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The Differences in Nurse Preceptor Role-Frequency and Overall Job Satisfaction

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2020

Abstract

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by

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MS, Walden University, 2010

BSN, Fayetteville State University, 2003

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

For newly licensed registered nurses (NLRNs), a nurse preceptor is an essential resource in a successful transition-to-practice from a nursing education program. Serving in the preceptor role is often performed in addition to a nurse's primary patient care responsibilities. There is a gap in knowledge about the frequency with which a nurse performs this role and how that frequency affects overall job satisfaction. Using Herzberg's motivator-hygiene theory as a framework, the purpose of this descriptive, cross-sectional, comparative study was to examine how frequently nurses serve as preceptors to NLRNs in the hospital inpatient setting and whether the frequency affects their level of overall job satisfaction. Role-frequency questions and the Nursing Workplace Satisfaction Questionnaire were completed by 129 nurse preceptors. Data were analyzed using descriptive and inferential statistics. Almost three quarters (72%) of the participants served as a nurse preceptor to 1-4 NLRNs in the 12 months prior to the study. Almost two-thirds (63%) of the respondents received no training prior to performing in the role for the first time. With equal variances assumed ($p > 0.05$), the study did not show any difference in job satisfaction between nurses who served in the role more frequently over those who served less frequently, $F(12, 116) = .599$, $p > .05$. Findings from this study can impact positive social change by guiding nursing leaders on the need for preparation for the nurse preceptor role and on the frequency of assigning the preceptor role to experienced nurses.

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Chapter 1: Introduction to the Study

Introduction

The preceptor role is one of the many responsibilities assumed by the registered nurse (RN) in the nursing profession. The preceptor functions as an educator, role model, evaluator, and protector for newly licensed registered nurses (NLRNs); the preceptor enculturates NLRNs into a health care organization's environment and aligns nursing practice with the organization's mission, values, and goals. The preceptor role is most commonly associated with supporting NLRNs in their first RN position after graduating from a nursing education program. The nurse preceptor role is seen as an essential component in the successful transition to professional practice from nursing student to a competent and confident clinical nurse (Trede, Sutton, & Bernoth, 2016; Ward & McComb, 2017).

The increasing number of Americans over the age of 65 as a result of the aging of the baby boomer generation along with the inevitable chronic diseases and complex medical conditions has increased the demand for nurses in order to meet the health care needs of local and global communities (Johnson & Parnell, 2017). NLRNs are often expected to care for medically complex, high-acuity patients in their first nursing position. To support the nursing workforce in general and NLRNs specifically, the Institute of Medicine (IOM) and the Joint Commission on Accreditation of Health Care Organizations (JCAHO) recommended increasing the number of hospital nurse residency programs to support the transition of new nurses to effective practice in the challenging

health care environment (IOM, 2011; JCAHO, 2003). The increase in these programs reflects an increased frequency for RNs to serve as nurse preceptors.

The nurse preceptor role is typically a secondary job function performed in addition to, and often simultaneously with, the primary role of a bedside nurse (Trede et al., 2016). Nurses perceive certain benefits from serving in the preceptor role, for example, recognition by leadership, professional growth, and personal achievement, all of which in turn contribute to job satisfaction (Cloete & Jeggels, 2014). There has been little research to quantify the frequency of the nurse preceptor role in the current practice environment. Research is needed to study the impact of the increased demand to serve in the preceptor role on a nurse's primary role of clinical practitioner as well as the impact on the nurse's overall job satisfaction. Chapter 1 addresses the social problem that supports the need for the study, the problem statement, the purpose and nature of the study, research questions, and the theoretical framework that underpinned the study. Definitions, assumptions, scope, study methodology, limitations, and the significance of the study to social change are also addressed.

Background of the Study

The IOM and the JCAHO have recommended an increase in the number of nurse residency programs for NLRNs transitioning to professional practice to address the current nursing shortage (IOM, 2010; JCAHO, 2003). The high turnover of nurses in acute practice areas, particularly in the first year of hire, has driven the need for nurse residency programs (Blegen, Spector, Lynn, Barnsteiner, & Ulrich, 2017). Over one quarter (27.7%) of new RNs resign from their first nursing position within the first year

(NSI Nursing Solutions, Inc., 2019). Thus, the demand for nurse residency programs has increased the demand for experienced nurses to serve in the preceptor role to support residency program participants. Residency programs vary in length, structure, and content. Nurses serving in the preceptor role who support NLRNs report differing experiences in role preparation and expected responsibilities related to functioning in the role. (Blegen et al., 2015; Cotter & Dienemann, 2016; Rush, Adamack, Gordon, Lilly, & Janke, 2013).

Nurse preceptors have reported several benefits and challenges to serving in the role. Benefits include recognition by leaders, personal and professional growth, a sense of pride and achievement, and contributing to the organization's body of professional nurses by sharing knowledge and experiences, often referred to as "passing the lamp" (Cloete & Jeggels, 2014; Lafrance, 2018; Quek & Shorey, 2018). Serving as a nurse preceptor contributes to an individual's intrinsic motivation, which in turn can increase job satisfaction, job performance, and an intention to remain with an organization (Gillet et al., 2018; Han et al., 2014; Lafrance, 2018). Challenges include concerns for patient safety due to assuming responsibility of a novice nurse without adjustment to a preceptor's usual nurse to patient care ratio, inability to provide full support to the NLRN, feeling unprepared for the role, and role strain (Dodge, Mazerolle, & Bowman, 2014; Valizadeh, Borimnejad, Rahmani, Gholizadeh, & Shahbazi, 2016). While consideration of these benefits and challenges may assist organizational leaders in the assignment of the role of the nurse preceptor, there is limited knowledge about how

frequently nurses are serving in the role and whether the frequency impacts a nurse's job satisfaction.

Problem Statement

Experienced nurses who are effective preceptors make a significant contribution to the successful transition of NLRNs to professional practice (Blegen et al., 2015; Goode, Reid Ponte, & Sullivan Havens, 2016; Powers, Herron, & Pagel, 2019). In the acute care hospital inpatient setting increasing nurse turnover rates—especially within the first year of hire—have increased the demand and frequency for experienced nurses to serve in the preceptor role (Blegen et al., 2017; NSI Nursing Solutions, Inc., 2018). Additionally, the call of IOM and JCAHO for an increase in nurse residency programs to support NLRNs has further increased the frequency of the nurse preceptor role to meet the demand of increased NLRN participation (IOM, 2011; JCAHO, 2003).

The nurse preceptor role is typically a secondary role function performed in addition to, and often simultaneously with, the primary responsibilities of a bedside nurse (Trede et al., 2016). Research has identified both positive and negative aspects for the nurse serving in the preceptor role. Positive aspects include recognition by leaders, personal satisfaction in adding to the NLRN's knowledge and competency, professional and personal achievement, and reciprocal learning in which the nurse preceptor shares knowledge with the NLRN, and in turn receives knowledge on current practice and research from a recently graduated NLRN. (Cloete & Jeggels, 2014; Lafrance, 2018). Negative aspects include responsibility for a normal nurse to patient care ratio while precepting, concerns for patient safety, lack of time to fully support the preceptee, feeling

unprepared for the role, and feeling overburdened and undervalued (Cloete & Jeggels, 2014; Valizadeh et al., 2016). Frequently serving in the preceptor role has had a negative influence on the job satisfaction of experienced nurses who've expressed an intent to leave an organization (Gillet et al., 2018). The call for more residency programs to support NLRNs has increased the need for experienced nurses to serve in the preceptor role in acute care inpatient settings (IOM, 2011; JCAHO, 2003). Yet, there appears to have been no studies conducted on the frequency of the preceptor role nor its impact on overall job satisfaction for nurses who serve in the role.

Purpose of the Study

The purpose of this quantitative study was two-fold: (a) to identify the frequency of the nurse preceptor role to NLRNs in the acute care hospital inpatient setting, and (b) to examine the frequency on a preceptor's overall job satisfaction. The study was conducted using a descriptive, cross-sectional, comparative design. Data were collected via a questionnaire from nurse preceptors. The dependent variable was job satisfaction; the independent variable was the frequency of the preceptor role during the prior 12 months. Demographic data were collected to describe the sample.

Research Question and Hypothesis

1. How frequently does the inpatient bedside nurse perform in the role of the nurse preceptor to newly licensed graduate nurses over the course of one year?
2. Is there a difference in job satisfaction between bedside nurses in the acute care hospital inpatient setting who perform in the role of preceptor more frequently as compared to those who perform in the role less frequently?

H_0 There is no difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

H_1 There is a difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

Theoretical Framework

My study was guided by Herzberg's two-factor motivational theory, also known as the motivator-hygiene theory. Herzberg's research into the antecedents of job satisfaction demonstrated that job attitude and an employee's commitment to an organization were dependent on their level of job satisfaction and job dissatisfaction (Herzberg, Mausner, & Snyderman, 1959). The study examined critical work events experienced by accountants and engineers in an industrial city by asking workers to describe incidents that occurred during very high or very low periods of job satisfaction, and then expand on the feelings that the incidents provoked (Herzberg et al., 1959). Certain factors occurred more frequently during periods of high job satisfaction, which resulted in internal or intrinsic motivation of the worker and impacted job satisfaction and job enrichment.

Herzberg identified these positive factors, also known as *motivators*: Achievement, growth, recognition, advancement, responsibility, and the work itself (Herzberg et al., 1959). Conversely, negative factors that resulted in job dissatisfaction reflected the needs of the workers to avoid unpleasantness or to maintain basic needs to

survive. The presence of negative factors resulted in job dissatisfaction, however, their absence did not result in job satisfaction, but merely no job *dis*satisfaction (Herzberg, 2003). Known as *hygiene factors*, these factors included acceptable salary, interpersonal relationships, policies and administration, working conditions, and supervisor quality. Since Herzberg's theory development, the motivator-hygiene theory has been used to identify and validate drivers of motivation, job satisfaction, and employee turnover in industries and professions such as tourism, salesforce teams, full-service restaurant workers, and office workers (Jarupathirun & Gennaro, 2018; Ruiz & Davis, 2017).

Within the nursing profession, Herzberg's theory has been used to validate that intrinsic factors—such as achievement, growth, and supervisor support and leadership—contribute to job satisfaction, a decreased intent to leave, and improved job performance (Brayer & Marcinowicz, 2018; Charkhat Gorgich, Arbabisarjou, Taji, & Barfroshan, 2016; Gaki, Kontodimopoulous, & Niakas, 2013; Hee, Kamaludin, & Ping, 2016; Woodworth, 2016).

A literature search on nursing job satisfaction and theoretical frameworks yielded very few results. When theoretical models were used to ground studies about job satisfaction among nurses, the research focused on the concept of empowerment as an influence on job satisfaction. Kanter's theory of structural empowerment was commonly used to underpin studies (Cicolini, Comparcini, & Simonetti, 2014; Kretzschmer et al., 2017). Kanter posited that workplace structures influence empowerment rather than individual attitude (Kretzschmer et al., 2017). While structural empowerment may influence job satisfaction, Kanter's theory overlooks the individual's psychological

factors and the intrinsic factors that influence job satisfaction. I found that studies on nurse job satisfaction that did not focus on a specific construct, such as empowerment, used Herzberg's motivator-hygiene theory to frame the research (Brayer & Marcinowicz, 2018; Curtis & Glacken, 2014; Gaki et al., 2013; Somense & Duran, 2014; Woodworth, 2016).

Herzberg's motivators, which improve job satisfaction, align with previous studies on the benefits and rewards of the nurse serving in the preceptor role. These include recognition, increased responsibility, the work itself by "passing the lamp," imparting knowledge, and participating in interpersonal relationships by socializing new nurses into organizations, the team, and the profession (Borimnejad, Valizadeh, Rahmani, Whitehead, & Shahbazi, 2018; Cloete & Jeggels, 2014; Lafrance, 2018; Valizadeh et al., 2016). A more in-depth review of Herzberg's theory and its suitability for this study is addressed in Chapter 2.

The survey instrument, the Nursing Workplace Satisfaction Questionnaire (NWSQ), examines nursing job satisfaction within three domains; external, internal, and relational (Fairbrother, Jones, & Rivas, 2010a). By studying the perceived intrinsic and relational benefits of the preceptor role through the motivational lens of Herzberg's theory, I identified the impact of the frequency of the preceptor role on a nurse's overall job satisfaction.

Nature of the Study

For my study, I used a cross-sectional, comparative descriptive, nonexperimental design to compare level of job satisfaction with the frequency that a nurse serves in the

preceptor role. A comparative descriptive research design is appropriate when an independent variable is not being manipulated, but a causal relationship between the independent and dependent variable may be suggested, which can lead to a need for a more controlled experimental study (Grove, Burns, & Gray, 2013). The study used survey methodology to identify how frequently a nurse served in the role of preceptor to a NLRN in a transition-to-practice program over a 12-month period. To describe the sample, I collected sociodemographic data, which included the participant's age, duration of practice as an RN, number of years serving in the role of preceptor, and participation in a preceptor preparation training course. The dependent variable, job satisfaction, was operationally defined using the NWSQ. The NWSQ consists of 17 questions, measured on a Likert scale and one open response question, that determines job satisfaction based on extrinsic, intrinsic, and relational factors (Fairbrother, Jones, & Rivas, 2010b).The independent variable was the frequency of the preceptor role over a 12-month period. Parametric statistical analysis with ANOVA was performed to compare difference in means. The sample population was RNs who practice in the acute care hospital inpatient setting and who serve as a preceptor to NLRNs.

