Nurse Practitioners' Role Satisfaction

by

Lee Anne Harper-Femson

A thesis submitted in conformity with the requirements for the degree of Doctor of Education, Department of Adult Education, Community Development & Counselling Psychology, Ontario Institute for Studies in Education of the University of Toronto

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Abstract

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A thesis submitted in conformity with the requirements for the degree of Doctor of Education, Graduation Year 1998, by Lee Anne Harper-Femson
Department of Adult Education, Community Development & Counselling Psychology
Ontario Institute for Studies in Education of the University of Toronto

The purpose of this descriptive, qualitative survey research was to investigate the perceptions of nurse practitioners (NPs) in relation to role satisfaction and the supports they perceive as required for future role development. Face-to-face, semi-structured interviews were conducted with ten subjects drawn from the mailing list of the Nurse Practitioners’ Association of Ontario (NPAO).

The works of Herzberg, Mausner and Snyderman (1959) and Herzberg (1966) were employed as the theoretical framework for this study. The current findings support, in general, their findings although some contrasts were noted.

Factors which the NPs find as currently satisfying with the NP role are: challenge of the role; autonomy/independence/flexibility of the role; client satisfaction/patient acceptance; variety of clientele and clinical situations; collaborative practice/collaborative relationship with physicians; physician respect for and acceptance of the NP role; being a NP is their number one career choice; advanced scope of practice/advanced knowledge and decision-making; working within a team/multidisciplinary team environment; community support during emergencies in isolated
geographical areas; supportive management and nursing staff; holistic approach to client care; being mentored by a NP; minimal shift work and working with ethnically diverse populations.

Factors which the NPs identified as currently dissatisfying with the NP role are: lack of employment opportunities/job security; lack of legislation to support the NP role; lack of physician understanding of and support of the NP role; lack of public understanding of the role; lack of titling/consistency in titling/titling protection; role dissention between NPs and other nurses; isolation/burnout/personal adjustments/lack of support related to employment in remote communities; salary; lack of collegial relationship with physicians; physician availability influencing NP utilization; lack of time to complete special work-related projects and the physical setting of the work environment.

Areas which the NPs perceive as requirements to support future role development are: public, physician, other health care professionals and nursing education around the NP role; legislation to support the NP role; employment opportunities; reciprocity of the NP role across Canada; need for a funding/billing mechanism to support NPs; need for standardization around titling and entry to practice/protection of the NP title; NPs need continuing education support, pension plans and benefit plans; review proposed legislation in the future for different NP roles and future scope of practice of NPs; need for visitation rights to see clients in hospitals/access to client records and the need for malpractice insurance. Additional findings not related to the research questions were also found.
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Thank you to my husband Michael, wonderful daughter Kirsten and to my whole family who consistently supported me. A great deal of credit goes to my parents for their prayers and encouragement. Although, during the completion of this project my Dad went home to Heaven, I am still sustained by the prayers he offered on my behalf and the enduring confidence he had in me. Thank you to my sister Karen who helped in numerous ways and to my mother-in-law.

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# Table of Contents

Title Page .................................................. i
Abstract ................................................... ii
Acknowledgements ......................................... iv
Table of Contents .......................................... v
List of Tables .............................................. viii

## Chapter One - Introduction

Background of the Problem ............................................. 1
The Nurse Practitioner - Roles and Responsibilities within the Health Care System ........................................ 7
The Historical Context ................................................. 9
Support for the NP Role ........................................... 14
Purpose of the Study .................................................. 16
Rationale for the Use of Job Research Data .......................... 18
Study Population ....................................................... 21
Rationale for the Study ............................................... 22
Theoretical Framework .............................................. 25
Rationale for the Use of Herzberg’s Model ........................... 28
Research Questions ................................................. 29
Assumptions about the Outcome of Data ............................ 29
Definition of Terms ................................................... 30
Limitations of the Study ............................................. 33
Thesis Overview ..................................................... 34

## Chapter Two - Literature Review

Introduction ....................................................... 36
Job Dissatisfaction - The Impact ................................... 37
What Makes Workers Satisfied? ..................................... 40
Nurse Practitioners’ Job Satisfaction ................................ 44
Nurse Practitioner Effectiveness .................................... 56
Physician and Patient Response to the Role ......................... 60
Barriers and Influences on Nurse Practitioner Utilization ............ 63
Conclusions ......................................................... 66

## Chapter Three - Methodology

Introduction ....................................................... 69
Research Questions ................................................. 69
Research Design .................................................... 70
Theoretical Framework .............................................. 71
Ethical Review Process: Protection of Human Subjects ............... 72
Demographic Profile ............................................... 73
Selection of Subjects .............................................. 74
Sampling Procedure .............................................. 75
Assumptions About the Interview Process ........................... 77
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanism of Data Collection</td>
<td>78</td>
</tr>
<tr>
<td>Evaluation of the Instrument</td>
<td>80</td>
</tr>
<tr>
<td>Pilot Study</td>
<td>80</td>
</tr>
<tr>
<td>The Interview Setting</td>
<td>82</td>
</tr>
<tr>
<td>Confidentiality of Data</td>
<td>83</td>
</tr>
<tr>
<td>Transcription and Coding Process</td>
<td>84</td>
</tr>
<tr>
<td>Reliability of Data</td>
<td>85</td>
</tr>
<tr>
<td>Summary</td>
<td>86</td>
</tr>
<tr>
<td>Chapter Four - Analysis and Discussion</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>87</td>
</tr>
<tr>
<td>Section One</td>
<td></td>
</tr>
<tr>
<td>The Participants</td>
<td>87</td>
</tr>
<tr>
<td>Demographic Data</td>
<td></td>
</tr>
<tr>
<td>Study Sample Characteristics</td>
<td>88</td>
</tr>
<tr>
<td>Areas of Employment</td>
<td>88</td>
</tr>
<tr>
<td>Areas of Specialization</td>
<td>88</td>
</tr>
<tr>
<td>Educational Status of Participants in Sample</td>
<td>89</td>
</tr>
<tr>
<td>Location Where Nursing Education Was Completed</td>
<td>89</td>
</tr>
<tr>
<td>Salary Distribution</td>
<td>90</td>
</tr>
<tr>
<td>Years in Practice as a Nurse Practitioner</td>
<td>91</td>
</tr>
<tr>
<td>Years in Membership with the NPAO</td>
<td>92</td>
</tr>
<tr>
<td>Age Distribution of Participants</td>
<td>93</td>
</tr>
<tr>
<td>Section Two</td>
<td></td>
</tr>
<tr>
<td>Presentation of Results</td>
<td>94</td>
</tr>
<tr>
<td>Factors Influencing Satisfaction with the Nurse</td>
<td>95</td>
</tr>
<tr>
<td>Practitioner Role</td>
<td></td>
</tr>
<tr>
<td>Factors Influencing Dissatisfaction with the Nurse</td>
<td>104</td>
</tr>
<tr>
<td>Practitioner Role</td>
<td></td>
</tr>
<tr>
<td>Requirements to Support Nurse Practitioner Role</td>
<td>110</td>
</tr>
<tr>
<td>Development</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioners’ Perception of the Nurse</td>
<td>116</td>
</tr>
<tr>
<td>Practitioner Role</td>
<td></td>
</tr>
<tr>
<td>Chapter Five - Analysis of Findings</td>
<td></td>
</tr>
<tr>
<td>Analysis of Findings in Relation to Herzberg’s Studies</td>
<td>120</td>
</tr>
<tr>
<td>Analysis of Current Findings in Relation to Previous Research</td>
<td>129</td>
</tr>
<tr>
<td>Further Findings</td>
<td>132</td>
</tr>
<tr>
<td>Requirements to Support Nurse Practitioner Role</td>
<td>132</td>
</tr>
<tr>
<td>Development</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioners’ Perception of the Nurse</td>
<td>137</td>
</tr>
<tr>
<td>Practitioner Role</td>
<td></td>
</tr>
</tbody>
</table>
List of Tables

Table 1  Years in Practice as a Nurse Practitioner  . . .  91
Table 2  Years in Membership with the Nurse Practitioners' Association of Ontario  . . . . . . . . . . . . .  92
Table 3  Age Distribution of Participants  . . . . . . .  93
Chapter One
Introduction

Background of the Problem

Job satisfaction of employees is a popular study interest in our society. In 1976, Locke noted from his review of the literature that over 3,300 articles on this subject had been published (p.1,342). More recently, Vecchio (1991) affirms that more than three thousand job satisfaction studies have been done (p.121). The nursing literature also reflects the keen interest of researchers towards this topic, as an abundance of studies have been conducted surrounding job satisfaction of registered nurses.

This study will focus on the role satisfaction of nurse practitioners. When one compares the descriptive terms "job satisfaction" with "role satisfaction", initially these terms may seem interchangeable, yet with further examination it becomes apparent that although there is overlap between the two concepts there are definite distinctions. Job satisfaction generally relates to satisfaction with a current or perhaps former position, whereas, in this study role satisfaction refers to satisfaction with one’s professional role or scope of practice. This line of inquiry is broader in its attempt to gain information that is reflective of NPs perception of satisfaction with the NP role rather than to...
focus on the practitioners' satisfaction with their present or former jobs.

Earlier researchers, Brayfield and Rothe (1951), developed An Index of Job Satisfaction. In reference to this the authors proposed that "[i]t should give an index to "over-all" job satisfaction rather than to specific aspects of the job situation" (p. 307) and they intended that "[i]t should be applicable to a wide variety of jobs" (p. 307). Although this tool may be of use in a variety of job settings and be related to overall job satisfaction, its design centred around a person's job rather than to ask questions in relation to one's role.

In 1987, in the nursing literature Blegen and Mueller presented a longitudinal analysis of staff nurses' job satisfaction. They defined and measured job satisfaction as "...overall job satisfaction, not as satisfaction with facets of the job" (p. 227); however, again the focus was related to overall job. This intent was dissimilar than it is to examine one's role or scope of practice which is much broader and not specific to an employment site.

This study is designed to examine the satisfaction of nurse practitioners in relation to their role or scope of practice. Although the NP role has been in Canada for over
twenty-five years, of recent, there has been new interest in
the role (Mitchell, Pinelli, Patterson and Southwell, 1993, p.1). Since the NP role is a developing and evolving role, the comparison of job satisfaction studies to the current study will provide some background information as well as a role satisfaction study may reveal similarities, contrasts and new insights not found through earlier job satisfaction studies.

It is also important to examine the job satisfaction literature for its contribution to the current study, because the emphasis on job satisfaction has generally been the direction of previous studies and therefore this focus represents what is available for comparison.

The inquiry into job or role satisfaction is an important area of study for many reasons. Dissatisfaction with one’s job has been discussed in association with client outcomes (Weisman and Nathanson, 1985); employee turnover (Brief, 1976; Porter and Steers, 1973; Seybolt, Pavett & Walker, 1978; Seybolt and Walker, 1980; Wolf, 1981); absenteeism (Herzberg, Mausner & Snyderman, 1959); illness (Seybolt and Walker, 1980); quality of care (Wolf, 1981); and morale issues (Klinefelter, 1993; Seybolt and Walker, 1980; Wolf, 1981). It is also noted in the literature that there are accompanying costs associated with turnover and/or absenteeism (Akyeampong,
Seybolt and Walker (1980) contend that, "[i]t is a well-documented fact that dissatisfied employees are more often absent, that they are less committed to their work organizations, that they often are more prone to mental and physical illnesses, and that they turnover more prematurely than satisfied employees" (p. 77). Wolf (1981) states "[h]igh turnover also affects staff morale and group productivity, resulting in decreased performance" (p. 233).

Herzberg, Mausner and Snyderman (1959) posed the question, "[w]hy study job attitudes?" (p. ix). Supporting their rationale for research they asserted the following:

To industry, the payoff for a study of job attitudes would be in increased productivity, decreased turnover, decreased absenteeism, and smoother working relations. To the community, it might mean a decreased bill for psychological casualties and an increase in the over-all productive capacity of our industrial plant and in the proper utilization of human resources. To the individual, an understanding of the forces that lead to improved morale would bring greater happiness and greater self-realization" (Herzberg et al. (1959), p. ix).

These words, written almost forty years ago, still provide valuable insight into the need to study job satisfaction in the health care and other environments of today.
Confronted with an economic crisis, health care in Ontario is changing. Ontario's health care system is undergoing radical reform to ensure the most financially prudent and efficient use of health care dollars. At present, a large portion of our health care dollar is consumed through labour cost. Manga and Campbell (1994) contend that "[a]bout three-quarters of health care expenditure is made up in wages, salaries and fees" (Manga & Campbell, 1994, p.2). Hence, it is evident that the best and most cost-effective use of health care personnel is essential (Manga & Campbell, 1994, pp. v,2).

In their paper Utilization of Nurse Practitioners in Ontario, Mitchell, Pinelli, Patterson and Southwell (1993) note that "...there has been renewed interest in the role of the nurse practitioner (NP)" in Ontario as an outcome of health care reform, financial strain and insufficient numbers of health care practitioners in the north (p.1). A recent document also reflects the current attention the NP role has attracted.

As part of health care reform, the Ministry of Health has searched for ways to provide more comprehensive and cost-effective primary health care. In assessing the health care system, it became clear that Ontario has not made the best possible use of registered nurses (RNs) or encouraged the development of new nursing knowledge. (Ministry of Health (1994), Nurse Practitioners in Ontario: A Plan for Their Education and Employment (p.1)

The NP role has been revisited in the past few years to
deal with some of the economic and other concerns in health care in Ontario. It has also been looked at again because it has been recognized by the government that nurses skills have not been utilized to full capacity. Hence, the current attention to the NP role. This role is an advanced nursing role and has grown out of the registered nurses role. If we are interested in expanding the role of nurses, and for that reason supporting the role of the NP, it seems an obvious and very necessary next step to be interested in their role satisfaction in order that pertinent information is acquired and the most efficient and effective utilization of the role is achieved.

Given the magnitude of this and other changes taking place in the health care environment of Ontario and the potential impact of these changes on people, it is relevant, timely and perceptive to inquire how this affects the workers of Ontario. Are the nurse practitioners satisfied with their roles? What is it that supports and promotes their satisfaction? What impacts on and influences their dissatisfaction? Are there issues we need to be apprised of, given the current working climate, in order that the best working environment for professionals is sought and realized?
The Nurse Practitioner - Role and Responsibilities within the Health Care System

It is important to understand the purpose of the nurse practitioner within the health care system. The nurse practitioner role is an advanced nursing role which has developed as an extension of the registered nurses role. The following excerpt, quoted from Nurse Practitioners in Ontario: A Plan for Their Education and Employment (Ministry of Health, December, 1994) clearly outlines their nursing function:

Nurse practitioners are registered nurses who have additional nursing education. This education prepares them to provide the public with services in all five components of comprehensive health services (health promotion, prevention of diseases and injuries, cure, rehabilitation, and support services) and at all levels of the health care system. NPs provide these services within the role of nursing and the scope of practice of the nurse as described in the Nursing Act, 1991. The NPs being prepared in this project are generalists in nursing practice. Their services differ from but complement those provided by the family physician and other primary health care professionals. (p.1)[original emphasis]

Research specific to this population is warranted for several reasons: a) the NP role differs sufficiently from the registered nurses’ role as to limit the generalizability to NPs of findings surrounding registered nurses satisfaction (Koelbel, Fuller & Misener, 1991); b) previous research conducted on NP job satisfaction is limited in its generalizability to the current population of study because it was either carried out several years ago or it is not based on
Canadian data (Koelbel et al., 1991; Linn, 1975; Linn, 1976; Tri, 1991; c) previous research surrounding the satisfaction of nurse practitioners was related more to job satisfaction (Koelbel et al., 1991; Tri, 1991) rather than role satisfaction, hence, placing emphasis on the satisfaction of nurse practitioners with issues in their place of employment rather than being related to their overall role and d) the nurse practitioner role is being given new consideration by the Ontario government (Mitchell et al., 1993, p.1) and, therefore, it is timely to understand more about the perspectives of those representing a developing and evolving profession.

Crosby, Ventura and Feldman (1987) recommended several areas for further research surrounding the NP role. They perceive that there is a need to discover the "...current conditions that either enhance or impede the NP in his or her provision of health care" (p.79,[original emphasis]). Two of the areas that the authors deemed as requiring further research were addressed in their questions "What barriers can be identified that limit utilization of the nurse practitioner?" (p.79) and "What are the conditions that enhance NP practice?"(p.79). A role satisfaction study provides a forum to address these identified research needs.

From the beginning stages of this thesis it was my
intention to design this qualitative research study to augment current knowledge regarding nurse practitioners. One way of understanding nurse practitioners more fully is to comprehend their perspectives about role satisfaction.

As a researcher my interest in this topic emanates from my background in nursing. It is also based on my belief that it is of vital importance to understand what promotes the role satisfaction of individuals, since this information can be supportive in not only enhancing the personal fulfilment of an individual in a role but it can be beneficial information to assist educators, curriculum planners, professional organizations and government officials in effective role development, as roles continue to evolve.

