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## Job Satisfaction Among Nurse Practitioners Who Work at Retail Health Care Centers

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# Walden University

College of Health Professions

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Karen Morrissey

has been found to be complete and satisfactory in all respects,  
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Walden University

2022

Abstract

Job Satisfaction Among Nurse Practitioners Who Work at Retail Health Care Centers

by

Karen Morrissey

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Walden University

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## Abstract

Retail health care clinics (RHCCs) were designed to ease the shortage of access to primary care by having nurse practitioners (NPs) provide quality care to patients on a walk-in approach. RHCCs can be stressful work environments and when NPs become dissatisfied, they may leave RHCCs which creates a shortage of primary care access. The purpose of this descriptive study, guided by Herzberg's dual-factor theory, was to determine if there was a relationship between: (a) challenge/autonomy, and professional growth and job satisfaction among NPs who work at RHCCs and (b) intrapractice partnership/collegiality, professional, social and community interaction, time and benefits and job satisfaction among NPs who work at RHCCs. There were 58 study participants who completed the Misener Nurse Practitioner Job Satisfaction Scale. The results showed a significant relationship between the intrinsic subscales of challenge/autonomy and professional growth ( $p < .0001$ ) with job satisfaction, with an effect size ( $d = .17$ ). There was a significant relationship between the extrinsic subscales of intrapractice partnership/collegiality, professional, social, community interaction time, benefits, and job satisfaction, ( $p < .0001$ ) with an effect size of  $d = .22$ . The results can affect positive social change because NPs who experience job satisfaction will provide access to primary health care in RHCCs and experience a more satisfying work environment. Future research includes using a qualitative approach to gain insight into NPs experiences of working at RHCCS and compare groups of NPs who work at RHCCs and control for levels of autonomy when studying job satisfaction.

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November 2021

## Dedication

This dissertation is dedicated to my mother. My mother has always encouraged and supported me with my education. I couldn't have succeeded in life and school without. Your countless trips to my house to cook, clean, and take care of your grand dogs so I could study helped me complete this dissertation. I also dedicated this dissertation my friend Laura, who encouraged me to return to school and always supported me. I would have never thought of getting a PhD until you told me I can and better do it. Thank you.

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## Table of Contents

|   |    |
|---|----|
| List of Tables .....                      | v  |
| List of Figures .....                     | vi |
| Chapter 1: Introduction to the Study..... | 1  |
| Background.....                           | 1  |
| Problem Statement.....                    | 3  |
| Purpose of the Study.....                 | 4  |
| Research Questions and Hypothesis.....    | 4  |
| Theoretical Framework.....                | 6  |
| Nature of Study.....                      | 7  |
| Definitions.....                          | 7  |
| Assumptions.....                          | 9  |
| Scope and Delimitations.....              | 9  |
| Limitations.....                          | 11 |
| Significance.....                         | 11 |
| Summary.....                              | 13 |
| Chapter 2: Literature Review.....         | 14 |
| Literature Search Strategy.....           | 16 |
| Theoretical Foundation.....               | 17 |
| Primary Writing by Herzberg.....          | 18 |
| Major Assumptions.....                    | 21 |
| Application of Theory.....                | 22 |



|   |    |
|---|----|
| Rationale for use of Theory .....                                 | 23 |
| Concepts.....   | 24 |
| Key Statements .....  | 28 |
| Application of Herzberg’s Theory .....                            | 29 |
| Literature Review Related to Key Variables and/or Concepts .....  | 31 |
| Retail Health Care Clinics .....                                  | 31 |
| NPs and Mentors.....  | 33 |
| NPs and Age .....   | 33 |
| NP and Gender.....  | 33 |
| NPs and Rural versus Non-Rural.....                               | 34 |
| NPs and Setting.....  | 34 |
| Job Satisfaction and Intrinsic Factors .....                      | 36 |
| Job Satisfaction and Extrinsic Factors .....                      | 39 |
| NP Job Satisfaction and RHCC .....                                | 42 |
| Summary and Conclusions .....                                     | 43 |
| Chapter 3: Research Method.....                                   | 45 |
| Research Design and Rationale .....                               | 45 |
| Methodology.....  | 46 |
| Population .....  | 46 |
| Sampling and Sampling Procedures .....                            | 47 |
| Procedure for Recruitment, Participants, and Data Collection..... | 47 |
| Instrumentation and Operationalization of Constructs .....        | 49 |

|   |    |
|---|----|
| Reliability and Validity .....                                | 50 |
| Operationalization of Constructs .....                        | 52 |
| Data Analysis Plan .....                                      | 55 |
| Threats to Validity .....                                     | 56 |
| Ethical Procedure .....                                       | 57 |
| Summary .....   | 58 |
| Chapter 4: Results .....                                      | 59 |
| Introduction .....  | 59 |
| Data Collection .....   | 60 |
| Time Frame, Recruitment, and Response Rates .....             | 60 |
| Discrepancies in Data Collection .....                        | 61 |
| Representative Sample .....                                   | 65 |
| Results .....   | 66 |
| Research Question One .....                                   | 67 |
| Research Question Two .....                                   | 70 |
| Conclusion .....  | 73 |
| Chapter 5: Discussion, Conclusions, and Recommendations ..... | 75 |
| Interpretation of the Findings .....                          | 76 |
| Theoretical Interpretation .....                              | 79 |
| Limitations of the Study .....                                | 80 |
| Recommendations .....   | 81 |
| Conclusion .....  | 82 |

|   |    |
|---|----|
| Appendix A: Invitation to Participate in the Study..... | 94 |
| Appendix B: Demographic Survey.....                     | 95 |
| Appendix C: Permission to post on Facebook.....         | 96 |
| Appendix D: Permission to Use Survey .....              | 97 |

## List of Tables

|                                 |    |
|---------------------------------|----|
| Table 1. Ethnicity.....         | 63 |
| Table 2. Years as a NP.....     | 63 |
| Table 3. Intrinsic Factors..... | 68 |
| Table 4. Extrinsic Factors..... | 71 |

## List of Figures

|   |    |
|---|----|
| Figure 1 Herzberg's Dual-Factor Theory .....  | 22 |
| Figure 2 Normal Plot of Regression Model..... | 67 |

## Chapter 1: Introduction to the Study

Due to the shortage of primary care providers (PCPs), health care companies have created unique opportunities for patients to seek medical care, such as retail health care clinics (RHCCs). These clinics are usually staffed by nurse practitioners (NPs) and physician assistants (PA) but they often work alone under strict protocols. Working at RHCCs can be stressful and lead to job dissatisfaction. When NPs are dissatisfied with their job it may relate to the NPs leaving their job creating lack of access to care, poor quality care, and clinic closure. Job satisfaction needs to be studied in NPs who work at RHCCs to decrease the negative effects that job dissatisfaction can create. The potential for social change includes providing the knowledge for leadership to initiate change that will increase the job satisfaction levels of NPs. This may lead to NPs decreasing their intent to leave and providing a more positive place to work. The potential for social change for patients is to provide access to health care when needed, decreasing the chance of having to delay care when ill, which may result in further decline in a patient's health.

### **Background**

Due to the lack of PCPs, patients may have a long wait time to see a provider or have a hard time obtaining a PCP. RHCCs were designed to ease the PCP shortage by providing quality medical care to patients with a walk-in approach. RHCCs are usually staffed by NPs and PAs who work alone under guidelines. This type of work environment can be stressful and lead to job dissatisfaction, resulting in NPs leaving. When a NP leaves their job at an RHCC this may result in clinics closing and lack of

access to care. The gap in knowledge of not knowing what the current level of job satisfaction is and how factors relate to job satisfaction, this can create leadership's lack of knowledge on how to address job satisfaction. It is imperative to provide leadership with the knowledge of what factors lead to job satisfaction and job dissatisfaction among NPs to provide social change for NPs, business, patients, and to have a positive work environment.

A review of literature of job satisfaction among NPs who work at RHCCs produced one article that compared autonomy and job satisfaction among NPs working at RHCCs and PCP offices. Lelli et al. (2015) concluded that there was no statistical difference of job satisfaction among NPs who work at RHCCs and PCP offices. NPs who work at RHCC were moderately satisfied to satisfied with their jobs (Lelli et al., 2015). However, this research is outdated, as many of the responsibilities of the NPs working at RHCCs have expanded. There was a need for updated studies evaluating NPs who work at the RHCCs using Herzberg dual factor theory. This theory was designed to study job satisfaction by determining job extrinsic (dissatisfiers) and intrinsic (satisfiers) factors.

With the deficit of PCP, NPs are becoming more active in a patient's medical care. NPs roles have expanded to include more responsibilities throughout the country to help decrease the primary care shortage. Recently, their roles have expanded (varying role expansion depends on the company) and with this expansion it was unknown what the level of job satisfaction of the NPs who work at RHCCs. Job satisfaction has been associated with the quality of care that a patient receives (Al-Hamdan et al. 2019; Van Bogaert et al. 2014). Therefore, NP satisfaction was studied to increase the quality of care

a patient receives and for better outcomes for the patient by increasing knowledge of factors that are associated with job satisfaction and dissatisfaction. This study was conducted for NPs who work at the RHCCs to evaluate their level of job satisfaction which can impact a patient's access to quality healthcare.

### **Problem Statement**

There is a shortage of PCP which is expected to worsen by 2030 (Association of American Medical College, 2018). NPs can help ease the impact of the physician shortage because they can treat patients' illnesses. RHCCs, staffed by NPs and other medical personnel, are walk-in medical clinics that are set up in high volume retail stores, such as pharmacies or grocery stores (Kissinger, 2008). RHCCs can help reduce the lack of access to medical care and are designed to help ease the primary care crisis through providing access for nonemergent treatment of frequent illnesses, physicals, and vaccinations (Kissinger, 2008; Lelli et al., 2015). NPs and PAs are usually the sole providers of care in RHCCs and follow strict protocols. However, providing care at RHCC can be stressful. Stress and the work environment can lead to job dissatisfaction of NPs. Herzberg's theory described job satisfaction as the attitude towards ones' job (Herzberg et al., 2010). The stress of working alone and treating high volumes of patients can lead to job dissatisfaction among NPs who work at RHCCs. However, environment is not the only factor that could affect job satisfaction among NPs.

The specific problem is low job satisfaction can lead to intent to leave. Job satisfaction among NPs who work at RHCCs needs to be studied for recruitment and retention of NPs but also to improve the quality of care that patients receive. Job



satisfaction of a provider can impact the quality of care received by the patient (Al-Hamdan et al., 2019; Van Bogaert et al., 2014). However, there were no studies that addressed the intrinsic and extrinsic factors of job satisfaction among NPs who work in RHCCs. Increasing job satisfaction may increase the quality of patient care. Therefore, NPs and patients benefited from studying job satisfaction among NPs who work at RHCCs.

### **Purpose of the Study**

The purposes of this quantitative study were to determine if there is a relationship between: (a) challenge/autonomy, and professional growth (intrinsic subscales) of job satisfaction and (b) intrapractice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics.

### **Research Questions and Hypothesis**

The independent/predictor variables will be the intrinsic subscales (challenge/autonomy and professional growth) and extrinsic subscales (intrapractice partnership/collegiality, professional, social, and community interaction, time, and benefits) that are factors associated with job satisfaction and the dependent/outcome variable will be job satisfaction. The variables are considered scaled. This study is intended to answer the research questions:

Research Question 1: Is there a relationship between challenge/autonomy, and professional growth (intrinsic subscales) of job satisfaction among nurse practitioners who work at retail health care clinics?

*H<sub>0</sub>1*: There is no relationship between challenge/autonomy and professional growth (intrinsic subscales) job satisfaction among nurse practitioners who work at retail health care clinics.

*H<sub>a</sub>1*: There is a relationship between challenge/autonomy and professional growth (intrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics.

Research Question 2: Is there relationship between intrapractice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

*H<sub>0</sub>2*: There is no relationship between intrapractice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

*H<sub>a</sub>2*: There is a relationship between intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

Both dependent and independent variables were considered scaled variables. I measured the scaled dependent and independent variables using the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) which uses a 6-point Likert scale. The range was from very dissatisfied (1) to very satisfied (6). The data were analyzed by using a multiple linear regression. The sample size needed for this study was 85 participants and was determined by using G-power 3.1.9.7, using a multiple linear regression: fixed model,

R<sup>2</sup> deviation from zero (Heinrich-Heine-University, 2020). The results were interpreted with mean, confidence interval of 95%, power of .80, effect size of .15 (medium), and *p* value of 0.05 (Heinrich-Heine-University, 2020). I also calculated the Cronbach's alpha for job satisfaction by using the MNJPSS.

### **Theoretical Framework**

Herzberg's dual factor theory defines the causes of job satisfaction and dissatisfaction into two categories, motivators, and hygiene (Pardee, 1990). Motivators are considered factors that create job satisfaction and motivate employees to work (Pardee, 1990). Hygiene are factors that create job dissatisfaction and cause a lack of motivation to work (Pardee, 1990). Herzberg used the term hygiene because he felt that hygiene factors should be cleansed from the work environment, as they create a negative working environment (Pardee, 1990). When Herzberg (1996) studied job satisfaction he concluded that the most influential factors in determining job satisfaction included achievement, recognition, work itself, responsibility, and advancement. Furthermore, Herzberg described hygiene and satisfiers as extrinsic and intrinsic factors, respectfully. Intrinsic factors will create job satisfaction, leading to motivated employees to work, intent to stay, and increase productivity but only if extrinsic factors are decreased or eliminated (Pardee, 1990). Extrinsic factors included company policy and administration, supervision, salary, interpersonal relations, and working conditions (Herzberg, 1966). Having an excess of hygiene factors, or extrinsic factors, will create job dissatisfaction, leading to no or lack of motivation to work, less productivity, and can cause intent to leave. Studying job satisfaction in RHCCs was best studied using Herzberg dual factor

theory. The findings and recommendations may support leadership of RHCCs to better understand the causes of job dissatisfaction and satisfaction. Therefore, providing leadership with the opportunity to create satisfiers and eliminate hygiene factors that could result in higher levels of job satisfaction and increase intent to stay for NPs. More detail on Herzberg's dual factor theory is presented in Chapter 2.

### **Nature of Study**

I conducted a quantitative correlational design to study job satisfaction and dissatisfaction. The data were analyzed by using a multiple linear regression to study the factors that were associated with job satisfaction and dissatisfaction. Therefore, this study method was appropriate because I can examine the relationship between multiple variables. The purpose of this study was to determine if there is a relationship between predictor and outcome variables. The predictor variables included the six subscales and were, challenge/autonomy (considered one subscale); professional growth, intrapractice partnership/collegiality (considered one subscale); professional, social, and community interaction (considered one subscale); time, and benefits. The outcome variable is job satisfaction and studied from NPs by using the MNPJSS. The data were analyzed using SPSS software version 27 using a multiple linear regression.

### **Definitions**

*Extrinsic factors:* Factors that lead to job dissatisfaction and lack of motivation to work such as company policy, supervision, working conditions, interpersonal relations, salary, status, job security, and personal life (Pardee, 1990).

*Extrinsic subscales:* Include the subscales of intrapractice partnership/collegiality, professional, social, and community interaction, time, and benefits (Misener & Cox, 2001).

*Full practice authority:* Allows NPs to practice without having restriction on their licensure from the state board of nursing. NPs who have full practice authority do not require, need a collaborating physician or oversight (American Association of Nurse Practitioner [AANP], 2018).

