

## RESEARCH

# Nurse practitioners' job satisfaction and intent to leave current positions, the nursing profession, and the nurse practitioner role as a direct care provider

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### Keywords

Nurse practitioners; advanced practice nurses; satisfaction; work environments; retention; Misener NP Job Satisfaction Scale.

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### Abstract

**Purpose:** The purposes of this cross-sectional descriptive study were three-fold: to describe job satisfaction among a national nurse practitioner (NP) sample; to examine differences in NP job satisfaction based on their intent to leave current positions, the nursing profession, and the NP role as a direct care provider; and to describe the relationship between job satisfaction and anticipated turnover.

**Data sources:** Data were collected from 254 NPs who attended the 2008 American Academy of NPs (AANPs) 23rd National Conference. The Misener NP Job Satisfaction Scale (MNPJSS) was used to measure NP job satisfaction. The Anticipated Turnover Scale (ATS) was used to assess NP perception or opinion of the possibility of voluntarily terminating their present job. Intent to leave variables were measured with single-item questions.

**Conclusions:** The NPs sampled were satisfied with benefits, challenge, and autonomy. They were minimally satisfied with professional growth, intrapractice partnership, and collegiality. Twenty-seven percent of NPs indicated intent to leave current positions; a small percentage (5.5%) indicated intent to leave the nursing profession and the NP role as a direct care provider (5.5%). There were significant differences in job satisfaction based on intent to leave current positions, and higher job satisfaction scores were significantly related to intent not to leave current positions. There was a significant negative relationship between job satisfaction and anticipated turnover. This study contributes to the current literature that has minimally addressed NP job satisfaction and has not addressed NPs' intent to leave current positions, the nursing profession, or the NP role as a direct care provider. This is the first national NP study of job satisfaction, intent to leave, and anticipated turnover.

**Implications for practice:** This study will help bridge the gap in literature relating to NP job satisfaction, their intent to leave, and anticipated turnover. The results of this study could potentially assist employers in developing strategies for recruitment and long-term retention. These results may also give insight into how NPs can make their work environments more fulfilling. Additionally, these results may contribute to continued role adaptation necessary for the constantly changing work environments in which NPs currently practice.

Over the past 40 years, nurse practitioners (NPs) have become some of the most valuable players on the healthcare team (Laurant, Hermens, Braspenning, Sibbald, & Grol, 2004). They have demonstrated the ability to deliver

high-quality cost-effective health care with concomitant high patient satisfaction (Shum et al., 2000; Wortans, Happell, & Johnstone, 2006). The benefit of employing NPs in primary care and acute care settings has been

well documented (Shebesta et al., 2006). NPs have comparable clinical outcomes to their medical counterparts, and most patients treated by NPs reported equal or superior satisfaction with their healthcare provider (Christmas et al., 2005; Roblin, Becker, Adams, Howard, & Roberts, 2004; Schweer, Cook, & Fanta, 2004). Yet, there is a paucity of research focused on NP job satisfaction, anticipated turnover, and NPs' intent to leave current positions, the nursing profession, or the NP role as a direct care provider.

The current healthcare environment holds continuing challenges for NPs. Although they are no longer initiating a role, they face the challenges of expanding practice arenas and maintaining quality of care despite cost containment (Draye & Brown, 2000). It is important to understand NPs' job satisfaction, their intent to leave their job or profession, and anticipated turnover in order to further develop and expand the role. Highly trained and specialized healthcare professionals are difficult and expensive to replace in any healthcare setting (Borkowski, Amann, Song, & Weiss, 2007). NP turnover has been found to be costly and to disrupt continuity of patient care (Gauci-Borda & Norman, 1997). Recognizing that personnel turnover is expensive both monetarily and in terms of patient satisfaction, nurse leaders have focused on retaining nursing personnel as a way to contain costs (Bland-Jones, 2008).