**The Historical Context**

Nurse practitioners have been functioning in their role in Canada for more than 25 years (Mitchell, Pinelli, Patterson, & Southwell, 1993, p.vi). In both Canada and the United States, one reason for the emergence of the nurse practitioner movement was due to the real or perceived shortage of physicians (Haines, 1993, p.6; Hallman & Westlund, 1983, p.45; Manga & Campbell, 1994, p.8; Mitchell et al., 1993, p. vi, p.4). Mitchell et al. (1993) noted that heightened interest in the NP role during the 1970s surrounded
the physician shortage in the area of primary health care, particularly in northern communities, but not excluding urban areas (p.4). They indicate that the perception of the NP was "...a cost-effective alternative who could be prepared to function in an expanded role with minimal post-basic preparation" (Mitchell at al., 1993, p.4). The authors note that in 1972, six Canadian universities provided short-term opportunities in NP education for nurses who were to provide services to northern communities. A second program began at McMaster University in 1976 to prepare NPs to service urban areas. These programs all closed by 1983 due to a shortage of career opportunities for NPs and a surplus of physicians located in urban areas. The need for legislative policies surrounding NP remuneration, a primary health care physician surplus, insufficient awareness of consumers of the NP role, and deficient consumer demand for the NP role were factors which contributed to declining viability of the NP role as well (p.4). Mitchell et al. (1993) noted that the implementation of NP skills, such as physical assessment, health teaching and health promotion, into the baccalaureate programs for regular nurses led to the identity of the NP role being lost. This was because the baccalaureate programs required the skills to be at a level that was commensurate with general nursing qualifications, rather than at the NP level (Mitchell et al., 1993, p.4).
Haines (1993) in discussing the background of the Canadian nurse practitioner movement noted the following:

Indeed the movement seems to have emerged from a number of related issues that were prominent in the late 1960s: the changing role of the nurse, a perceived physician shortage, the effects of a trend toward specialization by physicians, and debate over a new category of worker introduced to the United States to relieve doctors of much of their routine work: the physician's assistant (p.6).

Referring to the initiation of NPs in the United States in the 1960s as a substitution for a perceived shortage of physicians, Manga and Campbell (1994) suggested that it is important to recognize that within the health care field, human resource substitution and planning are influenced by the supply and demand for physicians (p.8). In light of the current economic realities that are changing health care in Ontario, it is important to determine whether the supply and demand of physicians is affecting the integration and development of the role of the nurse practitioner.

The Ontario Ministry of Health commissioned a study in 1994, entitled Assessment of the Need for Nurse Practitioners in Ontario. This study was conducted at McMaster University, School of Nursing by Mitchell, Patterson, Pinelli and Baumann (1995). The intent of the study was "...to determine the current and future need for nurse practitioners (NPs) in primary health care delivery settings in Ontario; to define the role of the NP; to determine the current and future supply
of NPs; and to provide an initial assessment of the need for NP services among individuals and families with limited access to health care in Ontario" (Mitchell et al., 1995, p.xi).

From the results of their study Mitchell et al. (1995) presented thirteen conclusions (pp.131-133). Those which are most pertinent to the current study are summarized as follows: Primary health care agencies who responded to the study identified the impediments to NPs' activities that the agencies considered suitable to the NP role. These restraints arose from "...lack of inclusion of NPs in the current practice pattern, lack of availability of NPs, lack of legislation, lack of funds, lack of a formal education for NPs, and MD resistance"(p.131). The authors stated that the restraining influences to NP role implementation and expansion were "...unavailability of qualified NPs, lack of legislation to enable NPs to perform clinical activities traditionally within medicine, reimbursement of NPs, and unavailability of continuing education programs for NPs"(p.131). The authors found that there were 2,413 nurses in Ontario who indicated their interest in practising as a NP. With this group as an available resource the authors concluded that "...it should be possible to meet current and future needs"(Mitchell et al, 1995, p.133) as it was estimated by the authors that 1,394 NPs were required by the primary health care agencies who were surveyed.
In a discussion paper entitled *Utilization of NPs in Ontario*, which was also requested by the Ministry of Health, Mitchell, Pinelli, Patterson and Southwell (1993) presented sixteen specific recommendations surrounding the NP role (pp.83-85). Among other things, they recommended greater utilization of NPs in Ontario within the primary health care context and further use of NPs in other health care contexts. The secondary and tertiary clinical settings recommended for further utilization of the role were long term care, pediatric care, cardiology, oncology, geriatrics and mental health (p.83). The authors noted that there would be a need to develop standards of practice for these areas. Mitchell et al. (1993) addressed the need for a reimbursement mechanism which is not an economic burden but is fair compensation and acknowledges the expansion of nursing in the areas of practice, as well as research and teaching. The authors supported that, "NPs should be viewed as equal partners within the healthcare system" (Mitchell et al, 1993, p.84). They also noted that to achieve full use of the NP role that the NP practice "... should integrate the skills and knowledge from nursing and medicine within a broad framework of advanced nursing practice" (Mitchell et al, 1993, p.84). Mitchell et al. (1993) recommended that education and certification should be at a recognized level which would assure NP title protection and competency of NPs (p.84). The authors recommended that in the short run, the minimum entry to
practice be the baccalaureate level unless in specific areas a masters is deemed necessary, and that graduate preparation be the long term goal for all areas of practice (p.84). They supported the need for public education around "...the appropriate use of services and providers, including the NP" (p.85). Mitchell et al. (1993) also warned that further use of the NP role should not be influenced by finances and physician surplus as was the case in the 1980s (p.85).

**Support for the NP Role**

Manga (1992) addressed the issue of the current financial crisis in health care in *The Economic Crisis and Nursing*. Manga discusses the financial limits imposed by provincial governments which have led to closures of hospital beds as well as organizational restructuring and cancellation or postponement of programs, renovations and equipment purchases (p.17).

Manga (1992) continues the argument of cost-cutting measures that may be instituted by hospital administration, by examining the matter of manpower substitution. Recognizing that within nursing different categories of staff may be used as a means to alleviate the financial burden within hospitals, Manga explains that "[c]ost-effective manpower substitution is not merely a matter of employing the lowest paid health
personnel, though hospitals are likely to succumb to such "logic". Productivity, competence, quality of care, knowledge and minimizing risks to patients are important considerations in staffing policies and decisions" (Manga, 1992, p.18).

Referring to the past failure of the nurse practitioner movement to reach its potential, Manga asserts the following:

It is regrettable that nurses did not support and fight for the nurse practitioner concept. Nurses constitute the largest component of health care providers and collectively the greatest group of taxpayers. In the future such strength in numbers should be translated into a potent force for reform. The demise of the nurse practitioner movement served the interests of doctors wonderfully. They got to protect their turf even as they and others encroached on the nurses' turf. It is important to understand that battles over professional turf will shape to a considerable extent the nature and design of the new health care system. Suffice it to say there is great scope for nurses to assume greater responsibilities in delivering services and caring for patients, especially in non-institutional settings. (Manga, 1992, p.19)

Unquestionably promoting the further use of nurses as a potentially effective solution in support of health care reform, Manga states "[n]ursing constitutes a solution to many of our health care delivery problems, including the public's concern about quality of care" (Manga. 1992, p.19).

Spitzer, Sackett, Sibley, Roberts, Gent, Kergin, Hackett and Olynich (1974) concluded from their randomized controlled trial done in Burlington, Ontario, that nurse practitioners
are a safe and effective alternative to the family physician in first-contact primary care and that they provide a clinical role that patients are satisfied with (p.255).

The Canadian NP movement has been affected by many factors. Not only has the supply and demand of physicians influenced the movement, but determining the minimum level of education for an NP and their scope of practice in this extended role have been issues. In light of this it is timely to inquire about the current role of NPs and their satisfaction with that role. What are the current practice issues that NPs face? What are the supports needed to assist the NPs as they seek to extend their role and assume broader responsibility within the current health care system? It is these issues that will be investigated through this research.

**Purpose of the Study**

This study is designed to examine the role satisfaction of NPs currently practising as NPs in Ontario. Specifically, the intent of the study surrounded providing NPs with a forum to discuss what satisfies and dissatisfies them about their NP role and to ascertain what they perceive as the supports required for future role development.

It is important to reiterate that the intent of this
study was to ask participants about their role satisfaction rather than their job satisfaction. The rationale for this design is to highlight issues related to role or scope of practice rather than issues related to a specific job as a focus on job may influence participants to discuss satisfaction with their current place of employment instead of addressing their satisfaction with their role.

It is of value to pursue role satisfaction as the current course of inquiry because there is a need to understand more about NPs' perceptions of role satisfaction, particularly, in light of the current directions in Ontario indicating fresh attention on the NP role. This study is intended to gain information about how satisfied NPs are with their nurse practitioner role rather than to inquire about their satisfaction with a current job. Many studies about job satisfaction of nurses have been conducted with the intent to improve the working environment after ascertaining the needs of the staff. Hence, the design of the studies are often employer surveys conducted to assess organizational effectiveness etc. This study, however, is not an employer survey, but a survey to collect information on how NPs perceive their current role, what the critical factors and/or practice issues are that they are faced with and what they recommend for future role development. Although the NP role is not new in Canada, as the history of the NP movement dates
back over twenty-five years (Mitchell et al., 1993, p.vi.), it is a developing and emerging role in nursing and therefore a role that warrants the attention of researchers.

The NP role is an advanced role that is emerging and developing out of the traditional nursing role. Hence, it is timely to discover the perspectives of the NPs at this time.

**Rationale for the Use of Job Research Data**

The rationale for utilizing job research data to guide this study stems from the applicability of these job satisfaction findings to role satisfaction. Often studies whose direction was to assess job satisfaction have gained information that relates to one's role and is therefore not necessarily specific to a place of employment. Two studies on NP job satisfaction which are relatively recent reflect this.

Koelbel et al. (1991) found that NPs reported satisfaction when they were able to help people, use their expertise, were steadily employed, had variety in their work and were able to work without jeopardizing their moral values (p.50). Each of these components that the nurses found satisfying about their job could be applicable to role and therefore may be paralleled to findings surrounding role satisfaction.
In contrast, only some areas in their job dissatisfaction findings can be compared and contrasted with a role satisfaction study. For instance, Koelbel et al. (1991) found that "...compensation, advancement, company policies and practices, recognition and supervision/human relations" (p.50) were the dissatisfying areas of the NPs' jobs, as well as lack of praise, ways the company policies were instituted, lack of chances for advancement in their job and the ability of the administrator to manage staff (p.50). With the exception of "recognition", "lack of praise" and "lack of chances for advancement", these perceptions relate more directly to a job setting rather than to role. Therefore, it is of value, to contrast the role satisfaction findings of this study to determine if dissatisfying factors that emerge are more specifically related to role.

In The Relationship Between Primary Health Care Practitioners' Job Satisfaction and Characteristics of Their Practice Settings, Tri (1991) examines the job satisfaction of three hundred and seventy-three NPs. In this study Tri discovers ten factors that contribute to their satisfaction. These factors are autonomy of the NP role, portion of time in patient care, sense of accomplishment, challenge of learning and growing, amount of self-determination offered, number and kinds of patients, quality of care within the setting, relationship with peers, flexibility of the NP role and
ability to express creativity (Table 5, p.50). Each of these satisfying factors with the exception of "quality of care within the setting" could apply to a variety of job settings or to the NP role in general and therefore serve as useful comparisons for the current study.

It is interesting that again in contrast only a portion of the factors the NPs identified as contributing to job dissatisfaction appear to be applicable to a role satisfaction study. The ten factors Tri identified as contributing to job dissatisfaction were salary, compatibility of goals with organization, environmental support for innovation, time spent in administrative duties, relationship to whom you report, time spent in educational activities, development of one's own clinical skills, number and kinds of patients, support for outside activity and relationship with physicians (Table 6, p.50). Those which seem to have applicability to a role study are salary, time spent in administrative duties, time spent in educational activities, development of one's own clinical skills, number and kinds of patients and relationship with physicians.

After examination of the studies of Koelbel et al. (1991) and Tri (1991) it is apparent that the findings of these studies are valuable to the current study, although some of the findings may be distinct because of the emphasis on job
rather than role satisfaction. Findings which are not as clear in both of these studies are the areas that nurses may be satisfied and dissatisfied with in relation to their role which may not surface if the participant is asked to respond about their satisfaction with a current or former job. Therefore, a role satisfaction study may provide new insights not found through earlier job satisfaction studies.

This study had two main aims:

1. To investigate the perception of NPs in relation to their role satisfaction.
2. To present recommendations, based on the study findings, in relation to what changes can be set in motion to improve role satisfaction of NPs and to support future role development.

**Study Population**

The population examined in this study were members of the Nurse Practitioners' Association of Ontario. Criteria for selection of participants are discussed in the methodology chapter.

Results of this study are compared with those of Herzberg, Mausner and Snyderman (1959), Herzberg (1966), the
findings of other authors who utilized Herzberg's theory and with other studies of job satisfaction whose results have applicability to this current research.

**Rationale for the Study**

Job satisfaction as it relates to the nursing profession has been a subject that has been of enduring interest over the years. Numerous studies have been carried out and articles have been published pertaining to job satisfaction, with emphasis on the staff nurse and/or the hospital setting. Examples of this emphasis is noted in the following list:

Studies have also been conducted in relation to job satisfaction and the administrative or head nurse role (Lufkin, Herrick, Newman, Hass, & Berninger, 1992; McManus, 1989; Miller & Carey, 1993; Stengrevics, Kirby & Ollis, 1991; Tumulty, 1992; White & Maguire, 1973). Speciality areas which have also received the attention of researchers are those such as psychogeriatric nursing (Gilloran, McKinley, McGlew, McKee & Robertson, 1994); operating room nursing (Howery, 1990); community health nurses (MacRobert, Schmele & Henson, 1993; Traynor & Wade, 1993); and school nurses (Parsons & Felton, 1992).

Although the aforementioned lists of research related to job satisfaction are not exhaustive, a picture is presented of the amount of attention that has been placed in various areas of nursing. The most pertinent of these studies will be discussed in the literature review.

However, in spite of the time and attention that has been invested in conducting studies relevant to the nursing profession, there is a noticeable gap in the literature relating specifically to nurse practitioners. Koelbel, Fullner and Misener (1991) support this observation. They state that "[a]lthough few studies specifically examine the
job satisfaction of nurse practitioners, staff nurses have been studied extensively" (Koelbel et al., 1991, p.43). Tri (1991) also agrees that few studies have been conducted surrounding NP job satisfaction (p.46).

Koelbel et al. (1991) also noted from their review of the literature that previous studies on the job satisfaction of NPs were limited because data were based on students or recent graduates, sample sizes were small, and most studies were carried out in the late 1970s or early 1980s (p.43). The review of the literature for this study also revealed similar limitations of previous research.

As previously discussed the value in conducting research with NPs also stems from the differences in the nurse practitioner and staff nurse role, which limits the generalizability of the research findings related to the staff nurse role (Koelbel et al., 1991, p.43). Hence, the need for research that focusses on nurse practitioners is apparent.

It is important to point out that the amount of literature surrounding the role of the NP, as assessed by Mitchell, Pinelli, Patterson and Southwell, 1993, is "...voluminous and comprehensive..." (p. vi). The literature review for this study revealed that although there is very little written about job or role satisfaction of this group,
there is a great deal written about other facets of the NP role such as clinical effectiveness, cost-effectiveness and physician and patient acceptance of the role. Those aspects which are of relevance to the current study are examined in the literature review.

Theoretical Framework

The theoretical framework chosen to guide this study was derived from the works of Herzberg, Mausner and Snyderman (1959), documented in The Motivation to Work, and Herzberg (1966) in Work and the Nature of Man. The study of Herzberg et al. (1959) was designed to look at job attitudes in relation to "...factors, attitudes and effects..." (Herzberg et al. (1959), p.11). A semi-structured interview schedule was developed and utilized for these studies (p.16).

In their study Herzberg et al. (1959) utilized an approach where participants were asked to identify a period of time where they felt "...exceptionally good or exceptionally bad..." (p.141) about a current or former job and to place their feelings on a continuum which reflected extremes (p.14, p.142). Participants chose a story to discuss and were asked to report their stories based on whether these were short or long term events (pp.22-23). The criteria for long range sequences of events were that these should extend
several weeks to a month with a maximum of any number of years (p.23). These long range events were to be identified by the participant as those in which over-all feelings were high or low regardless of any minor change in feelings during this period. The third criterion was that the respondent would be able to tell the circumstances that initiated and concluded the sequence, if this was not a current sequence (Herzberg et al., 1959, p.23). Short range sequences were situations in which the participant felt exceptional feelings, or a peak or valley about his/her job in terms of personal feelings (p.23).

Herzberg et al. (1959) found that when subjects reported positive feelings about their jobs these often reflected tasks where they were successful in performing their work and where there was potential to grow professionally (p.113). The factors Herzberg et al. (1959) listed as contributing to job satisfaction were those which lead individuals to feel self-actualized in their work (p.114). These factors were termed "motivators" and included achievement, recognition, work itself, responsibility and advancement (Figure 1, p.81).

In contrast, the participants' stories about conditions surrounding the job revealed feelings of unhappiness. To describe job factors the authors used the term "factors of hygiene" to resemble the concept of medical hygiene which is designed to remove environmental health hazards, and therefore
acts in a preventative rather than curative manner (p.113). Included under the "factors of hygiene" category were "... supervision, interpersonal relations, physical working conditions, salary, company policies and administrative practices, benefits and job security" (p.113). Job dissatisfaction was described as developing when these factors were not at a level which the employee found acceptable.

Nevertheless, the authors indicated that even when the context of the job was at an optimal level, positive attitudes would not necessarily be achieved by a person, although they would not become dissatisfied (p.114).