*Intrinsic factor:* Factors that lead to job satisfaction and motivation to work such as achievement, recognition, work itself, responsibility, advancement, and growth (Pardee, 1990).

*Intrinsic subscales:* Include the subscales of challenge/autonomy and professional growth (Misener & Cox, 2001).

*Job dissatisfaction:* A negative attitude towards a person's place of employment and work itself (Herzberg, 2010 pg.7).

*Job satisfaction:* A positive attitude towards a person's place of employment and work itself (Herzberg, 2010 pg. 7).

*Nurse practitioner:* Also known as advance practice registered nurses and have the ability to treat patients at various stages of illness, such as prevention, diagnosis, treatment, and management (AANP, 2020).

*Restrictive license:* A restrictive NP's license occurs when there is some aspect of an NP's role that is restricted, such as type of patients that can be seen, mandatory

collaborating physician, or other type of restrictions that regulate how NPs deliver care, set forth by the state board of nursing (AANP, 2018).

*Retail health care clinics:* Also known as convenient care clinics, health care clinics that have locations in retail stores or other high-volume stores that offer health care to consumers (Convenient Care Association, 2018).

### **Assumptions**

The assumptions for this study include that the participants were truthful in responding to the survey, NPs desire job satisfaction when working at RHCCs, and the sample of participants accurately represents the population that I want to study. These assumptions were necessary because I needed to believe that the NPs were being truthful and honest when responding to the survey. Without having a representative sample and honest responses the data would be useless. Also, the assumptions that NPs desire job satisfaction would create the NPs desire to responds honestly to the survey.

### **Scope and Delimitations**

For this study, I used a descriptive, correlational quantitative approach. The population for this study included NPs who work at RHCCs, full or part-time for at least six months at an RHCC, within the United States, and provided patient care. To recruit for this study, I used a convenience sample from a Facebook site and snowball technique. I was given permission from a Facebook site's administrator to post a link inviting NPs who met the inclusion criteria to join the study. I choose these inclusion criteria because NPs are usually the primary employee who work at RHCCs. I wanted to study the intrinsic and extrinsic factors related to job satisfaction and job dissatisfaction.

By using a qualitative approach to study job satisfaction and dissatisfaction will exclude valuable information because there may not be enough time to address 44 factors that led to job satisfaction and dissatisfaction. The MNPJSS survey allowed for a quick and reliable way to study the causes of job satisfaction and job dissatisfaction. I am including only NPs in this study because PAs have different training and schooling, which may lead to different data and perspectives. Therefore, job satisfaction may be different in PAs versus NPs and only NPs perspectives will be studied.

The theoretical framework for this study was Herzberg dual factor theory. Herzberg's dual factor theory aligns with studying job satisfaction and dissatisfaction among NPs who work at RHCCs. However, there were other theories that could have been used for this study on job satisfaction, such as Maslow's hierarchy of needs or McClelland's need for achievement theory. Although, these theories on job satisfaction, lacked important aspects, such as extrinsic and intrinsic factors that studied job satisfaction that prevented them from aligning with this study.

I considered using Maslow's hierarchy of needs to guide my study which is a hierarchy system. This theory has five categories of needs with the most basic needs as level one: thirst, hunger, and sex (Pardee, 1990). When a person advances in a job, this advancement provides the potential for the employee to advance upwards in the levels of Maslow's pyramid of needs and possibly reaching self-actualization within their job (Gawel, 1996). Employee's basic needs should be met prior to advancing in a career. I did not choose this theory because this theory pertains to more basic life needs. Herzberg's dual factor theory has a better focus on job satisfaction.

McClelland's need for achievement theory is based on a person's needs and this need will help motivate a person behavior to successfully fulfill their need (Pardee, 1990). These needs are based on a person's environment and how they cope in their environment (Pardee, 1990). Overall, people who want to advance in life or their job have a goal, plan, and want feedback on how they are doing while working towards their goal. This theory did not explore factors that create job satisfaction or job dissatisfaction; therefore, I did not choose this theory for this research.

### **Limitations**

The limitations of this study included lack of generalizability due to only studying NPs and limited to RHCCs within the United States. Having only NPs who work at RHCCs within the United States can exclude job satisfaction information of NPs who work around the world. Having the study participants' identity remain secure can cause anyone to claim that they are an NP and take the survey. Therefore, I posted enrollment criteria and invitation to participant on Facebook sites that are designed for NPs who work in RHCCs. Also snowball technique allowed NP to pass on the link to their fellow coworkers and friends that are NPs and meet the inclusion criteria.

### **Significance**

This study provided information that can be used to increase the level of job satisfaction among NPs who work at RHCCs and potentially help decrease the intent to leave, decrease turnover rates, provide quality care, prevent understaffing, and prevent clinic closures. Research was lacking related to evaluation of job satisfaction among NPs who work at RHCCs. The findings of this study addressed the gap that exists in job



satisfaction among NPs who work at RHCC. Hagan and Curtis (2018) predicted that factors associated with job dissatisfaction and satisfaction among NPs included autonomy, practice environment, salary, and benefits. RHCCs have a unique work environment that functions differently from primary care, urgent care, or emergency rooms. Studying job satisfaction of NPs may increase patient satisfaction and the quality care they received at RHCCs.

A systematic review showed that the work environment of staff nurses was associated with higher quality care of patients (Copanitsanou et al., 2017). Creating a satisfied work environment may result in the retention of NPs who work at RHCCs but also enhances the quality care that patients receive. The information obtained by this research will help leadership provide positive social changes through increasing job satisfaction rates among NPs and achieve higher levels of patient satisfaction.

Knowing the factors of job satisfaction and dissatisfaction, leadership and organizations can create an environment where employees are satisfied. When there is a high level of job satisfaction, NPs are less likely leave and this will prevent clinic closures and disruption in care (Brom et al., 2016; Zhang et al., 2019). When staff turnover is high and clinics are closed patients are unable to receive care. This can result in a patients' health declining. To ensure proper care of patients, job satisfaction needed to be addressed at RHCCs so that NPs do not have intention to leave and quality care is assessable to all. Job satisfaction is also associated with quality care given by a nurse (Al-Hamdan et al. 2019; Van Bogaert et al. 2014). Therefore, low job satisfaction levels will lead to low quality care or poor patient outcomes. The implication for positive social

change includes improving job satisfaction for NPs and creating a positive work environment for NPs and provide accessible quality care for patients.

### **Summary**

This quantitative study evaluated job satisfaction of NPs who work in RHCCs. The theory used to frame this study was Herzberg's dual factor theory because job satisfaction and dissatisfaction was divided into two types of factors, extrinsic and intrinsic. I used the MNPJSS to determine which extrinsic and intrinsic factors are associated with job satisfaction and dissatisfaction. Knowing the factors that cause job satisfaction and dissatisfaction will provide leadership with tools to create a positive environment and increase job satisfaction of NPs. Increasing the level of job satisfaction can increase the quality of care that patients receive.

Chapter 2 will include details of an extensive literature review and further exploration of Herzberg dual factor theory. This exploration of this theory included primary writing by Herzberg, major assumptions, application of theory, rationale for theory, concepts, key statements, and applications of theory. The literature review has subsections of RHCCs, NP, and RHCCs, and NP's job satisfaction. Chapter 2 will further explain how other studies have been conducted on job satisfaction, along with their outcomes and their theoretical framework.

## Chapter 2: Literature Review

RHCCs were created to help ease the primary care crisis by having NPs and PAs provide medical care. However, the role of NPs who work at RHCCs have recently expanded to include management of chronic diseases, such as hypertension and diabetes and other services depending on the company. Determining the job satisfaction level of NPs who work at RHCC was important, given that previously these NPs were found to have moderate job satisfaction levels. The level of job satisfaction of a provider can increase the intent to leave rates and impact the quality of care that a patient receives (Al-Hamdan et al., 2019; Van Bogaert et al., 2014). Job satisfaction needed to be studied in this setting to prevent patients from having lack of access to care, intent to leave among NPs, decrease turnover, increase quality care that patients receive and improve mental health among employees. There were no current studies that address job satisfaction among NPs who work at RHCCs. Identifying factors that are associated with job dissatisfaction and job satisfaction will provide leadership with the knowledge to create interventions, leading to higher levels of job satisfaction among NPs who work at RHCCs.

In this chapter, I have analyzed the literature on job satisfaction among NPs, RHCCs, and Herzberg's dual-factor theory. The theoretical framework for this study was rooted in Herzberg's dual factor theory, which hypothesized that motivating factors are associated with feelings of job satisfaction and hygiene factors that are associated with feelings of job dissatisfaction (Pardee, 1990). Herzberg's dual factor theory was chosen as the framework of this study because job satisfaction is associated with intrinsic

(satisfiers) factors and extrinsic (dissatisfiers) factors. Job satisfaction is related to an employee's motivation to work and job dissatisfaction is associated with a lack of motivation to work (Pardee, 1990). Most articles from the literature review used Herzberg's dual-factor theory as a theoretical foundations and used Misener Nurse Practitioner Job Satisfaction Scale as the study's survey.

A variety of factors have been studied to determine if they affect job satisfaction of NPs. Age and gender did not affect the level of job satisfaction (Bumbach et al., 2019; Bryant & Parker, 2016). However, novice NPs who had a mentor had higher levels of job satisfaction (Bryant & Parker, 2016). Overall, type of setting did not affect the level of job satisfaction (Bae, 2016; Lelli et al., 2015; Lyden et al., 2018). Job satisfaction among NPs who worked in rural versus NPs who worked in nonrural areas did not differ in the level of job satisfaction (Bae, 2016). However, autonomy was a factor of job satisfaction among NPs (Athey et al., 2016; Bae, 2016; Bourdeanu, et al., 2020; Brom et al., 2016; Bush & Lowery, 2016; Faraz, 2017; Han et al., 2018; Horner, 2017).

The purposes of this quantitative study were to determine if there is a relationship between: (a) challenge/autonomy, and professional growth (intrinsic subscales) of job satisfaction among nurse practitioners who work at retail health care clinics and (b) intrapractice partnership/collegiality; professional, social, and community interaction, time, and benefits (extrinsic subscales) and the current level of job satisfaction among nurse practitioners who work at retail health care clinics. The three sections of this chapter are the literature search strategies, theoretical foundations, and literature review.

The literature search includes databases, search terms, and literature on the theoretical framework that was used for the literature review.

### **Literature Search Strategy**

I accessed Walden's library databases which included PsycINFO, Complementary index, Medline with full text, Academic Search Complete, Cumulative Index to Nursing and Allied Health Literature (CINAHL) plus full text, Social Science Citation, Gale Academic OneFile select, Google Scholar, Supplemental Index, ERIC, Coindex with full text, Science Citation Index, ScienceDirect, Journals OVID, Directory of Open Access Journals, Scholar Works, Emerald Insight, Wiley Online Library, PubMed, Regional Business News, and Center for Medicare Services. The keywords used in these databases include *nurse practitioners, advance practice registered nurse, work satisfaction, employee satisfaction, job satisfaction, retail health care clinic, convenient care clinic, retail clinics, Herzberg's dual-factor theory, Herzberg theory, and motivation-hygiene theory*. The phrases used in these databases and keywords include *nurse practitioner and job satisfaction/work satisfaction/employee satisfaction, nurse practitioners, job satisfaction/work satisfaction/employee satisfaction, and retail health care clinic, nurse practitioner, job satisfaction/work satisfaction/employee satisfaction, and retail clinic, nurse practitioners, job satisfaction/work satisfaction/employee satisfaction, and convenient care clinics, nurse practitioner, job satisfaction/work satisfaction/employee satisfaction and patient satisfaction, nurse practitioner, job satisfaction/work satisfaction/employee satisfaction, and patient outcomes, and Herzberg's dual-factor theory and motivation-hygiene theory*.

The original search parameters for NPs job satisfaction who worked at RHCCs were peer-reviewed articles from 2015-2020 and studies conducted in the United States. The search parameters for the theoretical foundation, Herzberg's dual-factor theory, did not include the limitation of a time frame or peer-review articles because I wanted to include seminal literature. Because there were limited research articles with the grouped search terms of *nurse practitioners, retail health care clinics/convenient care clinics, and job satisfaction/work satisfaction/ employment satisfaction*, the search terms were expanded to unlimited years, which still produced only one article.

This literature search produced 36 articles that addressed job satisfaction and associating factors. Of the 32 articles, most used a descriptive, cross-sectional study with surveys. Most articles used Herzberg's dual-factor theory as the theoretical framework. Two studies that used a qualitative approach did produce valuable information. Most articles used the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) to determine the level of job satisfaction and the associating factors that could affect job satisfaction. The MNPJSS was designed to align with Herzberg's dual-factor theory and may be the reason why the survey and theoretical framework was most often used.

### **Theoretical Foundation**

Herzberg's dual-factor theory, which is also known as the motivation-hygiene theory, guided my study, to determine the job satisfaction level among NPs who work in RHCCs. Herzberg et al. (2010) first studied job satisfaction of employees in 1959 that resulted in the creation of this theory. The foundation of Herzberg's theory was Maslow's hierarchy of needs through studying the basic hierarchy needs of employees and what

factors motivate employees to work, (Yusoff et al., 2013). Herzberg's original study used a qualitative approach to study job satisfaction and job dissatisfaction of employees who worked in Pittsburg (Herzberg et al., 2010).

Herzberg divided job satisfaction factors as lower-level factors as job dissatisfiers, also known as extrinsic or hygiene factors and higher-level factors as job satisfiers, also known as intrinsic or motivators (Pardee, 1990; Yusoff et al., 2013). Satisfiers include factors such as achievement, recognition, work itself, responsibility, advancement, and possibility of growth (Pardee, 1990). The more satisfiers in a job can create a productive work environment and employees that have higher levels of performance, efficiency, and growth (Yusoff et al., 2013). Dissatisfiers include factors such as job security, personal life, company policy, supervision, working conditions, interpersonal relation, status, company policy, and salary (Pardee, 1990). Herzberg used the word hygiene because these dissatisfiers needed to be cleansed from the work environment and cannot create long term motivation (Pardee, 1990). I chose this theory for my study because it separates factors of job satisfiers and dissatisfiers. By separating the factors, RHCCs' leadership will have a better understanding of what aspects of the NP's job that need improvement. Satisfiers of the job can be used for recruitment and retention. Having an awareness of the level of job satisfaction can determine if changes need to occur to promote a positive work environment that NPs are drawn to work at RHCCs.

### **Primary Writing by Herzberg**

Herzberg et al. (2010) published a book, *The Motivation to Work*, that discussed the qualitative study on job satisfaction. This study on job satisfaction included 203 male

study participants who were either engineers or accountants located in Pittsburg, that were interviewed about their experience with certain situations that led to an increase or decrease in job satisfaction (Herzberg, et al., 2010). The hypothesis for this study was to explore the factors that lead to positive and negative factors related to job satisfaction and to explore the short- and long-range effects of attitudes (Herzberg et al., 2010). The two-factor theory or the motivation-hygiene theory was created from this study and showed two major concepts that consist of job satisfaction, satisfier (intrinsic factors), hygiene (extrinsic factors), and how they motivate employees to work (Herzberg et al., 2010). Through interviewing the study participants in two different pilot studies, Frederick Herzberg was able to explore stories and themes. This study categorized factors into first-level factors, second-level factors, and effects of job satisfaction. First-level factors related to attitudes of job satisfaction, second-level factors that related to the study participants' feeling, and effects that related to behavioral effects, such as productivity, turnover, mental health, and relationships (Herzberg et al., 2010). This study led to further research by Herzberg and associates but also other researchers that helped increase the validity of this theory.