Definitions

Hygiene factors: Job attributes and work conditions that may reduce an employee's job dissatisfaction e.g. salary, policies and procedures, working conditions (Alshmemri, Shahwan-Akl, & Maude, 2017).

Job satisfaction: A subjective personal attitude or belief about a job that provides pleasurable feelings or positive rewards. The rewards may be extrinsic or intrinsic in nature (Castaneda & Scanlan, 2014; Liu, Aungsuroch, & Yunibhand, 2016).

Motivator factors: Factors that motivate an employee in a job and promote a positive job attitude. Motivator factors are mostly intrinsic within the employee, but must be supported by the employer and work environment e.g. achievement, recognition, personal or career growth (Alshmemri et al., 2017).

Newly licensed registered nurse (NLRN): A post entry-level graduate of a nursing education program who has passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and is orienting to an initial job position as a registered nurse (RN). The NLRN may or may not be part of a structured orientation or residency program.

Preceptor role: A registered nurse with bedside clinical nursing experience who functions as an educator, role model, evaluator, and protector to a newly licensed registered nurse in their first job as a licensed nurse (Ward & McComb, 2018).

Secondary role function: A role responsibility that is an additional function of an employee's primary job function. Performance of the secondary role may be expected within the primary job's work flow.

Transition-to-practice program (TTP): A structured program of training and professional development offered by health care organizations to newly licensed registered nurses to facilitate competence in their first role as a professional RN. It is also referred to as a residency program (IOM, 2010).

Assumptions

Assumption are statements that may be commonly known or held to be true, but have not been proven or supported through testing (Grove et al., 2013). Several assumptions guided my study. By exploring assumptions and acknowledging potential bias, a researcher can strengthen the perception of credibility of a study.

- Participants responded to the survey openly, honestly, and in a timely fashion.
- Intrinsic factors that contribute toward job satisfaction in a nurse were the same intrinsic factors that contribute to role satisfaction in the nurse serving as preceptor.
- The frequency that nurses serve in the preceptor role is higher than perceived. In Chapter 2, I discuss the literature search strategies used to identify a gap in knowledge about the preceptor role. There is limited evidence to quantify the preceptor role-frequency in current practice. Studies have shown an increase in nurse turnover in hospital settings and recommendations for increasing residency programs for NLRNs, which would have an impact on the frequency of the nurse preceptor role (JCAHO, 2003; NSI Nursing Solutions, Inc., 2018). The lack of quantifying data along with the turnover rate in the workforce suggests that more nurses require preceptorship experiences, thus increasing the demand for nurses to serve in the preceptor role.
- The preceptor role remains a secondary responsibility of the direct care or bedside nurse. I failed to find any studies in which the preceptor role was a primary function. Thus, the assumption was that the preceptor role is a

secondary function of direct-care nurses, often without an adjustment in nurse-to-patient assignments (Blegen et al., 2015; Dodge et al., 2014; Valizadeh et al., 2016).

Scope and Delimitations

My sample population was RNs working in an acute care hospital inpatient setting. I used convenience sampling to recruit participants from a state affiliate of a national organization for nurse educators. Convenience sampling is a method of recruiting participants to a study due their accessibility to the researcher (Grove et al., 2013). As a member of the state affiliate, I was given permission to recruit participants via the membership mailing list. The affiliate also hosts a closed social media group for its members, and publishes an affiliate newsletter, which I also used to publicize my study. Members of the affiliate have an interest in nursing professional development and frequently serve as nurse preceptors to NLRNs. I limited my focus to preceptor role experiences with NLRNs as opposed to any nurse in a new job setting. Compared to NLRNs, serving in the role of preceptor to experienced nurses transitioning to a new setting may offer different benefits, challenges, and a job orientation focus (Chicca & Bindon, 2019). I sampled nurses who work in an acute care hospital inpatient setting because it offered a higher likelihood of identifying more nurses who serve as preceptors to NLRNs. Over 50% of the practicing RNs in the United States are employed in a hospital setting (National Council of State Boards of Nursing [NCSBN], 2019). However, the delimitation of acute care hospital inpatient setting nurses was identified as a threat to internal validity of the study. Specific subject selection may threaten internal validity as

the preceptor experience may differ in other settings, such as long-term care facilities or outpatient/ambulatory settings (Grove et al., 2013; Salmond, Cadmus, Black, Bohnarczyk, & Hassler, 2017). Specific subject selection may have also impacted the generalizability of my study findings. By limiting the sample population to the acute care hospital inpatient setting, the study findings may not hold significance for ambulatory or nonacute settings where NLRNs can also choose to work. This may result in other researchers being unable to replicate the study and achieve the same findings in different patient care settings.

Limitations

Limitations of a study reflect factors that are outside of the control of the researcher, yet must be acknowledged to reflect awareness of the potential for alternate findings during future replication of the study (Grove et al., 2013). This study was subject three limitations. (a) The variation in preceptor preparation such as participation in a training course prior to serving in the role of preceptor: There is no recommended or standardized best practices for preceptor training, meaning opportunities for preceptor development vary (Windey et al., 2015). A nurse's preparation for the preceptor role may influence performance or attitude in the role, which can consequently impact job satisfaction. (b) The length of experience or exposure in the preceptor role: Though nurses who are experienced staff members may be considered the best preceptor role model, there is no recommendation for minimum years of experience before serving in the role of preceptor. Therefore, nurses may have been exposed to their first experience as a preceptor at different stages of their professional career. If the preceptor role is

assigned to an RN who has only been practicing 1-2 years and considered a “novice nurse” the burden of the role may impact the level of job satisfaction. (c) The current work environment or culture of the participant responding to the survey: External or hygiene factors influence job dissatisfaction, but they were not focused on beyond the NWSQ questions. It was not possible to hypothesize about the influence of the current work setting on the preceptor role (Herzberg et al., 1959).

Significance of the Study

Comparing the level of job satisfaction to the frequency of the nurse preceptor role in acute care hospital inpatient settings addressed a gap in the literature. Preceptor to NLRNs is a secondary role served by nurses whose primary function is to provide direct patient care (Trede et al., 2016). Prioritizing patient care and safety while providing oversight of, and learning opportunities for, the NLRN causes preceptor stress due to the concern for patient harm. Additionally, high nurse turnover and the increased demand for support for NLRNs entering the workforce can increase how often nurses take on the preceptor role, reducing job satisfaction.

Identifying the frequency of the nurse preceptor role in current nursing practice provides health care leaders with data on the burden of work the role places on experienced employees. This information should be used to review preceptors’ nurse-to-patient care ratios in clinical practice to ensure patient safety and quality care when a nurse is serving in the preceptor role to an NLRN (Dodge et al., 2014; Quek & Shorey, 2018; Valizadeh et al., 2016).

The findings of this study also identified the need to provide structured professional development for nurses planning to serving in the preceptor role—a pipeline of ongoing support for NLRNs. Identifying ideal working conditions, and supporting training and preparation for the role may increase job satisfaction, and thus lead to a higher retention rate of nurses in an organization (Spence Laschinger, Zhu, & Read, 2016; Vevoda, Vebvodova, Bubenikova, Kisvetrova, & Ivanova, 2016).

Implications for Social Change

An organization's nurse turnover rate as a result of decreased job satisfaction can have consequences for patient outcomes and safety. High nurse turnover can lead to increased medication errors, patient falls, decreased quality of care, and decreased patient satisfaction (Hayes et al., 2012). Decreased job satisfaction and the intent to leave an organization impacts unit morale, unit skill mix, and experiences of nurses who remain (Heede, Florquin, Bruyneel, & Aiken, 2013). The loss of experienced nurses and the skills and attributes they contribute to the workplace often includes the loss of experienced preceptors and the associated support provided to NLRNs in the workplace.

Moreover, identifying the current preceptor role-frequency and understanding the need for training to function as a preceptor would support nurse job satisfaction, thus providing nurse leaders with a strategy to help reduce nurse turnover. By increasing satisfaction in the preceptor role and therefore job satisfaction, leaders could see an improvement in patient outcome indicators such as a reduction in falls, hospital-acquired infections, and a decrease in medication errors (Boev, Xue, & Ingersoll, 2015; Gilmartin et al., 2018). A reduction in falls and infections can reduce patients' lengths of hospital

stay. This improved quality of care has implications for social change: It has the potential to reduce patient mortality, reduce health care costs, and increase a patient's satisfaction with the health care experience (Chiang, Hsiao, & Lee, 2017; Choi & Boyle, 2013).

Summary

Searching in the nursing research literature, I was unable to identify how often acute care hospital inpatient nurses serve as preceptors to NLRNs. Positive and negative factors can impact overall job satisfaction of the nurses serving in the role. The similarity of positive intrinsic factors found serving in the nurse preceptor role with intrinsic motivation in overall nurse job satisfaction indicates a positive influence in serving in the preceptor role on nurse turnover (Cloete & Jeggels, 2014; Gillet et al., 2018; Han, Trinkoff, & Gurses, 2015). By studying the effect of the preceptor role on overall job satisfaction and determining current preceptor role-frequency in acute care hospital inpatient settings, this study has provided data that has not been previously known about the nurse preceptor role in current practice.

Understanding the secondary additional role of the nurse preceptor and its burden on the nurse's primary role of direct patient caregiver will allow leaders to anticipate its influence on job satisfaction in nurses, and thus improve patient care quality and outcomes. This improvement can impact social change by reducing hospital acquired infections, reducing medication errors and falls, reducing health care costs, and improving patient experiences.

Chapter 2 discusses the current literature on factors that influence a nurse's job satisfaction level. I align the job satisfaction factors with the research describing the

benefits of serving in the role of nurse preceptor to NLRNs. I provide a theoretical framework that grounded this study and support alignment of the key concepts of job satisfaction and the satisfaction found by serving in the preceptor role.

Chapter 2: Literature Review

Introduction

An experienced nurse serving as a nurse preceptor has been shown to contribute to a successful transition-to-practice experience for a NLRN, by increasing the NLRN's knowledge, clinical competence, and confidence which increases the NLRN's intent to stay with the organization (Powers et al., 2019). The call for more residency programs to meet the needs of NLRNs and to compensate for the high turnover of nurses, particularly in the first year of practice, has increased the demand for nurses to perform in the preceptor role (IOM, 2011; JCAHO, 2003; NSI Nursing Solutions Inc., 2018). There are benefits and challenges associated with serving in the preceptor role. The benefits include recognition, achievement, and personal satisfaction, while the challenges include accepting a full patient assignment while precepting, feeling unprepared and unsupported in the role, and fear for patient and preceptee safety (Omer et al., 2016; Valizadeh et al., 2016). The benefits of being a preceptor align with studies which have found that intrinsic motivation contributes to job satisfaction (Herzberg, 2003). I was unable to find any studies on the frequency of the nurse preceptor role in current nursing practice, nor its impact on job satisfaction for those who serve as a preceptor.

The purpose of this descriptive, cross-sectional, comparative study was to examine how frequently nurses were serving as a preceptor to NLRNs in the acute care hospital inpatient setting and if that frequency impacted overall job satisfaction. Chapter 2 covers the literature search methodology, a review of Herzberg's motivator-hygiene

theory (the framework for this study), its underlying concepts, and its application to related areas of research examining factors which influence job satisfaction in nursing.

Search Strategy

To identify prospective, peer-reviewed articles (as well as books and grey literature), the following electronic databases were searched for the years 2010-2019: CINAHL, MEDLINE, CINAHL Plus with full text, Cochrane Database of Systematic Reviews, ProQuest Nursing and Allied Health Services, and Dissertation and Theses at Walden University. Herzberg's motivator-hygiene theory has been used to examine job satisfaction in professions other than nursing, so I included PsycINFO and ERIC databases. The IOM publication (The Future of Nursing: Leading Change, Advancing Health, 2010) calling attention to the increasing need for medical care for the country's population and the predicted nursing shortage was published in 2010, so this date was used as a date limiter for the literature search (IOM, 2010).

Key search terms included *nurse* and *job satisfaction*, *nurse preceptor* and *job satisfaction, preceptor* and *job satisfaction, nurse preceptor* and *benefits*, *nurse preceptor* and *challenges*, *nurse preceptor* and *frequency*, *nurse preceptor* and *nursing resident* or *nursing orientation* or *newly licensed registered nurse*, *nurse* and/or *nursing* and *Herzberg's theory,* and *job satisfaction* and *Herzberg's theory.* In an attempt to include all global nursing terms that may have related to precepting newly licensed nurses, I used key terms such as *mentor* and *trainer* with *job satisfaction, job benefits, job challenges, newly licensed nurses* and *new graduate nurses.* To include structured orientation programs in the literature search, I searched for *nurse residency program* and *transition-*

to-practice program. While searching the terms *preceptor* and *job satisfaction* I found one study that referred to *preceptor role strain*. I included this as a search term but it yielded no other results. Subsequent reading of the retrieved literature from my searches also failed to reference any additional information regarding frequency of the nurse preceptor role in practice.

