners in Central California/Central Valley region. The sample was obtained by sending mass emails by the California State University, Fresno to the institution's alumni who are nurse

practitioners and work in the region under study. Sigma Theta Tau also sent out mass emails to its members who are practicing as nurse practitioners in the Central California/Central Valley region. The sample inclusion criteria included certification as nurse practitioner working as a nurse practitioner in the Central California/Central Valley region; the nurse practitioners must have at least 6 months of nurse practitioner clinical experience. The study included nurse practitioners irrespective of gender, ethnicity/racial background, nurse practitioner specialty, or age of participants. The exclusion criteria include nurse practitioners that are not working in the Central California/Central Valley region and nurse practitioners that do not have at least 6 months of clinical work experience as nurse practitioners.

Procedure

After the Institutional Review Board of California State University, Fresno approved the project, the gathering of the necessary documents such as permission to use the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) and other relevant documents began. Electronic mails containing (1) a letter of invitation for voluntary participation in the project and purpose of the project, (2) a consent form, and (3) a survey questionnaire link were sent out to the alumni of California State University, Fresno and members of Sigma Theta Tau who are nurse practitioners in the region under study. Each respondent was required to sign the consent form and send it back to the researcher electronically. The procedure employed during the data collection period included ensuring that all aspects of ethical considerations were met. Initially, the respondents were informed of the research through emails sent out to California State University Alumni that are nurse practitioners working in the Central California/Central Valley region. The emails that contained the web-link to the survey as well as the consent form to be signed prior to participation in the survey were also

sent out by the Sigma Theta Tau to its members who are nurse practitioners working in the Central California/Central Valley region. Participants willing to participate in the survey had to read and sign the consent form and email it back to the researcher. Survey responses were automatically sent back to the researcher online. No special procedures were employed in collecting data for this research

Location of Study

This study took place in Central California/Central Valley region.

Protection of Human Subjects

Studies that involve human subjects as respondents usually pose significant risk factors to the individuals' confidentiality and privacy as enshrined in research ethics for nursing inquiries. According to Fakruddin et al. (2013), it is essential that the participants' privacy and confidentiality are maintained to prevent any potential harm that could result from leaking the information gathered to third parties. However, in this study, the risk of leaking the participants' personal details to outsiders was addressed by ensuring that the data were anonymized after it was collected. Each participant was assigned only numbers and no personal identifying information was collected. Moreover, in order to mitigate the risk to this study's respondents, there were no medical trials or experiments administered and therefore no physical pain, injury or any death caused to the participants; hence there are no foreseeable physical risks in this study. The privacy and confidentiality strategies by gathering data anonymously from respondents ensured that no form of harm—economic, physical, legal, or any other—would befall respondents for participating in this study. Data gathered from this study did not identify respondents by name, physical address or by using any other personally identifiable information. As

mentioned earlier, the respondents are only identified as Respondent #1, Respondent #2, and so on.

In addition, the data will be stored in a locked file that is only accessible to the investigator so that the information is not leaked to third parties. The duration for storing the data will be 1 year, whereby upon its lapse, the data will be destroyed by the researcher. The process of data destruction will be by the investigator shredding the documents.

Instruments

The instrument used to carry out this study is that Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS), which is a tool that has been validated for use in the measurement of nurse practitioner job satisfaction (Misener & Cox, 2001). Validation of the MPJSS involved modifying previous nurse practitioner job satisfaction scale by deleting 33 items; this resulted in the following factors: (a) intra-practice partnership/collegiality; (b) challenge/autonomy; (c) professional, social, and community interaction; (d) professional growth; (e) time; and (f) benefits with respective internal consistency reliability estimates of .94, .89, .84, .86, .83, and .79 (Misener & Cox, 2001). The response to each question has six options in a Likert scale ranging from 1 to 6, where 6= Very Satisfied, 5= Satisfied, 4= Minimally Satisfied, 3= Minimally Dissatisfied, 2= Dissatisfied, 1= Very Dissatisfied. The possible maximum score of the MNPJSS is 264. The tool measures both the intrinsic and the extrinsic factors that affect nurse practitioners' job satisfaction. These factors are affected by the nurse practitioners' work environment, work condition, work experience among other factors. The contents of the instrument are simple, clear, concise and to help prevent confusion in answering

the questions. Permission for the use of this instrument for this study was obtained from the University of Portland.