Herzberg's (1966) book, *Work and the Nature of Man and Motivation to Work* was based on Herzberg original study from 1959. He wrote this book because there was additional research on job satisfaction that produced further information, clarify misinterpretations, and to validate the theory (Herzberg, 1966). The original study lacked generalizability, because the theory was based on only accountants and engineers; however, this theory has been used in numerous other studies which increased



generalizability. Herzberg claimed that the theory was used in nine other studies, that had similar results but used different types of occupations. He also claimed that this theory was used in other countries that further increased the generalizability and validity of this theory (Herzberg, 1966). However, there were still critics that questioned the bias of this theory and claimed that personal experiences may inhibit satisfiers as personal achievement (Herzberg, 1966). Participants may not view hygiene factors as personal inadequacies and instead blame other factors (Herzberg, 1966). For example, employees who are consistently late for work may view this as dissatisfied with company policy or supervisor interaction instead of viewing being late as a personal inadequacy. Therefore, participants will try to make themselves look good and create other factors labeled as a negative effect or dissatisfiers. To minimize this type of bias, Herzberg decided to use questions that had a sequence of events of actual job experiences instead of using checklists or prepopulated questions that were written ahead of time, which allowed the investigators to explore the participants' answers in depth (Herzberg, 1966). There are no concrete factors that will create job satisfaction; instead there needs to be a balance between satisfiers and dissatisfiers. Dissatisfiers will reoccur as employees continue to seek pay raises or advancement (Herzberg, 1966). However, satisfiers should continue as they create growth (Herzberg, 1966). Herzberg (1974) published an article on the motivation-hygiene theory, also known as dual-factor theory, which clarified and further explained this theory. At this point in 1974, this theory and research was reproduced over 200 times and Herzberg stated that employers were able to identify problems within their

organizations (Herzberg, 1974). Job satisfaction is related to satisfiers and dissatisfiers; each has its own factors.

Mismanagement of a hygiene factor can cause disruption, intent to leave, employee disconnect, and a hygiene crisis even after the crisis is solved due to psychological effects (Herzberg, 1974). A snowball effect may occur through the employer trying to calm the employees down through overcompensating and these effects lead to employees manipulating the employer, which may create a costly situation (Herzberg, 1974). Employers need to study job satisfaction in their employees before it becomes a crisis. Herzberg's article discussed the dangers of having hygiene-related workplace instead of having a motivated workplace and how it affects the employees (Herzberg, 1974). A toxic work environment can lead to dissatisfied employee. Frederick Herzberg has written many articles pertaining to the dual-factor theory. Studies continue to apply this theory as a framework for their research on job satisfaction.

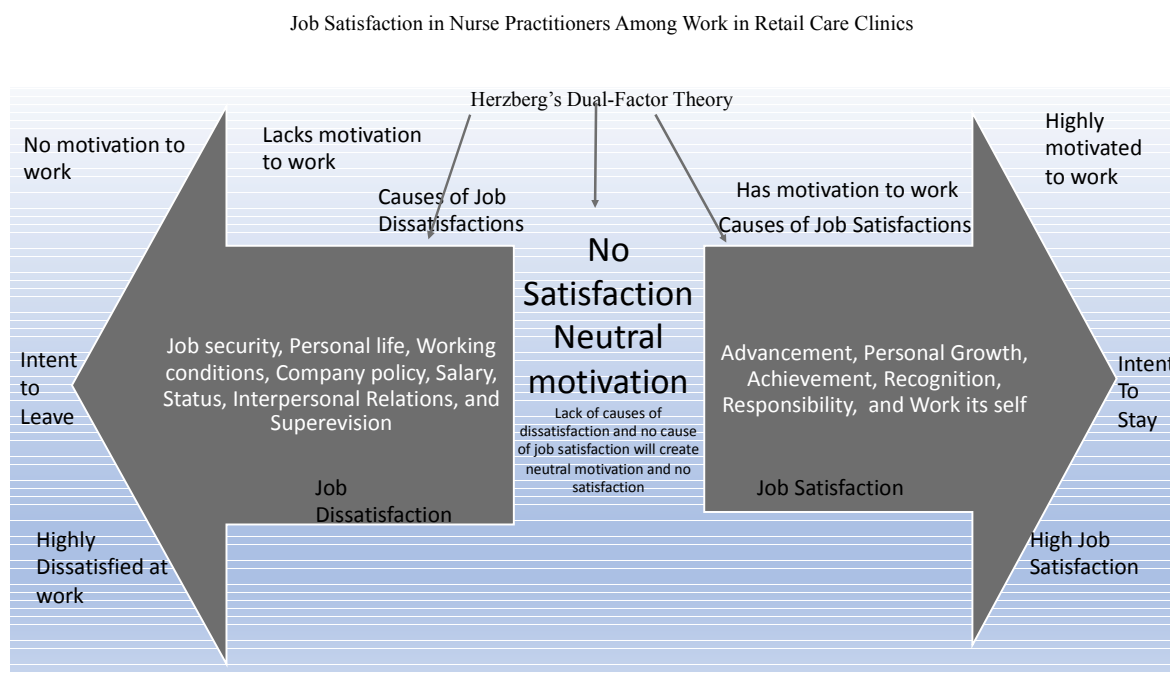
### **Major Assumptions**

Herzberg's dual-factor theory states that eliminating hygiene factors and creating satisfiers would motivate employees to work (Pardee, 1990). However, just eliminating dissatisfying factors or creating satisfiers alone would not create a motivated employee (Pardee, 1990). Herzberg's dual-factor theory is set up as a spectrum, as shown in figure one, dissatisfiers on one side and satisfiers on the opposite end of the spectrum. More dissatisfiers in the work environment will create a negative work environment or job dissatisfaction (Pardee, 1990). As the dissatisfiers lessen and move towards satisfiers, the work environment will create job satisfaction and motivate employees to work (Pardee,

1990). However, when the work environment is in a neutral state of no hygiene factors or satisfiers, there will be no job satisfaction, not job dissatisfaction or job satisfaction created (Pardee, 1990). Figure 1 shows how job satisfaction has two concepts, satisfiers and dissatisfiers. As a job has more satisfiers the employee's motivation level increases and higher levels of job satisfaction occur. As a job has less satisfiers and more dissatisfiers, there is an increase in job dissatisfaction. When there are no satisfiers and dissatisfiers there is a state of no satisfaction and is neutral on the level of motivation.

### Figure 1

#### *Herzberg's Dual-Factor Theory*



### Application of Theory

When researchers study job satisfaction, it is common to use Herzberg's dual-factor theory because this theory defines the factors that are associated with job

satisfaction and job dissatisfaction. These studies used the Herzberg's dual-factor theory for the theoretical foundation, which allowed researchers to determine individual factors that are extrinsic and intrinsic to job satisfaction. In studies that analyzed job satisfaction among NPs, the level of autonomy was considered an intrinsic factor (Bae, 2016; Brayer & Marcinowicz, 2018; Hagan & Curtis, 2018; Han et al., 2018; Lelli et al., 2015; O'Laughlin, & Bold et al., 2019). Pay and pension was noted to be the highest dissatisfiers or extrinsic factor among nurses with master's degrees in Poland (Brayer & Marcinowicz, 2018). Pasaron (2013) used Herzberg's dual-factor theory to determine factors of job satisfaction to identify factors for recruitment strategies among NPs. In a mixed study that was designed to analyze job satisfaction in nurses who have master's degrees, Herzberg's dual-factor theory was used to identified extrinsic and intrinsic factors (Brayer & Marcinowicz, 2018).

### **Rationale for use of Theory**

When studying job satisfaction in NPs who work in RHCCs the use of Herzberg's dual-factor theory is best used because it lists the factors that are extrinsic and intrinsic factors. Determining the factors of job satisfaction can assist leadership in creating changes that are extrinsic or continue to promote intrinsic factors that may lead to higher levels of job satisfaction. Supporting a positive work environment for NPs who work at RHCCs can also lead to higher levels of quality care that patients received. As the level of job satisfaction is positively associated with the higher level of quality care received (Al-Hamdan et al., 2019). Herzberg's dual-factor theory aligns with this study's research questions by determining if the null hypothesis should be accepted or rejected because of

the factors that are associated with job satisfaction. This study will build upon other studies that determine extrinsic and intrinsic factors with their associated level of NPs' job satisfaction.

### **Concepts**

Herzberg's dual-factor theory has two main concepts, satisfiers, and hygiene. Satisfiers or intrinsic factors are known for creating motivation to work and job satisfaction. Whereas hygiene or extrinsic factors create a lack of motivation to work and job dissatisfaction. The term hygiene represents factors that should be eliminated from the work environment as much as possible (Alshmemri et al., 2017; Pardee, 1990). Hygiene factors cannot motivate an employee and if tried, it may only lead to further negative effects resulting in a disconnect in the job (Pardee, 1990). To motivate and create satisfaction, hygiene factors need to be eliminated as much as possible. However, if all hygiene factors are eliminated, it does not create job satisfaction, instead it creates no job dissatisfaction because a job still needs satisfiers to create job satisfaction (Herzberg, 1966). Job satisfaction is created by eliminating dissatisfiers and creating satisfiers that will motivate employees to work, increase job satisfaction, and intent to stay. Conversely, more hygiene factors and less satisfiers will create a negative work environment resulting in job dissatisfaction, less motivated employee, and intent to leave. However, the work environment holds the most influential factor that is associated with job satisfaction or job dissatisfaction (Herzberg, 1974).

The main factors of satisfiers or motivators include achievement, recognition, the possibility of growth, work itself, responsibility, and advancement (Herzberg, 1966).

Achievement at work is defined as completing tasks, finding a successful solution to a problem, and feelings of pride from performance at work (Herzberg, 1966). During Herzberg's study, stories of employees' success were coded as achievement and produced higher levels of job satisfaction (Herzberg et al., 2010). When employees felt that they had achieved something in their work, such as completion of a task or resolution to a problem, the level of job satisfaction increased, linking achievement as a satisfier (Herzberg 1996). Recognition at work may be from a supervisor, coworkers, clients, patients, peer, public, or any other person that acknowledges an act or performance; however, recognition does not have to have a financial reward associated with it and may just be words (Herzberg, 1966). These words can be negative or positive. However, most of the study participants discussed positive recognition and therefore, recognition was placed in satisfiers (Herzberg, et al., 2010). When positive recognition occurred, it was more likely to produce higher levels of job satisfaction compared to negative recognition, which produced lower levels of job satisfaction (Herzberg, et al., 2010).

Growth is defined as the ability for the employees to advance his/her skills or receive a job promotion (Herzberg, 1966). In Herzberg's study, when the participants positively discussed growth at one's job, this was positively associated with job satisfaction and better attitudes about their jobs (Herzberg et al., 2010). Advancement is defined as a change of an employee's role at work (Herzberg, 1966). Advancement is closely associated with growth. Herzberg's study participants described how advancement positively affected their job because along with advancement, praise of a job well done, and growth had created intent to stay (Herzberg et al., 2010). Work itself is

defined as the job or task that causes a positive feeling (Herzberg, 1966). Herzberg's study participants positively associated job satisfaction with the work or job that the participants do but also how rewarding the work itself has become (Herzberg et al., 2010). Although many of the participants stated that creative work was more rewarding to the employee, it was also associated with increase revenue for the company (Herzberg et al., 2010). Responsibility is defined as an employee given a task or job that creates a feeling of satisfaction in their work (Herzberg, 1966). Herzberg's study participants described how added responsibility increased job satisfaction, even when there was no promotion associated with the new responsibility because there was feelings of the possibility of growth or advancement in their role. (Herzberg et al., 2010). However, each of these factors can have a negative experience and resulted in dissatisfaction at work.

The main factors that cause job dissatisfaction include salary, company policy, supervision, interpersonal relationships, personal life, status, job security, and working conditions. Salary is defined as all compensation for work performed and significant for job satisfaction and job dissatisfaction (Herzberg, 1966). When Herzberg's study participants discussed pay raises this created job satisfaction (Herzberg et al., 2010). When the study participants felt that they were being inadequately compensated for the work that the participants were doing, this was associated with lower levels of job satisfaction (Herzberg et al., 2010). Company policy is defined as the inadequacy of the place of employment's structure and management but also the negative effects that policies may have on an employee (Herzberg, 1966). Company policies is one of the

most influential negative factors that was associated with job dissatisfaction (Herzberg et al., 2010).

Herzberg's study participants described company policies as ineffective, inefficient, waste, struggle of power between employees and supervisor, and unfair (Herzberg et al., 2010). These negative feeling about the company policy led to job dissatisfaction and lack of productivity (Herzberg et al., 2010). Supervision is defined as the relationship with one supervisor or superiors and was usually described as incompetence, unfairness, nagging or critical, lack of teaching ability of the supervisor. (Herzberg, 1966). These negative descriptions create a decrease in job satisfaction among the employees. The term, interpersonal relations, is defined as interactions between two people, such as peers, superior, or subordinate (Herzberg, 1966). The relationship between peers, superior or subordinate can reflect in an employee's job satisfaction level. When there is a negative interaction the level of job satisfaction decreases (Herzberg et al., 2010). For example, when working with friends or staff that an employee has a good relationship with each other, job satisfaction will increase. Working condition is defined as the physical condition of the work or the amount of work at the place of employment, such as inadequate ventilation, lighting, space, or other conditions that are present at a place of employment that causes negative effects (Herzberg, 1966). Inadequate ventilation, lack of lighting or space, excessive workload, lack of tool, and physical conditions of the work (i.e., working in excessive heat or cold) can lead to job dissatisfaction because they lack positive influences of a work environment (Herzberg et al., 2010).



Job security is described as tenure, company stability or employee stability within a company (Herzberg, 1966). Basic needs of a job include security; when security is in jeopardy then job satisfaction levels will decrease (Herzberg et al., 2010). Status is defined as a sign or factor of his or her role (i.e. having a security, company car, or housing) (Herzberg, 1966). When a job lacks status, employees feel that they lack recognition resulting in lower levels of job satisfaction (Herzberg, 1966). Personal life is defined as aspects of an employee's life outside of work. When personal life is disrupted by work (i.e. displeasure in having to move) job satisfaction decreases (Herzberg, 1966). When employees are forced to have factors of their job negatively influence their personal life, job satisfaction may occur. These factors that are associated with job dissatisfaction can also be factors of job satisfaction if they create positive feelings of satisfaction.

### **Key Statements**

Factors that are intrinsic factors are not always the opposite of extrinsic factors. Therefore, what makes NPs satisfied and dissatisfied in their job must both be studied. Although applying all the satisfiers to a job does not create positive feelings or motivated employees (Herzberg, 1966). The same rationale applies when eliminating all the hygiene factors; it does not cause motivation to work as job satisfaction is not automatically created (Herzberg, 1966). When an improvement in hygiene factors was noted, the effects did not last long and employees will continue to want ongoing satisfiers, such as an increase in pay or vacation time (Herzberg, 1966). Herzberg (1966, p. 170) compared eliminating hygiene factors to the use of heroin, "you need less and

less, to produce an effect.” Therefore, when management continues to remove hygiene factors, there is a point where fewer hygiene factors will create less job satisfaction not more job satisfaction. However, an excess of hygiene factors can create job dissatisfaction and a lack of motivation to work. Fewer hygiene factors and not enough satisfiers can create job dissatisfaction. Leadership needs to study and evaluate job satisfaction factors to create a happy and motivated employee without overcompensating.