Historical Methodology Related to the Preceptor Role

Research conducted on the perceptions and experiences of nurses in the preceptor role have revealed the challenges and benefits of the role and have focused on qualitative studies. Nurses in Iran who served in the preceptor role expressed a lack of training or preparation, a lack of appreciation, and being assigned the role by a supervisor rather than volunteering for the role as contributory factors to work stress (Borimnejad et al., 2018). Role strain and work stress has been associated with competing priorities, full workloads, and coping with patient deterioration while serving in the preceptor role (Della Ratta, 2018; Dodge et al., 2014; Kurniawan & Husada, 2018). Quantitative research on the nurse preceptor role has focused on the effectiveness of training courses for the preceptor or the impact of the preceptor role on NLRN success (Blegen et al., 2015; Goss, 2015; Lindfors, Meretoja, Kaunonen, & Paavilainen, 2018; Omer, Suliman, & Moola, 2016; Powers et al., 2019; Strouse, Nickerson, & McCloskey, 2018). There is extensive research on factors that influence job satisfaction in nurses (Hee et al., 2016; Somense & Duran, 2014; Toode, Routasalo, Helminen, & Suominen, 2015). However, there does not appear to have been any research that quantifies the frequency of the nurse preceptor role and the difference in the level of the nurse's job satisfaction. There is a need for

quantitative studies on the role of the nurse preceptor and its influence on job satisfaction in order to provide information to nurse leaders to support their decision making.

Theoretical Foundation

Frederick Herzberg's development of his motivator-hygiene theory evolved from a study of engineers and accountants' attitudes towards their work and the effects of those attitudes on absenteeism from the job (Herzberg et al., 1959). Herzberg discovered that specific events that occurred in the workplace produced job attitudes and feelings that translated into behaviors. The resulting employees' behaviors reflected positive or negative feelings towards the work, their supervisor, or the organization. Five areas of effect were influenced by the positive or negative feelings: Performance, turnover, mental health, interpersonal relationships, and attitude (Herzberg et al., 1959). Herzberg further posited that job satisfaction and job dissatisfaction were two discrete concepts that existed based on the need for self-actualization such as personal achievement, and the need for avoidance of hazardous environments or unpleasantness such as working conditions or salary loss (Alshmemri et al., 2017). Therefore, the opposite of job satisfaction was *no* job satisfaction and the opposite of job dissatisfaction was *no* job dissatisfaction. Factors that impacted job satisfaction were described as motivator factors and factors that impacted job dissatisfaction were described as hygiene factors (See Figure 1).

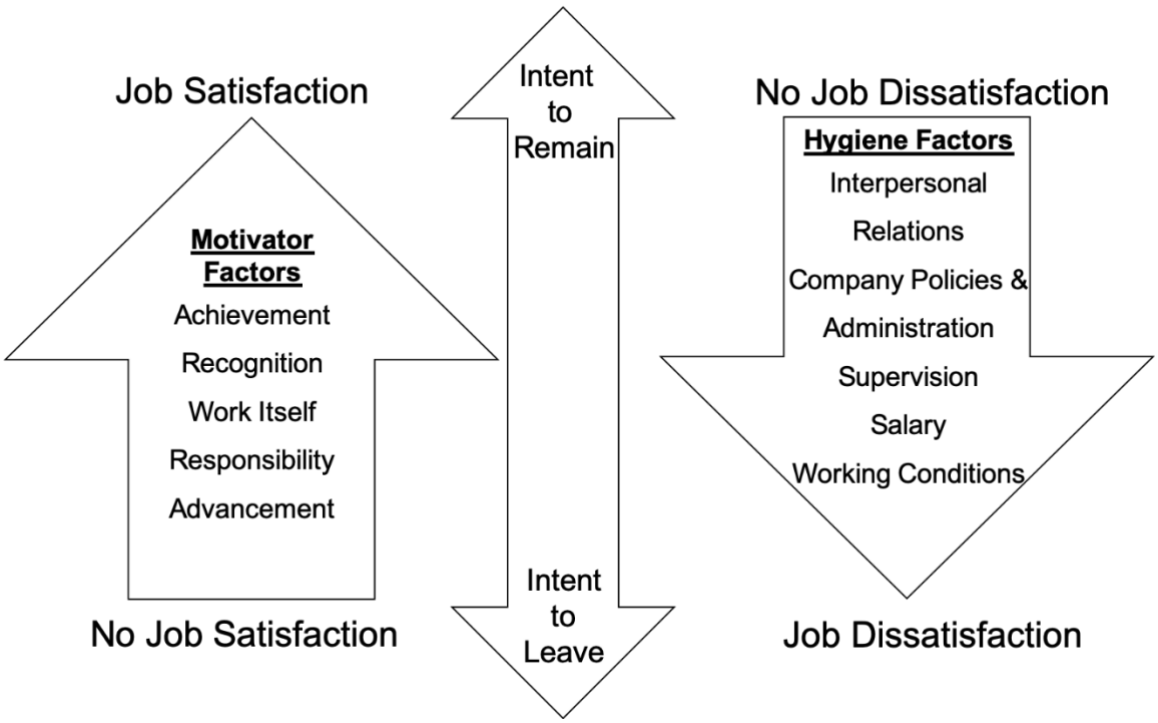

Figure 1. Herzberg's motivator-hygiene theoretical framework.

Theoretical Propositions and Assumptions

Hygiene Factors

According to Herzberg (1959), hygiene factors contributed to job dissatisfaction or no job dissatisfaction. Hygiene factors were attributed to the conditions extrinsic to the actual work such as environmental and safety concerns. Even if hygiene factors were optimal, these factors did not contribute to job satisfaction; at most no job dissatisfaction was the optimal feeling about work that could be achieved. Hygiene factors included interpersonal relations with work colleagues, salary, working conditions, supervision such as manager fairness or competence, and company policies (Alshmemri et al., 2017; Herzberg et al., 1959). Research on the impact of salary on overall job satisfaction for

nurses has revealed that fair pay did not contribute significantly to job satisfaction where the presence of nurse burnout was identified (McHugh & Ma, 2014). Supervisor support has been identified as important to a nurse's perceived value to the organization and can reduce a nurse's intent to the leave the organization (Gillet et al., 2018; Sveinsdóttir, Ragnarsdóttir, & Blöndal, 2016).

Motivator Factors

Job satisfaction is cultivated by career growth and self-actualization (Herzberg, 2003). Herzberg's original research found that workers' job satisfaction was intrinsically motivated and named the contributing factors motivator factors. Optimal presence of motivator factors resulted in job satisfaction, and less than optimal resulted in lack of job satisfaction but not job *dis*satisfaction. Motivator factors included advancement, achievement, recognition, the actual work itself, and responsibility (Herzberg et al., 1959). Built on his original research Herzberg hypothesized that motivator factors were intrinsically driven and necessary for an employee's overall job satisfaction – more so than *no* job dissatisfaction (Herzberg, 2003). Psychology researchers have supported Herzberg's assertions, claiming positive psychological attributes such as self-esteem and creativity are necessary for employees' job satisfaction (Sachau, 2007). Nurses have reported increased job satisfaction when motivation driven by achievement, role recognition, and autonomy has been met in their work (Gaki et al., 2013).

Application of the Motivator-Hygiene Theory

Since Herzberg's development of the motivator-hygiene theory, the framework has been extensively tested in various industrial and professional settings to both identify

and validate factors impacting employees' job satisfaction and motivation to remain with an organization. In Uganda, Herzberg's theory has been applied to validate employee motivation in academia and the nation's agricultural research centers (Lukwago, Basheka, Epiphany, & Odubuker, 2014). Motivation of employees selling products or services has been studied using Herzberg's theory to identify job satisfaction in industries whose success depends on productivity. Salesforce in retail outlets in India were found to be motivated by hygiene factors such as financial incentives and working conditions and by the motivator factors of recognition and autonomy (Prasad Kotni & Karumuri, 2018). In the hospitality and tourism industry, seasonal employees at ski resorts revealed varied motivating factors for job satisfaction dependent on the employee's resident or migrant status. Residential seasonal workers were more motivated by hygiene factors such as wages, while migrant seasonal workers indicated that interpersonal relationships, knowledge, and responsibility – intrinsic drivers - were the motivators in their work (Lundberg, Gudmundson, & Andersson, 2009).

Nursing Profession Application

Job satisfaction in the nursing profession has been researched to identify and mitigate the factors that drive nurses to remain at or leave an organization. Nursing workforce shortages due to an aging population, high staff turnover, and a lack of access to nursing education programs due to limited nursing faculty impacts the availability of nurses to practice at the bedside (Berent & Anderko, 2011; IOM, 2010; NSI Nursing Solutions, Inc., 2018; Woodworth, 2016). Herzberg's motivator-hygiene theory has been applied as a framework for research across a range of nursing specialties to propose

strategies to increase a nurse's job satisfaction and intent to remain with an employer. In an attempt to seek solutions to the nursing shortage, the theory has also been used to identify what factors would entice nurses who had left nursing practice but still retained an active nurse license to return to practice (Langan, Tadych, & Kao, 2007).

In a systematic review of studies investigating job satisfaction in nurse educators, Herzberg's theory was the framework most commonly adopted by researchers (Arian, Soleimani, & Oghazian, 2018). In New York, 112 nurse educators serving as adjunct faculty in Associate Degree nursing programs were surveyed to identify predictive factors impacting an intent to stay with the nursing program (Woodworth, 2016). Framing the results within Herzberg's theory, the author found that both motivator and hygiene factors as described in Herzberg's work significantly impacted job satisfaction and the faculty members' intent to stay in a position, with motivator factors having a higher significance to retention than hygiene factors. Another study of tenured nurse faculty in 4-year degree nursing programs across the United States revealed that professional faculty identity, resource management, and research satisfaction were the most common factors impacting entry to and the decision to remain in the faculty position (Berent & Anderko, 2011). The three factors aligned with Herzberg's motivator factors of recognition, personal achievement, and responsibility (Alshmemri et al., 2017). A correlational study of nursing faculty in 4-year nursing programs in Florida and intent to stay in the faculty position revealed positive correlational relationships between Herzberg's motivator and hygiene factors and job attitude, supporting Herzberg's theory on drivers of job satisfaction (Derby-Davis, 2014).

In clinical practice settings, Herzberg's theory has been used to establish or validate factors that increase job satisfaction in an attempt to reduce staff turnover. Herzberg's theory was used to support secondary data analysis from a national nursing home employee survey to identify motivator and hygiene factors impacting job satisfaction (Hunt et al., 2012). The authors found that in organizations that offered career advancement opportunities, tuition reimbursement, and recognition, staff retention was higher as compared to organizations that did not. Salary, paid sick days, and supervisory tenure also impacted retention but to a lesser degree, supporting Herzberg's theory that hygiene factors are less important in job satisfaction, but do contribute to job *dis*satisfaction (Herzberg et al., 1959; Hunt et al., 2012).

A study of Irish public health nurses using Herzberg's theory found that the intrinsic factors of professional status, autonomy, and interaction were the three most important variables that contributed to overall job satisfaction (Curtis & Glacken, 2014). Brayer and Marcinowicz (2018), studied the determinants that contributed the most and the least to job satisfaction in Polish nurses with a master's nursing degree in health care facilities. Using Herzberg's factors aligning with motivator or hygiene needs, the authors found job satisfaction was attributed mostly to motivational factors such as achievement and content of the work, while the greatest source of dissatisfaction were linked to external or hygiene factors of pay and interpersonal relationships (Brayer & Marcinowicz, 2018).

Rationale for Herzberg's Theory as Study Framework

Since Frederick Herzberg developed his motivator-hygiene theory to identify what motivates workers in their jobs, numerous research studies in various industries have used the theory as a supporting framework. Nursing research is prolific with studies investigating nursing job satisfaction and motivators that increase an employee's intent to remain with an organization and therefore reduce staff turnover (Berent & Anderko, 2011; Brayer & Marcinowicz, 2018; Curtis & Glacken, 2014; Hunt et al., 2012; Woodworth, 2016). Thus, this theory fits the framework of this study.

Studies have demonstrated that a commitment to the preceptor role is driven by intrinsic motivation of achievement, responsibility, advancement, and recognition; the same factors identified by Herzberg's framework as motivator factors and contributors to job satisfaction (Cloete & Jeggels, 2014; Herzberg et al., 1959; Lafrance, 2018). However, little is known about how frequently the preceptor role is performed in current nursing practice, nor how serving in the preceptor role affects a nurse's overall job satisfaction. Aligning Herzberg's motivator-hygiene theory with the motivator factors of the nurse preceptor role provided my study with an appropriate framework to build and support the research. A conceptual model of the preceptor role and the hypothesized impact of motivator factors is depicted in Figure 2.