CHAPTER 4: DISCUSSION

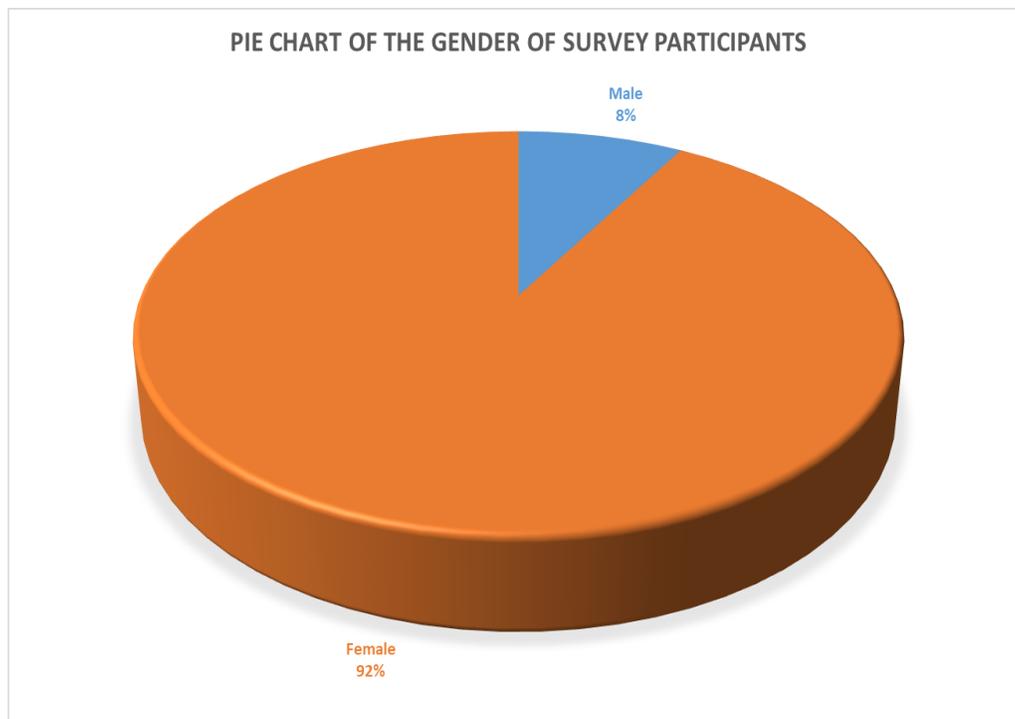
This chapter discusses the findings established by the current study and compares it with the studies that were reviewed under chapter 2. The chapter discusses how the results addressed each of the research questions that underlie this study. There were twenty-nine Central California/Central Valley nurse practitioners that took part in this survey. Their responses showed diversity in racial/ethnic background, nurse practitioner specialties, age, as well as the number of years working as nurse practitioners. Out of the total number of respondents, responses from five of them were excluded from the final analysis because those five respondents failed to completely answer all the MNPJSS item questions. As a result, the total number of participants (N) included in the final result analysis was 24. Table 1 shows the gender of survey participants, frequencies and percentages. Figure 1 is a pie chart that shows the percentages of the males and the females that participated in the survey.

Nurse practitioners who took part in this survey were of various ages; the ages were divided into age ranges. Table 2 shows the age ranges, their frequencies, and the percentages of the participants. Figure 2 shows the bar chart of the age ranges.

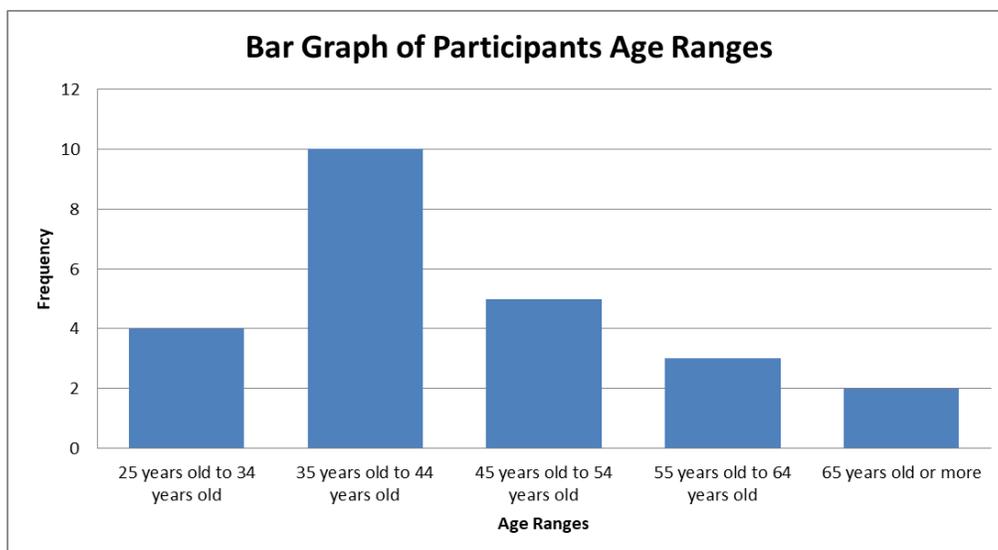
Table 1

Demography of Participants

Gender	Frequency	Percentage
Female	22	91.7
Male	2	8.3

Figure 1*Gender of Participants***Table 2***Age Ranges of Participants*

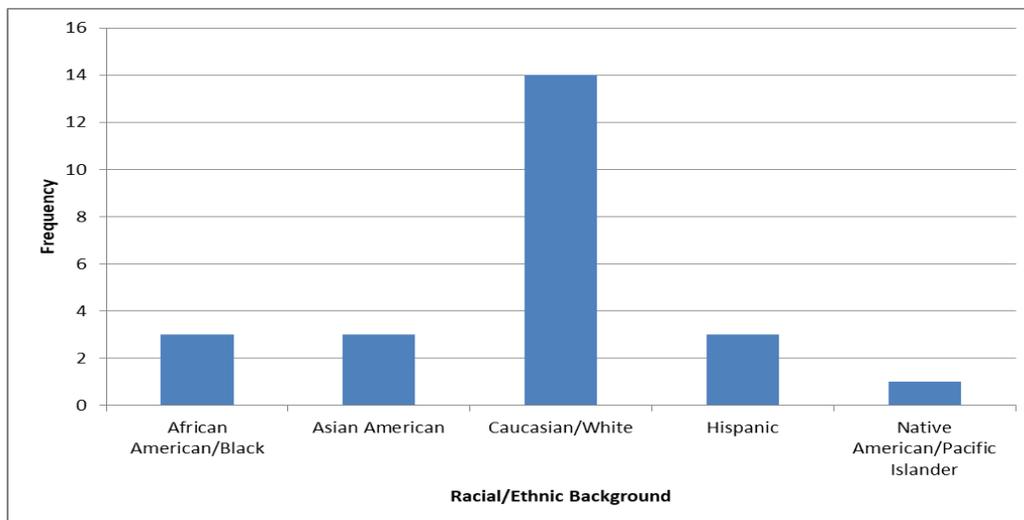
Age range (in years)	Frequency	Percentage
25 to 34	4	16.7
35 to 44	10	41.7
45 to 54	5	20.8
55 to 64	3	12.5
65 or more	2	8.3