## Review of literature

A review of the literature revealed the most significant predictor of NP job satisfaction across studies was autonomy (Beal, Steven, & Quinn, 1997; Byers, Mays, & Mark, 1999; Chung-Park, 1998; Freeborn Hooker, & Pope, 2002; Kacel, Miller, & Norris, 2005; Miller, Apold, Baas, Berner, & Levine-Brill, 2005; Schiestel, 2007; Tri, 1991). The most significant predictors of NP job dissatisfaction across studies were salary, monetary bonuses, reward distribution, and compensation for activities beyond duties (Chung-Park, 1998; Freeborn et al., 2002; Kacel et al., 2005; Koelbel, Fuller, & Misener, 1991; Miller et al., 2005; Schiestel, 2007; Tri, 1991). These studies determined that NPs were satisfied with their work environments, and some researchers correlated job satisfaction with intent to leave.

Bryant-Lukosius and colleagues (2007) reported that 67% of advanced practice nurses (APNs) were satisfied with their roles and did not have plans to seek new employment. Karlin, Schneider, and Pepper (2002) investigated factors that led to satisfaction and retention among geriatric NPs (GNPs) in long-term care (LTC). According to these researchers, satisfying factors related to GNP retention in LTC included their primary care responsibility

and appreciation from patients and families. The greatest deterrent for attracting GNPs to LTC was lack of staff (Karlin et al., 2002).

Kleinpell-Nowell (1999) attributed reasons for leaving the acute care NP (ACNP) position and reasons for not actively working as an ACNP to dissatisfying factors. According to Kleinpell-Nowell, reasons for not actively working as an ACNP included unattractiveness of the ACNP position, inability to pass the certification examination, actively employed as full-time faculty, barriers to licensing, seeking and formulating an ideal job, competitiveness for ACNP positions, relocation issues, and working in another advanced practice role. Reasons determined for leaving an ACNP position were lack of local job opportunities, inability to find satisfying positions, undesirable work hours, restrictive roles, more enticing job offers (salary and benefits), unappealing rotating shifts, termination or layoffs from current positions, and not being effectively utilized as an ACNP (Kleinpell-Nowell, 1999).

Among neonatal NPs, Phillips and Beal (2001) found a demand for that particular role had created opportunities for career mobility, but the intense work environment and care of critically ill neonates often led to job dissatisfaction. Smith and Hall (2003) found the retention rate for adult NPs (ANPs) over a 5- to 10-year period was noted to be 70%–80%. Reasons cited for leaving current positions encompassed child care issues and shifts that interfered with both short- and long-term family life.

Shader, Broome, Broome, West, and Nash (2001) examined the relationships between work satisfaction, work schedule, cohesion, stress, and anticipated turnover of registered nurses (RNs) working in an academic medical center. The researchers reported high anticipated turnover was associated with higher levels of job stress, less group cohesion, and less work satisfaction. Low anticipated turnover was attributed to more work satisfaction, and greater group cohesion. Lu, Lin, Wu, Hsieh, and Chang (2002) examined the relationships between job satisfaction, turnover intentions, and professional commitment of RNs. A significant negative correlation was demonstrated between professional commitment and turnover intentions and between job satisfaction and turnover intentions.

In summary, much of the literature related to NPs has focused on what they have provided for the healthcare profession, their patients, and physicians, but neglects to address how satisfied they are with their roles. It has also not been determined whether NPs' level of satisfaction is related to their intent to leave their current positions, the nursing profession, or the NP role as a direct care provider. There also currently remains a dearth of literature and research exploring NP job satisfaction and their anticipated turnover.

## Methods

### Setting

The data collection occurred at the 2008 American Academy of NPs (AANPs) 23rd National Conference. The conference was attended by greater than 35,000 NPs from around the country. Institutional Review Board approval was obtained from Case Western Reserve University and approval to recruit subjects at the AANP conference was obtained from the Director of Research and Education at AANP. Data were collected from subjects who approached the recruitment table during the first day of the conference.

### Sample

Subjects included in the sample were (a) NPs licensed to practice in an advanced practice role, (b) NPs employed in the role for at least 6 months who actively treated patients, and (c) NPs working with a patient population on any time schedule (full-time, part-time, per diem, or hourly). Subjects excluded from the sample were NPs who were not currently employed as an NP, and NPs with less than 6 months of NP work experience.

### Definition of key variables

**Job satisfaction.** Misener and Cox (2001) defined job satisfaction as a concept that incorporated the employee's personal beliefs, surroundings, individual characteristics, and expectations with the understanding that satisfiers and dissatisfiers are unique to the individual. Job satisfaction has also been described as the extent to which employees like their work (Price, 2001). Most studies of job satisfaction among NPs have been conducted in primary care settings (Brown & Olshansky, 1998; Byers et al., 1999; Freeborn et al., 2002; Keith, Coburn, & Mahoney, 1998; Tri, 1991).