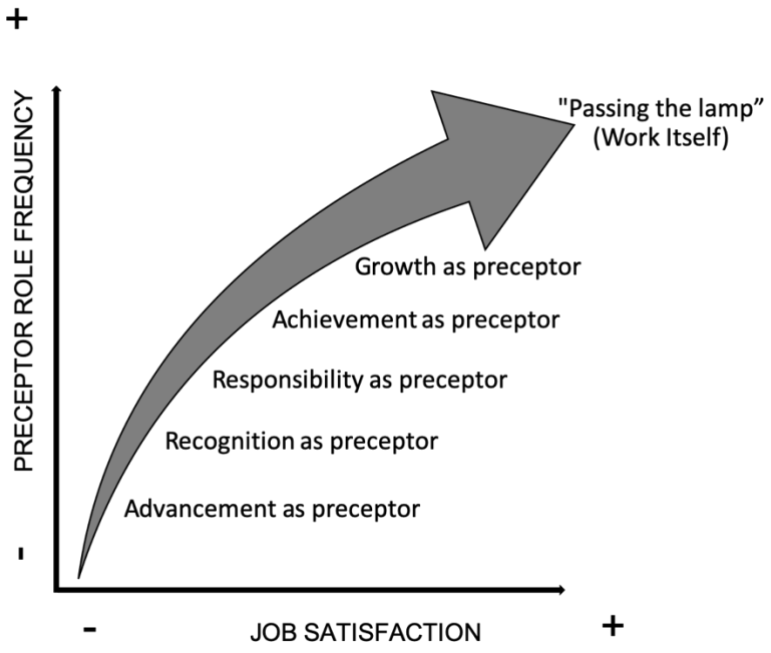

Figure 2. Hypothesized frequency of preceptor role and nurse job satisfaction.

Literature Review of Related Key Variables and Concepts

Job Satisfaction

Nursing job satisfaction is a subjective, complex, and multi-factorial phenomena which is impacted by individual, organizational, and cultural beliefs and values (Arian et al., 2018; Sriratanaprapat & Songwathana, 2011). The complexity of job satisfaction in nursing has resulted in numerous studies investigating correlates and factors that influence the concept rather than an attempt to provide a concise definition. Castaneda and Scanlan (2014) and Liu et al. (2016) conducted concept analysis on job satisfaction. Both studies concluded that job satisfaction was an affective process resulting in pleasure or positive feelings about a role and the work involved in the role i.e. patient care, to meet

individual needs (Castaneda & Scanlan, 2014; Liu et al., 2016). The subjective and personal nature of job satisfaction is a common attribute with studies indicating the importance of interpersonal relationships with colleagues, personal and organizational values alignment, and personal desire for achievement (Arian et al., 2018; Curtis & Glacken, 2014; Derby-Davis, 2014; Dilig-Ruiz et al., 2018; Gaki et al., 2013; Gillet et al., 2018). Most studies identify correlates of job satisfaction as employee turnover and employee absenteeism (Curtis & Glacken, 2014; Gaki et al., 2013; Gillet et al., 2018; Lu, Zhao, & While, 2019; Sriratanaprapat & Songwathana, 2011). Leadership style has been identified as a factor in employee turnover as well as a factor in an employee's job satisfaction (Arian et al., 2018; Gillet et al., 2018; Lu et al., 2019).

Professionalism is positively associated with job satisfaction and has been further delineated as a positive professional status, a positive professional practice environment, a positive professional commitment to the role, and availability of further professional opportunities as drivers of intent to remain in an organization (Arian et al., 2018; Curtis & Glacken, 2014; Lu et al., 2019). Organizational culture and organizational support is important in sustaining nurse job satisfaction (Arian et al., 2018; Curtis & Glacken, 2014; Kretzschmer et al., 2017). Sriratanaprapat & Songwathana (2011) studied the impact of cultural context on job satisfaction in asian nurses and found that the most important factors related to financial incentivies and interpersonal relationships, which differs from most studies that have found little influence of salary on job satisfaction.

Preceptor Role

A nurse serving in the preceptor role is considered to be experienced or skilled in the primary function of a nurse and is able to guide or mentor staff through a period of job orientation or training. The nurse preceptor functions as a coach, protector, leader, facilitator, socialization agent, and role model to NLRNs (Ulrich, 2018). The skills and attributes of a nurse preceptor are not inherent in pre-licensure nursing education programs, so nurses require professional development and ongoing education to gain and sustain the attributes needed to perform in the preceptor role (Cochran, 2017; Goss, 2015; Quek & Shorey, 2018). A nurse serving as a preceptor to support NLRNs in a residency program is considered an essential element to NLRN training success and retention (Cochran, 2017; Ward & McComb, 2017). Yet training or preparation for the preceptor role remains varied across health care systems and even from state to state (Goss, 2015; L'Ecuyer, Lancken, Malloy, Meyer, & Hyde, 2018; Quek & Shorey, 2018).

Intrinsic Motivation

Intrinsic motivation, also known as internal motivation, is an attribute that provides a feeling of satisfaction from within an individual and from the performance of a job or task (Salkind, 2008). Motivation, particularly intrinsic motivation, has been shown to have a strong positive relationship to job satisfaction and job performance (Hee et al., 2016; Lafrance, 2018; Toode et al., 2015). Since the discovery that internal rewards contributed more to job satisfaction than external rewards, research has repeatedly demonstrated the importance of intrinsic motivation on an employee's commitment to a job (Herzberg et al., 1959). The factors of intrinsic motivation in nursing such as

autonomy, recognition, and achievement have demonstrated a strong positive relationship with job performance (Hee et al., 2016; Lafrance, 2018). A concept analysis of an individual's call to nursing has identified intrinsic motivation as an antecedent in the desire to join the nursing profession to help others (Emerson, 2017). Castaneda and Scanlan (2014), identified intrinsic motivation as one of four essential domains of job satisfaction.

Role-frequency

Choi and Miller (2018) conducted a descriptive study utilizing secondary data from the National Database of Nursing Quality Indicators (NDNQI) RN Survey which revealed that nurses who perceived they had an appropriate patient assignment had a significant positive perception of job satisfaction and delivery of quality care compared to nurses who indicated they had an inappropriate patient assignment. Although the study looked at overtime, float assignments, incomplete or no meal breaks, and job tenure, it did not address additional roles performed concurrently with the nurse's primary role, such as serving in the role of preceptor to a NLRN (Choi & Miller, 2018).

Task analysis of a nurse's role identifies the various tasks or functions a nurse may undertake. Researchers observing ten nurses on medical surgical units over a 12-hour shift identified nursing care activities from a productivity or direct patient care perspective (Battisto, Pak, Vander Wood, & Pilcher, 2009). Nine nursing activity taxonomies were identified such as mediation administration and patient assessment. Additional nurse roles such as educator, advocate, or preceptor were not identified in the

study. The authors concluded that time away from a patient's room needed further research as this time may not be value added to patient care.

Similarly, Omer et al. (2016) addressed the specific roles of the nurse preceptor in a study describing the perceptions of role from the nurses who served as preceptors and the respective nursing students who worked with them. The study compared the perceived importance and the frequency of the roles of protector, evaluator, educator, and facilitator by the nursing student and the nurse preceptor. The role of protector was found to be the most important function of a preceptor as well as the most frequently occurring by both groups. The authors did not conduct direct observation of the preceptors nor the overall frequency of the role of nurse preceptor (Omer et al., 2016).

The National Council of State Boards of Nursing (NCSBN) conducts a practice analysis of the RN role every 3 years to ensure the validity of the National Council Licensure Examination for Registered Nurses (NCLEX-RN), the initial entry exam allowing a nurse to practice in the U.S. (NCSBN, 2018a). The latest analysis conducted identified nurse supervision of client care by *others,* such as licensed practical nurses and unlicensed personnel (NCSBN 2018, p. 22), occurred in over 96% of health care settings. The study also found the amount of time a NLRN in orientation spent in a preceptorship setting was 9-13 weeks (NCSBN, 2018a). The study did not address the frequency of the nurse serving in the preceptor role. It was noted that the practice analysis sample population consisted of nurses who obtained their initial licensure between April 2016 and March 2017, with the survey data analyzed during 2017 (NCSBN, 2018a).

Recent NLRNs do not typically serve as a preceptor to other newly licensed nurses which may account for the lack of survey questions. The NCSBN's strategic practice analysis published in 2018 conducted a survey of the RN role. According to the NCBSN (2018), one of the purposes of the study was to "ensure complete and detailed documentation of the full scope of RN work in its current form including duties, tasks, knowledge, skills, abilities…" (p. 1). There was no reference to the role of the nurse as a preceptor or the associated burden of work (NCSBN, 2018b). The lack of a standardized scope of practice for the nurse preceptor role has prompted a national nurse organization to commission a study to identify nurse preceptor knowledge, skills, and competencies to create a framework that will enhance future nurse preceptor practice (M. Harper, personal communication, February 26, 2020).

Summary

The literature review has demonstrated there is a relationship between employee intrinsic motivation, job satisfaction, and an intent to remain in a job. Herzberg's motivator-hygiene theory addresses the attributes of intrinsic motivation as *motivators.* Motivator factors such as achievement, recognition, and the doing of the work have been found to be drivers of job satisfaction in nurses serving in the role of preceptor (Hee et al., 2016; Lafrance, 2018; Toode et al., 2015). The nursing shortage in current health care practice has resulted in a shortage of nurses at the bedside and an increase in nurse turnover which has increased the demand and frequency for the nurse to serve in the role of preceptor to NLRNs. The importance of the nurse serving in the role of preceptor to preceptorship success, job satisfaction, and intent to remain of NLRNs has been studied.

In Chapter 3, I describe the research design, methodology, and instruments used in my study.

Chapter 3: Research Method

Introduction

An experienced nurse serving in the role of preceptor has been shown to contribute towards a successful transition-to-practice experience for an NLRN: The preceptor-preceptee relationship facilitates greater confidence, greater clinical competence, and job satisfaction in the NLRN. (Powers et al., 2019). The call for an increase in residency programs to meet the needs of NLRNs and the high turnover of nurses, particularly in the first year of practice, has increased the demand for nurses to take on the preceptor role (IOM, 2011; JCAHO, 2003; NSI Nursing Solutions Inc., 2018). There are benefits and challenges associated with performing in the preceptor role. Benefits include recognition, achievement, and personal satisfaction, while challenges include a full patient assignment while performing as a preceptor, feeling unprepared and unsupported in the role, and fear for patient and preceptee safety (Omer et al., 2016; Valizadeh et al., 2016). As demonstrated by the literature review, there is limited knowledge of how frequently the preceptor role is undertaken by nurses in health care organizations and how the frequency impacts overall job satisfaction for the experienced nurses.

In Chapter 3, I describe the research design and the rationale for its use to address the research questions. I outline the methodology I used, including the sample population, sampling procedure, recruitment, and data collection processes. I describe the instruments I chose for data collection in the context of their rationale for use and supporting my

research questions. Any threats to internal and external validity are explored. Ethical considerations are addressed.

Research Design and Rationale for Use

The research questions I attempted to answer were:

1. How frequently does the inpatient bedside nurse perform in the role of the nurse preceptor to newly licensed graduate nurses over the course of one year?
2. Is there a difference in job satisfaction between bedside nurses in the acute care hospital inpatient setting who perform in the role of preceptor more frequently as compared to those who perform in the role less frequently?

   H_0 - There is no difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

   H_1 - There is a difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

To answer the research questions, I used a cross-sectional, comparative descriptive design. A comparative design is appropriate when a study seeks to examine relationships between variables but does not involve an intervention or manipulation of a variable (Grove et al., 2013). While causal inferences may not be made from comparative descriptive research results, causal relationships between independent and dependent variables may support future experimental designs (Houser, 2015). The dependent

variable was the level of job satisfaction; the independent variable was the frequency with which the nurse served in the preceptor role.

Methodology

Population

The study focused on nurses who provide direct patient care in acute care hospital inpatient units such as medical-surgical and critical care units. The criteria for participation in the study were nurses with an active RN license in Washington state who currently serve in the role of primary nurse preceptor to NLRNs. A primary nurse preceptor is typically the preceptor who spends the majority of time with the NLRN in the one-to-one clinical experience (Richards & Bowles, 2012).

Though a researcher may identify a social problem within a population of interest, it a rarely feasible to study the entire population due to limited resources and time, and so a representative sample of the population may be studied (Frankfort-Nachmias & Leon-Guerrero, 2015). Approximately 55% of the 3.8 million RNs practicing in the United States work in a medical-surgical type unit in a hospital setting (Budden, Moulton, Harper, Brunell, & Smiley, 2016). It is essential to determine an appropriate yet operationally realistic sample size to ensure that statistical analysis of the results can confidently reject or accept the study's hypotheses (Houser, 2015).