Figure 2*Bar Chart of Age Ranges of Participants*

The participants were made up of different racial/ethnic backgrounds. There were three individuals that identified themselves as Black/African Americans, three participants identified themselves as Asians, 14 identified themselves as Caucasians/White, three identified themselves as Hispanics, and one participant identified himself/herself as Native Hawaiian/Pacific Islander. Table 3 shows the ethnic/racial backgrounds of the participants, while Figure 3 is the bar chart of the ethnicity/racial background of the participants.

Table 3*Ethnicity/Racial Background of Survey Participants*

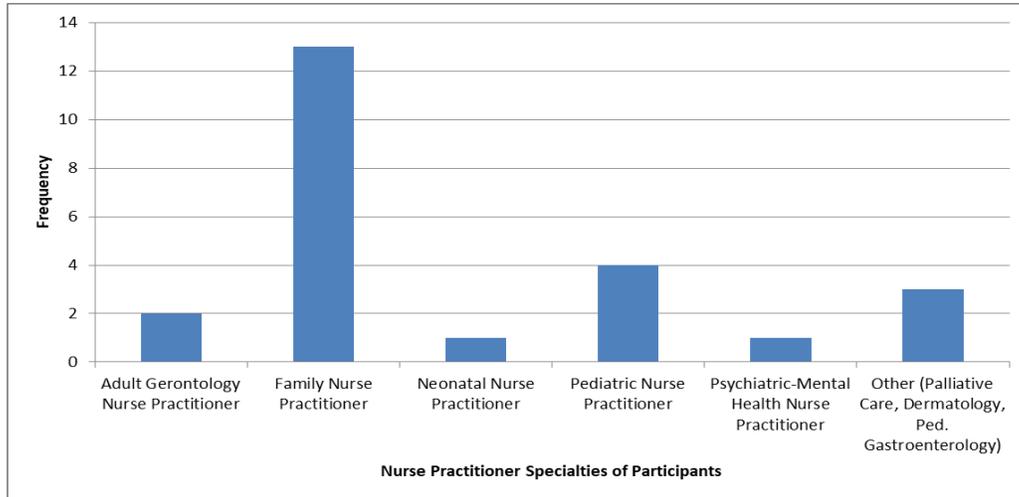
Ethnicity/Racial Background	Frequency	Percentage
African American/Black	3	12.5
Asian American	3	12.5
Caucasian/White	14	58.3
Hispanic	3	12.5
Native American/Pacific Islander	1	4.2

Figure 3*Bar Chart of the Ethnic/Racial Background of Participants*

The nurse practitioners' specialties of survey participants varied; the nurse practitioner specialties, frequencies and percentages of the participants are shown in Table 4; the bar chart is shown in Figure 4.

Table 4*Nurse Practitioners' Specialties of Participants*

Nurse Practitioner Specialty	Frequency	Percentage
Adult Gerontology Nurse Practitioner	2	8.3
Family Nurse Practitioner	13	54.2
Neonatal Nurse Practitioner	1	4.2
Pediatric Nurse Practitioner	4	16.7
Psychiatric-Mental Health Nurse Practitioner	1	4.2
Other (Palliative Care, Dermatology, Ped. Gastroenterology)	3	12.5

Figure 4*Nurse Practitioner Specialties of Participants*

There were 18 nurse practitioners who participated in the survey and who had full time jobs, while there were 5 part-time workers. Table 5 shows the number of years that the participants have worked as nurse practitioners

Table 5*Years Worked as a Nurse Practitioner*

Years worked as nurse practitioner	Frequency	Percentage
0.5 to 5	15	62.5
6 to 10	6	25
11 to 15	1	4.2
16 to 20	1	4.2
21 or more	1	4.2

Research Question

The goal of this research is to answer the question “What is the level of job satisfaction among Central California/Central Valley nurse practitioners?” In order to do this, the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) was

used. The tool has a Likert scale ranging from 1 to 6: 1=Very Dissatisfied; 2= dissatisfied; 3= Minimally Dissatisfied; 4= Minimally Satisfied; 5= Satisfied; 6= Very Satisfied. The maximum total score is 264, which would indicate that a respondent is “very Satisfied” with all the MNPJSS items. The 24 participants who answered all the survey item questions had 202.25 total mean score of 4.6 on and a total standard deviation of 8.11. The total mean score of 4.6 means that the job satisfaction of nurse practitioners in Central California/Central Valley lies between “Minimally Satisfied” and “Satisfied,” which corresponds to “4” or “5” respectively on the Misener Nurse Practitioner Job Satisfaction Scale.

The mean value of each of the MNPJSS items was calculated. Tables 6-11 show the mean and standard deviation of each item. The tables also show the subscales into which the MNPJSS are grouped:(1) Intrapractice partnership/ collegiality; (2) Challenge/autonomy; (3) Professional, social, and community interaction; (4) Professional growth; (5) Time and (6) Benefits (Misener & Cox, 2001). Each subscale is identified as containing intrinsic factors or extrinsic factors.

In Tables 6-11, five MNPJSS items have means values that ranges from 5.00 to 5.25; these are the items from which the participants derived satisfaction based on the MNPJSS. Those items are satisfiers and are shown in Table 12.