### **Application of Herzberg’s Theory**

A literature review within the last five years of research studies revealed that Herzberg’s dual-factor theory has been used in many different types of studies and in a varied of organizations. When studying job satisfaction among radiation therapists, the researchers used Herzberg dual-factor theory as their framework (Savoy & Wood, 2015). The majority of radiation therapists responded as agreed and strongly agreed with being satisfied with their job (Savoy & Wood, 2015). Recognition, advancement, work itself, and responsibility were satisfiers that were associated with radiation therapist’s higher levels of job satisfaction (Savoy & Wood, 2015). Dissatisfiers that were associated with lower levels of job satisfaction among radiation therapist included policy, salary, supervision, interpersonal relationships, and work environment (Savoy & Wood, 2015). Using Herzberg’s dual-factor theory, the researchers were able to divide working conditions into two categories, satisfiers and dissatisfiers, to determine the levels of satisfaction in each factor. Herzberg’s dual-factor theory can also be used in literature reviews studying job satisfaction.

Staempfli and Lamarche (2020) performed a literature review on job satisfaction in emergency room nurses by creating a model of factors relating to high job satisfaction and high job dissatisfaction with a hierarchy system. This approach to studying job satisfaction created a quick visual of the top ten factors of job satisfaction among emergency room nurses. The highest-ranking factor of job satisfaction included factors pertaining to self-actualization needs, such as opportunities for career advancement and personal growth (Staempfli & Lamarche, 2020). The lowest ranking factor of job dissatisfaction was physiological needs, such as inadequate compensation or pay and perception of unfair salary (Staempfli & Lamarche, 2020). By studying job satisfaction as satisfiers and dissatisfiers, it creates opportunities to address factors that are positive and negative but also to expand research outside of studying job satisfaction.

Kim et al. (2016) used Herzberg's dual-factor theory to study satisfaction and dissatisfaction of hotel reviews on social media through evaluating customer satisfaction of hotels. Factors that were considered satisfiers for full service hotels included location, staff and attitude, room size, service, breakfast, room, bed, view, neighborhood, and style or design (Kim et al., 2016). Dissatisfiers included factors such as dirtiness, staff and their attitude, room size, noisiness, bathroom, bed, temperature, old building, front desk staff and their service, smell, and value for money (Kim et al., 2016). Herzberg's dual-factor theory can be used as a framework for studying various types of problems or in different types of organizations, not just job satisfaction.

## **Literature Review Related to Key Variables and/or Concepts**

### **Retail Health Care Clinics**

Retail health care clinics (RHCC), also known as convenient care clinics, were designed to ease the healthcare crisis through treating patients in quick and convenient locations. The first clinic was started in 2000 by a father who was disappointed in the care that his son had received at a local urgent care center (Muroff, 2009). In 2002 these clinics were sold and renamed MinuteClinic. When MinuteClinic was acquired, they still offered non-urgent care, with longer hours than traditional primary care, walk-in basis, reasonable flat fee for service, convenient locations, but did not accept insurance (Muroff, 2009). Today, Minutclinics still offers nonurgent care, with extended hours, walk in approach, but accept insurance to treat minor illnesses, prevention, vaccinations, and has expanded to treatment of chronic care (hypertension, hyperlipidemia, hypothyroid). These clinics are staffed NPs and PAs who usually work alone.

Today Minuteclinics are not the only RHCCs; as Walmart, Walgreens, Rite aid, and other independent companies currently run RHCCs. There are strict guidelines and protocols that NP and PAs must follow that limits the care that is received from RHCCs. However, many patients will choose RHCCs over urgent care or emergency rooms for treatment of acute, chronic, and prevention of their health needs because of their shorter wait times and affordability (Ashton, 2018). Out of pocket expenses and wait time affected a patient's choice of where to seek treatment (Mukamel, Ladd, Amin, & Sorkin, 2019) further clarifying the effectiveness of RHCC quick walk-in motto. However, RHCCs are still being underutilized for treatment of minor illnesses. Mukamel et al.

(2019) studied a patient's preferences when seeking treatment for illnesses, physician office was still the number one choice for seeking treatment for the majority of illnesses. Although, when comparing treatment of non-emergent care, RHCC was used more than emergency rooms when patients had private insurance (Mukamel et al., 2019). RHCCs can help ease the overcrowding in the ERs when non-urgent care is needed. RHCCs were opened in 2000 and 20 years later they are still providing valuable treatment but are being underutilized for low acuity illness (Mukamel et al., 2019).

RHCC are unique in the way they provide health care to their patients. NPs who work in these types of settings may view job satisfaction in a different way. RHCCs offer different challenges and advantages that differ from other clinical settings. Due to this unique setting and expanded services it is unknown what the current level of job satisfaction among NPs who work at RHCCS. Although, the level of job satisfaction is unknown, for NPs who work at RHCC; what is known is the level of job satisfaction in NPs who work in different settings, locations, gender, and age. In a systemic review it was noted that half of the studies showed NPs to have high level of job satisfaction and the other half of the studies showed NPs to have low or minimally satisfaction with their jobs (Han et al., 2018). Job support may affect the level of job satisfaction, eight-five percent of the NP/PAs were moderately to very satisfied with their career; however, when there was increase in the resources for treating complex patients the NP/PAs had higher job satisfaction levels (Whitebird, et. al., 2016). Job satisfaction may be tied to resources available to NP/PAs. One resource that is commonly available to new NP is a mentor or post graduate program.

### **NPs and Mentors**

Horner (2017) concluded that new NPs who had a mentor had increased levels of job satisfaction and was beneficial. Even experienced NPs thought that having a mentor was beneficial and over 97% of experienced NPs were willing to become a mentor to new NPs (Horner 2017). Post graduate education was just as valuable to new NPs in the creation of job satisfaction. NPs who participated in a fellowship had an increase in preparedness, confidence, and increased the level of job satisfaction (Bryant & Parker, 2016).

### **NPs and Age**

Faraz (2019) studied novice NPs who worked in primary care and concluded that job satisfaction was satisfactory. Age did affect the level of job satisfaction, NPs who were 55 years old reported that job satisfaction was 10.8% very satisfied, 16.8% satisfied, and 18.2% dissatisfied (Falk, Chapa, & Greene, 2017). Possibly, the reason for a low level of dissatisfied in experienced NPs could be related to NPs who were dissatisfied with their career they may have changed career or retired early. Although, when NPs who were between the ages of 55-59 years old were very satisfied with their job and the odds of retiring were lower than NPs who were just satisfied (Falk et al., 2017).

### **NP and Gender**

A recent study examined gender and the levels of job satisfaction because males and females may have different ideas of what makes them satisfied at their job. When gender was studied, the level of job satisfaction was not significantly different between males and females (Bumbach et al., 2019). Leadership can create programs and policies

that do not have to be gender specific to achieve higher levels of job satisfaction among NPs, making it easier to implement programs. Age, gender, and experience does not affect the level of job satisfaction among NPs. Setting and specialties need to be analyzed on how those areas may affect the level of job satisfaction among NPs.

### **NPs and Rural versus Non-Rural**

When comparing job satisfaction among NPs who worked in rural versus non-rural or urban versus nonurban these practice locations did not have a significant difference in the level of job satisfaction, both were satisfied with their job (Bae, 2016; Poghosyan, Liu, Shang, D'Aunno, 2017). Therefore, location may not affect job satisfaction. However, when NPs are able to use their skills to the fullest without regulations, NPs had higher job satisfaction levels (Bae, 2016). States have different laws governing and regulating NPs' level of practice which may reflect in the level of job satisfaction or the practice itself may set rules or regulations limiting the scope of practice for NPs.

### **NPs and Setting**

The setting where an NP works may have different challenges and advantages but the level of satisfaction stays about the same. Overall, job satisfaction among NPs who worked in various settings had an overall rating of being satisfied to somewhat or moderately satisfied (Bae, 2016; Brom, et al., 2016; Lelli et al.; Lyden et al., 2018 & Poghosyan et al., 2017). Although, NPs who worked in a dual role specialty practice (working in two area such as OB/GYN and primary care) had higher levels of job satisfaction than NPs who worked only in primary care (O'Laughlin et al., 2019). NP

satisfaction at a Midwestern medical center were satisfied to somewhat satisfied which is similar to NPs who were self-employed or worked as neonatal NPs (Brom et al., 2016; Lyden et al., 2018; Kaminski, Meier, & Staebler; 2015). Oncology NPs had low levels of job satisfaction (Bourdeanu et al., 2020). Bruinooge et al. (2018) studied job satisfaction in NPs and PAs who work in oncology and concluded that over 90% were very satisfied to satisfied with their job choice. However, the results of job satisfaction of NPs may be skewed because this study included PAs and other providers who did not have an advance practitioner degree.

There was no difference in satisfaction levels when comparing job satisfaction among NPs who work at RHCCs and primary care, as both groups reported being satisfied with their jobs (Lelli et al., 2015). However, job satisfaction among NPs who work in Massachusetts and New York, in various practice settings, such as a physician's office, community health center, hospital-based clinic or other area was significantly different in the level of job satisfaction (Poghosyan, et al., 2015 & Poghosyan, et al., 2017). NPs who worked at physician office were 41.4% satisfied with their job compared to NPs who worked at community health care clinic, they were 27.5% satisfied, NPs working at hospital-based clinic were 17.6% satisfied, and NPs who worked at other facilities were 13.5% satisfied (Poghosyan et al., 2017). Overall, NPs who work in specialty practices, physician's office, community health centers or hospital-based clinics did not differ in the level of job satisfaction, except for NPs who worked in oncology (Poghosyan et al., 2017 & Bourdeanu et al., 2020). RHCCs are compared to primary care with walk-in approach, the job satisfaction level may differ than specialty or type of



primary care practice setting. RHCCs settings are usually in large retail stores and in most states.

### **Job Satisfaction and Intrinsic Factors**

When studying jobs satisfaction both intrinsic and extrinsic factors need to be studied because lacking in one concept may create job dissatisfaction. For NPs, autonomy is considered an intrinsic factor. Professional autonomy was defined as having the ability in a profession to make decisions and to have the ability to perform to the fullest of someone's knowledge and ability (Skar, 2010). Autonomy was associated with higher levels of job satisfaction among NPs (Athey, et al., 2015; Bae, 2016; Brom et al., 2016; Faraz, 2019; Bush & Lowery, 2016; Han et al., 2018; Horner, 2017, Bourdeanu et al., 2020). Autonomy is regulated by state board of nursing and clinical settings. Therefore, different states may have different regulations, which may affect the level of job satisfaction. NPs who were self-employed felt satisfied and empowered in their job, leading to a positive influence in job satisfaction levels, except in states that required physician oversight (Lyden et al., 2018). NPs who have independent licensure had higher levels of job satisfaction compared to NPs who had a collaborating physician that provided oversight to their practice (Choi & DeGagne, 2016). Autonomy, practice environment or licensure regulations (full, reduced, or restricted), independent practice or scope of practice all affect the role of an NP. States that have full practice licensure are laws that allow NPs to evaluate patient, diagnosis, order and interpret diagnostic tests, initiate and manage treatment, and prescribe medications including controlled substance without a supervisor or requirement of a collaborating physician (American Association

of Nurse Practitioner [AANP], 2019). States that have reduced practice licensure restricts one or more elements of care provided by the NP and the NP must have some type of collaborative agreements with another health care provider, this limits the scope of practice of the NP (AANP, 2019). States that have restricted practice environment restricts the NP scope of practice and requires the NP to have long-term supervision or collaborating physician in order to provide patient care (AANP, 2019).

Although, NPs working in rural or non-rural areas did not affect the level of job satisfaction, experienced NPs who worked in a state that did not have regulatory restrictions such as collaborating physician requirements showed higher levels of job satisfaction (Bae, 2016). As a new graduate having a mentor or fellowship/post graduate education affected the level of job satisfaction (Bryant & Parker, 2019; Bush & Lowery, 2016; Faraz, 2019; Horner, 2017). Post graduate education programs are for new graduates that help NPs enter the workforce with further education and mentorship, sometimes designed for specialty areas, such as NICU or ICU. Bryant and Parker (2019) claimed that having a post graduate fellowship increased the NPs preparedness for work, confidence, and job satisfaction. Having a mentorship may help reduce the stress of starting a new career, and there is always someone with whom to collaborate. In a qualitative study, NPs described their mentor as providing self-confidence, encouragement, used as a resource, and provided feedback that helped improve their practice (Horner, 2017). Participants claimed that having a mentor was helpful and increased the level of job satisfaction (Horner, 2017). New graduates seek support and mentorship provides the support that is needed (Faraz, 2019).

Shea (2015) stated that NPs were most satisfied with their job when they felt that they were providing quality and holistic care to their patients and when their work environment had a respect for their profession. Years of experience and years at the NPs practice setting was also associated with higher levels of job satisfaction and autonomy (Lelli, et al., 2015). Years of experience may be associated with increased roles and responsibilities which may explain why the level of job satisfaction increases with years of experience. Time spent with patients is a factor associated with job satisfaction of NPs, possibly because when NPs are taking care of their patients, NPs felt a sense of accomplishment and pride. Another factor that was associated with NPs' level of job satisfaction was challenge at work. NPs who were challenged and had a variety of tasks at work had higher levels of job satisfaction (Choi & DeGagne, 2016). However, when workload was excessive, feelings of being overwhelmed occurred and NPs had lower levels of job satisfaction (Choi & DeGagne, 2016). Employer need to be aware of having a challenge at work and excessive workload; however more of Herzberg's study participants complained about excessive work (Herzberg, 1966). Although, the same study participants had higher job satisfaction levels when responsibility increased (Herzberg, 1996).

Predictors of job satisfaction were studied and shown that a positive practice environment, relationship with physicians, as well as administration, clearly defined role description, and support for independent practice were noted to be predictors of NP job satisfaction (Poghosyan, et al., 2017). There was lower job satisfaction among NPs who worked in hospital-based primary care clinics versus NPs who worked in ambulatory

clinics (Poghosyan, et al., 2017). However, inpatient NPs who did not have high levels of autonomy had lower level of job satisfaction (Poghosyan, et al., 2017). Therefore, the level of job satisfaction was associated with autonomy rather than setting or environment. NPs stated that working at a walk-in clinic may increase their job satisfaction because of the variety of patients' illnesses and lack the possibility of working outside of the NPs scheduled hours (Choi & DeGagne, 2017). Study participants claimed that having the same patients with the same chronic problems can decrease job satisfaction (Choi & DeGagne, 2017). Having a unique environment with a variety of patients, such as RHCCs, may increase the level of job satisfaction. Herzberg et al. (2010) described how study participants associated job satisfaction when the work itself was rewarding, creative, challenging, had a variety, and opportunity to finish or complete work.

### **Job Satisfaction and Extrinsic Factors**

Extrinsic factors are hygienic factors that decrease the level of job satisfaction and are usually associated with the environment (Alshmemri et al., 2017). In the nursing profession there are factors that are unique to NPs that will cause job satisfaction and dissatisfaction. Common dissatisfiers for NPs included intra-practice partnership, collegiality, and professional growth (Bush & Lowery, 2016; Han et al., 2018; Horner, 2017). A literature review of job satisfaction among NPs and PAs concluded that common extrinsic factors, where pay/benefits, pace at work, and collegiality, which are comparable to other studies (Hoff, Carabetta, & Collinson, 2017).