Sampling Frame

A sampling frame refers to the identification of all individuals within a defined population of interest, usually by means of a membership or contact list, to allow for equal opportunity for sampling (Grove et al., 2013). Clarifying the inclusion and

exclusion criteria for participants and planning an intentional sampling strategy helped me to identify my sample frame and supported recruitment efforts (Houser, 2015). My sampling frame was RNs with an active RN license from the state of Washington (WA), who worked in acute care inpatient units in the hospital setting, who served as a primary nurse preceptor to NLRNs and who were members of a state affiliate to a national organization for nurse educators. Given that there may be other individuals that may have met the inclusion criteria for this study within the state of Washington, but are not members of the state affiliate, participants that completed the survey were encouraged to forward the link for the survey to other colleagues and individuals which expanded the sampling frame and captured eligible individuals outside of the initial recruitment sample.

Sampling Strategy

I used convenience sampling to recruit participants for my study. Convenience sampling provides the researcher with participants who are accessible either physically or via alternative communication (Houser, 2015). My convenience sample was from a state affiliate of a national organization representing nurse educators and professional development specialists to include nurses who serve as nurse preceptors. As the Communication Director for the affiliate, I was able to access the membership mailing list and invite members to participate in the online survey. Permission to access the membership list for this purpose was obtained by petitioning the affiliate Board of Directors (BOD). The survey was completed online, and I asked members who participated to forward the survey to other nurses they knew who may have met the

inclusion criteria for the study but were not members of the affiliate. Online social media groups who bring together individuals with shared interests may boost participation and completion in the survey. While the state affiliate's focus is on recruiting and membership activities of Washington state members, these members may know nurses in common nursing positions outside of their home state. Ten participants stated they were from states outside of Washington, and contributed to my overall recruitment numbers. As the out-of-state respondents serve as preceptors to NLRNs their information was considered valuable in answering my research questions.

Sample Size Determination

Sample size is an important consideration when recruiting participants. A small sample size may lead to an underrepresentation of the population under study, resulting in inaccurate or bias findings (Grove et al., 2013). Frankfort-Nachmias and Leon-Guerrero (2015) asserted that a sample size or *N* of 50 may be adequate if assumptions about statistical inference is met. Conducting a power analysis and a literature review of similar studies assists a researcher in deciding criteria for power, effect size, and alpha that will provide an adequate sample size (Houser, 2015).

A literature review of studies investigating job satisfaction in nurses revealed that a power of 80% or .80 is common. Power is the capacity to which a null hypothesis can be correctly rejected (Kraemer & Blasey, 2016). Researchers examining job satisfaction in Australian nurses, nurses in a midsize hospital in the U.S., and associate degree nurse educators set a power for 80% for their work. (Skinner, Madison, & Humphries, 2012; Yarbrough, Martin, Alfred, & McNeill, 2017). Effect size measures the extent that a

phenomenon exists in a population or its impact on a variable. Effect strength is measured as small, medium, or large, with the numerical values varying depending on the type of analysis performed (Grove et al., 2013; Kraemer & Blasey, 2016).

A literature review of predictive and correlational studies investigating job satisfaction, showed that researchers selected a moderate effect size for their studies (Curtis & Glacken, 2014; Derby-Davis, 2014; Saber, 2014; Yarbrough et al., 2017). The significance level, also denoted as alpha or α, is the probability of rejecting the null hypothesis when it is true. For example, a significance level of 0.05 indicates a 5% risk of concluding that a difference exists when there is no actual difference (Houser, 2015; Kraemer & Blasey, 2016). To enhance credibility of a study, the level of significance should be set *a priori* or prior to testing (Kraemer & Blasey, 2016). I found multiple studies investigating job satisfaction and other phenomena in nurses where a significance level of 0.05 was set prior to testing and this supports setting the alpha at 0.05 for my study (Cloete & Jeggels, 2014; Curtis & Glacken, 2014; Langan et al., 2007; Saber, 2014; Skinner et al., 2012; Yarbrough et al., 2017).

My study investigated the difference in the level of job satisfaction to nurses who serve in the role of nurse preceptor. To identify the minimum acceptable sample size for the study, a power analysis was conducted using G*Power version 3.1.9.4, based on a power of .80 or 80%, a moderate effect size, and an alpha of 0.05 (Faul, Erdfelder, Buchner, & Lang, 2009). Based on the calculation, a minimum sample size of 128 was needed for the study. I met the recommended sample size and my final participant count for the study was 129.

Recruitment and Participation

Participant recruitment can be the most challenging aspect of conducting research. A thoughtful, well-planned recruitment strategy is important if a researcher hopes to achieve adequate power for a study (Grove et al., 2013). I requested permission to use the membership list of the state affiliate of a national organization to recruit participants for the study. The state affiliate utilizes social media groups, newsletters, and websites to promote member recruitment and activities both to members and non-members. As participants were asked to forward the survey to other nurses who might have been eligible to participate or who accessed social sites and newsletters, but were not affiliate members, it is reasonable to assume some of those individuals completed the survey. Additionally, nurses from the membership list may participate in social media groups and online communities that have a common interest in nurse education or preceptorship. It is reasonable to assume that my survey could have been shared to participants in groups who are not members of the affiliate or may not even practice in Washington state. The demographic question about state of practice in the survey identified nurses who possessed a RN license outside of Washington.

As the internet and social media have proliferated into people's regular daily activities, their use to recruit research participants through online means has become increasingly common (Stokes, Vandyk, Squires, Jacob, & Gifford, 2019). Distribution of a survey through an online link instead of, or in addition to a traditional paper mail-in survey has several advantages to include expediency, access to hard to recruit populations, reduced costs, and anonymity (Grove et al., 2013; Stokes et al., 2019).

Nurses serving in the role of preceptor to NLRNs may not be considered a challenging or vulnerable population to recruit. However, the influence of electronic communication, particularly social media group participation, and the phenomena of instant notifications, post likes, retweeting, and post sharing can increase the potential for reaching participants who qualified for my study. By asking participants from my sampling frame to forward the survey to nurses they felt may be interested in participating, I made the assumption that some affiliate members chose to forward my survey via their own social media contacts.

Data Collection and Demographic Information

Nurses who decided to participate in the study were directed to a survey hosted by SurveyMonkey, an online survey development company (see Appendix A). The first page of the survey contained an explanation of the purpose of the study, the nature of voluntary participation, the option to exit the survey at any time prior to completion, and an assurance of anonymity unless the participant wanted to see the study results in the future. An attestation of understanding was included that was acknowledged by the participant to demonstrate informed consent. The first three questions of the survey confirmed the participant met the inclusion criteria with a disqualification and automatic exit from the survey if the criteria were not met. Disqualification was determined either by the participant not having an active RN license, not working in an inpatient unit in a hospital setting, or not serving in the role of a primary preceptor to NLRNs. Demographic data were collected that included the participant's state of practice, age, and gender. I questioned the number of years a participant had practiced as a nurse, the number of

years serving in the role of preceptor to NLRNs, and whether or not a preceptor training course was completed prior to serving as a preceptor. The number of NLRNs the nurse had served as a preceptor to in the last 12 months, was quantified as a whole number. As this was a cross-sectional study looking at a single moment in time, there was no follow-up interview or survey. The survey was pilot tested by five work colleagues to check for grammatical errors and to ensure the survey could be successfully completed in the online environment.

Instrumentation and Operationalization of Constructs

The Nursing Workplace Satisfaction Questionnaire (NWSQ: Fairbrother, Jones, & Rivas, 2010) is an 18-item survey divided into three subsections that assesses external, internal, and relational factors of job satisfaction. Each subsection contains 4 – 7 questions that assesses the respondent's attitude or behavior against a Likert rating scale on a continuum from *strongly agree* to *strongly disagree*. The survey has a total of 17 closed-ended questions and one open-ended question which explores the *best* and *worst* thing about a participant's job. The NWSQ takes approximately 10 minutes to complete.

The NWSQ was developed in 2009 by a group of nurses in Australia who wanted to measure nurse job satisfaction following the implementation of a new nursing model for patient care in their hospital (Fairbrother et al., 2010b). Greg Fairbrother, Aaron Jones, and Ketty Rivas who developed the NWSQ evaluated three preexisting instruments that measured job satisfaction. These were the Nursing Work Index-Revised (NWI-R), the Mueller-McCloskey Satisfaction Scale (MMSS) and the Maslach Burnout Inventory (MBI).The MBI was not suitable as it measured burnout – a negative endpoint

– that would not necessarily be experienced by all employees. The NWI-R and MMSS were rejected as they were considered to be organizational centric rather than measuring the phenomena of job satisfaction in the individual. As a result of these findings, the authors developed their own tool, which they then tested and validated to measure job satisfaction in nurses in their facilities (Fairbrother et al., 2010b).

Instrument Reliability

Prior to using the NWSQ instrument to evaluate nurse job satisfaction, Fairbrother, Jones, and Rivas (2010) conducted a pilot study which evaluated the instrument's reliability and validity. The authors then evaluated the tool at the start of their research and after 12 months. Reliability refers to the instrument's ability to produce consistent measures of the same concept or attribute over time with minimal amounts of error (Grove et al., 2013). The NWSQ instrument was completed by nurses in 12 medical surgical units on two separate occasions, 12 months apart. Reliability was measured by calculating Cronbach's Alpha coefficient for the three subsections of the NWSQ and for the instrument as a whole. Moderate reliability was found for the extrinsic ($\alpha = 0.74$), intrinsic ($\alpha = 0.89$), and relational ($\alpha = 0.87$) domains, while Cronbach's alpha for the overall instrument was 0.90 indicating strong reliability (Grove et al., 2013).

Instrument Validity

Validity reflects the ability of an instrument to measure the concept it is designed to measure (Grove et al., 2013). Fairbrother et al. (2009) conducted exploratory factor analysis on the NWSQ to test for validity and evaluate common components that explained the greatest variance in question responses. Factor analysis is a validity

instrument that allows researchers to reduces large numbers of variables within a study to a small number by examining the inter-relationships between the variables and reducing them to clusters that are closely associated (Grove et al., 2013). The authors were able to cluster the instrument's original questions into three domains which allowed the formation of operational concepts for the phenomena of job satisfaction: Extrinsic, Intrinsic, and relational (Fairbrother et al., 2010b). The reliability and validity data of the NWSQ is sufficient enough to support its use in my study to evaluate the impact of intrinsic rewards of the role of the nurse preceptor on a nurse's job satisfaction. Following the decision to use the NWSQ instrument for my study, I contacted the primary author and obtained permission for use (see Appendix B). I received written approval to use the tool and the author also provided a scoring matrix for the tool. The NWSQ, the scoring matrix, and the author's written permission are included in the appendices of this study.

Data Analysis Plan

To analyze study data, I used IBM SPSS 25.0 statistical analysis software for social sciences. I reviewed all individual participant responses to identify any missing data. Missing data or incomplete survey responses can distort study findings particularly when entered into statistical analysis software packages (Grove et al., 2013). While imputation techniques exist for missing data, the researcher must consider the impact to study findings if the amount of missing data is significant (Bannon, 2015). I used SurveyMonkey to administer my survey. The survey creation process allowed question logics to be manipulated. One advantage of question logic use is that survey takers can be

prevented from skipping questions or omitting an answer by providing a hard stop if data have not been entered. This can help reduce the risk of missing data or skipped questions. The questions in my survey were configured to ensure mandatory answering in order to proceed through the survey. Mandatory or forced answering of survey questions can increase dropout rate or response bias when a participant is required to answer questions on sensitive topics or is required to provide an answer that does not necessarily align with a personal opinion or viewpoint (Décieux, Mergener, Neufang, & Sischka, 2015; Tangmanee & Niruttinanon, 2019). Reducing response dropout or biased answering can be influenced by survey design considerations, survey length, and the use of closed rather than open-ended questions (Tangmanee & Niruttinanon, 2019; Vicente & Reis, 2010).

Research Questions

1. How frequently does the inpatient bedside nurse perform in the role of the nurse preceptor to newly licensed graduate nurses?
2. Is there a difference in job satisfaction between bedside nurses in the acute care hospital inpatient setting who perform in the role of preceptor more frequently and those who perform in the role less frequently?

    H_0 - There is no difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

    H_1 - There is a difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care inpatient hospital settings.

My first research question investigated the frequency the nurse served in the preceptor role. These data were collected as part of the sociodemographic data and analyzed using descriptive statistical analysis and calculating the mean as a measure of central tendency (Frankfort-Nachmias & Leon-Guerrero, 2015). The previous literature review did not identify any research on nurse preceptor role-frequency and so consequently no methods to evaluate frequency distribution were found. In order to evaluate role-frequency on the level of job satisfaction, role-frequency was collected as raw data, and was recoded from interval-level data to ordinal data and grouped based on the distribution of the responses. Once recoded, I conducted analysis of variance (ANOVA) testing among the groups to determine if there was a difference of means between the groups and job satisfaction. Hypothesis testing using ANOVA requires the researcher to address assumptions regarding the collected data. One assumption is that the data have a normal bell shape distribution that is symmetric around the mean (Frankfort-Nachmias & Leon-Guerrero, 2015).