On the contrary, certain MNPJSS Table 13 shows the MNPJSS items (arranged in descending order) that have total mean value that is less than 5. According to the MNPJSS, values that are less than 5 are not satisfactory. Thirty-nine MNPJSS items each had a mean score that is less than 5; these are the “dissatisfiers” There were 10 “dissatisfiers” that were intrinsic factors and 29 “dissatisfiers” were extrinsic factors. The mean value of all the 39 MNPJSS items that are “dissatisfiers” is ≤ 4.56 (minimally satisfied). This means that the

Table 6*Factor 1: Intrapractice Partnership/Collegiality: Extrinsic*

MNPJSS Item	Number of Participants	Mean	Standard Deviation
Amount of consideration given to your personal needs	24	4.75	1.452
Your immediate supervisor	24	4.58	1.692
Respect for your opinion	24	4.58	1.248
Consideration given to your opinion and suggestions for change in the work setting or office practice	24	4.46	1.503
Evaluation process and policy	24	4.46	1.351
Opportunity to develop and implement ideas	24	4.46	1.215
Process used in conflict resolution	24	4.42	1.139
Reward distribution	24	4.29	1.429
Amount of administrative support	24	4.21	1.615
Recognition for your work from superiors	24	4.21	1.414
Freedom to question decisions and practices	24	4.13	1.650
Input into organizational policy	24	4.00	1.532
Opportunity to receive compensation for services performed outside of your normal duties	24	3.96	1.546
Monetary bonuses that are available in addition to your salary	24	3.67	1.633

Table 7*Factor 2: Challenge/Autonomy: Intrinsic*

MNPJSS Item	Number of Participants	Mean	Standard Deviation
Level of autonomy	24	5.25	0.947
Challenge in work	24	5.21	0.658
Ability to deliver quality care	24	5.04	0.999
Percentage of time spent in direct patient care	24	5.00	1.103
Sense of value for what you do	24	5.00	0.885
Patient mix	24	4.92	0.881
Sense of accomplishment	24	4.88	0.850
Flexibility in practice protocols	24	4.71	0.999
Expanding skill level/procedures within your scope of practice	24	4.62	1.279
Opportunities to expand your scope of practice and time to seek advanced education	24	4.42	1.381

Table 8*Factor 3: Professional, Social, and Community Interaction: Extrinsic*

MNPJSS Item	Number of Participants	Mean	Standard Deviation
Status in community	24	4.96	0.624
Social contact at work	24	4.92	0.974
Acceptance and attitudes of physicians outside of your practice (such as specialist you refer patients to)	24	4.92	0.974
Quality of assistive personnel	24	4.83	1.239
Time allocation for seeing patient(s)	24	4.83	1.049
Social contact with your colleagues at work	24	4.83	1.007
Professional interaction with other disciplines	24	4.75	0.847
Interaction with other NPs including faculty	24	4.71	1.122
Recognition of work from your peers	24	4.62	1.135

Table 9*Factor 4: Professional Growth: Intrinsic*

MNPJSS Item	Number of Participants	Mean	Standard Deviation
Opportunity for professional growth	24	4.67	0.816
Support for continuing education (time and money)	24	4.58	1.248
Time off to serve on professional committees	24	4.46	1.179
Opportunity to expand your scope of practice	24	4.42	0.974
Amount of involvement in research	24	4.17	1.090

Table 10*Time: Extrinsic*

MNPJSS Item	Number of Participants	Mean	Standard Deviation
Time allotted for review of lab and other test results	24	4.50	1.351
Time allotted for answering messages	24	4.42	1.349
Patient scheduling policies and practices	24	4.21	1.503

Table 11*Factor 6: Benefits: Extrinsic*

MNPJSS Item	Number of Participants	Mean	Standard Deviation
Benefit package	24	4.75	1.327
Retirement plan	24	4.63	1.610
Vacation/Leave policy	24	4.60	0.813

Table 12*MNPJSS Satisfiers*

MNPJSS Item	Number of Participants	Mean	Standard Deviation	Intrinsic/Extrinsic
Level of autonomy	24	5.25	0.947	Intrinsic
Challenge in work	24	5.21	0.658	Intrinsic
Ability to deliver quality care	24	0.504	0.999	Intrinsic
Percentage of time the spent in direct patient care	24	5.00	1.03	Intrinsic
Sense of value for what you do	24	5.00	0.885	Intrinsic

participants were not satisfied with most of the MNPJSS items. Among all the items classified as “MNPJSS dissatisfiers,” “Monetary bonuses that are available in addition to your salary” has the lowest mean value of 3.67, whereas “Status in community” has the highest mean value of 4.96.

In order to find out the relationships that exist between job satisfaction and the participant’s demographics shown in Table 14, independent samples t- tests were run. The results show that there was no difference in job satisfaction between males and females as evidenced by the p-value which was greater than 0.05 (p-value was 0.905). It was also found that there was no difference in job satisfaction between participants that have worked as nurse practitioners in the region for less than 10 years when compared to those that have worked for more than 10 years; the p-value was 0.614. There was also no difference in job satisfaction between nurse practitioners that work “Full time” on the one hand and those that work as “Part time/other” on the other hand. The group was divided into two groups: “Full