**Intent to leave.** Intent to leave in this study was the anticipation of leaving one's current position, the nursing profession, or the NP role as a direct care provider in the near future (Larrabee, Janney, & Ostrow, 2003). Johnson (1995) described intent to leave as a retention principle that explained the extent to which professionals would like to leave, even if they stay in their positions. Price (2001) described intent to leave as the extent to which employees planned to continue membership with their employers.

**Anticipated turnover.** Anticipated turnover has been used interchangeably with intent to leave. Anticipated turnover has been defined as NPs' perception or opinion of the possibility of voluntarily terminating their current position (Hinshaw, Smeltzer, & Atwood, 1987).

### Instruments

The instruments used in this study were the background data questionnaire, the Misener NP Job Satisfaction Scale (MNPJSS), and the Anticipated Turnover Scale (ATS). The background data questionnaire was used to collect personal, educational, professional, work related characteristics, practice questions, and intent to leave current positions, the nursing profession, and the NP role as a direct care provider.

The MNPJSS tool developed by Misener and Cox (2001) was used to measure NP job satisfaction. It is the only published instrument specifically designed to measure NP job satisfaction. The MNPJSS is a 44-item self-administered questionnaire in a Likert-type format with six possible responses which range from 1 (*very dissatisfied*) to 6 (*very satisfied*). Total score ranges from 44 to a possible maximum score of 264, with higher scores indicating greater satisfaction. A total score was obtained by summing the scores for each of the 44 items. There are six subscales in the MNPJSS: (a) intrapractice partnership, (b) professional social and community interaction, (c) challenge/autonomy, (d) professional growth, (e) time, and (f) benefits.

Reliability of the MNPJSS, determined by Cronbach alpha, has been reported as 0.96 for the entire 44-item scale and 0.79–0.94 for the six subscales (Misener & Cox, 2001). Cronbach alpha of 0.96 for the 44-item scale and Cronbach alpha coefficients for all six subscales ranged from 0.75 to 0.94 and demonstrated good internal reliability for this present study.

The ATS developed by Hinshaw and Atwood (1982) assessed the employees' perception or opinion of the possibility of voluntarily terminating their present job. The ATS instrument consisted of 12 self-reported Likert format items with seven response options ranging from *agree strongly* to *disagree strongly*. Questions related to the participants' anticipated length of time to leaving and certainty of leaving the job. Items were either positive or negative and scored accordingly on a seven-point scale. The reliability of the 12-item ATS in this study was assessed by calculating Cronbach alpha coefficients (0.68) for the full instrument. The Cronbach alpha reported by Hinshaw and Atwood was 0.84. The difference in Cronbach alpha scores may be explained by the use of a very large sample size ( $n = 1525$ ) of nursing staff when the developers validated the ATS tool, as opposed to the sample size ( $n = 254$ ) used in this study.

Intent to leave questions were included in the NP background data questionnaire. These six questions addressed intent to leave current positions, the nursing profession, and the NP role as a direct care provider. If subjects answered "yes" to any of these questions, they were then asked when they intended to leave. Responses included

(a) "in the next one to eleven months," (b) "in the next year," (c) "after one year but within two years," or (d) "in three to five years." The subjects were then prompted to provide reason(s) why they intended to leave current positions, the nursing profession, or the NP role as a direct care provider.

## Results

### Sample characteristics

The 254 subject sample was predominantly female and Caucasian. The mean age of the sample was 47.2, which reflected the sample ( $n = 16,062$ ,  $M = 47.4$ ) from the AANP database in 2004 (Goolsby, 2005). NPs in the sample were overwhelmingly prepared with a master's of science in nursing (MSN) degree. Subjects sampled had an average of 20 years of RN experience, and 8 years of NP experience, which were similar to Goolsby's results (8.6 years of NP experience). They spent an average of 6 years working within their current organization. The results are presented in Table 1.