In a qualitative study of novice NPs role ambiguity and workload were common themes among study participants that produce job dissatisfaction (Faraz, 2019). Being a

novice NP can be difficult but it is important to assist novice nurses into their role to prevent job dissatisfaction and intent to leave their job or new profession. Being a novice nurse without having a mentor was associated with higher levels of job dissatisfaction (Bush, & Lowery, 2016). Years of experience and benefits/pay are associated with the level of job satisfaction (Hagan & Curtis, 2018). As novice NPs become more experienced, pay and confidence may increase leading to higher levels of job satisfaction. However, the same extrinsic factors associated with job satisfaction were common among novice and experienced NPs and they included work conditions, interpersonal relationships, salary, status, security, policies, administration and supervision (Han et al., 2018; Horney, 2017). NPs who had heavier workloads and a lacked job security or had uncertainly about their job had lower levels of job satisfaction (Waddimba et al., 2016).

Intra-practice partnership or physician leadership is a factor for level of dissatisfaction among NPs. The level of job satisfaction among NPs varied by the type of leadership style that the physician displayed. Passive avoidant leadership was associated with lower levels of job satisfaction among NPs (Guevara et al., 2020). Collaborating physicians have an impact on NP satisfaction levels and to increase the level of job satisfaction physicians must have a positive relationship and good leadership skills. Physicians and leadership need to acknowledge and provide recognition of the NPs' work. Shea (2015) claimed that lack of collegial relationships with physicians and lack of professional value of NPs' work were to two most common themes of job dissatisfaction for NPs. The same conclusion was noted when studying oncology NPs; a negative relationship of job satisfaction occurred when NPs did not have a high level of

responsibility, lacked acknowledgement, and lack recognition when an NP did a job well done (Bourdeanu, et al., 2020)

Lack of recognition and job growth are negative factors that were associated with job dissatisfaction. Lack of professional growth was statistically significant factor of job dissatisfaction among NPs. O'Laughlin et al., (2019) compared the level of job satisfaction among NPs who worked as a primary care NP or a dual specialist NP and stated that dual specialist NP had higher levels of job satisfaction compared to primary care NPs. NPs who work in primary care had lower levels of job satisfaction compared to NPs who worked in specialty areas or had a dual role (O'Laughlin, 2019).

Overall environment is associated with job dissatisfaction among NPs because the majority of extrinsic factors are related to the environment, such as intra-practice partnership, collegiality, professional growth, and pay/benefits. A poor relationship among NP and administration negatively affected job satisfaction due to the negative work environment (Poghosyan et al. 2017). Neonatal NPs were just satisfied with their career but the majority of NPs surveyed also claimed that understaffing, high workload, and lack of downtime occurs the majority of time (Kaminski et al., 2015). Hoff et al. (2017) claimed that a negative work environment among NPs had an association with job satisfaction. Environment can negatively or positively affect the job satisfaction among NPs. Environment and having a restricted license had an impact on NPs' level of job satisfaction. NPs who worked in a practice setting with limited usage of their license had lower levels of job satisfaction (Schirle, McCabe, & Mitrani, 2019). The restricted license may be due to state restrictions. Schirle et al. (2019) claim that many clinical nursing

officers in their study did not understand the full scope of a NP, leading to restrictions for a NP that lead to poor working relationship with administration. Education on scope of practice, workload, and job description of NPs may help transition NPs into a less restrictive license or role (Schirle et al., 2019).

### **NP Job Satisfaction and RHCC**

There is only one study that compared autonomy and job satisfaction of NPs who worked in RHCC and primary care. Lelli et al. (2015) concluded that there was no difference in autonomy levels and job satisfaction of NPs who worked at the RHCCs and primary care. RHCC NPs were more satisfied with benefits than NPs who worked in primary care but primary care NPs felt more valued and were more satisfied with interactions, than RHCC NPs (Lelli et al., 2015). Although this study addressed job satisfaction among NPs who work in RHCC, it did not study all of the factors associated with job satisfaction. Lelli et al. (2015) study's purpose was to determine the overall level of job satisfaction and autonomy among NPs who worked in RHCC and primary care. The study conducted by Lelli et al. (2015) is outdated and lacks the knowledge of what the current level of job satisfaction is or what extrinsic and intrinsic factors are associated with the level of job satisfaction among NPs who work at RHCCs. This current study will determine which factors are associated with job satisfaction and job dissatisfaction to clarify which aspect of the job can create negative or positive feeling of a NPs' job who work at RHCCs.

## Summary and Conclusions

Herzberg's dual-factor theory places job satisfaction factors into two different categories of satisfiers and dissatisfiers. Employers should try to limit dissatisfiers and add satisfiers to create job satisfaction but also to reduce the negative effects of having dissatisfied employees (Herzberg, 1966). Herzberg's theory is commonly used to study job satisfaction but also to study various issues surrounding satisfaction. There are numerous studies that use this framework because of its flexibility and can be used in different organizations and problems. This theory was chosen for this research because it is important to study job satisfaction as satisfiers and dissatisfiers.

Factors associated with job satisfaction of NPs were studied in various settings and circumstances. Overall, positive job satisfaction among NPs is related to autonomy, having a mentor, and a positive work environment. Job dissatisfaction among NPs include a negative work environment, NP license restriction, and workload. NPs who worked in RHCCs and primary care clinics were equally satisfied with their job (Lelli et al., 2015). However, NPs who work in RHCCs were less satisfied with their level of autonomy when comparing NPs who worked in PCP's offices (Lelli et al., 2015). Although, NPs who work in PCP offices were less satisfied with benefits when compared to NPs who worked in RHCCs (Lelli et al., 2015). This study is from 2015 and is considered outdated, as many of the RHCCs have expanded their services. However, it is unknown what the current level of job satisfaction is and what factors are associated with job satisfaction and job dissatisfaction. This study will examine the current level of job satisfaction and its associated factors among NPs who work at RHCCs. Job satisfaction



and job dissatisfaction will be studied as two concepts, intrinsic and extrinsic factors.

This present study will fill the gap in knowledge concerning what causes job satisfaction and job dissatisfaction among NPs who work at RHCCs.

Leadership should create programs to increase the satisfiers and decrease the dissatisfiers. There is lack of current studies that address job satisfaction among NPs who work at RHCCs. Job satisfaction needs to be study in this setting to prevent patients from having lack of access to care, intent to leave among NPs, decrease turnover, increase quality care that patient receive and improve mental health among employees. Higher levels of job satisfaction were associated with higher level of quality of care that patients received. Currently there is a lack of knowledge pertaining to the level of job satisfaction among NPs who work at RHCCs. Chapter 3 will address information on this study research design, methodology, instrumentation and operational of constructs, and threats to validity.

### Chapter 3: Research Method

The purposes of this quantitative study are to determine if there is a relationship between: (a) challenge/autonomy and professional growth (intrinsic subscales) of job satisfaction among nurse practitioners who work at retail health care clinics, and (b) intrapractice partnership/collegiality; professional, social, and community interaction, time; and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics. In this chapter, I explain my methodology, including the research design, population, sampling procedure, procedure for recruitment, participation, data collection, the survey used and its operationalization of constructs, threats to validity, and ethical procedures.

#### **Research Design and Rationale**

This is a descriptive, correlational, quantitative study to determine job satisfaction among NPs who work in RHCCs. I have analyzed job satisfaction with its associating extrinsic and intrinsic factors and was best studied through the use of a quantitative correlational design. The analysis suggested which factors correlate with job satisfaction or job dissatisfaction. This study added knowledge to the field of nursing by identifying factors that were associated with job satisfaction and dissatisfaction among NPs. When NPs are looking for job opportunities, this study can assist NPs in determining if working at RHCC would be a good fit for them. Based on NPs who already work at RHCC, rating their levels of satisfaction of items such as pay, benefits, mix of patients, a prospective job candidate can determine if they would like to work in this type of environment. My study may allow leadership to have a better understanding about the factors that cause job

satisfaction and job dissatisfaction among NPs who work at RHCCs. Leadership can decide which factors to improve to create a better work environment for NPs. The independent variables were the intrinsic subscales: challenge/autonomy and professional growth) and the extrinsic subscales (intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits) of the job. The dependent variable was job satisfaction. I kept the study open for one month or until I reached my sample size needed and will analyze the data using multiple linear regression. There were no time constraints with this type of study.

### **Methodology**

I received IRB approval to collect data described below in the methodology section, IRB number 01-13-22-0529309.

### **Population**

The population was NPs who work at RHCCs. The survey was posted on a Facebook site for NPs and through snowball sampling. This site has over 5,000 members from all over the world and from different types of careers. I estimated that there are approximately 1,000 members who are NPs, work at a RHCCs, are members of this Facebook site and who fit the inclusion criteria. This convenience sample was the targeted study population. However, members who have other careers can join the Facebook site and there was an inclusion/exclusion questions to help exclude non-NPs from the study.

## **Sampling and Sampling Procedures**

The sampling strategy was to place a link to SurveyMonkey on Facebook, asking for the study participants to complete the survey. The Facebook site was created for NPs who work in retail health care clinics to support each other and ask questions. I had permission from the page administrator (Appendix D) to post a link and ask for participants. This sampling procedure allowed me to gather data from a diverse group of participants which helped to increase generalizability. The inclusion criteria included NPs who work full or part-time, work for a RHCC for at least six months, work in the United States, and work as a NP with patients. The exclusion criteria included anyone who is not an NP, has worked less than six months at an RHCC, does not work in the United States, does not work with patients (i.e., excludes management), works per diem or less than 25 hours a week. I had chosen the inclusion and exclusion criteria to allow the specific population to be chosen and to prevent other participants from entering into the study pool that will create inaccurate data. I was not able to reach my sample size that was needed. I calculated the sample size using G power software 3.1.9.7 (Heinrich-Heine-University, 2020). After conducting the power analysis for research questions one and two, the sample size needed for a multiple linear regression, fixed model, R2 deviation from zero analysis to produce an effect size of .15 (medium), power of .80, 95% confidence interval (CI), and an alpha of 0.05 was 85 participants.

## **Procedure for Recruitment, Participants, and Data Collection**

The procedure for recruitment involved posting a link and invitation to join the study from Survey Monkey on a Facebook site, asking NPs to participate in the study

(see, Appendix A). The study participants were screened to see if they qualify for this study by asking the questions, do you work at a RHCC within the US, are you a NP, have you worked at an RHCC for at least 6 months, do you work as a RHCC provider, and do you work over 25 hours a week, every week? If the participants answer yes to all of the questions then the consent will appear for the study participants to read (see Appendix B) on their computer screen. The consent will explain the study's risks, benefits, and participation is voluntary. The study participants did not have to sign the consent to maintain anonymity. As part of the consent, confidentiality will be explained, and information will be protected through reasonable efforts. The survey link will not ask for names, other personal data, and raw data will be kept secure and confidential. SurveyMonkey delinked the participant's email from the survey information to further ensure that the information was keep confidentiality and secure.

After the individual agrees to participate, they clicked next, and then the demographic survey appeared (Appendix C). The demographic survey included questions about pay rate, salary/hourly rate, ethnicity, gender, highest degree held, years working as an NP, years working at an RHCC, and state or location. The questions were assessed by using a Likert scale for grouping. After the participant completes the demographic information, the screen opened to the MNPJSS (see Appendix E). The MNPJSS was the last section for the participants to complete. The average participants took about one minute and three seconds to complete the demographic and MNPJSS survey. The study participant had the opportunity to drop out at any time by not completing the survey. The data collection time was planned for one month.

I had permission from the page administrator (see Appendix D) to post a link and the invitation to participate asking for participants. I posted the link three different times as a reminder and asked for study participants to join. There was an initial request, the second request was two weeks later, and again one month from the initial post. I asked the study participants to forward the link to other NPs who work in RHCCs.

### **Instrumentation and Operationalization of Constructs**

The MNPJSS was developed in 2001 and copyrighted by Misener and Cox. This validated survey is a 44-item self-administered questionnaire that is measured using a six-point Likert scale. Permission to use the survey was granted from De Anna Cox, proprietor, through an e-mail exchange (see Appendix F). The Likert options includes six points for very satisfied, five points for satisfied, four points for minimally satisfied, three points for minimally dissatisfied, two points for dissatisfied, and one point for very dissatisfied. The minimum score of this survey is 44 and the maximum score is 264. There are six subscales, including intra-practice partnership/collegiality, challenge/autonomy, professional, social, and community interaction, professional growth, time, and benefits. The subscales that are considered extrinsic factors include intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits. The intrinsic subscale includes challenge/autonomy and professional growth.

The authors of the MNPJSS created this survey to measure job satisfaction among NPs who did not work on inpatient floors (Misener & Cox, 2001). The MNPJS was based on the McCloskey/Mueller Satisfaction Scale (MMSS) which measures job satisfaction

among nurses who work on inpatient floors. The theory used to guide the development of the MMSS survey was McCloskey's theory, which includes the three types of job-related rewards and include safety, social, and psychological (Misener & Cox, 2001). This survey had eight domains or subscales and used a Likert five-point scale (Muller & McCloskey, 1990). The MNPJSS has six subscales with a six-point Likert Scales, but both surveys used Herzberg's dual-factor theory as their framework and subscales.

### **Reliability and Validity**

The MNPJSS was developed based on literature reviews, analysis of other instruments that studied job satisfaction, and a qualitative study based on NPs who were considered experts in the field of nursing (Misener & Cox, 2001). The strengths of this instrument include easy scoring, easy to administer, assesses a variety of NP's job satisfaction factors. The limitations of the MNPJSS are the lack of practical theory and relies on factor analysis of subscales for validation (Misener & Cox, 2001). Herzberg's dual-factor theory defines job satisfaction as two concepts, intrinsic and extrinsic. Intrinsic factors are also known as satisfiers, which lead to job satisfaction and are usually related to the job itself (Misener & Cox, 2001). Job dissatisfiers are also known as extrinsic factors, which usually represent factors associated with the work environment (Misener & Cox, 2001). The MNPJSS tool was developed to study NPs who work in various settings. With the 77-item MNPJSS survey, the authors conducted a cross-sectional study to determine the tool's reliability and validity (Misener & Cox, 2001). The study participants were mailed a consent and survey was completed and returned. This process produced a sample size of 342 study participants with the mean age of 43.6

years old, 98% were female, and 93% were Caucasian with an overall score of job satisfaction was somewhat satisfied or 4.68 (Misener & Cox, 2001).

When analyzing the construct validity of the MNPJSS survey, the authors used a squared multiple correlation with estimates, using a SAS computer program and Hatcher's guidelines (Misener & Cox, 2001). This analysis resulted in the 44-item MNPJSS due to the authors deleting repeated items and creating six subscales (Misener & Cox, 2001). These subscales included intra-practice partnership/collegiality, challenge/autonomy, professional, social, and community interaction, professional growth, time, and benefits. After testing the tool's validity, the authors tested its reliability by determining the Cronbach's alpha, which was 0.96 (Misener & Cox, 2001). The reliability estimates for the subscale intra-practice partnership/collegiality was .94, professional, social, and community interaction was .89, challenge/autonomy was .84, professional growth was .86, time was .83, and benefits was .79 (Misener & Cox, 2011).