Table 13*MNPJSS “Dissatisfiers”*

MNPJSS Item	Number of Participants	Mean	Standard Deviation	Intrinsic/Extrinsic
Status in community	24	4.96	0.624	Extrinsic
Social contact at work	24	4.92	0.974	Extrinsic
Acceptance and attitudes of physicians outside of your practice (such as specialist you refer patients to)	24	4.92	0.974	Extrinsic
Patient mix	24	4.92	0.881	Intrinsic
Sense of accomplishment	24	4.88	0.850	Intrinsic
Quality of assistive personnel	24	4.83	1.239	Extrinsic
Time allocation for seeing patient(s)	24	4.83	1.049	Extrinsic
Social contact with your colleagues at work	24	4.83	1.007	Extrinsic
Amount of consideration given to your personal needs	24	4.75	1.452	Extrinsic
Benefit package	24	4.75	1.327	Extrinsic
Professional interaction with other disciplines	24	4.75	0.847	Extrinsic
Interaction with other NPs including faculty	24	4.71	1.122	Extrinsic
Flexibility in practice protocols	24	4.71	0.999	Intrinsic
Opportunity for professional growth	24	4.67	0.816	Intrinsic
Retirement plan	24	4.63	1.1620	Extrinsic
Expanding skill level/procedures within your scope of practice	24	4.62	1.279	Intrinsic
Recognition of your work from your peers	24	4.62	1.135	Extrinsic
Vacation/leave policy	24	4.60	0.813	Extrinsic
Your immediate supervisor	24	4.58	1.692	Extrinsic
Support for continuing education (time and money)	24	4.58	1.248	Intrinsic
Respect for your opinion	24	4.58	1.248	Extrinsic
Time allotted for review of lab and other test results	24	4.50	1.351	Extrinsic

Table 13 (cont.)

MNPJSS Item	Number of Participants	Mean	Standard Deviation	Intrinsic/Extrinsic
Consideration given to your opinion and suggestions for change in the working setting or office practice	24	4.46	1.503	Extrinsic
Evaluation process and policy	24	4.46	1.351	Extrinsic
Opportunity to develop and implement ideas	24	4.46	1.215	Extrinsic
Time to serve on professional committees	24	4.46	1.179	Intrinsic
Opportunities to expand your scope of practice and time to seek advanced education	24	4.42	1.381	Intrinsic
Time allotted for answering messages	24	4.42	1.349	Extrinsic
Process used in conflict resolution	24	4.42	1.139	Extrinsic
Opportunity to expand your scope of practice	24	4.42	0.974	Intrinsic
Reward distribution	24	4.29	1.429	Extrinsic
Amount of administrative support	24	4.21	1.615	Extrinsic
Patient scheduling policies and practices	24	4.21	1.503	Extrinsic
Recognition for your work from superiors	24	4.21	1.414	Extrinsic
Amount of involvement in research	24	4.17	1.090	Intrinsic
Freedom to question decisions and practices	24	4.13	1.650	Extrinsic
Input into organizational policy	24	4.00	1.532	Extrinsic
Opportunities to receive compensation for services performed outside of your normal duties	24	3.96	1.546	Extrinsic
Monetary bonuses available in addition to your salary	24	3.67	1.633	Extrinsic

time” vs. “Part time/ other”; those that work under any other different arrangement other than full time are grouped as “Part time or other.” The lack of difference in job satisfaction was evidenced by a p-value of 0.748. No difference was found in job satisfaction between nurse practitioners that are between the ages of 25 years old to 64 years and those that are 65 years old or older as evidenced by p-value of 0.503.

Table 14

Independent Samples Tests: Job Satisfaction and Participants’ Demographics

Participants’ Demography	Scale total (t)	Sig. (2 tailed)	95% confidence interval of the difference		P-value
			Lower	Upper	
Male vs. Female	-1.569	0.336	-297.73	211.46	0.905
Years of experience as NP: <10 years vs. > 10 years	-0.337	0.744	-45.89	33.9	0.614
Full time vs. Part-time/other	-0.589	0.573	-54.84	32.72	0.748
Age range: 25 years to 64 years vs. 65 years or older	0.646	0.615	-161.24	190.78	0.503

The correlation between job satisfaction and the MNPJSS items using Spearman correlation; the results are shown in Table 15 (in descending order of p-values). The results show that there is strong correlation between job satisfaction and most of the MNPJJ items as evidenced by the statistical significance where the p-value was less than 0.5. The correlation means that an increase in any of those variables with strong correlation with job satisfaction such as “Vacation/leave policy,” “Amount of administrative support” can increase job satisfaction. The MNPJSS items whose p-values are greater than 0.005 do not have significant/correlation relationship with job satisfaction (Table 15).

Table 15*Correlation between total job satisfaction and each MNPJSS item*

MNPJSS Item	Number of Participants	P-value	Sig. (2-tailed)
Vacation/leave policy	24	0.998	<0.001
Amount of administrative support	24	0.875	<0.001
Opportunities to expand your scope of practice and seek advanced education	24	0.870	<0.001
Opportunity to develop and implement ideas	24	0.864	<0.001
Freedom to question decisions and practices	24	0.859	<0.001
Input into organizational policy	24	0.853	<0.001
Respect for your opinion	24	0.830	<0.001
Ability to deliver quality care	24	0.827	<0.001
Recognition of your work from superiors	24	0.824	<0.001
Process used in conflict resolution	24	0.809	<0.001
Amount of consideration given to your personal needs	24	0.787	<0.001
Reward distribution	24	0.786	<0.001
Consideration given to your opinion and suggestions for change in the work setting or office practice	24	0.777	<0.001
Your immediate supervisor	24	0.766	<0.001
Sense of value for what you do	24	0.754	<0.001
Expanding skill level/procedures within your scope of practice	24	0.748	<0.001
Evaluation process and policy	24	0.737	<0.001
Opportunity to expand your scope of practice	24	0.730	<0.001
Flexibility in practice protocols	24	0.707	<0.007
Level of autonomy	24	0.705	<0.001
Patient scheduling policies and practices	24	0.699	<0.001
Opportunity for professional growth	24	0.697	<0.001
Social contact at work	24	0.685	<0.001

Table 15 (cont.)