**Table 1** Background characteristics of the participants ( $n = 254$ )

Characteristics	N (%)	Range	Mean $\pm$ SD
Gender			
Female	248 (97.6)		
Male	6 (2.4)		
Age (years)		24–72	47.4 $\pm$ 9.1
Race/ethnicity <sup>a</sup>			
Caucasian, non-Hispanic	203 (79.9)		
African American/non-Hispanic	20 (7.9)		
Asian/Pacific Islander	10 (3.9)		
Native American/Alaskan	2 (0.8)		
Hispanic/Latino	10 (3.9)		
Other	7 (2.5)		
Highest level of education			
MSN	189 (74.4)		
Post master's certificate	40 (15.7)		
PhD	9 (3.5)		
DNP/DNSc	6 (2.4)		
EdD	5 (2.0)		
Other	5 (2.0)		
Enrolled in doctoral program			
No	234 (92.1)		
Yes	20 (7.9)		
Type of doctoral program			
DNP	12 (63.2)		
PhD	6 (31.6)		
Other	1 (5.3)		
Nursing experience (in years)			
As registered nurse		0–48	20.3 $\pm$ 10.3
As nurse practitioner		1–35	8.1 $\pm$ 7.0
At current practice setting		0–35	6.3 $\pm$ 6.9

<sup>a</sup>Missing data.

**Table 2** National certification, employment status, and annual salary ( $n = 254$ )

Characteristic	N (%)	Characteristic	n (%)
National certification		Employment status <sup>b</sup>	
Yes	243 (95.9)	Full-time	218 (85.8)
No	11 (4.3)	Part-time	31 (12.2)
		Per Diem	8 (3.3)
Type of certification <sup>a</sup>		Hourly	5 (2.0)
FNP	95 (39.1)	Annual salary (\$) <sup>c</sup>	
ANCC	80 (32.9)	40,000–50,000	13 (5.1)
AANP	67 (27.6)	50,001–60,000	9 (3.5)
ANP	23 (9.5)	60,001–70,000	28 (11.0)
WHNP	14 (5.8)	70,001–80,000	47 (8.5)
ACNP	13 (5.3)	80,001–90,000	64 (25.2)
GNP	7 (2.9)	90,001–100,000	44 (17.3)
PNP	4 (1.6)	>100,000	44 (17.3)
AACN	3 (1.2)		
Psych NP	1 (0.4)		
Other	1 (0.4)		

<sup>a</sup>Eighteen missing data (7.1%); some listed more than one type of certification.

<sup>b</sup>More than one category under employment status was listed.

<sup>c</sup>Five missing data (2.1%).

The majority of NPs surveyed reported they were nationally certified as family NPs (FNPs), which also mirrors the results of the 2001–2002 AANP National NP Practice Site Survey (Goolsby, 2003). The most common practice settings were hospitals and medical centers. Overall, NPs were employed full-time and earned on average \$80,001–\$90,000 a year. The results are presented in Table 2.

The majority of NPs (67.7%) reported they had full schedule (II-V) prescriptive authority, held a state controlled substance certificate (58.7%), and had a Federal Drug Enforcement Administration (DEA) license (72.8%). According to the 2004 National NP Sample Survey, 64% of respondents were authorized to write prescriptions for controlled substances and 61% of respondents had their own DEA registration number (Goolsby, 2005). Overwhelming the majority of the sample (98.4%) reported they had actively prescribed to patients, and they spent approximately 85% of their time in direct patient care activities. The majority of NPs stated they did not have admitting privileges (70.5%), and the lack thereof was not important to their practice (70.4%).

### Research results

The MNPJSS total scores ranged from 94 to 264. The mean total score on the MNPJSS for all participants was 197.2 (SD  $\pm$  36.5). Mean subscale scores revealed NPs were most satisfied with intrapractice partnership and