The five items that scored the highest included time spent with direct patient care, challenge at work, sense of accomplishment, ability to deliver quality care, and access to preceptor. The lowest scoring items included monetary bonuses, opportunity to receive compensation for services performed outside of normal duties, involvement in research, and process used in conflict resolution (Misener & Cox, 2001). The majority of the job dissatisfiers were considered extrinsic and job satisfiers were mostly intrinsic factors. Job satisfaction among the study participants were minimally satisfied (Misener & Cox, 2001). The MNPJSS survey has been used in numerous studies relating to job satisfaction among NPs.



## **Operationalization of Constructs**

Each of the subscales of the MNPJSS were tested for validity and reliability during the creation of the survey. The six subscales to study job satisfaction include intra-practice partnership/collegiality, challenge/autonomy, professional, social, and community interaction, professional growth, time, and benefits and their operationalization constructs are as follow:

- Intrapractice partnership/collegiality is an extrinsic subscale and is a scaled variable. This subscale contains factors that pertain to administration, policies, and supervision. The MNPJSS has 14 items that measure intra-practice partnership/collegiality. The specific questions include rating satisfaction levels of immediate supervisor, respect for opinion, opportunity to develop and implement ideas, superior recognition, consideration given to the NP's opinion and suggestions for changing the work setting or office practice, amount of consideration given to your personal needs, freedom to question decisions and practices, evaluation process and practice, amount of administration support, input into organizational policy, process used in conflict resolution, reward distribution, opportunity to receive compensation for services performed outside of your normal duties, and monetary bonus that are available in addition to salary (Misener & Cox, 2001).
- Challenge/autonomy is an intrinsic subscale and is a scaled variable. This subscales studies ten intrinsic factors from the MNPJSS.

Challenge/Autonomy is defined as items that are associated with the NPs level of autonomy and patient care which includes percentage of time spent in direct patient care, challenge in work, level of autonomy, sense of accomplishment, ability to deliver quality care, sense of value for what the NP does, variety in patient load, flexibility in practice protocols, expanding skills/procedures with your scope of practice, and opportunity to expand scope of practice (Misener & Cox, 2001).

- Professional, social, and community interaction is an extrinsic subscale and is a scaled variable. These factors are related to professional, social, and community interaction. There are eight factors that address this subscale and the questions include social contact at work, status in the community, recognition of work from peers, professional interaction with other disciplines, social contact with colleague after work, quality of assistive personnel, acceptance and attitudes of physicians outside of NP practice, and interaction with other NPs including faculty (Misener & Cox, 2001).
- Professional growth is an intrinsic subscale and is a scaled variable. This variable is defined as growth within community, employment, and education. There are five factors relating to professional growth on the MNPJSS and they include opportunity for professional growth, support for continuing education, opportunity to expand scope of practice and time to

seek advance education, time off to serve on professional committees, and involvement in research (Misener & Cox, 2001).

- Time or time allotted is an extrinsic subscale and is a scaled variable. This variable includes the concepts of scheduling, availability for patient care, and workload. There are four factors relating to time on the MNPJSS and they include time allocated for seeing patients, time allocated for review of lab and other test results, time allocated for answering messages, and patient scheduling policies and practices (Misener & Cox, 2001).
- Benefits is an extrinsic subscale and is a scaled variable. This variable defined as compensation, other than money. There are three factors relating to benefits on the MNPJSS and they include vacation/leave policy, benefits package, and retirement plan (Misener & Cox, 2001).

Job satisfaction is a scale and dependent variable. The six subscales were independent variables, and all were considered scaled variables. Each of the 44 questions uses a Likert scale, and had a numeric range from one to six. Therefore, each question on the MNJPSS had a lowest score of one and a high score of six, with an overall survey score of 44 being the lowest and 264 for the highest. Each question had a high and low range of one and means that the study participants felt very dissatisfied, score of two had a meaning of dissatisfied, a score of three meant minimally satisfied, score of five meant satisfied, and a score of six meant very satisfied. Each subscale had an individual low and high score. Intra-practice partnership/collegiality, challenge/autonomy, professional, social, and community interaction, professional growth, time, and benefits had score of

lowest-highest, respectively, 14-84, 10-60, 8-48, 5-30, 4-24, 3-18. For example, when answering the three questions about benefits, the highest subscale score is eighteen with the lowest score being three. Therefore, one of the questions about benefits has a low score of one, meaning very dissatisfied and the highest score of six, meaning very satisfied. There are three questions about benefits in this subscale; therefore, the benefit subscale lowest score is three and the highest subscale score is eighteen.

### **Data Analysis Plan**

I used SPSS version 27 to run the analysis. I cleaned the data and replaced the missing data. Three common ways to deal with missing data include removing the data with missing variables, estimate the values of the missing data or use an estimate of means to replace missing data, or use a regression approach to estimate the missing variable (Mertler & Reinhart (2017)). I replaced the two-missing data by estimating the means and replacing the mean number with the missing variables. I conducted tests to ensure my data met all of the assumption of statistical testing.

Research Question 1: There is a relationship between challenge/autonomy, and professional growth (intrinsic subscales) of job satisfaction among nurse practitioners who work at retail health care clinics?

H<sub>0</sub>1: There is no relationship between challenge/ autonomy, and professional growth (intrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics.

H<sub>a1</sub>: There is a relationship between challenge/autonomy, and professional growth (intrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics.

Research Question 2: There is no relationship between intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

H<sub>02</sub>: There is no relationship between intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

H<sub>a2</sub>: There is a relationship between intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

To answer the research questions and their hypothesis the data was analyzed by using descriptive statistics and multiple linear regression because the data was considered scaled with multiple independent variables. The results were interpreted with mean, confidence interval of 95%, and p-value of 0.05. I calculated the Cronbach's alpha for job satisfaction by using the data collected from the MNJPSS.

### **Threats to Validity**

The threats to external validity included construct and content validity. The COVID-19 pandemic could have interfered with testing the level of job satisfaction among NPs who work in RHCCS. With COVID-19, NPs may have varied working

hours. It is unknown if RHCCs had temporally changed their practice rules, protocols, or hours of operation. This can interfere with what is considered the standard level of care and how the NPs are treated. Therefore, I had taken into consideration that the survey examining the level of job satisfaction may reflect the frustration level that had occurred with COVID-19. To decrease the chances of this occurring, I plan on recruiting for this study in the beginning of 2021.

### **Ethical Procedure**

The ethical procedure of this study, adhered to the IRB recommendations to maintain research integrity, and ensure that the study participants' information and data are secured. I used the MNPJSS survey to assess the level of jobs satisfaction and associated factors. The MNPJSS is a validated tool that was given to the study participants via on-line SurveyMonkey. I used the features in SurveyMonkey to delink the participant's information from their responses. The link to SurveyMonkey was posted on Facebook, I received permission from the site's administrator (see Appendix D) to post my study and received permission from the proprietor to use the MNPJSS (see Appendix F).

I obtained Walden's Institutional Review Board (IRB) approval. I posted a consent from each of the study participants that outlines the risk and benefits of this study. Although the study participants did not need to sign a consent for entering the study, the participants can withdraw at any time. If the participants read, understand, and agreed to the terms of the study they will click next. The data collected from this study

will be stored on a zip drive for five years and placed in a locked location. The data will be destroyed after five years through mashing the zip drive.

### **Summary**

This was a quantitative correlational, descriptive design that studies job satisfaction factors of NPs who work at RHCCs. The study participants were recruited from a Facebook site. The inclusion criteria include NPs, who work full or part-time, work at RHCCs, work in the United States, and work with patients. A sample size of 85 was needed for statistical analysis of a 95% CI, effect size of .15, and *p*-value of 0.05. The Misener Nurse Practitioner Job Satisfaction Scale, which had six subscales and 44 questions, was given to the study participants because it is a valid tool that studies job satisfaction among NPs. Before collecting data, IRB approval was received. The time frame for the data collection was one month or until the response rate is received. In chapter 4, I will present the results of this study.

## Chapter 4: Results

### Introduction

The purposes of this quantitative study were to determine if there is a relationship between: (a) challenge/autonomy and professional growth (intrinsic subscales) of job satisfaction among nurse practitioners who work at retail health care clinics, and (b) intrapractice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics. The research questions and hypothesis were:

Research Question 1: What is the relationship between challenge/autonomy, and professional growth (intrinsic subscales) of job satisfaction among nurse practitioners who work at retail health care clinics?

H<sub>0</sub>1: There is no relationship between challenge/autonomy, and professional growth (intrinsic subscales) and the level job satisfaction among nurse practitioners who work at retail health care clinics.

H<sub>a</sub>1: There is a relationship between challenge/autonomy, and professional growth (intrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics.

Research Question 2: What is the relationship between intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?



H<sub>0</sub>2: There is no relationship between intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

H<sub>a</sub>2: There is a relationship between intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics?

In this chapter, I will be discussing the time frame, recruitment, response rate, and demographics of the study participants. I will also be discussing the descriptive statistics such as the subscales mean and standard deviation. After running a multiple regression, the data was interpreted and determined the null hypothesis should be rejected. Figures and table will be included for further clarification.

## **Data Collection**

### **Time Frame, Recruitment, and Response Rates**

The study began on 1/14/2021 and ended on 7/5/2021. There was a total of 147 of potential participants who accessed the survey. Of these 147 study participants, 56 participants completed the survey in its entirety and nine completed only the demographics. There were two study participants that missed one question each and the missing data was replaced with the mean value of the subscales, resulting in a total sample size of 58. The other 62 study participants skipped all the questions and 27 were not qualified for the study, creating a 75% noncompletion rate. Due to the use of social media to recruit participants, the number of potential eligible participants is unknown. Members of the Facebook sites were from of several professions and the list of NPs

obtained from the Boards of Nursing do not specify which NPs worked in the retail health care clinics. Snowball sampling was used to expand data collection techniques for larger data collection.

I collected data using Facebook sites that were designed for nurses and NPs and a few were designed for NPs who work in RHCCs. One of the Facebook sites stated that they were going to place the invitation to the study in their monthly newsletter. Snowball sampling was used by asking study participants to forward the study link to other NPs that were eligible, to provide a more diverse population and to try and achieve the sample size for the study. The survey used to collect the data was the MNPJSS and has six subscales from 44 questions. The MNPJSS is scored on a Likert scale from one to six to determine the level of job satisfaction from each question. One represented very dissatisfied, two represented dissatisfied, three represented minimally dissatisfied, four represented minimally satisfied, five represented satisfied and six represented very satisfied.

### **Discrepancies in Data Collection**

A request was made for the survey to be posted on one Facebook site that targeted NPs who worked at RHCCs. Permission to post was granted; however, the administrators never posted the survey. Four posting requests were sent and I messaged the administrators for two months, with no response. I do not know why the Facebook site did not post the survey for their members to read and participate. However, 30 other Facebook sites allowed me to post my invitation to join the study. These Facebook sites were designed for nurses, professionals, and NPs. There were another twelve Facebook

sites that did not allow me to post a survey or allow me to join their site. The 30 sites allowed to initially post the survey and again at four weeks. At five months, I posted the survey every two weeks. However, many of the administrators took weeks to accept, approve, and post the survey. After four months of having minimal response rate, the Walden IRB granted me permission to send emails to NPs that were licensed in Ohio and Florida only. There was a total of 28,610 emails sent to NPs that held dispensing, autonomous, and family certification or titles from Ohio (4,142) and Florida (24,468). Despite all of the surveys that I distributed, I received 56 study participants that fully completed the survey, with two surveys that had missed a question each.

### **Demographics**

The majority of the participants were 36-45 years old (32.8%, n = 22), with the remainder being 26-35 years old (28.4%, n = 19), 46-55 years old (23.88%, n = 16), 56-65 years old (14.93%, n = 10), and no participants under 25 years old and none were older than 65 years old. Most of the participants were female (92.5%, n = 62) and Caucasian (58.2%, n = 39), 11.9% (n=8) were Latino/Hispanic, 9.0% (n= 6) were Black/African American, 7.5% (n=5) were other, Asian/Pacific Islander were 6.0% (n=4), 1.5%, (n=1) were Native American, 3.0%, (n=2) were multi-racial, and 3.0%, (n=2) preferred not to say (see Table 1).

**Table 1***Ethnicity*

|       |                        | Percent |
|-------|------------------------|---------|
| Valid | Asian/Pacific Islander | 6.0     |
|       | Black/African American | 9.0     |
|       | Latino/Hispanic        | 11.9    |
|       | Multiracial            | 3.0     |
|       | Native American        | 1.5     |
|       | Other                  | 7.5     |
|       | Prefer not to say      | 3.0     |
|       | White Caucasian        | 58.2    |
| Total |                        | 100     |

The majority of study participants held a masters degree as their highest degree (85.1%, n=57), with 11.9% (n=8) held DNP, and 3.0% (n=2) held a PhD. The majority of study participants (Table 2) worked as a NP in various settings for one to five years (46.3%), followed by NPs who worked six to ten years (30.0%), 11-15 years worked as an NP (7.5%), 16-20 years working as an NP (4.5%), 21- 25 years working as an NP (6%), 6 months to one year working as an NP (3%) and less than six months working as an NP was (1.5%).

**Table 2***Years as a NP*

|       |                  | Percent |
|-------|------------------|---------|
| Valid | Under 6 months   | 1.5     |
|       | 6 months-1 year  | 3.0     |
|       | 1-5 years        | 46.3    |
|       | 6-10 years       | 30.0    |
|       | 11-15 years      | 7.5     |
|       | 16-20 years      | 4.5     |
|       | 21-25 years      | 1.5     |
|       | 26 year and over | 6.0     |
| Total |                  | 100     |

Of the 58 study participants that responded to how many years working at a RHCCs, two responses were invalid. The majority of NPs worked in RHCCs for 1-5 years at 88.82% (n=60), followed by six to ten years (11.17%, n=6), and one (0.01%) study participant worked for over 28 years as a NP in RHCCs.

Most of the NPs participants worked in the state of Florida (35.8%, n=24) and the second most frequent state was Texas (19.4%, n= 13). The majority of study participants were paid hourly (67.16%, n=44) and 32.84% (n=22) were paid salary. The majority of participants (52.3%, n=23) that were paid hourly had a pay rate of \$51-60 per hour, the second frequent hourly pay was \$61-70 (22.73%, n=10), and the third frequent pay was \$41-50 (20.5%, n=9). Of the study participants that were paid salary 45.5% (n=10) were

paid \$90,001 to \$110,000, followed by \$110,001 to \$130,000 (40.91%, n=9), and \$70,001 to \$90,000 (13.64%, n=3). All of the study participants fell into these three salary categories.

### **Representative Sample**

When comparing demographics collected by American Academy of Nurse Practitioners (AANP) (2020) this study was representative of NPs who work in RHCCs. The most frequent age range in this study was 36-45 years old (32.84%) and in the sample of NPs from AANP (2020) the age group with the highest percentage was 35-39 years old at 14.6%. Therefore, retail health care NPs were older than the average NP that responded to the AANP (2020) survey. Females accounted for 92.54% of the study participants compared to AANP's (2020) study participants at 90.6%. My data showed that that 58.21% of the participants identified as white/Caucasian and compared to the AANP (2020) which was 79.4% identified as white/Caucasian. This study was more diverse by education. I concluded that 85.07% of participants held an MSN, 11.94% were DNP prepared, and 2.99% held a PhD, compared to the AANP's (2020) educational level with 81.1% claimed to have a Master's in nursing, 14.7% had a DNP, and NPs who held a PhD comprised of 1.6%, this study was comparable to the AANP (2020). Participants had a higher range of years worked than the AANP (2020) national study, with 46.27% having one to five years as years working as a NP, compared to the AANP (2020), NPs who worked 1-5 years as an NP were average of 37.2%.