It is both interesting and equally important to direct some additional attention to this distinction that Herzberg made between satisfiers (motivators) and dissatisfiers (factors of hygiene) (Herzberg, 1966, pp.74-75). The satisfiers (motivators) which included achievement, recognition, work itself, responsibility and advancement contribute minimally to job dissatisfaction and Herzberg described them as being "...mainly unipolar..." (Herzberg, 1966, p.77). Herzberg also believed that the dissatisfiers or factors of hygiene provided little contribution to satisfying an employee (pp.76-77). A statement in Herzberg et al. (1959) provide clear evidence of this perspective: "[t]his is a basic distinction. The satisfiers relate to the actual
Those factors that do not act as satisfiers describe the job situation" (Herzberg et al. 1959, p.63). [original emphasis] It is this distinction between satisfying factors (motivators) and dissatisfying factors (factors of hygiene) which will be compared and contrasted with the findings of the current study.

A summary statement by Herzberg (1966) also depicts the distinction between motivators and hygienes:

First, the factors involved in producing job satisfaction were separate and distinct from the factors that led to job dissatisfaction. Since separate factors needed to be considered, depending on whether job satisfaction or job dissatisfaction was involved, it followed that these two feelings were not the obverse of each other. Thus, the opposite of job satisfaction would not be job dissatisfaction, but rather no job satisfaction; similarly, the opposite of job dissatisfaction is no job dissatisfaction, not satisfaction with one’s job. The fact that job satisfaction is made up of two unipolar traits is not unique, but remains a difficult concept to grasp. (Herzberg, 1966, pp.75-76). [original emphasis]

Rationale for the Use of Herzberg’s Model

The theory of job satisfaction discussed in Herzberg et al. (1959) and Herzberg (1966) was selected as the theoretical framework to guide this study because his theory has been utilized by researchers to examine nurses’ job satisfaction in the past and, therefore, results of this study may be examined in contrast to earlier findings. It was also utilized because there is value in comparing the role satisfaction findings
with Herzberg to determine if his findings are valid in reference to a role satisfaction study and to determine if there are similarities and contradictions in the findings of the current study.

**Research Questions**

The following research questions were developed for this study:

1. What do nurse practitioners say satisfies them about their role?
2. What dissatisfies nurse practitioners about their role?
3. What do nurse practitioners perceive as the supports that are required for future role development?

**Assumptions About the Outcome of Data**

Based on the literature review and personal knowledge of issues that are of concern for nurse practitioners it was an assumption of the researcher prior to the beginning of the study that this study may reveal the following:

1. Nurse practitioners enjoy the increased responsibilities of the expanded role.
2. Nurse practitioners are pleased with general aspects of
their role but feel impeded professionally by the lack of legislation to support the role.

3. Nurse practitioners perceive that broadening their scope of practice would augment the skills and expertise they are able to provide for a patient independently.

4. Nurse practitioners need to see that government support will not be contingent on the supply and demand for physicians, but will be in the best interests of the NPs and client care.

Definition of Terms

Registered Nurse (RN)

The following definition of the registered nurse is excerpted from a personal letter received from the College of Nurses of Ontario (CNO), February 12, 1997, (Appendix A).

From a regulatory point of view a registered nurse in Ontario is an individual who has met the requirements for general registration with CNO. These requirements are found on page seven of the enclosed document A Guide to the Process for Registration in the General Class.

In reference to this CNO document numerous specific requirements of general registration are outlined. Among other things, registration requirements include that a nurse complete an acceptable nurse or practical nurse program; successfully complete the CNA [Canadian Nurses' Association] nursing examination or acceptable equivalent; have proof of
current safe nursing practice; and proof of registration or eligibility for registration in his/her original jurisdiction (College of Nurses of Ontario (1996), A Guide to the Process for Registration in the General Class, page 7).

Nurse Practitioner (NP)

The following definition of the nurse practitioner describes the NP role:

Nurse practitioners are registered nurses who have additional nursing education. This education prepares them to provide the public with services in all five components of comprehensive health services (health promotion, prevention of diseases and injuries, cure, rehabilitation, and support services) and at all levels of the health care system. NPs provide these services within the role of nursing and the scope of practice of the nurse as described in the Nursing Act, 1991. The NPs being prepared in this project are generalists in nursing practice. Their services differ from but complement those provided by the family physician and other primary health care professionals. (p.1)[original emphasis] From: Nurse Practitioners in Ontario: A Plan for Their Education and Employment (Ministry of Health, December, 1994)

Job Satisfaction

The following definition of job satisfaction is derived from the article, Organizational, Work, and Personal Factors in Employee Turnover and Absenteeism (Porter and Steers, 1973). The authors describe job satisfaction as:

...the sum total of an individual’s met expectations on the job. The more an individual’s expectations are met on the job, the greater his satisfaction. (Porter and Steers (1973), p. 169)
Role

Role is defined as follows in the Canadian Dictionary: "a part played in real life" (p.1270).


Vecchio(1991) defines role as "[t]he set of expected behaviours relating to an individual's position within a group..." (p.388).

Role Satisfaction

The following definition of role satisfaction was adapted by the researcher from the job satisfaction definition by Porter and Steers(1973).

Role satisfaction is the perception or opinion of an individual as to whether his or her expectations of his or her role have been achieved. The more an individual's expectations of the role are achieved, the greater he or she will perceive satisfaction with that role. Role satisfaction refers to satisfaction with one's overall scope of practice rather than referring to satisfaction with a certain job.

Nurse Practitioners' Association Of Ontario (NPAO)


Scope of Practice

The following definition of scope of practice was developed by the researcher for this study.
Scope of practice refers to the area of responsibility within a professional’s role. This term refers to the work a professional performs and is accountable for within their professional domain.

To supplement this definition, the Scope of Practice Statement quoted from a College of Nurses document entitled The Regulated Health Profession Act: An Overview for Nursing, states:

Each profession has a scope of practice statement that describes in a general way what the profession does and the methods that it uses. (College of Nurses of Ontario, Revised edition, April, 1997)

Limitations of the Study

This study presents data gathered in Ontario from subjects who are current members of the Nurse Practitioners’ Association of Ontario. A limitation of this study is the small sample size. Another limitation is that the study is set within the Ontario health care context which is currently undergoing health care reform. Therefore, findings have a limited geographic scope and are not necessarily generalizable to other health care contexts where the political and economic environment may be different. Although the findings of this study are of value to the NP population in Ontario, the use of these results for general application is limited.
Thesis Overview

This thesis consists of the following sections:

1. The Introductory Chapter presents the background of the study, the purpose and justification for the research, the historical context of the study and the political context in which the study was carried out. Also included are definition of terms, the theoretical framework that guided this study, the research questions, assumptions of the researcher about potential outcomes of the research and the limitations of the study.

2. In the Literature Review job satisfaction studies relating to nursing practice and to nurse practitioners are discussed. Specific aspects of the NP role such as clinical-effectiveness, cost-effectiveness and physician and client acceptance of the role are also discussed.

3. The Methodology chapter outlines the methodological design of this research and the rationale and justification for selecting a qualitative design. Also included is the rationale and mechanism for the selection of subjects, the ethical review process, the mechanisms used to collect data, the transcription and coding process and the setting for the interview.

4. The Analysis chapter outlines the demographic data for the study sample. Results of the analysis are presented in themes and are substantiated by various participants’
5. The **Discussion** chapter includes a discussion of findings in relation to Herzberg et al. (1959) and Herzberg (1966). Also included is a discussion of the current findings in relation to previous job/role satisfaction research.

6. The **Summary and Conclusions** chapter includes a review of the findings of the study and considers these in reference to the literature discussed in Chapter Two. Also included are the recommendations that arose from this research in relation to the role satisfaction of NPs and future NP role development. Limitations of the study are presented as well as recommendations for future research.
Chapter Two

Literature Review

Introduction

An abundance of information in relation to what satisfies and dissatisfies staff nurses is available in the literature. Various consequences of job dissatisfaction such as the unfavourable impact on employees and the patient are also discussed. In contrast, there is very little written around nurse practitioners' job/role satisfaction.

This chapter focuses on an analysis of the literature related to job/role satisfaction of nurse practitioners. As noted in chapter one the use of the literature surrounding job satisfaction has applicability to the current study and therefore is included in this review. It is also utilized as support as nursing studies have placed emphasis on job satisfaction rather than on role satisfaction.

A limited number of staff nurse job satisfaction studies are discussed. Also included is information related to the effectiveness of the nurse practitioner role, physician and patient response to the NP role and barriers and influences on the utilization of NPs.
Job Dissatisfaction - The Impact

There are several implications related to employee dissatisfaction. Porter and Steers (1973) conducted an analysis of over a decade of research concerning factors related to turnover and absenteeism. They noted from their review that one reason workers leave their jobs may be related to dissatisfaction associated with job expectations that are not achieved. In relation to their review, Porter and Steers stated "[on] a general level, overall job satisfaction was found to be consistently and inversely related to turnover" (p.151). In association with this, they state "[t]he major turnover findings of this review, when taken together, point to the centrality of the concept of met expectations in the withdrawal decision. Under such a conceptualization, each individual is seen as bringing to the employment situation his own unique set of expectations for his job" (p.170). Porter and Steers (1973) continue "[w]hatever the composition of the individual's expectation set, it is important that those factors be substantially met if the employee is to feel it is worthwhile to remain with the organization" (p.171) [original emphasis].

Wolf (1981) discussed some consequences related to turnover and shortage of nurses who work within a hospital setting. She states, "[t]he most obvious consequence of this
problem is change in the quantity and/or quality of the care provided. If there aren't enough nurses, either the number of patients must be limited or the quality of nursing care compromised" (p.233). She also noted that turnover leads to costs associated with new staff orientation, employment physicals, and associated laboratory costs as well as replacement costs to provide coverage for vacant positions (p.233).

Currently, the nurses of Ontario are faced with minimal employment opportunities in contrast to the employee's market that was available a few years ago. Employers, however, should be interested in the satisfaction of their staff both in times of shortage and in times of staff surplus. Cameron, Horsburgh and Armstrong-Stassen (1994) discuss the particular need at this time for contemporary studies: "[c]urrently, the lack of available job opportunities for nurses in Canada makes it less likely that nurses will leave their positions. Therefore, it is especially important that nurses' perceptions of job satisfaction and burnout be monitored at this time" (p.58). Cameron et al. (1994) also point out that when nurses stay in jobs where they are not satisfied because of the shortage of available opportunities, this can have an impact on their worklife and it may also negatively effect client care (p.58).
Akyeamong (1992), examining various reasons for work absenteeism for personal reasons, asserts "[a]bsenteeism remains a growing and costly problem for Canadian companies" (p.44).

In their discussion about turnover in an 310 bed American hospital Seybolt and Walker (1980) noted that, based on a turnover rate of 52%, annual turnover costs were estimated around $425,000. The authors noted that "[c]learly, turnover was a significant monetary as well as morale problem" (p.77). Klinefelter (1993) discusses that administrators and others, have concerns about high turnover which can lead to costs associated with replacement, recruitment and training time, extra supervision of new staff and morale issues.

Given the immense impact of job dissatisfaction, it is important that we know more about this phenomenon. It is clear from the literature that there are enormous impacts of job dissatisfaction both on individuals and organizations in terms of financial loss, emotional pain as well as negative impacts on clients. In reference to the current study, it is particularly valuable to have information about nurse practitioner role satisfaction, as currently there is a direction in Ontario to further develop this role. Therefore, it is timely to gather information as we seek to achieve the best possible outcomes with a new initiative.
It is important for employees to be in a working environment where they are satisfied. Vecchio (1991) notes that because most of us will work a majority of our adult lives, "...it can be argued that employers have a moral obligation to make the experience personally rewarding (or, at a minimum, not painful or dehumanizing)" (p. 118). [original emphasis]

**What Makes Workers Satisfied?**

Nakata and Saylor (1994) investigated the relationship between perceived and desired management style and staff nurse job satisfaction. The authors noted that a participative group management style offers members autonomy and authority, shared control and decision-making which are sources of job satisfaction. This management style shows confidence in staff assisting them in meeting their self-actualization needs. The authors stated "[p]oor communication is a source of job dissatisfaction" (Nakata & Saylor, p. 56) and although the participative management style does not ensure adequate communication will take place, the participation of group members in decision-making influences good communication.

Another study which examined the association between management style and job satisfaction was carried out by Gillies (1988). Noting that there is a relationship between
a manager's style and job satisfaction, the author said that her findings suggest that in order to have less turnover a manager should diagnose his/her own management style and should evaluate his/her subordinates' job satisfaction and the work environment factors and then adjust his/her style of management or the characteristics of the environment at work to increase the satisfaction of employees.

Duxbury, Armstrong, Drew and Henly (1984) found that higher levels of staff satisfaction and less burnout exist when a leader exhibits more consideration for staff. This study, however, was limited to nurses practising in the neonatal intensive care area.

Seybolt and Walker (1980) discuss results of an attitude survey conducted in a 310 bed American hospital. In response to a nursing turnover rate of 52% which reflected both a morale and cost concern, the director of nursing decided to conduct an attitude survey. Ten percent of nursing staff were interviewed by a consultant and themes that emerged from the interviews were used to develop an attitude survey. The consultant and the nursing staff advisory council collaboratively developed an 100 item questionnaire which was pre-tested and approved. Seybolt and Walker (1980) noted that of the 340 staff members, 225(65%) returned questionnaires that could be used.
More than fifty percent of staff showed uncertainty as to whether they would stay in their job another year. The authors note that one of the most helpful findings was that those who left the hospital one year after the project differed from those who stayed, as noted in the following quote:

Those who left the staff one year after the survey was completed had stated on the survey that they saw significantly lower links between performing well and receiving desired outcomes such as:
- The chance to make full use of their abilities
- Autonomy, help, and recognition from supervisors
- The opportunity to learn new things
- The opportunity to make independent decisions
- Fringe benefits
- Help and cooperation from coworkers
- Pay (Seybolt and Walker, 1980, p.80)

One merit of this research is that it had a well-designed and well-carried out methodology. This sample size was also reflective of the perceptions of 225 nurses. However, in terms of generalizability of the findings to the current study this research is limited due to the length of time since the data were collected, the data are specific to one American hospital and to the RN population.

Despite the value of the these studies (Duxbury, Armstrong, Drew & Henly, 1984; Gillies, 1988; Nakata & Saylor, 1994; Seybolt & Walker, 1980), in terms of their contribution to the nursing literature, these studies are of limited generalizability to the nurse practitioner role because of the
differences in the NP and staff nurse scope of practice.

It is interesting to note, however, that these studies were designed around job satisfaction, rather than on role satisfaction and appear to place emphasis on determining job satisfaction in relation to organizational effectiveness or from an administrative point of view. For example, the study reported by Seybolt and Walker (1980) was carried out to address an administrative concern about turnover. This study reflects an emphasis on job satisfaction and reveals results that are likely of more interest to an administrator who is examining retention strategies than to someone who is looking at broader role concerns. Some studies as well reflected data from only one place of employment. These studies do however, give us insight into the types of issues that may arise in a role satisfaction study such as employees placing value on salary, participation in decision-making, consideration by their leaders, having an opportunity for learning, being autonomous in their role and the ability to make independent decisions.

Over one hundred articles and research papers in the nursing literature were reviewed in the early stages of development of this study. The rationale for the extensive review of the literature surrounding staff nurse job satisfaction was to broaden the researcher's understanding of
this phenomenon given the dearth of available information that is specific to the nurse practitioner role and reflecting role satisfaction. It was vividly apparent after this review and after discovering the limited number of studies on NP job or role satisfaction, that there is a critical need for further study around role satisfaction of NPs. The next section reviews and critiques the NP job satisfaction studies available in the literature.

**Nurse Practitioners' Job Satisfaction**

Bullough (1974) conducted a study utilizing 17 pediatric nurses and one auditor who completed a seven month NP course consisting of one month of education and a six month preceptorship. One student withdrew during the first month of the program and she communicated that she had reservations about the increased responsibility of the NP role related to her perception that within her agency some of the role expectations for the NP were in conflict (p. 16). The remaining sixteen NPs and the auditor completed the NP course and participated in supplying the research data.

Data were gathered through a questionnaire given to the NP students at the start of the program and after preceptorship completion. In addition to the NPS, questionnaires were issued to a random sample of 96 registered
nurses, among whom were extended role nurses whose job had changed enough to present new challenges; however, the development of the role was less extensive than that of the NPs (p. 14-16). The registered nurses were included as a control group because their role had not changed. Eighteen of the sample who returned questionnaires were extended role nurses. Fifty-six out of 96 (58%) questionnaires were returned.

In the questionnaire, four questions/statements were utilized (Bullough, 1974, Table 1, p. 17). The first question required a respondent to select a response ranging from strongly agree to strongly disagree. Scales appropriate to the second and third questions/statements required the respondent to indicate their response with a check mark. The fourth statement consisted of a "...semantic differential scale..." which required respondents to select a point on a seven space continuum between descriptors such as "high pay-low pay" or "routine-varied" (Bullough, 1974, p. 17). The nurse practitioner graduates were also given a supplemental question, "[a]re you more satisfied with your work now than you were before the course?" (p. 17).

From the pre and post-test data results done with the NP students, no significant differences in job satisfaction levels were found. Nevertheless, responding to "[a]re you
more satisfied with your work now than you were before the course?" (Bullough, 1974, p.17), among the group of 17 NPs twelve indicated further satisfaction, 4 noted approximately the same amount of satisfaction and one NP said she felt less satisfaction than she had previously (Bullough, 1974, p.17). The authors noted the reasons for these positive answers were not clear given there were no differences in pre and post-test data; however, some possible rationale were presented.