MNPJSS Item	Number of Participants	P-value	Sig. (2-tailed)
Social contact with colleagues at work	24	0.670	<0.001
Sense of accomplishment	24	0.668	<0.001
Recognition of your work from peers	24	0.656	<0.001
Time allotted for answering messages	24	0.654	<0.001
Status in community	24	0.640	<0.001
Time allotted for review of lab and other test results	24	0.637	<0.001
Quality of assistive personnel	24	0.634	<0.001
Interaction with other NPs including faculty	24	0.624	<0.001
Challenge in work	24	0.583	0.003
Percentage of time spent in direct patient care	24	0.576	0.003
Patient mix	24	0.575	0.003
Opportunity to receive compensation for services performed outside of your normal duties	24	0.550	0.005
Monetary bonuses that are available in addition to your salary	24	0.546	0.006
Amount of involvement in research	24	0.530	0.008
Time off to serve on professional committees	24	0.503	0.012
Acceptance of attitudes of physicians outside of your practice (such as specialists you refer patients to)	24	0.495	0.14
Professional interaction with other disciplines	24	0.470	0.21
Support for continuing education (time and money)	24	0.446	0.029
Time allocation for seeing patient(s)	24	0.421	0.041
Retirement plan	24	0.339	0.105
Benefit package	24	0.355	0.88

CHAPTER 5: CONCLUSION

The aim of this research was to examine the factors that promote job satisfaction and those that hamper job satisfaction among Central California's nurse practitioners. The main research question was to explore the level of Central California nurse practitioner job satisfaction. Accordingly, this study involved 24 respondents who completely answered questions relating to several items on the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) to explore factors that affect the job satisfaction of the subjects surveyed. The Herzberg's Motivation-Hygiene theory formed the basis of this study. The data collected were analyzed in order to explore the correlation between job satisfaction and the different MNPJSS items; as well as the correlation between job satisfaction and the different nurse practitioner demographics as they relate to nurse practitioners working in the Central California/Central Valley region. The overall job satisfaction of the nurse practitioners that participated was "minimally satisfied" to "satisfied" based on the MNPJSS rating. Nurse practitioners were more satisfied with intrinsic factors and less satisfied with extrinsic factors of their jobs. Of all the MNPJSS items, nurse practitioners were satisfied with the sense of level of autonomy, challenge in work, ability to deliver quality care, percentage of time spent in direct patient care and sense of value for what they do.

The data have shown that whereas only 5 of the 44 MNPJSS items provide satisfaction to nurse practitioners in the Central California/Central Valley region, the rest of the items (39) do not provide job satisfaction to nurse practitioners in the region. The implication of this is the fact that more actions need to be taken in the areas that the job satisfaction of nurse practitioners is found wanting in order to reverse the trend. It is also necessary to put in place measures that will sustain job

satisfaction of Central California/Central Valley nurse practitioners in those areas that they derive job satisfaction.

Implications for Nursing

Nurse practitioners continue to be a very integral part of health care in this country; it is therefore important that issues that relate to their job satisfaction in the Central California/Central Valley region are adequately addressed by the necessary stakeholders at health care facilities, local, and state levels. The improvement of nurse practitioner job satisfaction is very important for the recruitment and retaining of nurse practitioners. This is more important in view of the fact that the Central California/Central Valley region does not have adequate primary care providers to provide health care to the region's population (hence the designation of many parts of the region as medically underserved areas and health professional shortage areas). This study thus provides crucial information about those factors that play negative roles in the job satisfaction of nurse practitioners in the region.

Adequately addressing the issues job satisfaction of nurse practitioners in this region can help to bring more nurse practitioners to the region; this can help to alleviate the inadequacy of the number of primary care providers such as nurse practitioners in the area. The health care system in the country as well as California continues to go through changes which affect the region. It is therefore necessary that future researchers explore other challenges or new challenges that may affect the job satisfaction of nurse practitioners in this region in order to bring such to light with the hope of addressing such adequately.

REFERENCES

REFERENCES

- Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2017). Herzberg's two-factor theory. *Life Science Journal*, 14(5). Retrieved from http://www.lifesciencesite.com/ljsj/life140517/03_32120ljsj140517_12_16.pdf
- California Board of Registered Nursing, (2021). *Nurse practitioner*. Retrieved from <https://www.rn.ca.gov/applicants/ad-pract.shtml#np>
- Central California. (2018). *Regional maps*. Retrieved from <https://centralcalifornia.org/location-advantages/maps/>
- Fakruddin, M., Mannan, K. S. B., Chowdhury, A., Mazumdar, R. M., Hossain, M. N., & Afroz, H. (2013). Research involving Human Subjects - Ethical Perspective. *Bangladesh Journal of Bioethics*, 4(2), 41–48. doi:10.3329/bioethics.v4i2.16375
- Health Resources and Services Administration. (n.d.). *HPSA find*. Retrieved from [https://data.hrsa.gov/tools/shortage-area/hpsa-find\](https://data.hrsa.gov/tools/shortage-area/hpsa-find/)
- Maier, S. (2017). *California demand for primary care providers to exceed supply by 2030*. Retrieved from <https://www.ucsf.edu/news/2017/08/408046/california-demand-primary-care-providers-exceed-supply-2030>
- Misener, T. R., & Cox, D. L. (2001). Development of the Misener nurse practitioner job satisfaction scale. *Journal of Nursing Measurement*, 9(1), 91–108.