Most of the participants were paid hourly at 67.16% with the most frequent pay of \$51-60 an hour (52.27%) compared to family nurse practitioners at 34.67% with an

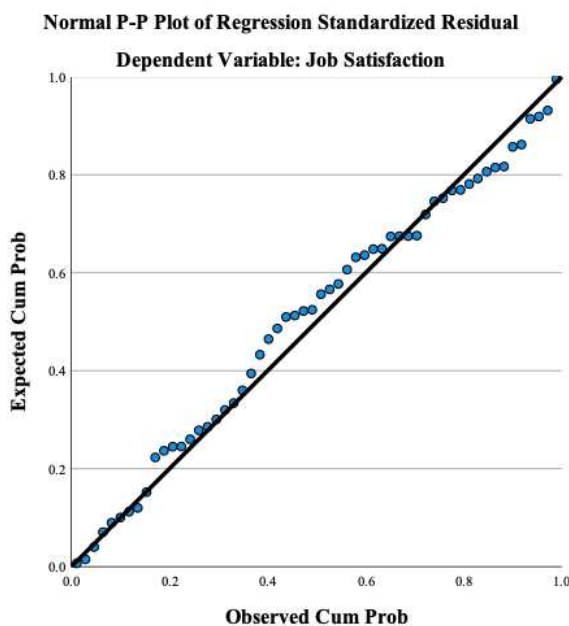
hourly rate of \$52.00, which is comparable to the AANP's study. Of the 32.84% in this study that were paid salary, the highest salary range was \$90,001-110,000. When comparing with the AANP study the average salary was \$107,000 base with total income of \$110,000.

### **Results**

To answer the research questions a multiple linear regression analysis was conducted. The assumptions for using the multiple regression analysis are: (a) the independent variables are fixed, (b) the independent variables were measured without errors, and (c) the relationship between the dependent and independent variables are linear. Homoscedasticity was met due to a normal distribution and the data was lacking in error. The dependent variable, job satisfaction, had a linear relationship with the independent variables: challenge/autonomy, professional growth, intrapractice partnership/collegiality, professional, social, and community interaction, time and benefit. An analysis was performed to rule out any violations of assumptions and I determined that there was no violation of multicollinearity, homoscedasticity, or linearity (see Figure 2).

#### **Figure 2**

*Job satisfaction plot*



The mean overall job satisfaction of the 58 study participants for this study was 3.78 with a standard deviation of 1.14, indicating that retail health care NPs are minimally dissatisfied with their job. The median was 3.88 and the variance was 1.28.

### **Research Question 1**

What is the relationship between the independent intrinsic subscales, challenge/autonomy, and professional growth (intrinsic subscales) of job satisfaction among NPs who work at retail health care clinics? To answer Research Question 1, I used descriptive statistics and a multiple linear regression.

For the intrinsic subscale of challenge/autonomy the mean was 4.18 with a standard deviation of 1.09 indicating that the retail health care NPs are minimally satisfied with the challenge/autonomy aspect of their job. For the intrinsic subscale of professional growth, the mean was 3.26 with a standard deviation of 1.40 indicating that



the retail health care NPs are minimally dissatisfied with the professional growth aspect of their job (see Table 3).

**Table 3**

*Intrinsic Factors*

|                     | Mean | Standard Deviation |
|---------------------|------|--------------------|
| Job Satisfaction    | 3.78 | 1.14               |
| Challenge/Autonomy  | 4.18 | 1.09               |
| Professional Growth | 3.26 | 1.40               |

To approach research question one, I conducted a multiple linear regression analysis to evaluate the relationship of job satisfaction from the independent subscales, challenge/autonomy and professional growth. The results of the multiple linear regression analysis revealed challenge/autonomy and professional growth were statistically significant predictors of the regression model ( $p < .0001$ ). I controlled for variables, in SPSS, to see if one subscale had a larger impact on job satisfaction or if the subscales equally contributed. Controlling for professional growth, the regression coefficient [ $B = .44$ , 95% C.I. (.31, .56)  $p < .0001$ ] associated with challenge/autonomy suggest that with each additional unit (scale of 1.00 to 6.00) of challenge/autonomy, the job satisfaction unit (scale of 1.00 to 6.00) increases by approximately .44 units. The null hypothesis was rejected, ( $p < .0001$ ) because the subscale challenge/autonomy were associated with job satisfaction. Similar results were found for the independent variable professional growth, ( $p < .0001$ ). Controlling for challenge/autonomy, the regression coefficient ( $B = .49$ , 95% C.I. (.39, .59)  $p < .0001$ ) associated with professional growth

suggests that with each additional unit (scale of 1.00 to 6.00) of professional growth, the job satisfaction level increases by approximately .49. The R<sup>2</sup> value of .94 associated with this regression model suggests that the challenge/autonomy and professional growth subscales accounts for 94% of the variation in dependent variable, which means that 6% of the variation in job satisfaction cannot be explained by the independent subscales, challenge/autonomy and professional growth alone. The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis is rejected. Therefore, there is a positive relationship between challenge/autonomy, and professional growth (intrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics. I used a Pearson's *r* to determine if there was a correlation of job satisfaction (dependent variable) and challenge/autonomy and professional growth (independent variables). The intrinsic subscales of challenge/autonomy ( $r=.91$ ) and professional growth ( $r=.94$ ) were statistically significant ( $p < .0001$ ) with job satisfaction. Therefore, the null hypothesis was rejected.

The effect size determines the strength of the relationship between variable (Polit & Beck, 2012). I used G power to determine effect size for research questions one to determine the strength between the dependent variable job satisfaction and independent variables, challenge/autonomy, and professional growth. There was a small effect size for research question one ( $d=.17$ ); the research lacks significance between job satisfaction and challenge/autonomy and professional growth.

## Research Question 2

To analyze research question two a multiple regression was used. The mean for each subscale was intra-practice partnership/collegiality subscale (M=3.45), meaning that the NPs who worked at RHCCs were minimally dissatisfied, professional, social, and community interaction subscale (M=3.61), meaning that the NPs who worked at RHCCs were minimally dissatisfied, time subscale (M=3.64), meaning that the NPs who worked at RHCCs were minimally dissatisfied, and benefits scale (M=4.40), meaning that NPs who worked at RHCCs were minimally satisfied (see Table 4).

**Table 4**

*Subscale Means*

|   | Mean |
|---|------|
| Intra-practice partnership/ collegiality        | 3.45 |
| Professional, social, and community interaction | 3.61 |
| Time  | 3.64 |
| Benefits  | 4.40 |

The results of the multiple linear regression analysis revealed that the subscales intra-practice partnership/ collegiality, professional, social, and community interaction, time, and benefits were statistically significant predictors to the regression model ( $p < .0001$ ).

Controlling for intra-practice partnership/ collegiality, the regression coefficient [B = .29, 95% C.I. (.23,.34)  $p < .0001$ ] associated with professional, social, and community interaction, time, and benefits, suggest that with each additional unit of professional, social, and community interaction, time, and benefits, the job satisfaction increases by approximately .23 units (scale of 1.00 to 6.00). The R<sup>2</sup> value of 0.99 associated with this regression model suggests that the independent subscales intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits accounts for 99% of the variation in job satisfaction, which means that 1% of the subscales, intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits cannot be explained in the variation of job satisfaction alone. The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis is rejected. There is an association between independent subscales professional, social, and community interaction, time, and benefits and the dependent variable job satisfaction.

Controlling for the independent subscale professional, social, and community interaction, the regression coefficient (B=.27, 95% C.I. (.22, .32) ( $p < .0001$ ) associated with the subscale, intra-practice partnership/collegiality, time, and benefits suggests that with each additional unit of intra-practice partnership/collegiality, time, and benefits, the job satisfaction increases by approximately .27 units (scale of 1.00 to 6.00). The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis is rejected, there is an association between the independent

subscales, intra-practice partnership/collegiality, time, and benefits and dependent variable, job satisfaction.

Controlling for the independent subscale time, the regression coefficient ( $B=.20$ , 95% C.I. (.15, .26) associated with intra-practice partnership/collegiality, professional, social, and community interaction, and benefits, suggests that with each additional unit of intra-practice partnership/collegiality, professional, social, and community interaction, and benefits the job satisfaction increases by approximately .20 units (scale from 1.00 to 6.00). The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis is rejected, there is an association between the independent subscale intra-practice partnership/collegiality, professional, social, and community interaction, and benefits and the dependent variable, job satisfaction.

Controlling for the independent subscale of benefits, the regression coefficient ( $B=.23$ , 95% C.I. (.18, .27) ( $p < .001$ ) associated with intra-practice partnership/collegiality, professional, social, and community interaction, time, suggests that with each additional unit of intrapractice partnership/collegiality, professional, social, and community interaction, time, the job satisfaction increases by approximately .23 units (scale from 1.00 to 6.00). The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis is rejected ( $p < .0001$ ), there is an association between number of benefits and dependent variable, job satisfaction.

I used G power to determine effect size for research question 2 to determine the strength between the dependent variable job satisfaction and independent variables, intra-practice partnership/collegiality, professional, social, and community interaction, time,

and benefits. The null hypothesis was rejected. The effect size for research question two was ( $d=.22$ ) and meaning there was a small insignificant effect size.

I used the Pearson's  $r$  to determine if there was a correlation of (dependent variable) Job satisfaction and the independent variable (challenge/autonomy, professional growth, intra-practice partnership/collegiality, benefits, time, and professional, social and community interaction). The extrinsic subscales intra-practice partnership/collegiality ( $r=.90$ ), professional, social, and community interaction ( $r=.87$ ), time ( $r=.91$ ), and benefits ( $r=.81$ ) were correlated with job satisfaction ( $p<.0001$ ).

The Cronbach's alpha for the instrument MNPJSS was 0.95 which indicates good reliability.

### **Conclusion**

The overall job satisfaction mean level was 3.78, meaning that the NPs were minimally dissatisfied at their job. The highest subscale was an extrinsic factor, benefits ( $M=4.40$ ) and the lowest subscale was an intrinsic factor, professional growth ( $M=3.26$ ). Most study participants were Caucasian, between the age of 36-45 years old, held a masters as the highest degree, and worked as an NP for 1-5 years. The majority of the study participants worked at RHCCs for one to five years and were paid an hourly rate of \$51-60. All of the subscales were associated with job satisfaction. For research question one and two the null hypothesis was rejected because there was statistical significance in the association of job satisfaction and the independent subscales, challenge/autonomy, professional growth, intra-practice partnership/collegiality, professional, social, and community interaction, time and benefits.

I will discuss the interpretation of the findings, limitation of the study, recommendations, and implications of social change in Chapter 5.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

The purposes of this quantitative study were to determine if there is a relationship between: (a) challenge/autonomy and professional growth (intrinsic subscales) of job satisfaction among NPs who work at RHCCs, and (b) intrapractice partnership/collegiality, professional, social, and community interaction, time, and benefits (extrinsic subscales) and job satisfaction among nurse practitioners who work at retail health care clinics. The Misener Nurse Practitioner Job Satisfaction Scale was used to survey NPs working in RHCC.

A quantitative correlational design was selected to determine the relationship between job satisfaction and intrinsic and extrinsic factors of RHCCs NPs. The Misener Nurse Practitioner Job Satisfaction Survey (MNPSS) which measures NPs job satisfaction was completed by 58 NPs. The responses were analyzed in SPSS version 27 using multiple linear regression. The predictor/independent variables included the six subscales and were, challenge/autonomy, professional growth, intra-practice partnership/collegiality, professional, social, and community interaction, time and benefits. The outcome/dependent variable is job satisfaction. The variables were studied through the use of the MNPSS.

The overall job satisfaction level indicated that retail health care NPs are minimally dissatisfied with their jobs ( $M = 3.76$ ,  $SD = 1.13$ ). The intrinsic subscales of challenge/autonomy ( $r = .91$ ) and professional growth ( $r = .94$ ) were statistically significantly associated with job satisfaction. In addition, they were both statistically



significant predictors of job satisfaction ( $p < .0001$ ,  $CI=.32-.60$ ) for challenge/autonomy and ( $p < .0001$ ,  $CI=.40-.58$ ) for professional growth. For every unit of change in challenge/autonomy a ( $B=.438$ ,  $p=.00$ ,  $CI=.31-.56$ ) predicted increase in job satisfaction will occur and for every unit in professional growth ( $B=.49$ ,  $p < .0001$ ,  $CI= .39-.59$ ) predicted increase in job satisfaction will occur. The effect size was small ( $d=.17$ ).

The extrinsic subscales intra-practice partnership/collegiality ( $r=.90$ ), professional, social, and community interaction ( $r=.87$ ), time ( $r=.91$ ), and benefits ( $r=.81$ ) were associated with job satisfaction. For every unit of change in intra-practice partnership/collegiality a ( $B=.29$ ,  $p<.0001$ ,  $CI=.23-.34$ ) predicted increase in job satisfaction will occur. For every unit of change in professional, social, and community interaction a ( $B=.27$   $p < .0001$ ,  $CI=.22-.34$ ) predicted increase in job satisfaction will occur. For every unit of change in Time a ( $B=.21$ ,  $p < .0001$   $CI=.16-.26$ ) predicted an increase in job satisfaction will occur. For every unit of change in benefits a ( $B=.22$ ,  $p < .0001$ ,  $CI=.18-.266$ ) predicted increase in job satisfaction will occur. Therefore, as the four extrinsic subscales, intra-practice partnership/collegiality, professional, social, and community interaction, time, and benefits, increases so will job satisfaction. Again, the effect size was small making the data lack significance,  $d=.22$ .

### **Interpretation of the Findings**

The results of this study indicated that 51.7% ( $n=38$ ) of the retail health care NPs were minimally dissatisfied to very dissatisfied with their jobs, with an overall job satisfaction mean of 3.76 ( $SD=1.13$ ). The overall job satisfaction score ( $M=3.76$ ),

indicating that retail health care NPs are minimally dissatisfied with their job. The NPs in this study had less job satisfaction compared to the study participants reported by Lelli et al. (2015). Lelli et al. (2015) concluded that the overall job satisfaction level among NPs who worked RHCCs to be between moderately satisfied to satisfied. The disparity in the level of job satisfaction between both studies may be from recent role expansion or the COVID 19 pandemic. In addition, this study's data were collected amidst a global pandemic, with possible levels of burnout among healthcare providers, and burnout is associated with job dissatisfaction (Zhang et al., 2019). The pandemic may have resulted in NPs being overworked, laid off, or experiencing additional workload, decreased protective equipment, and a negative impact on the NP's health. Despite the fact that this study was conducted during a global pandemic, the low level of job satisfaction of NPs working in RHCCs is concerning. Low job satisfaction is associated with high intent to leave (Zhang et al., 2019) and although the pandemic may have prevented NPs from leaving due to the lack of security in other jobs or availability of positions, they may leave their jobs when the pandemic is no longer a threat to their seeking other careers or employment.