**Table 3** Participants' scores on the ATS and MNPJSS in relation to intent to leave current position ( $n = 254$ )

Scores	Total Frequency mean $\pm$ SD	Intent to leave current positions		<i>p</i> -value
		Yes Frequency mean $\pm$ SD	No Frequency mean $\pm$ SD	
Total ATS score	254 5.1 $\pm$ 1.1	69 4.0 $\pm$ 1.2	185 5.5 $\pm$ 0.7	<.01
Total MNPJSS score	254 197.2 $\pm$ 36.5	69 178.3 $\pm$ 40.7	185 203.8 $\pm$ 32.5	<.01
MNPJSS subscale scores				
Intrapractice partnership/collegiality	254 59.1 $\pm$ 14.7	69 50.5 $\pm$ 15.9	185 62.0 $\pm$ 13.0	<.01
Challenge/autonomy	254 49.1 $\pm$ 8.2	69 46.0 $\pm$ 10.4	185 50.0 $\pm$ 7.0	<.01
Professional/social/community	254 36.3 $\pm$ 6.8	69 33.2 $\pm$ 7.4	185 37.4 $\pm$ 6.3	<.01
Professional growth	254 20.5 $\pm$ 5.8	69 18.5 $\pm$ 6.7	185 21.3 $\pm$ 5.3	.002
Time	254 18.1 $\pm$ 4.2	69 16.7 $\pm$ 4.9	185 18.6 $\pm$ 3.8	.004
Benefits	254 14.7 $\pm$ 3.7	69 13.5 $\pm$ 4.0	185 14.4 $\pm$ 3.5	NS

collegiality. Challenge and autonomy was ranked second, professional, social, and community interaction was third, professional growth was fourth, and time was fifth. NPs were the least satisfied with benefits. The results are presented in Table 3.

The difference in NP job satisfaction based on intent to leave current positions was determined by *t*-test. There was a higher mean total score on the MNPJSS for NPs without intent to leave current positions, and a lower mean total score for those with intent to leave current positions. There was a significant difference between the groups ( $p < .001$ ). NPs without intent to leave their current positions had higher job satisfaction scores. The results are presented in Table 3.

There were a small number of participants ( $n = 14$ ) who indicated intent to leave either the nursing profession or their role as a direct care provider. Given the small number of subjects in these groups, no further analyses were undertaken.

The relationship between NP job satisfaction and anticipated turnover was determined. The mean score for anticipated turnover as determined by the ATS for the total sample was 5.1 (SD  $\pm$  1.1). Intent to leave current positions had a lower ATS score that indicated higher anticipated turnover. The results are presented in Table 3. Correlation coefficient for the relationship between the MNPJSS total scores and the ATS total scores was  $-0.51$  ( $p < .001$ ).

Additional analyses of the total sample ( $n = 254$ ) revealed that the majority of NPs did not intend to leave their current positions. A small sample of participants did intend to leave, and they planned to leave within 3–5 years. The most common reasons stated for intent to leave current positions were little control over practice, and limited opportunities for internal career advancement. The results are presented in Tables 4 and 5.

The overwhelming majority of participants did not intend to leave the nursing profession or the NP role as a direct care provider. The small number of participants

who intended to leave the nursing profession and the NP role planned to leave within 3–5 years. The most common reason for leaving the nursing profession and the NP role was to retire. Other reasons cited for leaving the nursing profession that were found to be equivalent were problems balancing family and career responsibilities, little control over practice, job dissatisfaction, and stress and burnout. Additional reasons that held equal standing were job dissatisfaction, stress and burnout, and personal goals inconsistent with professional goals. The results are presented in Tables 4 and 5.

## Discussion and conclusions

The participants in this study were minimally satisfied to satisfied in their jobs. These results were comparable to those reported in the literature for oncology APNs in Ontario (Bryant-Lukosius et al., 2007), NPs in a

**Table 4** Time periods given by respondents who intend to leave current position, nursing profession, or role as direct care provider ( $n = 254$ )

Time period for leaving	<i>N</i>	%
Total leaving current position	69	27.2
Of those leaving, the intent was to leave		
In the next 1–11 months	19	27.5
In the next year	15	21.7
After 1 year but within 2 years	14	20.3
In 3–5 years	21	30.4
Total leaving nursing profession	14	5.5
Of those leaving, the intent was to leave		
In the next 1–11 months	1	7.1
In the next year	3	21.4
After 1 year but within 2 years	1	7.1
In 3–5 years	9	64.3
Total leaving NP role as direct care provider	14	5.5
Of those leaving, the intent was to leave		
In the next 1–11 months	1	7.1
In the next year	2	14.3
After 1 year but within 2 years	1	7.1
In 3–5 years	10	7.4

**Table 5** Reasons given by respondents for leaving current position, nursing profession, or NP role in direct care ( $n = 97$ )