- Newington, L., & Metcalfe, A. (2014). Factors influencing recruitment to research: qualitative study of the experiences and perceptions of research teams. *BMC Medical Research Methodology*, *14*(1). doi:10.1186/1471-2288-14-10
- Parker, S. (1969). Review: Work and the nature of man. *Sociology*, *3*(1), 125-126. Retrieved from <http://www.jstor.org/stable/42850713>
- Pasarón, R. (2013). Nurse practitioner job satisfaction: looking for successful outcomes. *Journal of Clinical Nursing*, *22*(17-18), 2593–2604. doi:10.1111/j.1365-2702.2012.04331.x
- Poghosyan, L., Shang, J., D'Aunno, T. (2017). Practice environments and job satisfaction and turnover intentions of nurse practitioners: Implications for primary care workforce capacity. *Health Care Management Review*, *42*(2), pp. 162-172. doi: 10.1097/HMR.0000000000000094
- Price, P.C., Jhangiani, R., Chiang, I.A., Leighton, D.C., & Cuttler, C. (n.d.). *Research methods in psychology*. Retrieved from <https://opentext.wsu.edu/carriecuttler/chapter/overview-of-non-experimental-research/>
- Spetz, J., Blash, L., Jura, M., & Chu L., P., R. (2018). *2017 survey of nurse practitioners and certified nurse midwives*. California Board of Registered Nursing. Retrieved <https://www.rn.ca.gov/pdfs/forms/survey2017npcnm-final.pdf>
- Spetz, J., & Muench, U. (2018). California nurse practitioners are positioned to fill the primary care gap, but they face barriers to practice. *Health Affairs*, *37*(9), 1466–1474. doi:10.1377/hlthaff.2018.0435

- Steinke, M. K., Rogers, M., Lehwaldt, D., & Lamarche, K. (2017). An examination of advanced practice nurses' job satisfaction internationally. *International Nursing Review*, 65(2), 162–172. doi:10.1111/inr.12389
- Vanclay, F., Baines, J. T., & Taylor, C. N. (2013). Principles for ethical research involving humans: ethical professional practice in impact assessment Part I. *Impact Assessment and Project Appraisal*, 31(4), 243-253. doi:10.1080/14615517.2013.850307

APPENDICES

**APPENDIX A: THE MISENER NURSE PRACTITIONER JOB
SATISFACTION SCALE**

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

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

APPENDIX B: IRB APPROVAL

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FRESNO STATE

College of Health and Human Services

California State University,
Fresno School of Nursing
IRB Approval

Date: October 26, 2020

RE: DNP2009 Job Satisfaction among Central California Nurse Practitioners

Dear Theo Ikele,

As the Chair of the Department of Nursing Research Committee, serving as the Institutional Review Board for the Department of Nursing, I have reviewed and approved your review request for the above-referenced project for a period of 12 months. I have determined your study to meet the criteria for Minimal Risk IRB review.

Under the Policy and Procedures for Research with Human Subjects at California State University, Fresno, your proposal meets minimal risk criteria according to section 3.3.7: Research in which the risks of harm anticipated are not greater, probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

The Research Committee may periodically wish to assess the adequacy of research process. If, in the course of the study, you consider making any changes in the protocol or consent form, you must forward this information to the Research Committee prior to implementation unless the change is necessary to eliminate an apparent immediate hazard to the research participant(s).

This study expires: October 26, 2021

The Research Committee is authorized to periodically assess the adequacy of the consent and research process. All problems having to do with subject safety must be reported to the Research Committee. Please maintain proper data control and confidentiality.

If you have any questions, please contact me through the CSU, Fresno School of Nursing Research Committee at nishanair@csufresno.edu.

Sincerely,

DocuSigned by:
Nisha Nair
E882F759008428

Nisha Nair, DNP, RNC, CNS, CNE, IBCLC
School of Nursing, Research Committee, Chair

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APPENDIX C: PERMSSION TO USE THE MNPJSS
INSTRUMENT



June 24, 2020

Theo Ikele
DNP Student
California State University, Fresno
VIA: email

Dear Mr. Ikele,

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

This letter serves as permission for you to use the tool in your study of central California nurse practitioner job satisfaction 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 and your continued pursuit of doctoral education.

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: LETTER INTRODUCING THE STUDY

California State University,

Fresno.

12/16/2020.