Threats to Validity

Identifying threats to study validity and establishing the validity of any instrument used is important to ensure that study findings are deemed credible to add to existing knowledge or evidence (Grove et al., 2013). Instrument validity has already been discussed. Threats to study validity include internal and external validity. Internal validity examines the soundness of findings in which causality is established and allows for the possibility of extraneous variables influencing study results (Grove et al., 2013). My study examined a difference between variables, not a cause and effect relationship and so

threats to internal validity were not a consideration. External validity examines the ability to generalize study findings to other settings or populations (Houser, 2015).

Threats to External Validity

Consideration for the generalizability of my study findings was the population parameters that were defined, and the methods in which I recruited participants and distributed my questionnaire (Grove et al., 2013). My inclusion criteria of nurses who work in acute care hospital inpatient settings in Washington state and who serve in the role of preceptor to NLRNs may have resulted in findings that cannot be applied to outpatient, ambulatory, or specialty care areas such as long-term care settings. Similarly, restricting my participants to precepting of NLRNs excluded those nurses who support training of experienced nurses new to the job. Supporting nurses who have recently graduated from a nursing program can increase role strain and stress for nurse preceptors (Dodge et al., 2014; Valizadeh et al., 2016). Role strain and the stress of supervising experienced nurses may differ and could have resulted in different perceptions of job satisfaction.

Construct and Statistical Conclusion Validity

Construct validity measures the fit of the hypothetical assumptions and concepts of a study to the phenomenon of interest (Houser, 2015). In other words, are the variables being measured reflective of the lived experience of the concept, which in my study's case is job satisfaction? The authors of NWSQ tool I used in my study conducted exploratory factor analysis of the tool to establish the validity of the factors influencing job satisfaction in nursing (Fairbrother et al., 2010b). Items were grouped into internal,

external and relational domains that supported variability in job satisfaction. Exploratory factor analysis is a method of establishing construct validity in research (Grove et al., 2013; Houser, 2015).

Once collected data is analyzed, it is important for the researcher to avoid the temptation to assume causality based on the results of statistical analysis that demonstrates a difference in means between groups (Houser, 2015). Identifying threats to conclusion validity and robust statistical analysis that evaluated relationships between variables helped support valid conclusions and inferences I made from my study (Grove et al., 2013). Measures to reduce the threat to conclusion validity included ensuring sufficient sample and power size to determine mean difference between groups, identifying normal distribution of results, random sampling efforts, and using a reliable measure (Grove et al., 2013; Spurlock, Taylor, & Spurlock, 2018).

Ethical Procedures

Nurse researchers conducting studies pertaining to their profession must adhere to ethical considerations due to the involvement or treatment of human participants, particularly vulnerable populations such as patients (Grove et al., 2013). My study recruited individuals from the nursing profession, i.e. RNs, yet the commitment to confidentiality, and ethical practice considerations were no less stringent. I applied to Walden University's Institutional Review Board (IRB approval number 12-09-0078944) for a review and approval of my participant recruitment and data collection and use plan. The approval ensured I was compliant with ethical standards and regulatory requirements that allowed me to conduct my study (Walden University, 2019). My recruitment plan for

my study did not specifically focus on recruitment at health care facilities. Therefore, I did not need to obtain any specific institutional permission for access to patients or patient data.

Participant Protection

Participants were intentionally recruited from a state affiliate group membership list. I used the members' contact list consisting of email addresses to send an invitation to participate in my study. Interested participants were directed to the online survey platform SurveyMonkey to complete a questionnaire. No unique personal identification was collected by the survey. Information at the beginning of the survey provided details for informed consent to include the purpose of the study, the contribution of study findings to nursing research, the voluntary nature of participation and the right to halt participation in the questionnaire at any time. The burden of time to complete the questionnaire, which was approximately 10 minutes, was also shared.

Data Collection and Storage

The study questionnaire was hosted on my organizational SurveyMonkey account. Online access to the account is password protected and access is restricted to an administrative assistant for my department, myself, and my department supervisor. The questionnaire was hosted on the website for 10 weeks and 168 responses were collected of which 129 were complete and usable. Once the study was closed, the data were downloaded to an encrypted USB flash drive that was password protected and was in my custody the entire time of the study. The questionnaire and collected data were then deleted from the SurveyMonkey platform. The data were uploaded to a statistical analysis

software program on my home computer. I am the only person who uses the computer and computer access is password and fingerprint protected. The data have been stored on the USB flash drive in my home office for and will be stored for five years at which time the data will be destroyed.

Summary

In Chapter 3 I described the research design and the rationale for its use to address my research questions. The study used a cross-sectional, comparative, descriptive method to identify the relationships between the level of job satisfaction and the frequency of the role of nurse preceptor. The sample population was RNs working in acute care inpatient hospitals who performed in the role of preceptor to NLRNs, and I justified how my sampling procedure would provide a realistic representation of the population under study. The recruitment and data collection process was achieved by accessing the membership list of a state affiliate for nurse educators and utilizing online technology for recruitment and data collection. The NWSQ instrument was selected for use in the study due to its alignment of factors of job satisfaction to Herzberg's motivator-hygiene theory and that the NWSQ had been tested for validity and reliability. Ethical procedures to include IRB approval were applied to ensure participant protection. In Chapter 4, I present the survey results and analysis of the data collected.

Chapter 4: Results

Introduction

The purpose of this cross-sectional, comparative descriptive study was to examine the impact of frequency of serving in the preceptor role on a preceptor's overall job satisfaction. The other purpose was to establish the frequency of the nurse preceptor role in the acute care inpatient setting – specifically for NLRNs in their first RN position—which proved unavailable in the literature I searched.

The research questions I attempted to answer were:

1. How frequently does the inpatient bedside nurse perform in the role of the nurse preceptor to newly licensed graduate nurses over the course of one year?
2. Is there a difference in job satisfaction between bedside nurses in the acute care hospital inpatient setting who perform in the role of preceptor more frequently as compared to those who perform in the role less frequently?

   H_0 - There is no difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

   H_1 - There is a difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

Chapter 4 describes how the study participants were recruited, any variations from the original recruitment plan, and the results of the study. I also present the time frame for the data collection, response rates, and data analysis findings.

Pilot Study

The NWSQ was used in its original form with permission of the instrument's authors (Fairbrother et al., 2010b). I generated the demographic questions and the question on preceptor role-frequency. The survey was piloted with five work colleagues to ensure correct formatting of the questions and to evaluate whether the survey could be completed successfully online. After rephrasing a demographic question, the survey was considered usable.

Data Collection

After Walden IRB approval was obtained (IRB Approval No. 12-09-0078944), the invitation to participate flyer was sent via e-mail to 271 members of a state affiliate of a national nursing education organization, after access to the membership list was granted by the affiliate's Board of Directors. Four emails were returned as undeliverable, which resulted in a total of 267 successful deliveries (98%). Three participants indicated that they were not eligible to participate, but had responsibilities for teaching or supervising nurse preceptors, and they subsequently forwarded the flyer to eligible staff. Participation in the study was completed via SurveyMonkey, an online survey data management website. The invitations to participate were initially sent over a 3-day period beginning December 9, 2019 and a follow-up request sent 5 weeks later. The online survey was accessible for 10 weeks. One hundred and sixty-eight participants responded, yielding a 63% response rate. Participation was anonymous as no personally identifiable information was collected, and so it was not possible to calculate a response rate from the

initial direct invitation mailout. Participants who opened the survey were asked two inclusion questions to ensure they met the criteria for the study:

1. Are you a registered nurse with an active license in the United States?
2. Do you perform in the role of primary nurse preceptor to newly licensed registered nurses in an acute inpatient hospital setting?

A no answer to either question forced an exit from the survey. A yes answer to both questions allowed access to a detailed informed consent and the survey. Twenty-nine participants were excluded from the survey as they did not hold an active RN license or were not currently serving as a nurse preceptor to NLRNs. From the 139 remaining participants, ten completed only the demographic questions and then exited the survey. Previous calculations based on a power of .80 or 80%, a moderate effect size, and an alpha of 0.05 revealed that a minimum sample size of 128 was needed. A total of 129 nurses met inclusion eligibility and completed the survey.

Demographic Characteristics

Descriptive statistics were used to describe the sample. The results are presented in Table 1. Participants were recruited from a Washington state affiliate membership list. However, only 92% of the respondents stated their primary practice was in Washington. It is reasonable to assume that the participants practicing outside of Washington state received the invitation to participate in the survey from one of the original participant invitations.

Table 1

Frequencies and Percentages of Participants' Demographic Data

Primary practice state	*n*	%
Alaska	1	.8
California	2	1.6
Oklahoma	1	.8
Pennsylvania	2	1.6
South Carolina	1	0.8
Texas	3	2.3
Washington	119	92.2

Age	*n*	%
18 - 24	5	3.9
25 - 34	54	41.9
35 - 44	30	23.3
45 - 54	24	18.6
55 – 64	13	10.1
65-74	3	2.3

Gender	*n*	%
Female	110	85.3
Male	14	10.9
Not Stated/Other	5	3.9

Years of RN practice	*n*	%
1-5	53	41.4
6-10	27	20.9
11-15	15	11.6
16-20	13	10.1
21-25	6	4.7
26-30	4	3.1
31-35	4	3.1
36-40	3	2.3
41-45	4	3.1

Note. N = 129

The University of Washington Center for Health Workforce Studies analyzed RN data from Washington RN license files in 2018 (Stubbs & Skillman, 2018). The data revealed that the most frequent age group of RNs in Washington was 35-39 years. My study data showed that the majority (65.2%) of the participants were in the 25-34 and 35-44 years of age range group. Eighty-five percent *(n* = 110) reported being female and the average years of practice was 11 (SD = 10.6) with the majority of the nurses (41.4%) reporting having 1 to 5 years of experience. The University of Washington Center also reported that in 2018, 11.9% of the state's RNs were male compared to 10.9% of my study's participants (Stubbs & Skillman, 2018). The RN age and gender data from the University of Washington Center's study and my participant's data are comparable, indicating that my sample is a fair representation of Washington's RN population.

Descriptive Statistics Analysis

Data about preceptor role-frequency, number of years functioning as a preceptor, and preceptor job satisfaction obtained in the survey was coded and analyzed using the IBM SPSS 25.0 statistical analysis software. Scoring means, ranges, and standard deviation for the NWSQ subscales were calculated and are summarized in Table 2. Analysis also included testing for reliability of the three subscales of the NWSQ instrument which were extrinsic, intrinsic, and relational factors, as well as the combination of the subsections for overall job satisfaction. Moderate reliability was found for the intrinsic ($\alpha = .84$) and relational ($\alpha = .90$) factors and an acceptable reliability for extrinsic factors ($\alpha =. 61$). There was strong reliability for the entire NWSQ instrument ($\alpha = .86$) for total job satisfaction.

Table 2

NWSQ Subscale Scoring: Means and SD

	Intrinsic subscale	Extrinsic subscale	Relational subscale	Total job satisfaction
Mean score	10.3	10.59	6.62	27.54
SD	2.95	2.36	2.24	5.60
Minimum score possible	6	5	4	15
Maximum score possible	30	25	20	75

Note. $N = 129$. Minimum score possible equates to the most job satisfaction, and maximum score possible equates to the least job satisfaction.

Information regarding assumption of a preceptor role, length of time in the preceptor role, and participation in the preceptor training course prior to working as a preceptor was collected and analyzed. The findings are summarized in Table 3. Only a quarter (25.6%) of the survey respondents stated they volunteered for the role of preceptor. The respondents who selected *other* when asked how they had assumed the preceptor role indicated that they had been both asked to perform as preceptor and had also volunteered for the role. Nearly two thirds (63%) of the respondents had not participated in a preceptor training course prior to their first experience as a preceptor to a NLRN. The range of years that a nurse had performed in the role of the preceptor were from 1 to 32 years (*M* 7.64, *SD* 7.99). The frequency at which a RN served in the role of preceptor to NLRNs in the previous 12 months ranged from 1 – 20 times (*M* 4.28, *SD* 4.09).

Table 3

Preceptor Role Analysis

Preceptor role assumption	*N*	%
Volunteered for the role	33	25.6
Assigned to the role by leader	89	69.9
Other	7	5.4
Preceptor training course participation		
Yes	47	36.4
No	82	63.6

Note. $N = 129$

Research Questions

Research Question 1

1. How frequently does the inpatient bedside nurse perform in the role of the nurse preceptor to newly licensed graduate nurses over the course of one year?

The data on nurse preceptor role-frequency is summarized in Table 4. The literature review discussed in Chapter 2 did not reveal any previous studies quantifying role-frequency nor frequency distribution. Therefore, prior to analyzing the relationship of the frequency of the preceptor role to job satisfaction, further analysis of the number of NLRNs precepted was performed by recoding the data into five groups with equidistant division along a scale. The frequency grouping is shown in Table 5. Almost three quarters of the sample (72%) reported performing in the role of preceptor to 1-4 NLRNs in the last 12 months.