Reasons for leaving <sup>a</sup>	<i>n</i>	%
Current position	69	100.0
Lack of satisfying colleague relationships	13	18.8
Problems balancing family and career responsibilities	10	14.5
Work facility does not provide adequate services to enable clinicians to provide exemplary clinical care to patients	8	11.6
Little control over practice	14	20.3
Limited opportunities for internal career advancement	14	20.3
Not perceived as a valuable member of the workforce	15	21.7
Declining level of commitment to the work environment	1	1.4
Organizational goals are inconsistent with employee's goals and values	12	17.4
Discrepancy between expected and actual work schedule	8	11.6
Inflexible schedules	6	8.7
Retirement	8	11.6
Pay/benefits issues	7	10.1
Family issues/relocation	7	10.1
Change in specialty/education	5	7.2
Other	5	7.2
Nursing profession	14	100.0
Lack of satisfying colleague relationships	1	7.1
Problems balancing family and career responsibilities	2	14.3
Little control over practice	2	14.3
Job dissatisfaction	2	14.3
Stress and burnout	2	14.3
Not perceived as a valuable member of the workforce	1	7.1
Personal goals are inconsistent with professional goals	1	7.1
Retirement	6	42.9
Continuing education	2	14.3
NP role as a direct care provider	14	100.0
Lack of satisfying colleague relationships	1	7.1
Problems balancing family and career responsibilities	1	7.1
Little control over practice	2	14.3
Lack of autonomy	1	7.1
Not perceived as a valuable member of the workforce	2	14.3
Lack of NP–MD collaboration	1	7.1
Personal goals are inconsistent with professional goals	3	21.4
Job dissatisfaction	3	21.4
Stress and burnout	3	21.4
Continuing education	1	7.1
Health reasons	1	7.1
Inflexible schedules	2	14.3
Retirement	4	28.6

<sup>a</sup>Respondents could give more than one reason.

Midwestern state (Kacel et al.), and NPs in the state of Arizona (Schiestel, 2007). Sample demographics were similar across these studies with most respondents being middle-aged females who were master's prepared.

This study revealed that NPs were most satisfied with intrapractice partnership and collegiality and least satisfied with benefits, which is congruent with the results of previous studies (Chung-Park, 1998; Freeborn et al.,

2002; Kacel et al., 2005; Koelbel et al., 1991; Miller et al., 2005; Schiestel, 2007; Tri, 1991). NPs ranked challenge and autonomy second, professional, social and community interaction third, professional growth fourth, and time fifth.

There was a lower mean total job satisfaction score and lower mean total subscale scores for those intending to leave their current position. These results were consistent with previous studies in which NPs satisfied with their current positions did not plan on leaving or seeking new employment (Bryant-Lukosius et al., 2007; Kleinpell-Nowell, 1999).

NPs with intent to leave their current positions stated they would be leaving within the next 3–5 years. The most common reasons cited were little control over practice and limited opportunities for internal career advancement. Bryant-Lukosius and colleagues (2007) also recognized personal growth and career advancement as reasons for leaving current positions. Restrictive roles and little control over practice were also cited in the literature (Kleinpell-Nowell, 1999). The above studies reviewed did not indicate a time frame for leaving current positions.

The mean total job satisfaction score for those intending to leave the nursing profession and those not intending to leave the nursing profession were almost equivalent. The subscales also showed similarities for those intending to leave the nursing profession and those who did not; however, as a result of the small sample size ( $n = 14$ ) further analyses were not done. The literature reviewed did not reveal whether NPs intended to leave the nursing profession, but there were studies in the RN population. One study attributed demographic characteristics of the RN sample to have relevance as to whether they left the RN profession (Borkowski et al., 2007). A study conducted by Ingersoll, Olsan, Drew-Cates, DeVinney, and Davies (2002) revealed even the most satisfied and committed RNs reported their intent to leave the nursing profession within the next 5 years.

The mean total job satisfaction score for those intending to leave the NP role as a direct care provider, and those not intending to leave the NP role as a direct care provider were almost equivalent. There were no studies in the literature examining this relationship; therefore, no parallels can be drawn. Overwhelmingly 94.5% did not intend to leave the NP role as a direct care provider. The most common reason for leaving the NP role as a direct care provider was retirement. Other additional reasons were job dissatisfaction, stress, and burnout, and personal goals are inconsistent with professional goals.