Dear Central California Nurse Practitioners,

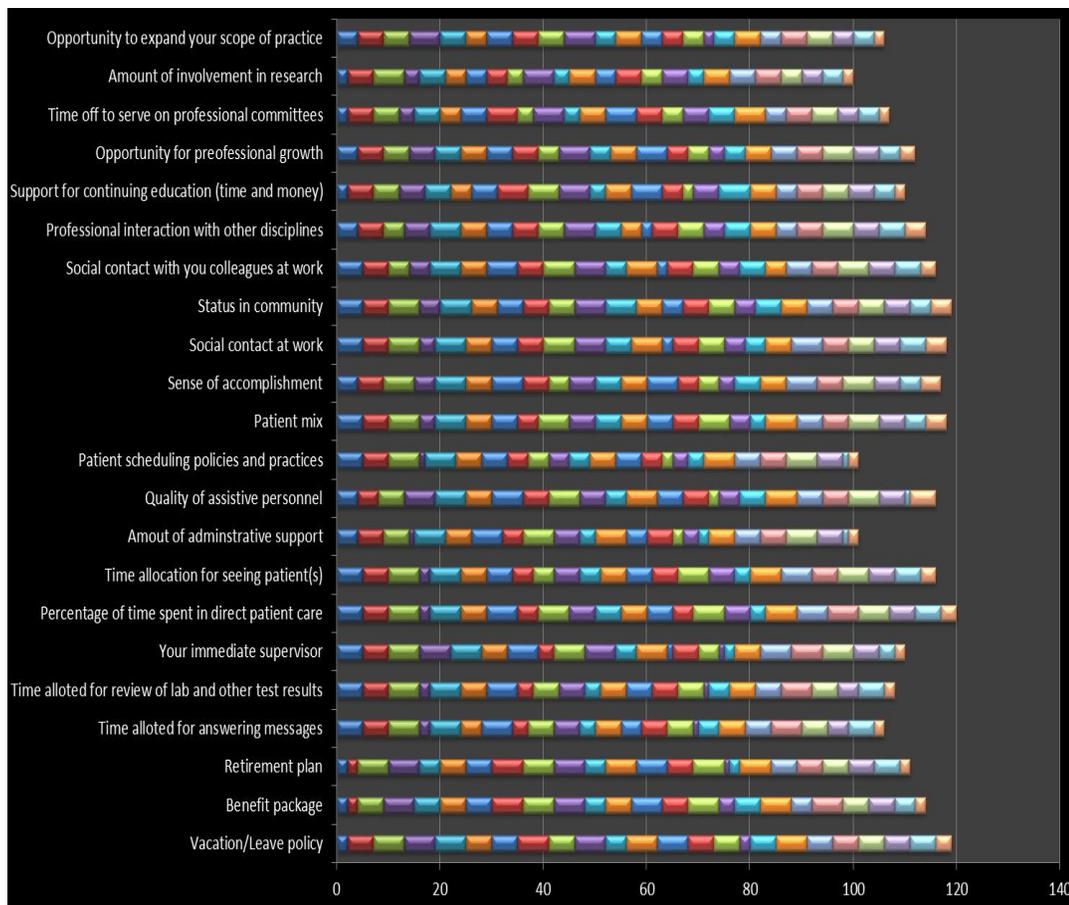
My name is Theo Ikele, I am a DNP student at California State University, Fresno. I am working on a DNP project titled “Job Satisfaction among Central California Nurse Practitioners”. I need your help in completing this project; I would really appreciate it if you can answer the survey questions attached to this document (including other necessary documents). I apologize in advance for any inconvenience that this may cause.

Thank you all.

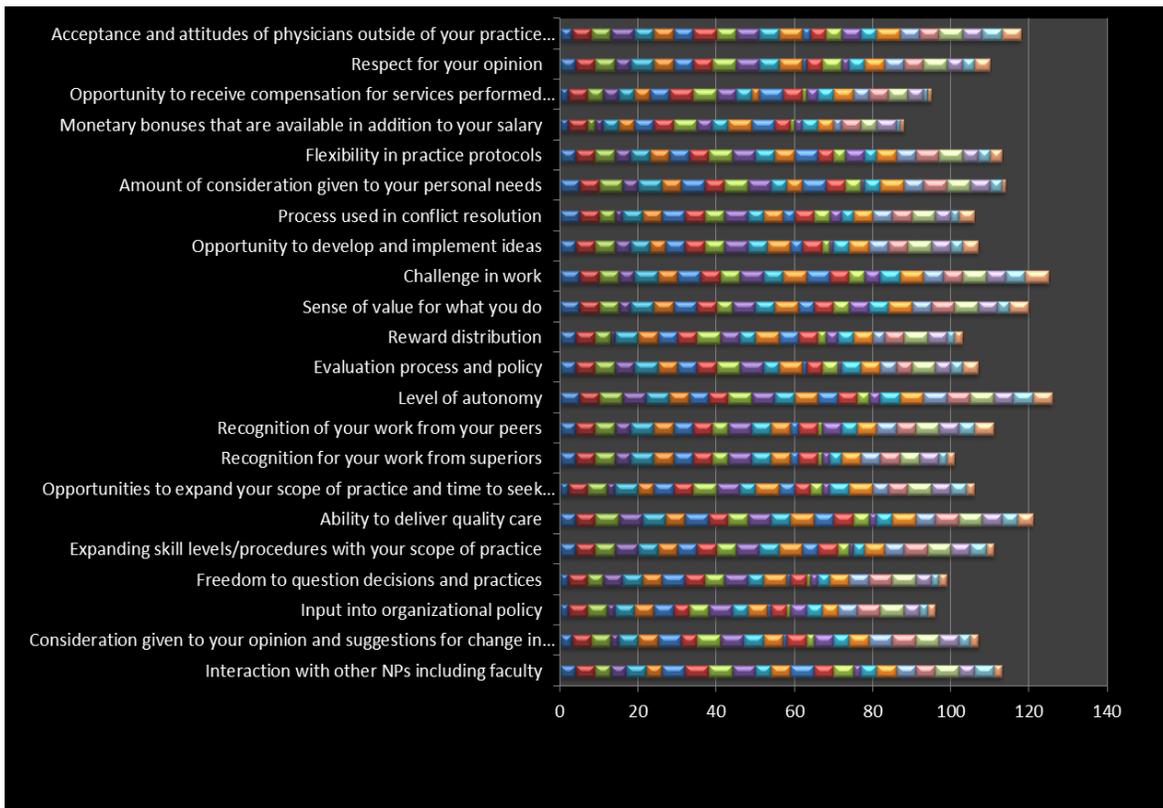
Sincerely,

Theo Ikele.

APPENDIX E: MNPJSS SURVEY RESPONSE BAR CHART



APPENDIX F: MNPJSS SURVEY RESPONSE BAR CHART
CONT'D



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Theo Ikele

Type full name as it appears on submission

May 19, 2021

Date