Bullough (1974) found "[t]here were significant differences in the levels of intrinsic job satisfaction between the nurse practitioners and the other registered nurses"(p.17). In response to a question about overall job satisfaction, no significant differences were found(p.17). Bullough notes that there was an unexpected answer to a question posed surrounding whether or not respondents would select their occupation again. Results indicated that nurse practitioners showed the most uncertainty, the control group indicating the most positive response and the extended role nurses were in between. Among the groups, significant differences were not noted through the semantic differential scale although the two extended role groups were more apt to indicate positive responses in regards to items like creative versus uncreative, etc.(Bullough, 1974, p.18).

This study is limited in its applicability to Ontario’s
population of NPs because the data is over 20 years old, the sample size was small, it was based on students and is limited to paediatric NPs. A further limitation of this research relates to the measurement tool used to evaluate job satisfaction. Although some of the questions/statements were excellent, the design of the questionnaire was highly structured and, therefore, limited the amount and quality of information that could be elicited. An unstructured or semi-structured questionnaire would have allowed the NPs to tell their stories and to give specific details about what they like and dislike about their role. The limitation of Bullough’s methodology illuminates the need to broaden research knowledge through employing the use of an open-ended questionnaire designed to allow the participant more opportunity to discuss issues of their own concern and interest.

Linn (1975) reported a study surrounding eleven nurse practitioner students as they transferred into the role of nurse practitioner. Linn noted that it was valuable to know if new practitioners are satisfied with their new roles because lack of satisfaction could lead them to return to the previous role they were in or to leaving the profession (p.166). Linn’s findings showed that the NPs "...found their new work more creative and interesting and that their skills, responsibility, decision-making power, and
feelings of importance all increased, though they found their work less safe and more stressful" (p.171). Linn also stated that "...the students frequently mentioned that they thought they were giving better, more comprehensive patient care, that they had better relationships with patients because of an increased understanding of their problems, and that they were in a better position to educate and advise patients" (p.171).

Linn concluded that the NPs’ overall satisfaction with their job was positive, albeit, at the end of six months the students stated uneasiness about "...physician acceptance, support and/or supervision" (p.171). Most of these problems were resolved within one year. NPs also expressed reservations about their new role being additionally stressful and not as secure. They also noted their concerns in relation to salary increases reflecting minimal or no change, as well as the lack of a change in opportunity for advancement within health care (p. 171).

It is interesting to point out that Linn (1975) appears to have used the terms role and job interchangeably as noted in the following two examples. The title of the study is Expectation vs Realization in the Nurse Practitioner Role and Linn points out the importance of knowing how students perceive new work roles in terms of their job satisfaction (p.166). A second example is Linn states"...if
the new work role provides no improvement in job satisfaction over the old, or if students evaluate their new activities as significantly less satisfying than their original expectations, then the students may return to their old roles-or even leave nursing" (p.166).

Although this research indicated some areas of satisfaction and dissatisfaction surrounding the nurse practitioner role, the generalizability of this study to the current study population is significantly limited because it is related specifically to students and their first year of employment. This time frame posed limitations on the research with the dearth of viewpoints of seasoned workers who would bring a broader perspective. The small sample size and the length of time which has elapsed since the research was completed also limits the application of findings.

Linn (1976) conducted another study with a group of 31 students graduating from a nurse practitioner program in UCLA (University of California), between 1972 and 1975. This study is limited in its application to the current study because it was also done with students in the first year into their practice, was conducted in the United States, is reflective of data collected over twenty years ago, and the author indicated that there were considerable methodological limitations such as the fact that they did not randomly select
students. It also appeared that, of the ten criteria for selection of participants, some criteria would have been difficult to appraise such as "...have a positive self-concept and emotional stability..." (p.29). The author did not indicate how these criteria were assessed.

Young (1991) conducted a study using a random sample of 1% (900 RNS) of all RNS employed in Ontario. Young’s study is recent, it was conducted in Ontario, and it was well-designed and carried out; however, it is limited in its generalizability to the NP population because of the difference in the scope of practice between RNS and those of the NP population. Although this is a random sample of all RNS in Ontario and, therefore, would likely include some NPs, as they are part of the RN population, the number of NPs within the sample is not known. Therefore, results are not specific enough to the NP population to reflect definitive data which is applicable to this group.

Utilizing the Index of Job Satisfaction (IJS) developed by Brayfield and Rothe (1951), the Minnesota Satisfaction Questionnaire - Short Form (MSQ - SF) developed by Weiss et al. (1967) and a sociodemographic questionnaire, Koelbel, Fuller and Misener (1991) employed the theory of Herzberg, Mausner and Snyderman (1959) in order to evaluate nurse practitioner job satisfaction. The study methodology was to
use a descriptive correlational survey, which was carried out during 1987 and 1988. The study population consisted of all NPs and nurse midwives in South Carolina. Nurse midwives were included because of similarities with the NP role and to permit the results of the investigation to be compared and contrasted with national findings which reflect both roles. One hundred and sixty-three nurses (128 NPs and 35 nurse midwives) received packets containing questionnaires, and a 90% response rate (146 returns) was obtained. Since fourteen of the responses were not able to be used, there were 132 subjects (81%) in the final group (p. 48).

Relating the sociodemographic variables, Koelbel et al. (1991) reflected that ninety-eight percent of participants were female, almost 10% were non-Caucasian, 65.9% were married, 42% had one to two children, the mean age of respondents was 42.3 years, 72.5% graduated from certificate programs, 28% attended master’s degree programs and 72.5% had national certification in their own specialities (p. 48).

In the presentation of their results the authors stated that "[the] distribution of intrinsic-satisfaction scores indicated high satisfaction with the intrinsic aspects of the advanced practice role for 65.9 percent of the NPs, and moderate satisfaction for the remaining 29.5 percent. The mean intrinsic-satisfaction score was 48.75 (sd=6.71),
representing a high level of intrinsic job satisfaction" (Koelbel, Fuller and Misener, 1991, p.50).

In reference to the results they obtained with extrinsic job aspects they stated "[a]ccording to the distribution of the extrinsic-satisfaction scores, 34.8 percent of the NPs were dissatisfied with the extrinsic aspects of their work" (Koelbel et al., p.50).

The authors stated the following in relation to their findings: "The most satisfying job factors were intrinsic. The practitioners reported satisfaction when they helped other people (social service), used their abilities (ability utilization), had steady employment (security), varied their work (variety), and practiced without compromising their moral values (moral values)" (Koelbel et al., p.50). In relation to their findings Koelbel et al. explained "[i]n descending order, the least satisfying job elements were the extrinsic factors of compensation, advancement, company policies and practices, recognition, and supervision/human relations" (p. 50).

The authors concluded from their study that "[i]n general, the findings support Herzberg’s theory that intrinsic factors are sources of job satisfaction, while extrinsic factors are sources of job dissatisfaction" (Koelbel et
al. (1991), p. 50), with the exceptions that recognition and advancement which are intrinsic factors and the authors found these contributed to job dissatisfaction. Security, an extrinsic factor, was listed by the authors as a satisfying influence (p. 50, 52).

It is of value to the current study that the authors selected Herzberg et al. (1959) as their guiding conceptual framework and that in general their findings support Herzberg's theory. Of particular value is that this study investigated the perspectives of NPs rather than staff nurses. It is interesting to note that Koelbel et al. appeared to utilize both the terms role and job within their article. The authors discuss the concept of the NP role at the beginning of their article, however, both tools utilized to assess satisfaction were job satisfaction tools. Results seem to be more related to job satisfaction, although, some findings have applicability to role. Given that the findings of this study surround NPs' job satisfaction and that results are relatively more recent than other studies, findings will be compared and contrasted with the findings of the current study.

It is important to note, however, that although the research of Koelbel et al. (1991) is more recent than the aforementioned NP job satisfaction studies, data for this
study were gathered almost a decade ago. Hence, this study also has limited generalizability to the population in the current study because the data are American, and the financial and political environment may have been different than is current in Ontario.

Utilizing a sample of 600 registered nurses who worked at the advanced practice level, Tri (1991) conducted a study to investigate what satisfies and dissatisfies NPs about their job and the relationship their practice setting and individual factors had on their satisfaction. In congruence with the theory of Herzberg, Mausner and Snyderman (1959), Tri perceived job satisfaction and dissatisfaction as separate and distinct concepts in her study (p. 52). Tri looked at overall job satisfaction rather than to look at different components of the job (p. 52). Two questionnaires which used predetermined rating scales were used to gather data. A response rate of 61% yielded a sample of 373 respondents.

Ten factors determined as contributing to a positive level of satisfaction were listed in descending order of importance: autonomy of the NP role, portion of time in patient care, sense of accomplishment, challenge of learning and growing, amount of self-determination offered, number and kinds of patients, quality of care within the setting, relationship with peers, flexibility of the NP role, and
ability to express creativity (Table 5, Page 50). Ten factors listed in descending order of importance to the NPs and noted as contributing to dissatisfaction were: salary, compatibility of goals with the organization, environmental support for innovation, time spent in administrative duties, relationship to whom you report, time spent in educational activities, development of one's own clinical skills, number and kind of patients, support for outside activity, and relationship with physicians (Table 6, p.50).

Tri found that her study participants reflected "...a high level of job satisfaction" (p.52) and that "NPs with higher job satisfaction scores had been working longer, earned higher salaries, had an assistant to help them and were more likely to be employed full-time" (p.50). Tri also found that NPs who believed themselves to have fewer skills seemed more dissatisfied in reference to their intrinsic feelings about their skill level (p.52).

Although Tri explained that she had looked at satisfaction and dissatisfaction as separate concepts based on Herzberg's theory (p.52), she did not discuss whether or not she perceived her study to support his work.

Throughout her article Tri refers to job satisfaction of NPs and she noted that she utilized one job satisfaction
survey tool as one of her methodologies to gather data. Notwithstanding, some of the results she found appear to have some applicability to the NP role rather than to be solely linked with current places of employment of NPs and is therefore of significance to the current study.

This study is more recent than other studies available and therefore valuable. However, it's limitations are that the study is based on American data and the author noted that there are several limitations to her study one of which is that one instrument used had not undergone extensive testing in terms of reliability and validity (p.52).

The limited availability of recent, methodologically sound job or role satisfaction studies that are generalizable to the current NP population in Ontario support the need for further investigation related to this phenomenon.

**Nurse Practitioner Effectiveness**

It is important to the context of this study to consider whether the effectiveness of the NP role has been established. The following literature summary is designed to reflect this purpose.

A review of 1000 patient records was completed by Kaku,
Gilbert and Sachs (1970) to conduct a comparative analysis of the health appraisals of four registered nurses, who had completed three additional months training, with the appraisals of seven physicians. It was established that of the 16,000 independent variables in 10.3% of cases, both the nurse and the physician came to the same conclusions and in 70.3 percent they agreed that there was no finding (p.1046).

The physicians discovered a symptom that the nurses did not find in five percent of the variables, whereas, nurses tended to be more detailed in their record keeping and in 14.4% of the variables nurses documented signs that were not indicated by the physicians (p.1046). The authors noted that one symptom not recorded by a physician had been previously noted by a nurse; however, they indicated that the physician may have made an omission or assumed it wasn’t necessary to document previously recorded data as physicians did see patients charts after the nurse had completed an assessment.

The authors concluded that their findings supported the premise that nurses could be used as a substitute for physicians when conducting physical examinations (Kaku et al., 1970, p.1046).

In a well-known and frequently documented study entitled, *The Burlington Randomized Trial of the Nurse Practitioner,*
Spitzer, Sackett, Sibley, Roberts, Gent, Kergin, Hackett and Olynich (1974) described a randomized controlled study which was carried out between July, 1971 and July, 1972. The intent of this study was to determine the results of using nurse practitioners as a substitute for physicians in a primary care setting. It is of particular value that this study was conducted in Ontario, in a large suburban practice. The final cohort for the study included 521 patients who were in the control group, and 296 were assigned to the experimental group accounting for a total of 817 patients. In 1971 there were 11 percent refusal rates in the survey and only 5 percent the next year. Based on their findings, Spitzer et al. concluded the following:

The results demonstrate that a nurse practitioner can provide first-contact primary clinical care as safely and effectively, with as much satisfaction to patients, as a family physician. The successful ability of the nurse practitioners to function alone in 67 per cent of all patient visits and without demonstratable detriment to the patients has particularly important implications in planning of health-care delivery for regions where family physicians are in short supply (Spitzer et al., 1974, p.255).

Spitzer et al. (1974) supported that including nurse practitioners in clinical practice can increase the quantity of care provided without a compromise in the quality of services rendered (p.255).

Reported in The Memphis Chronic Disease Program:
Comparisons in Outcome and the Nurse's Extended Role, Runyan (1975) compared the care given by specially trained nurses located in decentralized facilities (study group) with the more conventional care given in hospital outpatient clinics (control group). The sample size consisted of 1,006 patients assigned to the study group and 498 in the control group (Table 1, p.264). He concluded from his findings "...that nurses can effectively share a large and increasing responsibility in chronic disease care" (Runyan, 1975, p.267).

Silver and Hecker (1970) conducted an evaluation of a paediatric NP in clinical practice in a low-income urban area, where a physician was present for only a half day each week (p.173). From the 2,735 visits to the child health station, the NP saw 82 per cent of the patients and required telephone consultation with a physician for only 11% of these cases, while the other 71% of these cases were managed autonomously. The 18% remaining cases were referred to a physician or a hospital. The authors noted that "...in less than one-fourth of all visits was it necessary for the nurse to refer the child to a physician or some other medical facility for additional care" (p.173).

Charney and Kitzman in collaboration with et al. (1971) also supported NPs as one solution to the manpower problem in health care.
When reflecting on the high cost of health care and the diminishing financial resources we are currently faced with in Ontario, findings indicating the clinical and cost-effectiveness of the NP role are noteworthy. These findings help to establish the efficacy of the role. Given that the effectiveness of the role has received the attention of researchers, it is apparent that a shift in emphasis to examine role satisfaction of practitioners is a worthy pursuit.

Physician and Patient Response to the Role

In the same article Silver and Hecker (1970) report on a survey they conducted to ascertain the perceptions of parent satisfaction in relation to attending a pediatrician who had a nurse practitioner associate (p.173). The authors noted that parents indicated a high degree of satisfaction with the care provided collaboratively by a pediatrician and a NP. Fifty-seven per cent perceived the joint care to be superior to care solely delivered by the physician. Silver and Hecker (1970) note that pediatricians find that NP associates save their time (p.173). This paper supports the pediatric nurse practitioner role as a solution for providing care in pediatric health care, exemplified in the following:

The association of a physician and a pediatric nurse practitioner in a true team relationship allows each of them to fulfill his role and utilize his skills in medicine and nursing wisely and in a
manner that is appropriate to his level of preparation. Both professionals gain; and the end result is improved patient care, benefit to society by conservation of scarce manpower resources, and the development of the role of each health professional to its fullest. The paediatric nurse practitioner program is an effective way of extending medical practice toward improved patient care. It provides an opportunity for the nurse to achieve her career goal--the practice of professional nursing--while offering a solution to the increased demand for physicians' services which the future will produce (Silver & Hecker, 1970, p.174).

Little (1978) conducted a survey to determine the attitude of physicians in relation to the employment of nurse practitioners. Of 140 physicians surveyed in California, 88 (approximately 63%) responded. Little believed that agreeing with the concept is important; however, a physician's willingness to hire a nurse practitioner indicates "...a more decisive measure of acceptance...."(Little, 1978, p.27). Among the 88 physicians who responded, results indicated that in terms of their willingness to employ nurse practitioners, 21(23.9%) had not made a decision and only 7(8%) of the physicians had a NP in their employment. The remaining groups reflected 17(19.3%) who would employ a NP in the future and 43(48.9%) who had made a decision that they would never employ a NP (Table 1, p.29). Little asserted "[a]greement with the concept is very easy and costs a physician nothing, but employment involves a definite acceptance and commitment"(p.27). Little found the physicians who were more accepting of the NP role were those who had been in their
medical practice for shorter durations, had previously worked with NPs in family practice, worked in group practices, and were located in rural communities (p. 29-30). Little also noted that "...physicians with a greater number of female, infant, medical, and elderly patients are more willing to employ nurse practitioners" (Little, 1978, p. 30).

A qualitative study was conducted by Little (1980) in which she interviewed the members of 35 MD-NP teams to determine social controls which impose limitations on the practice of NPs. Little found that her data reflected that structural and personal controls were the two main social controls. Little describes these as follows:

Structural controls are those institutional policies and procedures that affect the division of labour within the agency; they are often explicit controls, visible to both the observer and the people working in the agency. Personal controls are less structured sanctions placed upon the NP personally by another health care provider, usually the physician. They often are not articulated, well defined, or visible to the observer or to the nurse practitioner" (Little, 1980, p. 1642-1643).

In reference to the relationship between nurse practitioners and physicians, Little notes that they "...assume complex and varied forms" (p. 1645) influenced by the extent of the social control, and the characteristics of the environment where the professionals practice. She also contends that "[t]he relationships are also fluid as nurse practitioners actively negotiate for a place in the health
These studies provide insight into possible findings for the current study. It is important to determine how the nurse practitioners perceive physician and patient responses to their role and whether these perceived responses serve as factors which contribute to role satisfaction or are these elements which influence dissatisfaction with the NP role.

**Barriers and Influences on Nurse Practitioner Utilization**

Herzog (1976) asserted that one basis for underutilization of the NP may be that those working with the nurse practitioner may not be aware of the skills the NP possesses or how best to be interdependent with the role (p.27). A second possible reason may be that the expectation NPs have for their role may differ from those with whom they work. A third reason for NP underutilization identified by Herzog stems from "...the lack of adequate support and acceptance"(p.27) by physicians who do not perceive the NP role in an equitable way with the physician’s role, and nurses who are threatened with the advanced practice capabilities of NPs. Other possible reasons for underutilization suggested by Herzog (1976) were lack of organizational support, inability to utilize skills that they were trained for, and economic restraints(p.27). Herzog recognized that there is a gap
between health care workers' functions and their capabilities and, to remedy this, the causes of this gap must be identified and changed (p.27).