Job satisfaction levels of NPs working in RHCCs is lower than Parson's (2013) study of the overall NP job satisfaction which was reported to be minimally satisfied, although the study location was undisclosed (Pasaron, 2013). However, when looking at the subscales the lowest subscale was professional growth in this study compared to Parson's (2013) study in which the lowest subscale was intra-practice partnership/collegiality. Nationally NPs have expanded their scope of practice. The

highest rated subscale for NPs who worked RHCCs was benefits. In contrast, Parson (2013) concluded that the highest subscale score was challenge/autonomy. I found that the challenge/autonomy score was the second highest subscale among the participants who worked in retail health care. NPs who worked at PCP offices were satisfied with their level of autonomy and had higher levels of job satisfaction (Athey et. al, 2015). Increasing NP's autonomy can increase levels of job satisfaction (Hagan & Curtis, 2018).

Autonomy is a known factor of job satisfaction and being self-employed brings autonomy among NPs (Lyden et al., 2018). Lower levels of autonomy and salary were factors of NPs intent to leave their current positions within five years (Hagan & Curtis, 2018). NPs at RHCCS in my study were minimally dissatisfied. Similarly, Brom et. al, (2015) concluded that one-third of NPs who were minimally satisfied with their job still were unsure if they were planning on staying at their current position. Self-employed NPs were satisfied with their jobs (Lyden, 2018) compared to my findings of NPs being minimally dissatisfied.

NPs in other specialties had higher levels of job satisfaction than NPs who worked in RHCCs. When comparing RHCCs NPs and neonatal NPs, concluded that neonatal NPs where satisfied with their career (Kaminski, 2015), which is still higher than RHCCs NPs. NPs who worked in rural and nonrural areas were noted to have satisfied and very satisfied in the roles (Bae, 2016). NPs who worked in rural and nonrural areas have higher levels of job satisfaction. Therefore, where a NP lives is not associated with higher levels of job satisfaction. Again, NPs in RHCCs had lower levels of job satisfaction when compared to the study conducted by Ryan and Ebbert (2013),

which concluded that Kansas and Missouri NPs who held a Family Nurse Practitioner certification were minimal satisfied, (Kansas NPs  $M=4.293$  and Missouri NPs  $M=4.300$ ).

### **Theoretical Interpretation**

The theoretical framework for this study was Herzberg's dual factor theory, also known as Motivation-Hygiene Theory. Herzberg's Dual Factor Theory claims that work factors create either job satisfaction or job dissatisfaction and that job satisfaction is a product of factors, such as achievement, recognition for achievement, interesting work, increased responsibility, growth, and advancement (Herzberg, 1974). The results did support Herzberg's Dual Factor Theory by defining which subscales were associated with job satisfaction. The lowest relationship that was associated with job satisfaction was the subscale intra-practice partnership/collegiality ( $M=3.45$ ) and the highest was benefits ( $M=4.40$ ). Therefore, benefits had a higher relationship of creating job satisfaction than other subscales. Scoring low on the intrinsic and extrinsic factors caused the NPs to be overall minimally dissatisfied. One of the concepts of Herzberg's Dual Factor Theory was that eliminating hygiene factors (dissatisfiers) and not adding satisfiers will not create job satisfaction or motivation (Pardee, 1990). Using Herzberg's dual factor theory's concept, this study showed that when questions were answered by the NPs who worked at RHCCS about opportunities to receive compensation for services performed outside of normal duties, monetary bonuses that are available in addition to salary, input into organizational policy, and time off to serve on professional committees their response rate were the lowest dissatisfiers of NPs who work at RHCCs and created job

dissatisfaction. When retail health care NPs rated how satisfied they were with their level of autonomy, patient mix, percentage of time spent in direct patient care, retirement plan, and immediate supervisor, benefits package, the NPs that work at RHCC rated these items as the highest satisfiers of their job and created job satisfaction. Therefore, this study was supported by Herzberg's dual factor theory by showing that satisfiers increased job satisfaction among NPs who worked at RHCCs and dissatisfiers decreased job satisfaction or created job dissatisfaction.

Although, Herzberg's study was a qualitative study of accounts and engineers, male study participants, and was conducted in the 1950s, there were similar results with this study of NPs. Herzberg's theory showed the common factors that were associated with job satisfaction included achievement, recognition, work itself, and advancement (Herzberg, 2010). In comparison to this study top job satisfaction subscales included benefits and challenge/autonomy. Benefits was sixth most frequent discussed topic in relation to job satisfaction (Herzberg, 2010) but number one in this study. Although work or challenge/autonomy or work itself was common in both studies (Herzberg, 2010). Therefore, throughout the years, careers, and gender, or type of work, factors of job satisfaction have been consistent.

### **Limitations of the Study**

Although the results of this study indicated that retail health care NPs are minimally dissatisfied with their jobs, the results should be interpreted with caution due to study limitations. The limitations of this study include, the sample size was not reached

which limited generalizability. Due to the COVID19 pandemic, the results of my study could have been affected because of the stress and burnout NPs may have experienced. Burnout, anxiety, and depression have been associated with taking care of patients with COVID 19 (Denning et al., 2021). When using self-report surveys, a limitation is created because there is a lack of having the ability to know if the study participants are being honest.

### **Recommendations**

The recommendation for future research on job satisfaction among NPs who work at RHCCs should include exploring job satisfaction using qualitative method which could be useful to explore if there are any factors outside the topics of the survey that create job dissatisfaction. Using social media (such as Facebook, Linkden), and on-site data collection, either at conference or sending invitations to the clinics may help to achieve a more diverse sample size. Future research may also focus on comparing job satisfaction in different types of RHCCs should be used to determine which companies have higher levels of job satisfaction. Since levels of autonomy affect NP job satisfaction, future research could compare groups of NPs who work at RHCCs and control for levels of autonomy when studying job satisfaction.

### **Implications**

#### **Positive Social Change**

Job satisfaction is a subjective opinion, what makes one person satisfied at a job may cause dissatisfaction for another person. I studied job satisfaction and job

dissatisfaction among NPs and found that the six subscales were all correlated with job satisfaction. If NPs have higher levels of job satisfaction they are less likely to leave their position and provide a higher quality of care. Job satisfaction has been associated with quality care that a patient receives (Al-Hamdan et al. 2019; Van Bogaert et al. 2014) and intent to leave was moderately correlated with intent to leave (Brom et al. 2016). Therefore, to improve patient's level of care, job satisfaction needs to increase. Access to medical care when needed can increase patients' overall health. Douthit et al. (2016) studied patient's access to healthcare and noted that barriers in healthcare can impact a patient's outcome, as noted in rural patients. When NPs leave their position, they may leave a gap due to a vacancy. This vacancy may create a gap in care because patients will be unable to seek medical care that they need or have to receive care from more expansive options, such as urgent care or an emergency room. The results of this study affect positive social implications because the results added information about NP job satisfaction which could help to decrease turnover.

### **Conclusion**

RHCCs were designed to ease the shortage of health care facilities using the walk-in approach, with NPs providing care to individuals who visit RHCCs. However, stress and the work environment can lead to job dissatisfaction among NPs who work in RHCCs which can result in NPs leaving their positions. When an NP leaves a position at a RHCC, they may create limited access to care for patients. My results showed that the six subscales were negatively associated with job satisfaction and that NPs who work at

the RHCCs were minimally dissatisfied with their jobs. Future studies should be conducted when there is not a pandemic and provide in person survey distribution at conference or clinic and social media. RHCCs can provide access to health care to patients who may lack healthcare options to numerous populations (Lelli et al., 2015). The possibility of RHCC growth can increase access to healthcare and offer NPs an alternate work environment in which they experience job satisfaction (Lelli et al., 2015). The results of my study provided new knowledge about the level of job satisfaction among NPs who work in RHCCs which can be used by nursing leaders and managers to retain NPs who work at RHCCs.



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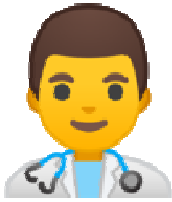


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## Appendix A: Invitation to Participate in the Study



### Do you work in Retail Health Care?

#### Invitation to Participate in the Study

Dear prospective study participant,

I am conducting a research study to obtain a better understanding of job satisfaction among nurse practitioners who work in retail health care clinics. Part of my dissertation as a PhD candidate at Walden University, I will be recruiting study participants to complete the Misener Nurse Practitioner Job Satisfaction Scale Survey, and demographic survey. This study will take about 7 minutes to complete. There will be no compensation for this study; However, your participation will provide valuable data that may help increase the job satisfaction levels among nurse practitioners who work at retail health care clinics. If you are willing to participate in this study, please click on this site <https://www.surveymonkey.com/r/TLLMW8X> and hit next after reading the consent.

If you know any other participants that meet the criteria, please forward this link to have them complete the survey <https://www.surveymonkey.com/r/TLLMW8X>

If you have any questions, feel free to e-mail at [karen.morrissey@waldenu.edu](mailto:karen.morrissey@waldenu.edu).

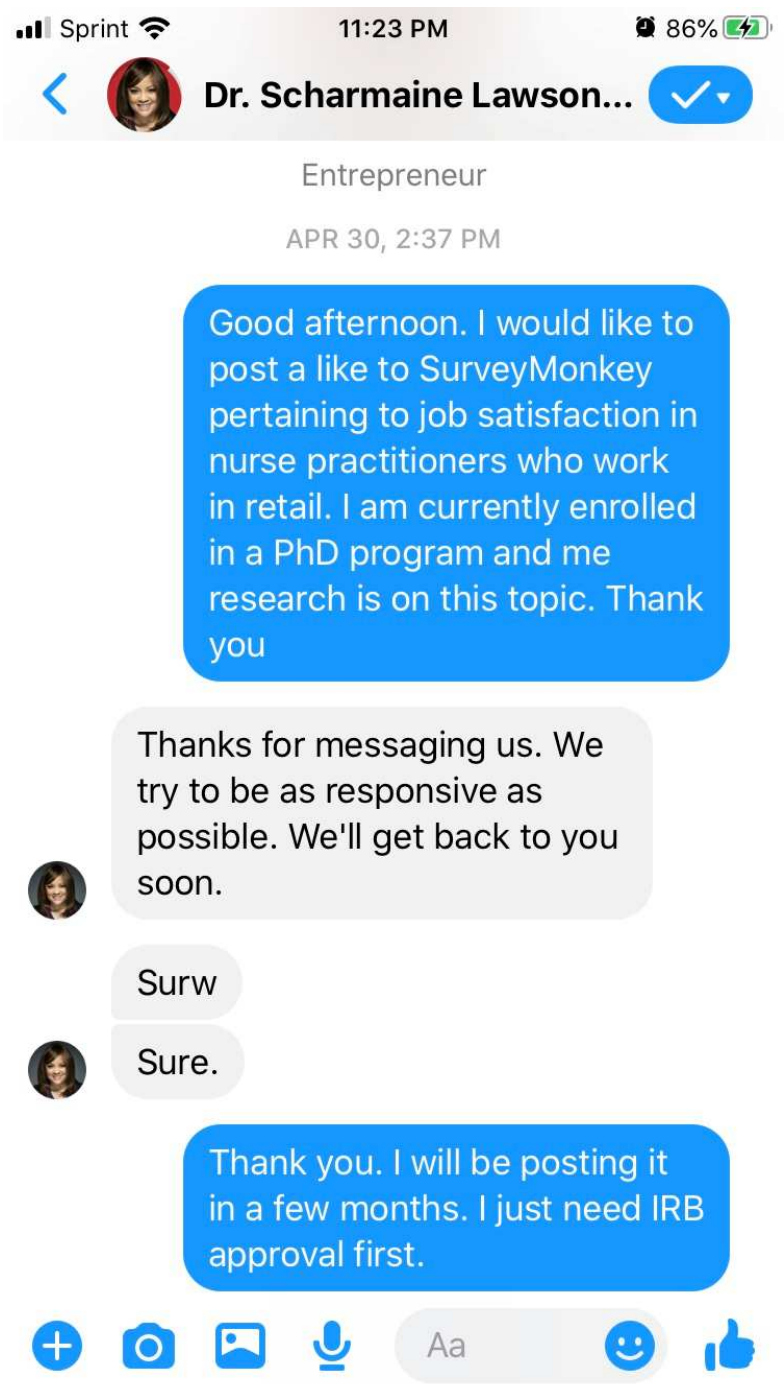
Thank you

Karen Morrissey

## Appendix B: Demographic Survey

1. Age: \_\_\_ under 25 years old, \_\_\_ 26-35 years old, 36-45 years old, \_\_\_ 46-55 years old, 56-65 years old, or older than 65 years old.
2. Gender: \_\_\_ Female. \_\_\_ Male
3. Ethnicity: \_\_\_ White/Caucasian, \_\_\_ Black/African American, \_\_\_ Latino/Hispanic, \_\_\_ Native American, \_\_\_ Asian/Pacific Islander, \_\_\_ Multi-racial, \_\_\_ other, \_\_\_ prefer not to say
4. Highest degree held: \_\_\_ MSN, \_\_\_ DNP, \_\_\_ PhD
5. Years as a NP: \_\_\_ Under six months, \_\_\_ 6 months to a year, \_\_\_ 1-5 years, \_\_\_ 6-10 years, \_\_\_ 11-15 years, \_\_\_ 16-20 years, \_\_\_ 21-25 years, \_\_\_ 26-30 years, \_\_\_ over 30 years.
6. Years working at a retail health care clinic: \_\_\_\_\_
7. State where practice site is located: \_\_\_\_\_
8. Salary/hourly rate: \_\_\_ Salary: \_\_\_ \$30,000-50,000/year, \_\_\_ \$50,001-70,000/year, \_\_\_ \$70,001-90,000/year, \_\_\_ \$90,001-110,000/year, \_\_\_ \$110,001-130,000/year, \_\_\_ \$130,001-150,000, or \_\_\_ Over \$150,001/year  
 \_\_\_ prefer not to answer  
 \_\_\_ Hourly: Under \$30 an hour, \_\_\_ \$31-40 an hour, \_\_\_ \$41-50 an hour, \_\_\_ \$51-60 an hour, \_\_\_ \$61-70 an hour, \_\_\_ \$71-80 an hour, \_\_\_ over \$80/hour  
 \_\_\_ prefer not to answer

Appendix C: Permission to post on Facebook



## Appendix D: Permission to Use Survey

**Re: Misener Nurse Practitioner Job Satisfaction Survey**

CA

COX, DE ANNA &lt;dlcox@mailbox.sc.edu&gt;

Sat 11/30/2019 6:10 AM

To: Karen Morrissey

Karen,

I am happy to grant you permission to use the Misener Instrument in your PhD dissertation. Please let me know if you anything else.

Sincerely,

De Anna Cox

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**From:** Karen Morrissey <karen.morrissey@waldenu.edu>**Sent:** November 29, 2019 7:18 AM**To:** COX, DE ANNA <dlcox@mailbox.sc.edu>**Subject:** Misener Nurse Practitioner Job Satisfaction Survey

Dear De Anna Cox,

I am writing to you because I would like permission to use the Misener Nurse Practitioner Job Satisfaction Survey for my dissertation study. I am currently enrolled at Walden University as a PhD student. I plan on studying job satisfaction among nurse practitioners who work in retail health care clinics. The survey that you developed will help assess the level of satisfaction and what factors are associated with satisfaction. Please consider granting me permission to use your survey.

Respectfully,

Karen Morrissey