Table 4

NLRNs Assigned to Preceptor in the Last 12 Months

No. of NLRNs assigned	Frequency	%
1	23	17.8
2	26	20.2
3	24	18.6
4	21	16.3
5	7	5.4
6	6	4.7
7	3	2.3
8	6	4.7
9	1	.8
10	4	3.1
12	2	1.6
15	1	.8
20	5	3.9

Note. N = 129

Table 5

NLRNs Assigned to Preceptor in the Last 12 Months - Grouped

No. of NLRNs assigned	Frequency	%
1-4	94	72.9
5-8	22	17.1
9-12	7	5.4
13-16	1	.8
17-20	5	3.9

Note. N = 129

Research Question 2

2. Is there a difference in job satisfaction between bedside nurses in the acute care hospital inpatient setting who perform in the role of preceptor more frequently as compared to those who perform in the role less frequently?

H_0 - There is no difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

H_1 - There is a difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

To answer the second research question, I calculated total job satisfaction mean scores within the groups (Table 6) and then conducted an ANOVA analysis with total job satisfaction as the dependent variable and the preceptor role-frequency as the independent variable with the data recoded into the five groups as previously defined. The ANOVA results are summarized in Table 7. With equal variances assumed ($p > 0.05$), there was no statistical difference in job satisfaction between the five groups ($F = .402$, $p > 0.05$).

Table 6

Job Satisfaction Mean Scores by Role-frequency Groups

No. of NLRNs assigned	*N*	*M*	*SD*
1-4	94	27.35	6.06
5-8	22	27.81	5.20
9-12	7	28.14	5.61
13-16	1	28.00	9.7
17-20	5	28	9.77

Note. $N = 129$. Minimum score possible equates to the most job satisfaction, and maximum score possible equates to the least job satisfaction. Range 15-75.

Table 7

ANOVA Results: Preceptor Frequency Relationship to Job Satisfaction

	Sum of squares	df	Mean square	*F*	*p*
Total job satisfaction					
Between groups	38.471	4	9.618	.261	.902
Within groups	4565.545	124	36.819		
Total	4604.016	128			

Note p sig. <.05

Secondary Data Analysis Related to Theoretical Constructs

I conducted correlational testing with Pearson's coefficient to analyze the NWSQ instrument's internal consistency and relationship between total job satisfaction and the extrinsic, intrinsic, and relational subscales (Table 8). All three subscales showed a strong positive relationship with total job satisfaction, with the intrinsic subscale demonstrating the strongest positive relationship ($r = .85$, $p = .000$).

Table 8

Correlation Between Total Job Satisfaction and Subscales

	Total job satisfaction	Intrinsic satisfaction	Extrinsic satisfaction	Relational satisfaction
Total job satisfaction	1	.845*	.819*	.702*

Note. *Correlation is significant at 0.01 level (2-tailed).

I further analyzed the relationship by regrouping the instrument subscales to align with the constructs of my study's theoretical framework, Herzberg's motivator-hygiene theory. The intrinsic subscale aligned with Herzberg's motivator factors, and the combined extrinsic and relational subscales aligned with Herzberg's hygiene factors. The results are summarized in Table 9. Combining the extrinsic and relational subscales to

simulate Herzberg's hygiene factors revealed a stronger positive relationship to total job satisfaction (r = .91, p = .000) than motivator factors (r = .86, p = .000).

Table 9

Pearson's Correlation: Job Satisfaction, Hygiene, and Motivator Factors

	Total job satisfaction	Extrinsic + relational factors (*hygiene*)	intrinsic factors (*motivator*)
Total job satisfaction	1	.912*	.845*
Extrinsic + relational factors (*hygiene*)	.912*	1	.551*
Intrinsic factors (*motivator)*	.845*	.551*	1

Note. * Correlation is significant at the 0.01 level (2-tailed).

Qualitative Data

The NWSQ survey was used in its original format and included two open ended questions: Overall what is the best thing about your job, and overall what is the worst thing about your job? The narrative responses were not the focus of my original research questions. However, the responses may have generated additional study findings relevant to participants' job satisfactions. While I conducted a simple and exploratory analysis of the open-ended responses, the data requires a more robust analysis to determine the presence of underlying themes that affect job satisfaction in nurses serving in the preceptor role.

One hundred and one of the 129 participants answered the open-ended questions (78%). A word frequency count of the responses was conducted. When asked what is the best thing about the job, one of the most frequent responses was related to caring for patients with phrases such as *educating, providing comfort,* and *better outcomes for*

patients (*n* = 46, 45%). Being part of a team was mentioned as frequently, including *working within a team*, *working with colleagues, leaders*, and *other members of the healthcare team* (*n* = 45, 45%). When answering the question what is the worst thing about your job, an inability to provide patient care appeared to be a predominant concern, with the terms *understaffed, not enough staff, lack of resources, broken equipment,* and *not enough time* repeated frequently *(n* = 37, 37%). Seventeen responses also mentioned difficult, aggressive, or argumentative patients or family members. Thematic analysis of the qualitative data may provide more robust findings.

Summary

The purpose of this study was to examine the differences in preceptor role-frequency and job satisfaction in nurses who served in the role of the preceptor. I quantified the frequency of the preceptor role to NLRNs over the previous 12 months and found that almost 73% of the nurses reported performing in the role of preceptor for 1-4 NLRNs in the last 12 months. The remaining respondents reported serving as a preceptor for a range of 5-20 NLRNs. I then conducted an analysis to determine if there was a difference in job satisfaction between nurses who served as a preceptor more frequently compared to nurses who served as a preceptor less frequently with the groups as previously defined. There was no statistically significant difference between the five groups in levels of job satisfaction: $F(4, 124) = .261$, $p > .05$.

In Chapter 5, I provide an interpretation of the study's findings, including a discussion on any limitations, recommendations, or implications as well as the impact to social change for nursing leaders and the nursing profession.

Chapter 5: Discussions, Conclusions, and Recommendations

Introduction

The purpose of this cross-sectional, comparative descriptive study was to examine the impact of frequency of serving in the preceptor role on a preceptor's overall job satisfaction. The other purpose was to establish the frequency of the nurse preceptor role in the acute care inpatient setting—specifically to NLRNs in their first RN position—which proved unavailable in the literature I searched.

The research questions I attempted to answer were:

1. How frequently does the inpatient bedside nurse perform in the role of the nurse preceptor to newly licensed graduate nurses over the course of one year?
2. Is there a difference in job satisfaction between bedside nurses in the acute care hospital inpatient setting who perform in the role of preceptor more frequently as compared to those who perform in the role less frequently?

   H_0 - There is no difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

   H_1 - There is a difference to overall job satisfaction based on the frequency of the preceptor role in bedside nurses working in acute care hospital inpatient settings.

Almost 73% of the nurses reported performing in the role of preceptor for 1-4 NLRNs in the last 12 months. The remaining respondents reported a range of 5-20 NLRNs. With equal variances assumed, there was no statistical difference between the

five groups: $F(4, 124) = .261$, $p > .05$. As a result, I failed to accept the null hypothesis in my second research question. There was no difference in the level of job satisfaction between nurses in the acute care inpatient hospital setting who served as a preceptor to NLRNs 1-4 times over a 12-month period and those who served 4-8, 9-12, 13-17 or 17-20 times.

Interpretation of the Findings

Through the literature review, I identified a gap in knowledge in the frequency with which nurses serve as preceptors to NLRNs in inpatient acute care settings and any relationship to a preceptor's overall job satisfaction. For this study, I quantified nurse preceptor frequency and found that almost three quarters of the respondents were serving as preceptors to between 1-4 NLRNs over 12 months. However, the range reported was from 1-20 NLRNs, possibly indicating leaders' differing decision-making criteria during role assignment or varying nurse turnover levels leading to an increased hire of NLRNs and increased need for the preceptor role. Preceptor role-frequency is summarized in Table 4.

Job Satisfaction and Role-frequency

A social problem identified in the workplace led to the development of my research questions on the frequency of the preceptor role and its relationship on a preceptor's overall job satisfaction. The literature review in Chapter 2 revealed that the nurse preceptor role has been shown to increase a nurse's intrinsic motivation, job satisfaction, and an intent to remain in a job (Arian et al., 2018; Cloete & Jeggels, 2014; Lafrance, 2018). Statistical analysis of role-frequency and job satisfaction using the

NWSQ instrument did not find any difference in the level of job satisfaction, and the frequency of the nurse preceptor role: $F(4, 124) = .261$, $p > .05$. Interestingly, the frequency of the preceptor role did not influence intrinsic motivation scores between the five groups. This contradicts the assumptions the original social problem identified that drove the development of my hypotheses. Figure 2 shows a representation of my original assumption and the study's findings. Replication of this study is needed to support its findings.

The study findings may have implications for nurse leaders when addressing nurse job satisfaction and retention strategies. The frequency of the nurse preceptor role may not affect a nurse's overall job satisfaction and may not be a consideration when strategizing for nurse retention in an organization. Yet the literature shows that intrinsic motivation is a factor in nurses' job satisfaction (Lafrance, 2018; Natan, Qeadan, & Egbaria, 2014; Toode et al., 2015). If serving in the preceptor role provides or increases intrinsic motivation, one might posit that rather than role-frequency, there may be a difference in job satisfaction in nurses who serve in the role versus those who do not serve as a preceptor at all. Further studies are needed to test this theory.

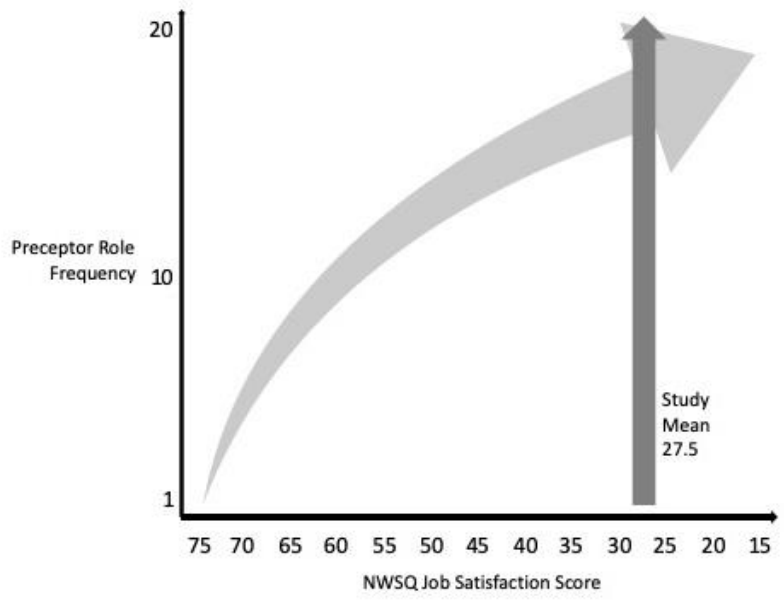

Figure 3. Assumption of job satisfaction related to role-frequency and study findings. Note. NWSQ scoring for increased job satisfaction is represented by a lower score and decreased job satisfaction a higher score. Best possible score for the most job satisfaction is 15, and least job satisfaction is 75 (J. Fairbrother, personal communication, October 1, 2019).

Nurse Preceptor Role-frequency

As noted in Chapter 2, there is a paucity of research quantifying the frequency a nurse serves in the nurse preceptor role. My study identified that 72.9% of responding nurses served as a preceptor to NLRNs 1-4 times over a 12-month period. The scope of the study was limited to the preceptor role for NLRNs. Yet, nurses also serve in the preceptor role to experienced nurses transitioning to a new setting within the organization, nurses new to an organization, and nursing students (Chicca & Bindon, 2019; Cloete & Jeggels, 2014; Natan et al., 2014; Omer et al., 2016). In reality the frequency of the role may be under-represented in this study. A broader definition of the

population a nurse preceptor serves should be considered to include populations other than NLRNs orienting under a preceptor.

Research shows the length of orientation and preceptorship, and residency programs for NLRNs vary in length (Cochran, 2017; Van Camp & Chappy, 2017). This may have contributed to the varying frequency of the preceptor role in the study. As residency programs may target hiring into various specialty service lines such as critical care, or perioperative settings, the residency program for these areas may be longer in length. The NCSBN's latest practice analysis in 2017 revealed that a NLRN participated in an orientation or preceptorship setting for 9-13 weeks (NCSBN, 2018b). If a nurse serves as a preceptor to three NLRNs over 12 months, that could equate to 39 weeks - just over nine months - of preceptor responsibilities, possibly in an assigned role with no prior training nor experience, and no financial compensation for the preceptor.

The NCSBN conducts a RN knowledge survey and practice analysis every three years to ensure the NCLEX reflects current practice in healthcare (NCSBN, 2018b). The role of the preceptor and its associated responsibilities has not been addressed in the practice analysis. The reason for this is likely because the surveys are only sent to RNs who attained their license the year prior to the survey. Nurses who serve as nurse preceptors have historically been experienced nurses, particularly those serving nursing students (L'Ecuyer et al., 2018; Valizadeh et al., 2016). However, demographic data analysis in this study revealed that 12% of the respondents had been practicing for two years or less, and had already served as a preceptor to between two and eight NLRNs.