As so aptly asserted by Herzog (1976) "...there is tremendous potential to increase the productivity of a delivery setting by insuring the maximum utilization of all personnel" (p.26). Hence, based on Herzog's rationale it is evident that the most effective use of the skills and expertise NPs can provide is an important strategy for the direction of health care in Ontario.

Sullivan, Dachelet, Sultz, Henry and Carrol (1978) described results obtained from a national longitudinal cohort study in which two surveys were conducted during 1973-1976. Nurse practitioners' and their employers' perceptions of barriers to the employment and utilization of the NP role in a primary care setting were presented. From among the 500 primary care NPs in the re-survey, 497 indicated an average of 2.2 barriers. The employer response also reflected a high return as 407 of 414 responded. Employers indicated an average of 1.6 barriers.

Barriers listed by the two groups, in decreasing order, were: legal restrictions; limitation of space and/or facilities; resistance from other health providers in the
practice; resistance from health providers outside the practice (including professional organizations, groups, as well as individuals); lack of appropriate job classification within the institution or agency; too many patients to practice in this role satisfactorily; lack of confidence/willingness in taking on the responsibilities of the new role; too few patients to practice in this role satisfactorily; practice area available is too far from home (this item was not included on the employer questionnaire as it was not applicable); lack of physician back-up; interference of non-nurse practitioner tasks; resistance from patients, consumer groups; lack of opportunity for further professional growth; lack of third party payments; and interpersonal conflicts (See Table 2 - Respondents by Specific Barriers Checked and the Level of Agreement between the NP and Employer Responses, p.1100) These barriers displayed in decreasing order reflect the frequency that NPs selected each barrier. The authors note "[i]t is particularly noteworthy that this ordering was nearly identical for the employer respondents" (p.1100). Of the first eight barriers listed, the level of agreement between the NPs and employers ranged from 63.5% (legal restrictions) to 32.3% (too few patients to practice in this role satisfactorily). Percentages of agreement were not supplied for the remaining list of responses. Their table indicates that 54 NPs and 97 employers checked "no barriers" (Table 2, p. 1100).
In their article outlining why Canadian nurse practitioners have been underutilized Hallman and Westlund (1983) state:

Both the federal and provincial governments would like to reduce the ever-increasing cost of health care, but hesitate to antagonize the powerful medical profession. The government also continues to ignore the need to decrease the number of physicians being trained and better utilize the skills of other health care providers as ways of reducing health costs (p.45).

Examination of the literature in relation to previously identified barriers and influences on nurse practitioner utilization provided valuable information as to what may arise in the current findings and also will serve as worthwhile comparisons.

It is also important to recognize that if barriers have been previously identified and are identified again by the nurse practitioners in this study, this provides additional data which reinforces what the impediments to NP practice are. This information is worth noting in order that earlier occurrences and current events do not continue to strongly influence or eclipse future outcomes.

Conclusions

It is evident from this review that there is a need to
look at role satisfaction of NPs as this particular focus has not been dealt with in the literature in any depth. Although completing another study on job satisfaction would also be beneficial because it would add to the contemporary literature on what satisfies advanced practice nurses, this focus would be limited to the perspectives of practitioners in relation to a specific place of employment. In contrast, however, the focus on role satisfaction is much broader and will provide contemporary information on nurse practitioners' satisfaction with their role and scope of practice. This knowledge is essential information which is required in order to assist government officials, curriculum planners, educators, administrators and professional nursing bodies as they seek to achieve the best possible outcome for the NP role in the future.

From this literature review another deficiency noted is that in the past researchers have relied heavily on pre-determined rating scales. The current study has attempted to address this by employing a descriptive, qualitative research design which will enable participants to respond to questions presented in an interview, guided by a semi-structured interview schedule. Also, there is a substantial lack of Canadian nursing and health care literature pertaining to NP role satisfaction. Consequently, there is a need to examine the role satisfaction of nurse practitioners as this nursing
role is meaningful in the provincial health care field and has provincial government support to be one of increased emphasis, in Ontario, over the next few years. This work was intended from the outset to respond to this need and to broaden knowledge about nurse practitioners.
Chapter Three

Methodology

The people who come to see us bring us their stories. They hope they tell them well enough so that we understand the truth of their lives. They hope we know how to interpret their stories correctly. We have to remember that what we hear is their story. [original emphasis] From: Coles, R. (1989), p.7.

Introduction

The purpose of this research was to obtain data concerning the perceptions of nurse practitioners in relation to satisfaction with their role and therefore to gain a deeper understanding of the issues that NPs see as adding to, or diminishing their role satisfaction.

Research Questions

The following research questions were developed for this study:

1. What do nurse practitioners say satisfies them about their role?
2. What dissatisfies nurse practitioners about their role?
3. What do nurse practitioners perceive as the supports that are required for future role development?
A descriptive, qualitative, survey design was utilized to obtain the perspectives of NPs in relation to role satisfaction. After extensive review and analysis of the literature it was discovered that there are many quantitative studies pertaining to job satisfaction of registered nurses; however, there are a minimal number of qualitative studies. In terms of NP satisfaction there are a limited number of both quantitative and qualitative studies.

Hence, for the purposes of this study, a qualitative focus would broaden existing knowledge on this subject by revealing personal stories of the nurse practitioners. In contrast, the use of a questionnaire which necessitates that a respondent select a number on a pre-determined scale does not provide an opportunity for discussion. In support of this, face-to-face interviews were conducted. The face-to-face interview technique is useful in gaining quality and quantity of information (Massey, 1991, p.63). These interviews were carried out in a private location, selected by the interviewee, and were done on a one-to-one basis. Using an interview format was effective in gaining an in depth understanding of this phenomenon as it relates to the NPs in Ontario.
Theoretical Framework

In terms of the theoretical framework the works of Herzberg, Mausner and Snyderman (1959) and Herzberg (1966) were selected to guide this study. There were, however, some modifications in the design of this study in order to offset some methodological limitations of Herzberg’s study. One of the limitations of Herzberg’s study was that he asked each participant to describe a time in which he or she had felt exceptionally good or bad about a current or former job (Herzberg et al., 1959, p. 141). The definition of a short or long-range sequence of events was presented to each person and they were asked to report this event based on whether it was of long or short range (Herzberg et al., 1959, p. 35). After an event had been fully described by the respondent they were then asked to present another sequence; however, they were more restricted given that they were asked to report a short-range sequence if they had previously reported a long-range sequence and vice-versa. If they had discussed a low event they were then asked to present the opposite or vice versa (p. 35). In Herzberg’s study, each respondent related an average number of 2.4 sequences to the interviewer. It appeared to the researcher of the current study that this focus highlights job events whether these are of long or short range, rather than to have a participant discuss critical issues related to their role that may be present in
the working environment, but not necessarily related to one or more sequence of work events or to a specific workplace. The focus of the interview schedule for the current study was to look at the participants' satisfaction with their overall role rather than their overall job, in order that respondents focus on issues related to scope of practice rather than with their current or a former place of employment. In light of this, the semi-structured questionnaire developed by Herzberg was not utilized; however, a semi-structured interview schedule was developed with open-ended questions which were designed to be more specific to the nurse practitioner role.

**Ethical Review Process**

**Protection of Human Subjects**

This study involved human subjects who participated in an interview which was audio-taped. Therefore, in accordance with the policies of the Ontario Institute for Studies in Education and the University of Toronto, an ethical review was conducted prior to beginning the interview process. The covering letter and consent form (Appendix B) and demographic data form (Appendix C) which had been prepared to be given to each participant was submitted for review as part of the ethical review process. The covering letter included the following: nature and purpose of the study; anticipated length of each interview; that each interview would be audio-taped,
transcribed and analyzed by the interviewer, although, small portions with the name and identity of the participant removed may be reviewed by the thesis committee to ensure the researcher's accuracy of coding; and that participation in the study was based on interest and willingness of subjects to participate and, therefore, participants were free to withdraw from the study at any time. The letter also noted that since names and identities of participants were going to be removed when the research was reported, statements would be prefaced by saying for example, "One participant stated the following in relation to their role".

**Demographic Profile**

The demographic data form (Appendix C) that each participant was requested to provide included the following information: current employment status as a nurse practitioner (e.g. full-time or part-time); number of years in practice as an NP; number of years as a member of the Nurse Practitioners' Association of Ontario; current area of employment; area of specialization; age group (ten year spans); salary ($10,000 spans); education that has been completed; country where nursing education was obtained; marital status and number of dependent children. This demographic data was obtained during face-to-face interviews. For one interview, which was conducted by telephone, the covering letter and the consent
and demographic data forms were forwarded to the interviewee several days prior to the interview. A postage paid, pre-addressed, envelope was supplied to this participant, who then completed the consent and demographic data forms and returned these to the researcher by surface mail.

Selection of Subjects

Participants for this study were drawn from the mailing list of the Nurse Practitioners' Association of Ontario. Permission to use this mailing list for research purposes was granted to the researcher by the NPAO executive and a copy of the mailing list was sent to the researcher. (See Appendix D)

In order to participate in the study the following criteria for inclusion were utilized for participant selection:

1. Must be a registered nurse (RN) who holds a current Certificate of Competence issued by the College of Nurses' of Ontario.
3. Minimum two years of experience in the nurse practitioner role.
4. Has practised full-time or part-time in the nurse
practitioner role within the last two years.

**Sampling Procedure**

Participants’ names were drawn from the mailing list of the Nurse Practitioners’ Association of Ontario using three sampling strategies. A systematic sampling procedure (Borg & Gall, 1989, p. 224; Burns & Grove, 1993, p.242; Massey, 1991, p.74) was used to obtain fourteen names. This number of names were drawn to ensure that an adequate number of participants were available to the researcher and was carried out by dividing the total number of members on the mailing list by fourteen and then selecting every "nth" individual on the list, beginning at a random point between the first and fourteenth person.

Each person whose name was drawn was contacted by telephone to determine their eligibility for the study and his or her interest in participating. If it was determined that a person could not be interviewed because he or she did not meet the inclusion criteria or was not interested in participating, the next name on the list was called until a participant met the inclusion criteria and was willing to participate. If a person was called by telephone four times and could not be reached, the next name on the list was contacted. Of those contacted there were several who
expressed interest in participating; however, they did not meet the inclusion criteria and, therefore, could not be included in the study. No participants who were eligible declined participation.

In addition to the systematic sampling procedure to select participants two other strategies were used. The second strategy was that a key informant was chosen by the NPAO executive committee in order to represent the perspectives of the elected representatives of the NPAO. The third strategy was that an outpost nurse was contacted to determine his/her interest in participating in the research. This strategy for participant selection, called quota sampling, was carried out since only one outpost nurse was in the sample gleaned through the systematic sampling procedure. "Quota sampling helps to address the overrepresentation and underrepresentation of certain elements in the population" (Massey, 1991, p.75).

The composition of the sample arrived at through these three strategies gleaned six NPs working in community health centres, two outpost nurses, one NP in an inpatient setting and one NP in an outpatient setting. Adding one NP from an outpost setting assisted in the sample being reflective of Ontario’s current placement of NPs as revealed by Mitchell, Patterson, Pinelli and Baumann(1995); "[c]urrently, there are
a small number of NPs practising in primary health care agencies in Ontario. Of 937 agencies surveyed, 563 (60.1%) agencies who responded employ 108 NPs, the majority of whom work in Community Health Centres and Northern Medical Clinics" (p.131). Massey (1991) notes "[q]uota sampling involves the nonrandom selection of elements based on the identification of specific characteristics to increase the sample's representativeness"(p.75)[original emphasis].

Hence, an outpost nurse was contacted, agreed to participate and was interviewed by telephone, on a one-to-one basis. Since travelling to this particular area would have been difficult in the winter months the interview was conducted by telephone.

Although a potential fourteen names were drawn through the systematic sampling procedure, it was determined by the researcher that adequate data had been collected after interviewing eight people (Glaser and Strauss, 1967, p.61-62). Therefore, this sample of eight in addition to the key informant and an outpost nurse yielded a total of ten participants who were interviewed.

Assumptions About the Interview Process

For the purpose of this research the following
assumptions were made in relation to the research process:

1. Nurse practitioners in Ontario would be able to communicate their perspectives and attitudes about role satisfaction and role dissatisfaction during a one-to-one, private interview situation.

2. A semi-structured interview schedule would provide sufficient organization to elicit answers from participants, but would support enough freedom to follow specific points of interest that would emerge from the interviews (Herzberg et al., 1959, p.16).

3. If participants were provided the option to select the location for the interview it would support their comfort with open discussion in the interview situation.

**Mechanism of Data Collection**

An interview schedule was developed by the researcher for use in this study. This data collection tool consisted of open-ended questions which were used to interview subjects (Appendix E). After an extensive literature search, it was discovered that no available instruments were appropriate for use in this study, as most were highly structured or utilized rating scales and therefore did not support the intent of this research to conduct interviews which allowed participants to freely discuss issues of concern.
or of interest to them. It was also important to design an interview schedule for this study in order that the questions would be specific to the role of the nurse practitioner and that the line of inquiry would focus on role satisfaction rather than job satisfaction.

Locke (1976) supports the value of this methodology in the following:

Researchers must make a trade-off between scope and depth in research, and the tendency in the job satisfaction area has been overwhelmingly to sacrifice depth in the interests of scope. Thus, most research studies involve the use of many subjects and a great variety of (often superficial) measures at the expense of a thorough understanding of any given individual. This pattern is logically associated with the preference for questionnaires over interviews, since in-depth studies virtually necessitate the latter. (p. 1339)

In relation to the value of in-depth interviewing, Locke (1976) also notes:

Job satisfaction researchers have relied too much on rating scales to measure job satisfaction and too little on interviews. It is argued that measurements of job satisfaction should have logical validity, which means that the measurements should integrate all relevant knowledge about the individual and the phenomenon being measured. Research in this area has also relied too heavily on correlational studies and could benefit from more case studies and in-depth interview studies. (p. 1343) [original emphasis]
Evaluation of the Instrument

The interview schedule (Appendix E) utilized in this study was developed by the investigator for this research and, therefore, required pre-testing prior to use. Prior to beginning the interview process the interview schedule was given to two nurses who are not NPs to obtain feedback on the design and content. It was then reviewed by two nurse practitioners who met the criteria for inclusion in the study, but whose names were not drawn through the sampling procedure and, therefore, were not part of the participant sample. The interview schedule was evaluated for the following:

a) clarity and relevance of the interview questions
b) whether questions were appropriately phrased so as not to mislead an interviewee
c) whether additional questions should be added, or existing questions should be deleted from the interview schedule

Pilot Study

A pilot study was conducted with a convenience sample of two NPs, who met the criteria for the study. This pilot study was conducted to assess the effectiveness of the interview schedule, the researcher’s interview skills, obtain feedback from participants on the interview schedule and demographic
data form and to test the assumptions that had been made about the interview process.

With prior permission of the two pilot participants, an independent observer attended the pilot interview. This was in order to gain feedback on the interview process, the researcher's skills in effective probing and general observations about the format and process of the interview. The observer was apprised of the necessity to maintain confidentiality of information and of the names and identity of the participants and agreed to this in the interview.

After the interview the observer provided the researcher with feedback on the interview process which was useful for subsequent interviews.

The two participants provided their perceptions of the content of demographic data form and the interview schedule. Any feedback noted through this process was incorporated prior to subsequent interviews. The interviewees suggested that questions #8.3 and #9 of the interview schedule be prefaced with the words "in general", hence, question #8.3 for example, was amended to read, "In general, has your relationship with physicians changed since you assumed the advanced practice role?"
Through the pilot, assumptions about the interview process were assessed as accurate. Participants were able to freely communicate their perspectives and attitudes about role satisfaction. Participants expressed no concerns about the content of the interview schedule and demographic data form.

It was anticipated that the interview process would extend over one to one and a half hours. The pilot interview was timed to estimate the accuracy of this projection and was sixty-five minutes in length. Hence, the anticipated duration of the interview included in the covering letter to participants remained the same.

The Interview Setting

Nine of the ten interviews were conducted in private, in person, on a one-to-one basis at a site selected by the interviewee. To achieve this the researcher travelled 1,300 miles throughout Ontario to interview subjects at the site of their choice. In seven of the nine cases interviews were conducted at the NP's current place of employment. Prior to agreeing to participate each of the participants had been apprised that the interview would be audio-taped and they did not indicate any hesitation or concern in terms of this. When participants were asked by the researcher to select a site of their preference for the interview they were advised that a
quiet location would support better audio-taping results.

The tenth interview was conducted by telephone due to the remote location of the site and was audio-taped with the written and verbal permission of the participant. This audio-tape was slightly more difficult to transcribe due to the interviewee's voice fading at intervals. Therefore, the researcher secured assistance through Media Services at the Ontario Institute for Studies in Education and was able to effectively enhance the audibility of the tape.

Minimal notes were taken by the interviewer during each of the interviews; however, field notes were written immediately or as soon as possible, after the interview.

**Confidentiality of Data**

In terms of dealing with confidentiality of data, all participants were informed through the covering letter, the consent form and in person by the researcher that any information reported in this thesis or published at a later date would have the names and identities of the persons removed. Participants were also informed that the raw data would only be seen by the researcher, although portions of the data with the participant's name and identity removed may be reviewed by the thesis committee for the purpose of the
researcher gaining assistance in coding of the data. None of those who participated in the pilot project or in the interviews acknowledged any concern about this process.