A review of job satisfaction literature suggested that NPs were satisfied in their work environments, but the literature failed to explore their anticipated turnover and intent to leave their current positions, the nursing

profession, or the NP role as a direct care provider. The ATS has been predominantly used to assess RN anticipated turnover. The mean score on the ATS instrument for the total sample was 5.1 on a seven-point scale that would correlate with low anticipated turnover. Of note, the lowest mean scores on the ATS correlated with those who intended to leave their current positions (ATS score 4.0). NPs who intended to leave the nursing profession and the NP role as a direct care provider had equivalent mean scores of 4.6. Scoring of the ATS tool was not intuitive: higher scores on the tool indicated lower anticipated turnover, whereas lower scores on the ATS indicated higher anticipated turnover.

### Limitations

The sample of NPs who participated in this study may not accurately reflect a national NP population. However, an educated, highly motivated, and professional group of NPs attend NP conferences. Goolsby (2005) conducted a survey of 16,543 NPs from the AANP National NP database and found comparable demographics. This sample may have actually been more satisfied and therefore less intent to leave current positions, the nursing profession, or the NP role as a direct care provider, and with less anticipated turnover than other randomly sampled NP groups from across the country.

It is difficult to compare gender perspectives as a result of the small number of men ( $n = 6$ ) represented in the NP sample. Males are historically underrepresented in the nursing literature. According to Goolsby (2005), females represented 95% of the National NP Sample Survey obtained from the 2004 AANP database. Overall, the group consisted of middle-aged female NPs with extensive nursing experience participated in this study.

### Nursing implications

Healthcare projections suggest there will be an increased demand for NP services (Bauer, 2010; Hooker, 2006). It is important to understand NPs' job satisfaction, their intent to leave, and their anticipated turnover so that these valuable professionals can continue to care for the nation's infirmed. The Canadian Nurse Practitioner Initiative (2003) encouraged creating an enlightening and challenging work environment to contribute to NP retention, and to promote recruitment of future nurses into the role. A nurse's job satisfaction is viewed as integral to nurse retention (Kangas, Kee, & McKee-Waddle, 1999); therefore, nursing leaders must promote NP satisfaction within their work environments to prevent them from leaving their current positions, the nursing profession, or the NP role as a direct care provider.

NPs have come a long way in the past 40 years and have already made an indelible mark on the healthcare system. They have positioned themselves into the main stream of the healthcare system faster than most other healthcare professionals (Towers, 2005). Healthcare observers believe that NPs are the highly qualified clinicians capable of solving the healthcare crisis in this country (Towers, 2005).

Job satisfaction for healthcare professionals comes from autonomy, effective communication, and the attainment of an identified standard of patient care (Goodroe, 1992). Through increased autonomy, staff are empowered to control the outcomes of their clinical practice (Erenstein & McCaffrey, 2007). Having control over clinical practice increases autonomy and therefore leads to greater retention in the work setting (Erenstein & McCaffrey). According to Tri (1999), NPs often enter the field because they desire autonomy, which has been associated with their job satisfaction.

According to the Canadian Nurse Practitioner Initiative (2003), autonomy, support, clarity, collaboration, and practicing at full scope are all necessary for workplace satisfaction. Koelbel and colleagues (1991) noted job satisfaction influenced employee retention, worker productivity, and performance quality. Syptak, Marsland, and Ulmer (1999) found satisfied employees tended to be more productive, creative, and committed to their employers. Recent studies have shown a direct correlation between staff satisfaction and patient satisfaction (Misener, Haddock, Gleaton, & Abu Ajamieh, 1996).

There are multiple job and personal life factors that impact job satisfaction (Kangas et al., 1997). It is important to identify which factors influence job satisfaction, so nursing leadership can hire and retain qualified staff and maximize the quality and continuity of care. It is of paramount importance to understand that aspects of the NP role reflect satisfaction so that these valuable professionals can continue to care for patients.

### Recommendations for future research

It would be of interest to survey NPs with little or no RN experience to determine whether this may affect their job satisfaction and intent to leave current positions, the nursing profession, or the NP role as a direct care provider. It may also be of interest to examine NPs in specific subspecialty areas and to assess their job satisfaction, intent to leave, and anticipated turnover.

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