There appears to be a need to study an RN's readiness and expectation of being seen as experienced enough to provide support as a nurse preceptor.

Nurse Preceptor Role Preparation

My study found that almost two thirds of the respondents had not participated in a preceptor preparation or training course prior to serving as a nurse preceptor to an NLRN for the first time (Table 3). As discussed previously, the nurse preceptor role is not identified in the NCSBN's practice analysis. A nurse expected to utilize new knowledge or be competent in a new skill requires preparation and training (NCSBN, 2018b). The preceptor role should not be an exception to training requirements. However, there are no commonly recognized standards on what a nurse needs to know to serve as a nurse preceptor, so available training or preparation courses tend to be variable in their content and learning outcomes (Windey et al., 2015). Nurses who are not trained prior to assuming the preceptor role feel unprepared, unsupported, and sometimes unsafe when trying to support new nurses (Dodge et al., 2014; Valizadeh et al., 2016). Given that approximately 63% of the nurses in this study were not prepared for the role before performing in it, further studies should explore the leaders' perceptions of the importance of role preparation.

Theoretical Framework

My study was framed by Herzberg's motivator-hygiene theory and adds support to its use to frame research into nursing job satisfaction and the motivator factors that support it. Herzberg posited that job satisfaction and job dissatisfaction are two separate concepts that are influenced by various motivator and hygiene factors, with motivator

factors aligning with intrinsic influences such as achievement, recognition, greater responsibility, and autonomy (Herzberg et al., 1959). The literature review in Chapter 2 revealed that Herzberg's theory has been the most commonly used theory to frame nursing research regarding job satisfaction and identify drivers of retention or intent to stay with an organization (Brayer & Marcinowicz, 2018; Curtis & Glacken, 2014; Hunt et al., 2012). Research has shown that a nurse's commitment to serving in the nurse preceptor role is driven primarily by intrinsic motivators such as recognition, achievement and responsibility (Cloete & Jeggels, 2014; Herzberg et al., 1959; Lafrance, 2018).

This study measured total job satisfaction and extrinsic, intrinsic, and relational subscale mean scores along an interval. A lower mean score indicted a higher level of job satisfaction. Conversely, the higher the score the lower the level of job satisfaction. Table 2 shows the means for total job satisfaction and its subscales with the highest and lowest possible scores that could be obtained in the NWSQ. The relational subscale mean (*M* 6.62, *SD* 2.24) is lower than the intrinsic (*M* 10.3, *SD* 2.95) or extrinsic (*M* 10.59, *SD* 2.36) subscale means indicating that relational factors in the NWSQ questionnaire showed a higher level of job satisfaction than the intrinsic or extrinsic factors. However, the number of questions in each NWSQ subscales vary, which may account for the findings. Herzberg posited that motivational factors such as growth, achievement, and responsibility contributed to job satisfaction and these factors align with the NWSQ questions measuring job meaning, opportunity to show worth, and work becoming more interesting. However, Herzberg's theory considers interpersonal relations part of hygiene

factors, while the NWSQ authors chose to define interpersonal relations as a separate subscale of overall satisfaction and named it *relational* (Fairbrother et al., 2010b; Herzberg et al., 1959).

A Pearson's correlation was conducted to measure the strength of the relationship between total job satisfaction and intrinsic/motivator factors and between total job satisfaction and the combined extrinsic and relational factors to align with Herzberg's hygiene factors. Combining the relational factors with the extrinsic factors to simulate Herzberg's hygiene factors revealed a stronger positive relationship to overall job satisfaction ($r = .91$, $p = .000$) than motivator factors ($r = .86$, $p = .000$) The findings are summarized in Table 9. Research has previously shown that intrinsic factors lead to a higher level of job satisfaction more so than extrinsic factors and so this unexpected finding may be a result of interpersonal relations playing a more important part in job satisfaction than previously identified (Brayer & Marcinowicz, 2018; Curtis & Glacken, 2014; Herzberg et al., 1959; Hunt et al., 2012). Further studies may be needed to evaluate the impact of interpersonal relationships in the workplace on job satisfaction in nurses.

Limitations of the Study

Limitations of the study included generalizability to other states and clinical settings. The study used a convenience sample of nurses who were members of a state affiliate nursing education organization. As discussed in Chapter 4, the demographics of the participants who completed the survey were comparable to the University of Washington Center for Health Workforce Study that analyzed RN data from Washington RN license files in 2018 (Stubbs & Skillman, 2018). A small number of participants were

from other states (*N = 10*) but due to the low numbers, cannot be considered to be representative of those state's nurse workforce demographics. The study is also limited by the clinical setting of the desired sample. The majority of NLRNs' first position following successful graduation from a nursing program is in a medical-surgical inpatient setting (Budden et al., 2016). I sought out nurse preceptors who worked in this clinical setting to increase the likelihood of responses to my survey. However, NLRNs are also employed in other areas of patient care for their first position to such as long-term care and ambulatory care areas, and so preceptor frequency or preceptor job satisfaction may differ in these areas. Additionally, nurse preceptors often support nurses who are not NLRNs, such as experienced nurses in a new specialty setting and nursing students. My survey did not address these nurses and so the findings of this study may not be applicable to preceptors serving in the role to those populations. Replication of this study in other states and clinical settings would be helpful to confirm generalizability of the findings.

Last, the study is limited by the statistical testing. An ANOVA assumes that the groups have similar standard deviations and the sample sizes of each group are roughly equal. The groups were constructed based on frequency of NLRN preceptor activity. The groups ranged in sample size from one to 94, which allowed for unequal sample sizes and greater variability between the groups. Thus, the results of this study may be interpreted with caution.

Social Change Implications

The study provides significant information that can drive change in the nursing profession at the individual, unit, and organizational levels. Quantifying the frequency of the nurse preceptor role provides nursing leaders the opportunity to critically evaluate the burden of the role on their staff and develop guidelines on role assignment frequency to ensure equity. Nursing leaders should also review role-frequency to determine if there are enough staff performing in the role, and consider the benefits of having more staff ready to serve as a nurse preceptor. Comparing role-frequency between like units or specialty service lines may result in further exploration into the reasons behind the higher frequency, e.g. nurse turnover which could motivate leaders to review turnover rates and costs to the organization.

Data on the lack of preceptor role preparation in pre-licensure nursing education programs and absence of training prior to assuming the role can guide leaders on professional development and preparation for nurses as they seek additional growth opportunities. The statistics on the lack of preparation prior to the assumption of the role of nurse preceptor should raise questions about the quality of NLRN integration if they are supported by staff unprepared to serve as a preceptor. The study has revealed that even RNs who have been practicing two years or less are performing in the role of a nurse preceptor to NLRNs. Policies or best practices should be developed to ensure prior role preparation and appropriate qualification to perform in the preceptor role. Research has shown there is great variation in nurse preceptor preparation and documented role competencies. Recognizing the challenge of standardizing roles and responsibilities in the

absence of a framework, a national organization representing nursing professional development staff has recently commissioned a study to analyze the knowledge, skills, and competencies of the nurse preceptor role. The purpose is to develop a common framework that can standardize preceptor role preparation and provide a scope and standard of practice for this specialty. (M. Harper, personal communication, February 26, 2020).

Conclusion

The role of the nurse preceptor is an important if not essential component in the successful integration of NLRNs to the nursing profession. While the nurse preceptor's impact on NLRNs' competence and confidence in practice and job satisfaction has been studied, there has been little research on the frequency of the nurse preceptor role, and the relationship to job satisfaction in nurses who serve in the role. This study has shown that the frequency of the nurse preceptor role appears to have no difference on the level of job satisfaction. However, the data also provides an insight into how frequently the nurse preceptor role is being performed than previously known, and that the nurses are often unprepared or untrained prior to performing in the role. The medical complexity of the current population in health care requires NLRNs to become rapidly competent in clinical judgement and critical thinking which requires training and support by experienced and prepared nurse preceptors. Nursing leaders must ensure that nurses have the training and resources to support those new to the profession, in order to be able to sustain the future nursing workforce.

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Appendix A: Online SurveyMonkey Questionnaire

The Frequency of The Nurse Preceptor Role and the Difference in Job Satisfaction of Nurses who Serve in the Role.

1. Are you a registered nurse with an active license?

   ___Yes
   ___No

2. Do you perform in the role of primary nurse preceptor to newly licensed registered nurses in an acute inpatient hospital setting? (Primary nurse preceptor is a nurse who is the primary resource for clinical practice support for a NLRN and who's duty schedule is mirrored by the NLRN).

   ___Yes
   ___No

3. Which state is your primary state of practice?

   (Select primary practice state from dropdown menu)

4. What is your age?

   ___18 – 24
   ___25 – 34
   ___35 – 44
   ___45 – 54
   ___55 – 64
   ___65 – 74
   ___75 or older

5. What is your gender?

   ___ Female
   ___ Male
   ___ Other
   ___ Prefer not to say

6. How many years have you practiced as a registered nurse?

   (Manually entered numerical value – Interval level data)

7. How many years have you performed in the role of nurse preceptor to NLRNs?
   (Manually entered numerical value – Interval level data)

8. How did you assume the role of a nurse preceptor to NLRNs?

   ___I volunteered for the role
   ___I was assigned to the role by my leader/manager/supervisor
   ___Other (please specify)

9. Did you attend and complete a preceptor training course before serving in the role of a preceptor for the first time?

   ___Yes
   ___No

10. In the last twelve months, how many times have you been assigned as the primary preceptor to a NLRN?

    (Enter the Numerical Value Here)

Nursing Workplace Satisfaction Questionnaire

How much you enjoy your job:

1. My job gives me a lot of satisfaction
___Strongly agree
___Agree
___Partially agree/disagree
___Disagree
___Strongly disagree

2. My job is very meaningful for me
___ Strongly agree
___Agree
___Partially agree/disagree
___Disagree
___Strongly disagree

3. I am enthusiastic about my present work
___ Strongly agree
___Agree
___Partially agree/disagree
___Disagree
___Strongly disagree

4. My work gives me an opportunity to show what I'm worth
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

5. In the last year, my work has grown more interesting
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

6. It's worthwhile to make an effort in my job
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

Doing your job:
7. I have enough time to deliver good care to patients
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

8. I have enough opportunity to discuss patient problems with colleagues
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

9. I have enough support from colleagues
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

10. I function well on a busy ward
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

11. I feel able to learn on the job
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

12. I do not feel isolated from my colleagues at work
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

13. I feel confident as a clinician
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

The people you work with:
14. It's possible for me to make friends among my colleagues
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

15. I like my colleagues
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

16. I feel that I belong to a team
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

17. I feel that my colleagues like me
__ Strongly agree
__Agree
__Partially agree/disagree
__Disagree
__Strongly disagree

Overall what is the best thing about your job?

Overall what is the worst thing about your job?

This completes the survey. Select the "submit survey" button at the bottom of the page to submit and exit the survey.

Thank you for your participation.

Name

Email Address

Wendy Fordham
Doctoral Student
Walden University

Appendix B: Permission to Use Study Instrument

RE: Permission to use NWSQ for Dissertation work

Greg Fairbrother (Sydney LHD) <Greg.Fairbrother@health.nsw.gov.au>

Sun 1/20/2019 4:06 PM

To:Wendy Fordham <wendy.fordham@waldenu.edu>;

1 attachments (271 KB)

Scoring the NWSQ.pdf;

Hi Wendy

Yes you have my permission. Good luck with your work. I'm attaching a scoring guide here which should help once you reach the analysis point. Please be in touch if you need to consult further.

Cheers Greg

Greg Fairbrother, PhD
Patient and Family-centred Care Research Consultant | Sydney Research |
Associate Professor, University of Sydney Nursing School & Southern Cross University School of Health and Human Sciences |
Level 11, KGV Bldg, Royal Prince Alfred Hospital, Camperdown, NSW, 2050, Australia | Ph + 61 415035759 |
greg.fairbrother@health.nsw.gov.au

From: Wendy Fordham [mailto:wendy.fordham@waldenu.edu]
Sent: Monday, 14 January 2019 5:17 PM
To: Greg Fairbrother (Sydney LHD)
Subject: Permission to use NWSQ for Dissertation work

Dr. Fairbrother

I am a doctoral student in the nursing Ph.D. program at Walden University Minneapolis, MN, USA. I am focusing my dissertation on the relationship between the role of nurse preceptor frequency and job satisfaction. I am reaching out to you to ask permission to use the Nursing Workplace Satisfaction Questionnaire (NWSQ) you developed and subsequently published with Ketty Rivas and Aaron Jones in Contemporary Nurse in 2010: *Development and validation of the Nursing Workplace Satisfaction Questionnaire (NWSQ).*

The NWSQ would be used without alteration or omission of any question. The only portion that would not be utilized would be the demographic portion that asks about the staff member role at the end, RN, RN1 etc. I will be using my own demographic questions to obtain data on the type of inpatient care nurses I intend to survey.

Please let me know if you have any questions.
I look forward to hearing from you.

Wendy Fordham MSN, RN-BC CCRN-K
Doctoral Student
Walden University