Prior to beginning each interview the researcher provided the interviewee with an additional copy of the covering letter and consent form. The purpose of the study and general content of the covering letter was then reviewed with the participant and an informed consent was obtained in writing from each participant.

Transcription and Coding Process

All interviews were audio-taped and each audio-tape was transcribed by the researcher. Audio-tapes were listened to three times to ensure transcription accuracy. Each transcription was then analyzed and coded page by page to determine emerging themes. Transcripts were reviewed a second time by the researcher to ensure accuracy of analysis and coding. Original conclusions of the researcher were found to be consistent and accurate after the second review. If it was determined that two themes were closely related, these were then grouped together. For example "client satisfaction" and "patient acceptance" were grouped together as one theme and were labelled "client satisfaction/patient acceptance". Themes were then grouped, and an umbrella title was given to
each group of themes. For example all themes that displayed role satisfaction were placed under the main theme Factors Contributing to Role Satisfaction. The main themes were then linked back to the research questions to determine how this data answered the question and what the pertinent findings were. Information that arose from the data but was not directly linked to a research question is also reported in the following chapter.

Data obtained from pilot participants were not included in the compilation and analysis of the study data because it was determined by the researcher that adequate data was acquired from the ten participants in the study sample. The data obtained from the two participants in the pilot was used as a reference point to examine if the study findings were consistent with the information obtained in the pilot.

**Reliability of Data**

As a further technique to ensure the reliability of data one nurse practitioner who participated in the pilot agreed to evaluate findings of this research by reviewing labels given to quotes as to whether they reflected the experiences or perceptions of NPs. Quotes under each theme were reviewed for their accuracy in reflecting the lived experiences and perceptions of NPs in relation to role satisfaction and the
supports needed for role development. Feedback provided to the researcher was that quotes chosen to be presented in this thesis and codes or labels assigned to these quotes were accurate and credible reflections of NPs' role experiences and the supports needed for future role development. The use of this technique to audit the credibility of qualitative research is supported by Beck (1993) in *Qualitative Research: The Evaluation of Its Credibility, Fittingness and Audibility*.

**Summary**

Ten participants whose names were drawn from the mailing list of the Nurse Practitioners' Association of Ontario participated in this study. Inclusion of participants was based on their willingness to participate and their meeting the criteria for inclusion in the study. All research questions were answered through the use of the semi-structured interview schedule which was designed by the researcher. Interviews were transcribed, analyzed and coded by the researcher.

The main themes which arose from this research data were coded by the researcher and substantiated by participants' quotes. These codes or themes are reported in the next chapter which will include the data presentation and analysis.
Chapter Four
Analysis and Discussion

Introduction

This chapter is presented in two sections. Section One includes the demographic data related to the study sample. In Section Two the study findings are presented in themes that arose from the data and are substantiated by corresponding participants' quotes.

Section One
The Participants

The process utilized for selection of the study sample was outlined in Chapter Three. In total, two participants were involved in the pilot study and ten participants participated in the formal study. Only the ten participants who participated in the formal study are included in the data analysis. All participants in the pilot and formal investigations met the criteria for inclusion in the study. This inclusion criteria reflected that all participants were current members of the College of Nurses of Ontario, current members of the Nurse Practitioners' Association of Ontario, had practiced full-time or part-time within the last two years and had a minimum of two years experience in the NP role.
Demographic Data

Study Sample Characteristics

Of the study sample of ten participants, ninety percent were employed full-time and ten percent part-time, one hundred percent of the population were female, thirty percent were married or partnered and seventy percent were single. Among the group of ten participants, it was indicated that there are six dependant children.

Areas of Employment

The following indicates the areas where the NPs were employed at the time of the study and the number of NPs in each area: community health centre (6); hospital inpatient setting (1); hospital outpatient setting (1); outpost setting (2).

Areas of Specialization

The following areas of specialization were noted by the group: family practice, paediatrics, womens' health and community health, cardiology, maternal and well child and adolescent care.
Educational Status of Participants in Sample

Within the sample of ten participants, six indicated they hold a RN Diploma, four have completed a Baccalaureate in Nursing and two have a baccalaureate in a field other than health. Three participants have completed a Masters in Nursing. One participant noted that she had completed midwifery training. Six participants indicated that they have completed a Post RN diploma related to their nurse practitioner role. Participants listed various titles for this diploma such as Expanded Role Training, Diploma - Outpost Nursing, Nurse Practitioner Certificate, Diploma in Community Health and Diploma in Community Health and Outpost Nursing.

Location Where Nursing Education Was Completed

One participant indicated that her Masters in Nursing was completed in the United States of America. Another participant stated that she completed her RN diploma and midwifery training in England and her Diploma in Community Health in Jamaica. Participants indicated that all other educational programs listed were completed in Canada.
Salary Distribution

Among the participant sample eight participants indicated their salary was within the $50,001-$60,000 range and two participants indicated that their salary was between $60,001-$70,000.
It is interesting to note that the participant sample has representation from each of the 5 year spans in practice with the exception of those with twenty-six or more years of experience. This representation of participants brings to the study the richness of the perspectives of seasoned workers who have been involved with the NP role throughout the history of the NP movement, which according to Mitchell et al. (1993) has been established more than twenty-five years in Canada (p.1). Also represented are those who are relatively new to the role and therefore may convey a different viewpoint.
When analyzing this graph it is noted that there is a dearth of participants within the section representing eleven to fifteen years of membership with the NPAO. It is difficult to interpret this. This finding may be related to the history and employment trends within the nurse practitioner group or it may have been a chance finding, reflective of the way the sampling worked within this small sample size. When further research is carried out with a larger sample, this finding could then be evaluated as to whether it is an isolated finding or representative of the larger population and therefore significant.
Participants in the study sample were between twenty-one and sixty years of age.
Section Two
Presentation of Results

The four main categories of themes derived from the data were: 1) Factors Influencing Satisfaction with the Nurse Practitioner Role, 2) Factors Influencing Dissatisfaction with the Nurse Practitioner Role, 3) Requirements to Support Nurse Practitioner Role Development and 4) Nurse Practitioners' Perceptions of the Nurse Practitioner Role. The themes that have been included under each of these categories are presented individually and supported by participants' quotes.

Themes are presented according to whether the theme was discussed by a minimum of five participants or by four or fewer participants. The presentation of themes is listed in this manner to reflect areas of the data that were represented by a minimum of fifty percent of the nurse practitioners representing a large portion of the study population or by four or fewer participants which reflects the perception of forty percent or less participants.

In future investigations the themes mentioned by four or fewer participants should be included in research interviews or questionnaires when a larger population is being investigated. This is in order to determine whether these themes are isolated perspectives or common perceptions of the
NP population.

Factors Influencing Satisfaction with the Nurse Practitioner Role

Research Question #1:

The first research question was "What do nurse practitioners say satisfies them about their role?" The following data reflect the comments of nurse practitioners relating to this research question.

Nine themes emerged from the data which were mentioned by five of more participants. Various participants' quotes are included in the presentation of data in order to illustrate these themes.

- Challenge of the role
- Autonomy/independence/flexibility of the role
- Client satisfaction/patient acceptance
- Variety of clientele and clinical situations
- Collaborative practice/collegial relationship with physicians
- Physician respect for and acceptance of the nurse practitioner role
- Being a NP is their number one career choice
- Advanced scope of practice/advanced knowledge and decision-making
Working and learning within a team/multidisciplinary team environment.

Challenge of the role

I guess one of the first things I can think of is challenge because it is an extended role particularly in the north where you are doing a lot of things that they aren't doing anywhere else. It is a challenge.

You certainly keep your skills up to date in all areas. You are constantly looking up in medical books for diagnoses and same with treatment in pharmacology. You have to advance once you have diagnosed and assessed. You have to decide on the proper medication.

... I have something to add to the very first question you asked about what is satisfying. I talked about the challenge of the job and I think that this is related to the challenge part of it, but also to my own personal satisfaction to have a chance to do something that I was first intimidated by. And now I have done it and I feel really rewarded by what I have done. That is very satisfying.

Well it is challenging, challenging from the point of view that it is constantly keeps me thinking about the people that I am seeing and what questions I need to ask them.

Autonomy/independence/flexibility of the role

I enjoy the independence, I like empowering people and then I help them to live better or help them with their problems and so they can try to solve some of their own problems, the best way they can. These warm fuzzy things.

For instance if you get a kid that comes in with a belly ache and you are thinking appendix, well you don't call the doctor until you complete everything and you do the bloodwork and we do all this ahead of time. There are standing orders, we don't have to call and ask if we can take blood, we just do it. The standing orders have always been there. It is the same with a narcotic; we have a standing order more or less to give the first dose of a narcotic. If you have someone doubled over in pain or whatever, you give it and get an order from the
doctors for the second dose, you know if the first one doesn’t work. It is the same as starting IVS.

I think also that it gives you a lot of independence and flexibility in your job and you can have that in this type of a role and that I enjoy. I think that it also has a lot of potential to create change in overall nursing and patient issues. That is also very important because this is a leadership role and a clinical leadership role, so making changes in the way patients are looked after and the way patients are educated. I think that I can have a strong role in that and that is why I like the job.

I think probably the autonomy to practice in various say venues or settings, to practice in a wide variety of nursing situations with a few medical components. Another thing and I am not sure, well if it could go into role satisfaction, I think certainly sometimes I have done it, is the possibility of being able to develop the role further and new challenges rather than just sort of the traditional say nurse practitioner role. I think there is lots of room for role development and changes and going beyond what we have.

...I have been able to run a heart failure clinic here on a regular basis. It’s generally an overall nurse run clinic. The physicians come and go and they may or may not always be there every week.

Let’s see. I think what I like about my role is the autonomy. I can see my own clients. They are not shared with anyone else unless I ask for consultation from the physician or one of the other nurse practitioners or the social worker or someone. So I like that part about the role, I think the best.

Sure and when I go [to work], I get ten patients booked for me that night and I see those ten patients myself. The doctor never sees them, unless it is somebody that I feel that I have to ask about.

It is very independent. In fact the physicians rely quite heavily on our clinical assessments because we are the eyes and the hands that are there.
Client satisfaction/patient acceptance

I have only heard very positive feedback about the role especially because I spend more time with them.

Okay, patient acceptance, I found very good. We had many times patients would say to you..."You explained this to me better than anyone has along the way".

It certainly gives you a good feeling and you get a lot of gratitude from clients.

Well I find that most people in most cases are happy.

I feel good when I have seen a patient and when I have seen their satisfaction with seeing me.

Variety of clientele and clinical situations

And then every day is different, usually because it is a family practice you never know who is going to walk in the door. ... It is mostly scheduled appointments, but we will see walk-ins and we will see kids anytime.

Also being able to focus on people like kids, babies, children, adulthood and older folks, right through the whole age range. That is quite satisfying too.

And oh, there is one other thing that is really important that I forgot to mention this is a big thing to me as well is that the job is satisfying because it is never the same. Every day is different. You are seeing different people with different problems, different situations and a huge variety which I really like.

There are a lot of those things if you are working in a hospital for instance and you are in one area of paediatrics, you are only focussing on children. Here you have got everybody; you have the young; the old; you have the healthy; you have the sick. You are doing health promotion and [disease] prevention in our area. Another area that is covered immensely, that is not covered by a regular hospital nurse is immunization. Communicable disease prevention, contact tracing, it is a wide area and certainly a lot of the nurses that have
worked in the outpost areas have gone on later to jobs down south in areas that they may have never been able to advance in or even work in coming strictly from a hospital. So, it is called community health but it is primary care also. You have people coming through your door that are having a heart attack so you are doing emergency treatment, trauma treatment. A lot of those you do see after hours and of course most of them are never scheduled; they are just coming through the door. You get to deliver babies, so you get to work in all areas.

Collaborative practice/collegial relationship with physicians

That's right, it is very collaborative. I work very closely with the physicians.

Physicians are extremely happy with this role. I have not had any negative physician input at all. In fact there is a great upset right now because one of the ERNS [extended role nurses] is away on sick leave and there have been many meetings about how we are going to be able to carry on business without her.

Yes, again 99% of the time it is very positive and there is a really strong sense of collaboration and teamwork here and I really enjoy working with the physicians here in that respect. I feel like a colleague. It is very positive with them.

Physician respect for and acceptance of the nurse practitioner role

Another thing that I find satisfying that maybe some people don't, is that I find that generally in my own experience that I maybe gain a lot more respect from the physicians I work with and they, I think, trust my ability and my skills, so I mean that certainly gives me a lot of satisfaction.

I really like it and I think that my scope is so broad and is so flexible and basically because I think that I have developed a trust and the respect of the physicians. That goes both ways, in that if I feel comfortable with it and they know that I am not going to overstep whatever.

Oh I think so especially if I could relay a really good physical assessment or diagnosis to them and ask for help for what did they think, this or that.
And if it was accurate what I gave them, then it required respect.

And I have yet to find a situation where my knowledge and skills are not respected. And I feel that this is so because I do have a good body of knowledge, skills and expertise. I know that I know and I demonstrate it.

**Being a NP is their number one career choice**

Yes [it is my number one career choice], I do really enjoy nursing and I enjoy working as a nurse practitioner.

Definitely [being a NP is my number one career choice], I enjoy working with patients in that setting and much better than working in hospitals as it is now.

Yes it is [my number one career choice], I left the hospital situation in 1976 and I have never gone back. So I have been in private clinics, I ran my own clinic for nine years. I set it up, looked after the patients and did all their care and had a physician back me up. We never were there together.

**Advanced scope of practice/advanced knowledge and decision-making**

Okay, I suppose the extra responsibility that we are given. In a hospital you have doctors over you and out in the field in the expanded role you are trained of course how to prescribe, assess and when you are in doubt of course you have the doctors always to fall back on by telephone. So it is the extra responsibility to practice in what you have been trained to do.

Three to four things that are satisfying. While, for me I guess for me having patient contact at an advanced level of patient contact. I always enjoyed the clinical and when I went back and did my masters it was a masters of nursing education and I knew then that I wanted to do clinical and actually I ended up going back to do clinical. So, I really always wanted a clinical focus and with this job you have a very strong clinical focus.

I think that probably one of the [satisfying] things and it is quite a broad thing, is just the
ability to practice like an advanced scope of nursing and to use more nursing skills.

It is very independent. In fact the physicians rely quite heavily on our clinical assessments because we are the eyes and the hands that are there. The physicians only come up to the communities once a month for about a week and they see people that we have referred to them. But let’s say if there is a problem that I feel that I need to consult about, that would be done over the phone and they would be relying on my assessment for that consultation.

Working and learning within a team/multidisciplinary team environment

Now whether that is me doing that solely by myself within my nursing role or whether that is collaborating with whoever needs to be consulted, whether it is physicians, nutritionists, physiotherapists, whoever is the most appropriate and I think that being able to complete that circle is I guess the thing that attracts me to this…We have a physio that is here twice a month and a nutritionist that is here every Monday. Speech pathology is here every Friday. So there are a number of people. It is a thrill to have them in the same building as compared to my northern experience where there was no one.

Umm, independence and working in a team. I enjoy the team, the team work that we do. And having that support from the team in these areas or telling you when you are doing a good thing.

I like being part of a small team and a multidisciplinary team. I don’t think anybody can work in isolation. Certainly the clients that I have, have a lot of problems so to have the social worker here, the community worker, the nutritionist, that is great because you can’t be everything to all patients, to all clients. So, it is nice. And the physician too of course and our physicians are great here. They are excellent to work with. (with enthusiasm)

...one of the things that I find really satisfying is my opportunity to work with other disciplines, other members of the team. When I say other members of the team I am talking about doctors, social workers, community health workers...
Yes, and you see the thing about it is that we collaborate. I respect say the nutritionist, the dietician’s role and I go to them for advice for whatever I need and we exchange knowledge and we work on things together and so it is a mutual respect.

The other thing is teamwork, up there you really rely on each other for assistance and encouragement and things like that because you are working in an isolated area. Not just among the nurses in the station but also it is between the nurses and the physicians. I found that relationship a lot more satisfying than I did with the hospital physicians.

Yes, yes, it is very much a collaborative practice. And in most of the community health centres you work within a multidisciplinary team. And what one person doesn’t know the other person helps you do and so you work it all out so the best care is given to that patient. And so that patient feels that by the time they finish their care that they have had everybody that is necessary and then they feel good about it.

Six additional themes emerged from the data which were mentioned by four or fewer participants. Various participants’ quotes are included in the presentation of data in order to illustrate these themes.

- Community support during emergencies in the isolated areas
- Supportive management and nursing staff
- Holistic approach to client care
- Being mentored by a nurse practitioner
- Minimal shift work
- Working with ethnically diverse populations

**Community support during emergencies in isolated geographical areas**

...you find in these communities when they become familiar with you, they know you well enough that
people will help out in an emergency. They don’t have to be nurses or trained medics. They will come and they will give you their support. They make sandwiches and bring them into the community and that kind of thing because usually if you do have an emergency, it is a community thing anyway.

Supportive management and nursing staff

.... I have very good support from the nursing staff that I work with...

This organization has been very supportive of the nurse practitioner role, role development and the expansion.

I have a very supportive management in our centre who really believe in the role. This is really wonderful to have. They will say, "What can we do as an organization [to support the NP role development]? Can we write letters? What kind of support can we give you?" They are very supportive in developing the educational needs and for conferences and any professional development.

Other things that are satisfying...the other nursing staff acceptance [of the NP role] was really good in the clinic...the other nurses used to come to me for information...

Holistic approach to client care

I also have a room where I do a lot of health teaching and it is the holistic patient [care that I find satisfying], you are treating the whole person. It is not just a disease entity that I am seeing. So for me it is a much more fulfilling role in that way...

The other thing that I found really satisfying is being able to see a person all the way through their problems from the beginning to the end. They come in really sick with a problem, and we come up with a solution together and then they come in for followup. I found it more holistic. I like having the whole picture.

Being mentored by a nurse practitioner

One of the nurse practitioners I worked with had gone to university and she mentored me. ...I thought she was very bright.
Well certainly, I think I mentioned to you awhile back, I didn’t want to practice in the expanded role unless I had the training first, but I was asked to go right away so she [the NP] took me kind of under her wing within a week (laughter) and you know she had me looking in ears and telling me what I saw and all those different things in assessment and all the new skills. She set the whole thing up and she just seemed to be with it, she knew what she was talking about...

**Minimal shift work**

I love the hours. That is a lot better. No shifts no weekends, no on call. That is really good.

**Working with ethnically diverse populations**

I work with a large multicultural community and I really enjoy learning and meeting different people in different backgrounds and just different views of life.

.....this community has very large diversity, there are people here that come from everywhere else in the world. So you get to meet all kinds of people, so I find that kind of satisfying.

**Factors Influencing Dissatisfaction with the Nurse Practitioner Role**

**Research Question #2:**

The second research question was "What dissatisfies nurse practitioners about their role?". The following data reflect the comments of nurse practitioners relating to this research question.

Six themes emerged from the data which were mentioned by five of more participants. Various participants' quotes are
included in the presentation of data in order to illustrate these themes.

- Lack of employment opportunities/job security
- Lack of legislation to support NP role
- Lack of physician understanding of and support of the NP role
- Lack of public understanding of the role
- Lack of titling/consistency in titling/titling protection
- Role dissention between NPs and other nurses.

Lack of employment opportunities/job security

And I think right now the limitation of the number of places to find employment as a nurse practitioner. You know there aren’t that many, if you took away community health centres there would be pretty well nothing.

The lack of jobs is very dissatisfying. The fact that it hasn’t grown the way it should have ... For twenty years we have fought to keep ourselves alive working as NPs and there weren’t many jobs.

I guess the other barrier would be the lack of jobs. That is a big barrier, full-time jobs.

Lack of legislation to support NP role

I guess given its limitations right now, I don’t know what will happen. If the legislation doesn’t happen then I would sort of see it as a total lack of respect for nursing and a lack of understanding.

Another thing that I find dissatisfying or I guess more frustrating is the lack of legislative recognition of the role, because I think that until that happens we are always going to be spinning our wheels.

I think just the ambiguity right now about what is happening with the role. Let’s get going, let’s get licensed and let’s get moving.
I think the legislation certainly has to be cleared.

Lack of physician understanding of and support of the nurse practitioner role

Lack of respect from physicians and I think that sometimes that is lack of respect for nursing, not just the nurse practitioner role, but the nursing role. I think there is still a lot of education that needs to happen, a lot of learning...around the understanding of the nursing role in the community.

I think the only physicians I have had trouble with are the physicians I have never worked with or that have never worked with a nurse practitioner.

I have had positive and negative physicians' reactions when I was going to become an NP. Like they don't understand the role and they couldn't see the difference...between a NP and a physician and the working relationships that you can do together.

I think that some of the barriers are misconception on the part of other physicians. I know that there are many that don't really understand our role and have never worked with a nurse practitioner and do not even know what we are about and they are very uncomfortable with it. Every physician that I have ever talked to that has worked with nurse practitioners in the north thinks that it is wonderful and they have no problem with it. It is the ones that are totally unfamiliar with it and that can be a barrier for our role.

Lack of public understanding of the role

... there is lack of public support and I don't think it is because they don't want nurse practitioners; it is because I don't think that they really appreciate the scope of what nurse practitioners can do and the potential.

Besides legislation, there is also the understanding of the role of the nurse practitioner and the need for public education. I mean I have clients that come to see me because they understand the role of the nurse practitioner and they want that and I have other clients who see me because they want to be taken care of but they don't truly
have the full understanding of why.

...another barrier would be a lack of public awareness as to what the nurse practitioners are all about and their role. ... We need to raise people's awareness of what the role is about and maybe decrease certain fears.

Lack of titling/consistency in titling/title protection

The other main issue is titling, I think that titling is important and we are dealing with that in our own institution. We have one institution and two different titles and I think that this needs to be sorted out.

Well and it is frustrating too that this title does not really exist. ...I think it would make life easier and I think that it would be safer for the public and it would be safer for other nurses as well. You would know if you had this title it would mean that you had this sort of preparation, or the equivalency. It just would make it a lot clearer.

I think that there should be title protection. I think that once you do that there is a lot less confusion, not only for nurses, other health care professionals and physicians, but also for the public because the public, because I mean even here people come in and say, "Oh, Hi doctor" and I say "No I’m not a doctor, I’m a nurse practitioner", "Oh well does that mean you are a nurse practising to be a doctor or are you a nurse?". So there is a lot, there is a need for continual education.

Well right now I think that it is the title. The title is not protected.

Role dissention between NPs and other nurses

I think that I was accepted a lot easier from the physicians' perspective rather than I was from the nurses. But that is nursing; nurses are not good at treating each other as colleagues. We don’t
always respect each other and our strengths and weaknesses well. And I think that nurses just don’t do that very well. And I think that this is a reflection of that.

I just think that in the whole nursing field we need to work better together because I think for too many years we have been fighting amongst ourselves. There has been too much of that and we have got to get more unified.

I think that nursing has had some problems with this role and that when we came on board there was some fear that we were taking over some of their role. That had to be dispelled. Every member is part of a team and we all have to work together. And I think that was more difficult for some of the nursing people than many of other [health care providers].

Six additional themes emerged from the data which were mentioned by four or fewer participants. Various participants’ quotes are included in the presentation of data in order to illustrate these themes.

- Isolation/burnout/personal adjustments/lack of support related to employment in remote communities
- Salary
- Lack of collegial relationship with physicians
- Physician availability influencing NP utilization
- Lack of time to complete special work-related projects
- Physical setting of work environment.

**Isolation/burnout/personal adjustments/lack of support related to employment in remote communities**

Often, you felt that you weren’t getting support from management and the zone and things like no social life and the living conditions. So yes, these things that you will hear time and time again. I am sure that these are not new if you have talked to anyone who has worked in the north.
Okay, most of our areas of employment are isolated, very isolated so much so that there is no social life per say as in the city. You can’t go to the movies, you cannot go out. Some communities have no restaurants (with emphasis), so you have to cook all your own meals. That has always been a dissatisfying factor for nurses, I find, in our area. Sometimes they only last for about a year because they burnout very quickly too, that is another dissatisfier. If you are understaffed at all or if you have a lot of emergencies, there is terrible wear and tear on the nurses. Staffing sometimes is a dissatisfying thing. If somebody takes holidays they are not often replaced. So you are short [on staffing] right away.

I think that one thing is the hours and having to be on call, working full days and then doing call afterwards and on weekends. Again, the limitations of the nursing station. There is a major decrease in your freedom. Basically whether you can take the time off the station is based on staffing and if there isn’t a staff member off at that time on vacation, then you can take it.

Salary

The other thing I don’t like is the salary...

Lack of collegial relationship with physicians

I certainly don’t feel like we are treated equally, whereas in [the other station] I was [treated equally] from the doctors who had been around for a few years and got to know the nurses.

In the hospital you are not treated as a colleague, whereas in the health centres I was.

Physician availability influencing NP utilization

The nurse practitioner that came to our hospital is restricted [in her scope of practice] compared to us; because there are doctors on-site. So she can’t do all these things that she could do if she were in [the outpost station].

The doctors pushed it, they didn’t want us really. See, originally it was started because there was a shortage of doctors to cover a lot of these things and they felt that nurses could do this [NP program] through the universities...So through the
seventies it did grow quite a bit and we had a lot of courses going on. ... But in the 1980’s we had an influx, too many doctors wanting to be trained as residents... .

Lack of time to complete special work-related projects

I think that the only thing that I find dissatisfying is the lack of time that I have to do all the things I want to do. I work long hours and there are not enough hours to get done all of the projects and all of the things that I would like to get done. I don’t find anything else negative about this role.

Physical setting of work environment

Limitations, like the physical space that one has to work in. It has its limitations. This place is not wheelchair accessible at all and I have a room upstairs here. If I need to see someone who uses a wheelchair then I have to go downstairs and find a room. You see, we have a really tight space to work in.

Requirements to Support Nurse Practitioner Role Development

Research Question #3:

The third research question was "What do nurse practitioners perceive as the supports that are required for future role development?". The following data reflect the comments of nurse practitioners’ relating to this research question.

Six themes emerged from the data which were mentioned by five or more participants. Various participants’ quotes are included in the presentation of data in order to illustrate these themes.

- Public, physician, other health care professionals
and nursing education around the NP role

- Legislation to support the NP role
- Employment opportunities
- Reciprocity of the NP role across Canada
- Need for funding/billing mechanism to support NPs
- Need for standardization around titling and entry to practice/protection of the NP title.

Public, physicians, other health care professionals and nursing education around the NP role

I think there is still a lot of education that needs to happen, a lot of learning...around the understanding of the nursing role in the community.

[Letting the public know about the role is definitely a need], because I think a lot of the public don't understand the difference between a NP and a registered nurse and a clinical nurse specialist.

We have to do a real education campaign to the patients, public and doctors.

I have met a lot of doctors that are very accepting of [the NP role] so the ones that we are hearing of, most of them don't even know what we do. [We need nurses to be taught about the role]...because I still think that nurses think that NPs are mini-doctors.

I think that some of the barriers are misconceptions on the part of other physicians. I know that there are many that don't really understand our role and have never worked with a nurse practitioner and do not even know what we are about and they are very uncomfortable with it. Every physician that I have ever talked to that has worked with nurse practitioners in the north thinks that it is wonderful and they have no problem with it. It is the ones that are totally unfamiliar with it and that can be a barrier for our role.

I think it depends on where they are. I'm sure that a lot of nurses that are in the hospital are
not familiar with the role. Probably once they are working within community health maybe they might be more familiar with it, but I know in the hospital when I was there and I first told people I was going up north and I first spoke to them about it and they said "wow" and thought I was going off into some strange land doing all kinds of things but the role itself was intimidating.

I think the practice issues are really to bring the public on board and also other health care professionals.

Legislation to support the NP role

I would like to see, well obviously, legislation and access to diagnose and being able to make a diagnosis is very important.

There is the need for legislation and the validation of our role. And if we have the legislation sort of as the ground work and the base then we can work up from that, but until we do we are just going to spin our wheels.

"It [the legislation] is very important (with emphasis). It will validate our purpose, and our roles and our responsibilities with everyone and with the public. You know and the thing is you know what legislation will do for me in my practice or in my role. First of all, it will allow me to sign the prescription; it will save me time. It is not going to change how many times I consult with a physician because I will still consult with them for the same things. I am consulting because I don't know; whether I have legislation or not.

Like come on, get on with the legislation.

Employment opportunities

I would really like to see legislation happen and especially in rural areas. I would really like to see practices where there would be a family physician paired up with a nurse practitioner. I think that it could work.

I think there are possibilities for nurse practitioners in urgent care and walk-ins ...Hey, nobody is ready for it just yet but, why not I would love to work in an emergency department to see the things that don't need to be seen by a
physician and plus you know you cut costs and you know it is appropriate. People here are very satisfied with their service.

Umm, for me the biggest thing right now is that I would like to see more [employment] opportunities across the country, not just in Ontario and I would like to be able to practice in more areas.

...I guess the other barrier would be the lack of jobs. That is a big barrier, full-time jobs.

Reciprocity of the NP role across Canada

I think the role should be right across Canada.

And [the rules] should be uniform across Canada with the different provinces, so you can move province to province, job to job and you are still covered under the proper legislation. Nothing progresses without that legislation.

I would expect that it would be more standardized and more regulated. I guess instead of having different sorts of people practising differently there would be a standard basically and as far as education goes the education and the role itself so that a nurse practitioner working here in Ontario will still meet the criteria for a nurse practitioner working in any other province.

It should be right across Canada.

Need for funding/billing mechanism to support NPs

I also think we have to sort out how [NPs], especially in primary, how the funding is going to happen, how these people are going to be paid. In a university or hospital setting, it seems to be less of a factor here, but I know in some hospitals, I know it is a big factor. They would like NPs but they don’t feel that they can afford them.

Yes you need funding and legislation and job opportunities.

A lot of times we talked these places into creating jobs through the years. Like community health centres had them. Some doctors were very willing to have a nurse practitioner in their practice and there would have been more doctors willing had they
been paid for us, but when they were paying it out of their own income they weren’t too willing. So finances were always a problem.

Need for standardization around titling and entry to practice/protection of the NP title

Entry to practice and titling are important.

What would I like to see changed? I don’t know I think I just like to say...let’s get going and let’s standardize everything.

I think that there should be title protection. I think that once you do that there is a lot less confusion, not only for nurses, other health care professionals and physicians, but also for the public...

I don’t think anybody should [be able to call themselves a nurse practitioner unless they are]...I think it should be a protected title.

Yes, [there is a need for] uniformity in education, titling and scope of practice.

Well I think eventually, right now I think that the fight is to get the legislation open and to get us legalized as a profession as a NP profession. Okay, the same as they did with the midwives, then I think that we have to sit down with all the different areas and say now how are we going to do this? Like are we going to say, this is how you will be qualified as a nurse practitioner and this will make you eligible to use the title? We are going to have to do that. That has got to be done.

Four additional themes emerged from the data which were mentioned by four or fewer participants. Various participants’ quotes are included in the presentation of data in order to illustrate these themes.

- NPs need continuing education support, pension plans and benefit plans.
- Review proposed legislation in the future for different NP roles and future scope of practice of NPs
Need for visitation rights to see clients in hospitals/access to client records

Need for malpractice insurance

NPs need continuing education support, pension plans and benefit plans.

You need a pension fund of course, you need something that you can either pay into that would help you in your old age.... The other thing you don’t have if you work part-time ... is benefits, there are no benefits at all.

...big support for education because I think nurses play a fantastic role...

Review proposed legislation in the future for different NP roles and future scope of practice of NPs

Well as far as what I am doing, the only place I feel it doesn’t meet my expectations and this is...I do all the obstetrics here, pre-natal and post-natal care. The issue is that I can take care of all these women (with emphasis) through every minute of their pregnancy, except for the second that they start into labour until they deliver. Then I can look after them and their baby again. So why did they not include that part? I really feel that it is a big gap in the care that I can give them.

I think that NPs could be anywhere. In small hospitals, emergency rooms and primary health care. It is sort of getting out of it, but it is primary care. Also, the whole geriatric field, mental health field, schools etc. ...There are spots where people are needed.

[The legislation should be revisited for people in tertiary care settings]. It is a totally different role.

It [proposed scope of practice for NPs] doesn’t fit the acute care setting.

Need for visitation rights to see clients in hospitals/access to client records

I don’t want to write orders because I think that is pretty conflicting while a patient is under some other person’s care... I could do progress
notes... or I could put a note on the front of the client’s chart if I wanted the doctor to call me.

I don’t want to be visiting them as a visitor, I want to be visiting them as a health professional.

Need for malpractice insurance

If the legislation changes then I think that we should need to look carefully at that for what we are doing for malpractice insurance.

Nurse Practitioners’ Perceptions of the Nurse Practitioner Role

Three themes emerged from the data which were mentioned by five or more participants. This information was not specifically linked with any research question. Various participants’ quotes are included in the presentation of data in order to illustrate these themes.

- Need to know scope of practice and when to refer to other health care resources

- Advanced scope of practice

- Nurse practitioners learn experientially through the interdisciplinary team.

Need to know scope of practice and when to refer to other health care resources

...So I think that NPs have to realize that they work within a team and they have to realize where their responsibilities end and begin and where their level of knowledge stops and they have to be able to be a good judge of their own character and to know when they need extra help and when to refer. I think this is a very critical piece of this and I think that is something that is important especially for the public’s sake.

I mean I see people and I feel confident about my skills but then there are sometimes I have done
sort of a thorough assessment and I have done a
detailed history and then I will say to them "You
know I don't know what this is, but I am going to
get a physician to come down". And then the
physician will come down and often, not always but
often they will say, "Gees you know, I don't know
either". But patients don't mind that because they
know that you don't know and that you are going to
consult.

She needs to know, the most important thing is that
she needs to know when to refer, how far her scope
goes, how far to take skills, how far, how much
does she know and when she is at her limit. I
think that this is one of the most important things
to know where and when to refer. ... You know
because it would be a total disaster, this whole
scheme of things, this whole nurse practitioner
practice would be a total disaster if you have a
whole bunch of nurse practitioners out there who
don’t know how far to go with patient care and when
to refer. Do you understand what I am saying?.

So it's knowing the limitations of your scope. ... I
don't think that we are out to take the doctors' role. I think that we are out to support the
doctor; we are out to, basically give the best care
to the patient... .

Advanced scope of practice

I think that it was the adventure and it was the
challenge and the autonomy, the ability to use more
advanced skills and critical thinking and decision-
making [that motivated me to become a nurse
practitioner].

I think that the NP role is a really important
role, I think that it is not a new role. Nurses
[NPs] have been advanced practice nurses for a long
time.

My role is advanced practice at the primary care
level... .

NPs learn experientially through the interdisciplinary team

But anyway the doctor there was a good teacher and
so were the other nurses... .

When you work in teams though, it is always good to
involve the other person, because it is learning
for each person on the team...

Umm, my role model was one of the other nurses in the station I was working with. She was fairly experienced and I knew that she had done the [NP] program, because she had a lot of knowledge and skill and she was my role model. ..... When we went through the [NP] program we were buddied with a physician for our clinical experience and I think that is great too. I think that ideally it would be nice to have both, because I learned a lot from the physician but it was equally important at the time that I was buddied by a nurse practitioner.

Three additional themes emerged from the data which were mentioned by four or fewer participants. This information was not specifically linked with any research question. Various participants’ quotes are included in the presentation of data in order to illustrate these themes.

- NPs need a nurse practitioner as a main mentor as well as physician mentors
- Development of the NP role will facilitate development of the GP (general practitioner) role
- NP role includes client education, health promotion, client empowerment, client advocacy.

NPs need a nurse practitioner as a main mentor as well as physician mentors

Yes, [it is important that a nurse practitioner be role modelled by another nurse practitioner].

When we went through the [NP] program we were buddied with a physician for our clinical experience and I think that is great too. I think that ideally it would be nice to have both, because I learned a lot from the physician but it was equally important at the time that I was buddied by a nurse practitioner.
Development of the NP role will facilitate development of the GP (general practitioner) role

[If the NP role is broadened] a GP will be focussing much more on very ill people...GPs could do much more research ... and get more complicated cases.

NP role includes client education, health promotion, client empowerment, client advocacy

I think that what I really, really like about this role is that even though you are working in the expanded role the focus is still a nursing role. The goal is health promotion and the real emphasis is education and prevention...So we are trying to empower people to help themselves and to prevent a lot of complications down the road. So it is a very different focus. We don’t want to be doctors, we don’t want to have that role. We want to have them as a resource and to refer to. We want to be able work independently in our role which should be defined. We want to be able to do minor treatment based on what we are comfortable with. That is our focus, it’s that and health promotion.

In the following chapter an analysis of the findings included in this chapter is presented in relation to the studies of Herzberg et al. (1959) and Herzberg(1966) as well as previous job/role satisfaction research.
Chapter Five
Analysis of Findings

This chapter focuses on the analysis of the findings in relation to the work of Herzberg et al. (1959) and Herzberg (1966) and in relation to other previous research.

The findings of this study are pertinent for two reasons. First, they support some of the findings of previous research and, secondly, new findings are revealed through this research process.

Analysis of Findings in Relation to Herzberg's Studies

The guiding theoretical framework for this study was derived from the works of Herzberg, Mausner & Snyderman (1959) and Herzberg (1966). As noted within the methodology chapter, the design of this study was different from that of Herzberg's in order to account for what the current researcher perceived as methodological limitations of Herzberg's design. In Herzberg's work, participants were asked to discuss where they felt unusually good or bad about their job and to report this based on whether it was a long or short range sequence of events (Herzberg et al., 1959, p.35). They were then asked to repeat the process and to report on the opposite to their first story. Therefore, if the interviewee had reported a
long range sequence he or she was to discuss a short one and if the first report was a low range they were requested to discuss a high experience (Herzberg et al., 1959, p.35).

Herzberg et al. (1959) noted that when participants in his research reported happiness surrounding their jobs "...they most frequently described factors related to their tasks, to events that indicated to them that they were successful in the performance of their work, and to the possibility of professional growth" (p.113). The authors noted that "[t]he factors that lead to positive job attitudes do so because they satisfy the individual's need for self-actualization in his work" (p.114). The authors state "[i]t should be understood that both kind of factors meet the needs of the employee; but it is primarily the "motivators" that serve to bring about the kind of job satisfaction and, as we saw in the section dealing with the effects of job attitudes, the kind of improvement in performance that industry is seeking from its work force" (p.114).

When participants discussed unhappy emotions these were identified with situations that surround carrying out their job rather than being linked with the job (Herzberg et al. (1959), p.113). The authors stated "[f]actors involved in these situations we call factors of hygiene, for they act in a manner analogous to the principles of medical hygiene. 121
Hygiene operates to remove health hazards from the environment of man. It is not a curative; it is, rather a preventative" [original emphasis] (p.113).

In terms of the factors included under the hygiene category, Herzberg et al. (1959) addressed this category...

...we have included supervision, interpersonal relations, physical working conditions, salary, company policies and administrative practices, benefits, and job security. When these factors deteriorate to a level below that which the employee considers acceptable, then job dissatisfaction ensues. However, the reverse does not hold true. When the job context can be characterized as optimal, we will not get dissatisfaction, but neither will we get much in the way of positive attitudes (pp.113-114).

In summary, it can be seen in the preceding quotes that Herzberg believed that to be satisfied a worker needs to have the "factors of hygiene" acceptable to them, however, the acceptability of these factors only will lead to or support a lack of dissatisfaction. Consequently, we need "motivators" or satisfiers in our work environment to assist us in feeling satisfied.

The approach employed for the current study was to inquire about role satisfaction of nurse practitioners utilizing a semi-structured questionnaire which was developed for this study. The following reveals the similarities and differences found in the current study when compared with the findings of Herzberg.
The five factors termed satisfiers (motivators) by Herzberg et al. (1959) and Herzberg (1966) will be analyzed vis-a-vis the findings of the current study. The findings of the current study reflected nine "Factors Influencing Satisfaction with the Nurse Practitioner Role" which were mentioned by five or more participants and six factors which were mentioned by four or fewer participants. Those themes which "fit" under Herzberg's categories will be listed under each of his satisfying factors which were, as aforementioned defined by the author as "...achievement, recognition, work itself, responsibility and advancement..." (Herzberg, 1966, pp.72-73 [original emphasis]).

Achievement:

- Autonomy/independence/flexibility of the role
- Collaborative practice/collegial relationship with physicians

Recognition:

- Client satisfaction/patient acceptance
- Physician respect for and acceptance of the nurse practitioner role

Work Itself:

- Challenge of the role
- Being a NP is their number one career choice
- Working and learning within a team/multidisciplinary team environment
Variety of clientele and clinical situations
- Holistic approach to client care
- Working with ethnically diverse populations

Responsibility:
- Advanced scope of practice/advanced knowledge and decision-making*

Advancement:
- Advanced scope of practice/advanced knowledge and decision-making*

*This theme that was expressed by the nurse practitioners appears to be appropriate under two categories. It is suitable under Herzberg's "Responsibility" because the advanced role is indeed one of increased responsibility. Participants' quotes under this theme support that the role is one of increased responsibility. This theme also seems to fit with Herzberg's "Advancement" theme because the reason described by one of the practitioners for being satisfied with the role of the NP is based on the ability to practice an advanced nursing role (See Advanced scope of practice/advanced knowledge and decision-making theme) which represents that a chance for
advancement is a satisfying event. The NP role also represents a change in status from a regular nursing role, as it is an advanced nursing role.

Four of the themes reflecting satisfaction mentioned by the nurse practitioners in this study do not seem to fit under any of the categories which Herzberg deemed to reflect satisfying factors. Two of the current themes which were (1) Community support during emergencies in isolated geographical areas and (2) Minimal shift work, seem more fitting under one of Herzberg’s dissatisfiers entitled "working conditions" as they relate to the context in which the role was carried out.

Another two satisfying themes which were (1) Being mentored by a NP and (2) Supportive management and nursing staff, do not seem to fit under Herzberg’s satisfiers; however, these themes could fit under Herzberg’s "Interpersonal Relations" which was one of the categories he deemed as a dissatisfier. Therefore, in terms of factors influencing the satisfaction of nurse practitioners, this research is supportive of Herzberg’s findings in part and also contrasts in some of the findings.

It is interesting to point out, however, that the nurse practitioners do seem more satisfied with the aspects of their
job that are related to the job itself although they also seem satisfied with some conditions that surround the job which are reflected in the four satisfiers (motivators) that Herzberg would have deemed to fit under the dissatisfiers (factors of hygiene).

The factors termed dissatisfiers by Herzberg (1966) will be analyzed vis-a-vis the findings of the current study. The findings of this study reflected six "Factors Influencing Dissatisfaction with the Nurse Practitioner Role" which were mentioned by five or more participants and six factors which were mentioned by four or fewer participants. Those themes which "fit" under Herzberg's categories are listed under each of his dissatisfying factors which were, as aforementioned, defined by the author as follows: "[t]he major dissatisfiers were company policy and administration, supervision, salary, interpersonal relations and working conditions" [original emphasis], (Herzberg 1966, p.74).

**Company Policy**

No theme(s) identified by the nurse practitioners fits under this category because NPs were asked to comment on their role, rather than on a current or former job as was the case in Herzberg's work (Herzberg et al., 1959, p.141). Therefore, their answers did not relate to specific company issues.
Administration

- Isolation/burnout/personal adjustments/ lack of support related to employment in remote communities*** Please note only the portion of this dissatisfier which is highlighted in bold appears to be a fit under the "administration" category. Quotes from participants support that their concerns were in relation to administration/supervision.

Supervision

- Isolation/burnout/personal adjustments/ lack of support related to employment in remote communities*** Please note only the portion of this dissatisfier which is highlighted in bold appears to be a fit under the "supervision" category as well. Quotes from participants support that their concerns were in relation to administration/supervision.

Salary

- Salary

Interpersonal relations

- Lack of physician understanding and support of the NP role
- Role dissention between NPs and other nurses

127
Lack of collegial relationship with physicians

Working conditions
- Lack of employment opportunities/job security
- Lack of legislation to support NP role
- Lack of public understanding of the role
- Lack of titling/consistency in titling/title protection
- Isolation/burnout/personal adjustments/ lack of support related to employment in remote areas***
- Physician availability influencing NP utilization
- Lack of time to complete work-related projects***
- Physical setting of working environment***

With the exception of those noted by asterisks***, the findings of the current study listed under the category Working Conditions relate to current practice issues in Ontario, rather than being related to a specific place of employment. Those noted by asterisks seem more related to a place of employment. In Herzberg’s study this category was in relation to an employee’s satisfaction with the working conditions in a current or former place of employment and included physical working conditions, amount of work, working facilities and environmental factors (Herzberg et al., 1959, p.48).

The current data, however, do fit with Herzberg’s
findings as each of the themes relate to working conditions surrounding the NP role or to the context in which the role is carried out.

Therefore, in general the findings of the current study support the findings of Herzberg et al. (1959) and Herzberg (1966). Nevertheless, as was previously discussed, it is also important to point out that four of the factors that the nurse practitioners found satisfying seem to fit more appropriately under Herzberg’s dissatisfiers. Therefore, these findings are in contrast to Herzberg.

The findings reflecting "Factors Influencing Dissatisfaction with the Nurse Practitioner Role" also support Herzberg as each of thirteen dissatisfying factors from the current study are "...not associated with the job itself but with conditions that surround the doing of the job" (Herzberg et al., 1959, p.113 [original emphasis]).

Analysis of Current Findings in Relation to Previous Research

Koelbel et al. (1991) also noted in their research that in general their findings supported the theory described by Herzberg et al. (1959) and they state "[n]urse practitioners tend to be more satisfied with factors intrinsic to their work than they are with aspects of the work environment..." (p.55).
Tri (1991) found ten "Factors that Contribute to Positive Level of Satisfaction" in her research on NP job satisfaction (p.50). The current findings are similar to three of these ten factors. Tri labelled one contributing factor "Autonomy of the NP role", whereas, in this study one satisfying factor which arose in the data was "Autonomy/independence/flexibility of the role". Other similar findings were Tri's "Challenge of learning and growing" which compares with the current study finding "Challenge of the role" and "Number and kinds of patients" which is comparable to "Variety of clientele and clinical situations". A fourth positive factor noted by Tri was "Relationship with peers". Tri does not specifically define who these peers were; hence, it was assumed by the researcher that the word peers may refer to other nurse practitioners or physicians. In the current study participants identified "Collaborative practice/collegial relationship with physicians" as a satisfying factor.

In a section entitled "Factors that Contribute to a Current Level of Dissatisfaction", Tri (1991) identified 10 factors. Salary was one factor that influences dissatisfaction which was identified by Tri and arose as a finding in the current study. Tri also noted "Relationship with Physicians" as a contributor to dissatisfaction. In the current study "Lack of collegial relationship with physicians" presented as a dissatisfier. Other findings of Tri are not
comparable with the findings of the current study.

The difference between the current study and these works (Koelbel et al., 1991 and Tri, 1991) is that the current study requested information about the participants' role satisfaction which although related to their job satisfaction is much broader and more directly reflective of scope of practice than it is to satisfaction with a specific place of employment. Therefore, this study is distinctive from earlier works and of more contemporary value to the nurse practitioners in Ontario as they seek to develop their future role and scope of practice.

Although Linn (1975) centred his study around students, it is important to note that the students voiced uneasiness about the acceptance and support of physicians in relation to their role, however, these problems did become resolved (p.171). The students also noted their reservations about salary. In the current study "Lack of physician understanding of and support of the NP role and "Salary" both surfaced as dissatisfiers which reaffirms Linn's findings.

Sullivan et al. (1978) identified "limitation of space and/or facilities" (Table 2, p.1100) as a barrier to the employment and utilization of the NP. In the current study a dissatisfier that emerged was "Physical setting of the work
environment" which concurs with the aspect of utilization as this barrier made the work of the NP difficult.

Further Findings

There are additional findings which arose from this study which are linked with the third research question, "What do nurse practitioners perceive as the supports that are required for future role development?", and findings which spontaneously arose from the data and are not directly linked with any research question. These findings will now be discussed in relation to the literature review.

Requirements to Support Nurse Practitioner Role Development

Under this category, six themes emerged from the data which were mentioned by five or more participants and four themes which were discussed by four or fewer participants. Each of these themes will be discussed individually in terms of how these findings relate to previous publications and research.

Public, physician, other health care professionals and nursing education around the NP role

This finding is supported in part by Mitchell, Pinelli,
Patterson & Southwell (1993) as noted in their fourteenth recommendation which is "[t]here should be a continued effort by the government, health care providers and consumer groups to educate the public on the appropriate use of services and providers, including the NP" (p. 85).

According to Herzog (1976) nurse practitioners may be underutilized because those working with the role may not have knowledge of the scope of a nurse practitioner’s practice and know the means to work most effectively with the NP (p. 27). Mitchell et al. (1993) also claim that insufficient consumer knowledge of the role of the nurse practitioner was a contributor to the undermining of the NP role in the 1980s (p. 4). This reinforces the need for public education at this time.

Legislation to support the NP role

This is supported by Mitchell, Patterson, Pinelli and Baumann (1995) who list in their conclusions several barriers to the implementation and expansion of the NP role, one of which was "...lack of legislation to enable NPs to perform clinical activities traditionally within medicine..." (p. 131).

Employment opportunities
This is supported by Mitchell et al. (1993) who state "NPs should be introduced into the following secondary and tertiary health care settings: mental health, gerontology, long term care, oncology, cardiac care, pediatrics" (p.83). Therefore, the expansion of their role into these new areas of practice would augment employment opportunities.

Reciprocity of NP role across Canada

No previous work supporting this finding was found. It is important to note, however, that reciprocity of the role across Canada would allow nurse practitioners to move from province to province which would be beneficial to the health care system in times of shortage. This would also allow nurse practitioners to facilitate access to employment in a variety of different clinical settings in Canada.

Need for funding/billing mechanism to support NPs

This finding is also supported by Mitchell et al. (1995). They describe another impediment to the implementation and expansion of the nurse practitioner role as "...reimbursement of NPs..." (p.131). Mitchell et al. (1993) claim that the need for legislative policies related to remuneration of nurse practitioners was another contributing factor which led to the NP role being lost in the 1980s (p.4). Hallman and Westlund
(1983) claim "[t]he government has failed to initiate a funding mechanism to remunerate the nurse practitioner although it has theoretically supported the concept" (p.46).

Need for standardization around titling and entry to practice/protection of the NP title

This theme is also supported by Mitchell et al. (1993) as noted respectively in recommendations number eleven and twelve "[p]rotection of the NP title and competency should be ensured by a recognized level of educational preparation and certification" (p.84). Recommendation twelve reads "[i]n the long term, all NPs should be prepared at the graduate level for all specialties. In the short term, the baccalaureate level should be accepted as the minimal qualification except in areas where a needs assessment has shown that masters preparation is necessary" (p.84).

NPs need continuing education support, pension plans and benefit plans.

Sullivan et al. (1978) described the "lack of opportunity for further professional growth" as a barrier to the employment and utilization of the nurse practitioner (Table 2, p.1100). Koelbel et al. (1991) also support that the provision of professional growth opportunities can assist in
NP motivation (p. 55). Hence, if these issues have been previously identified as barriers and voiced by the practitioners as requirements for future role development, it is prudent that mechanisms be set in motion to support continuing education.

No reference to support the need for pension plans and benefit plans was found, however, this is an important support to be knowledgeable of as NPs become independently funded and therefore may not have access to pension funds and benefit plans traditionally accessed through the employment setting.

Review proposed legislation in the future for different NP roles and future scope of practice of NPs

This finding is also backed by Mitchell et al. (1993) who note that "NPs should be introduced into the following secondary and tertiary health care settings: mental health, gerontology, long term care, oncology, cardiac care, pediatrics" (p. 83). The expansion of the nurse practitioner role into secondary and tertiary settings would support the perception of the nurse practitioners that the legislation should be reviewed for different roles and scope of practice for NPs.
Need for visitation rights to see clients in hospitals/access to client records

No previous work supporting this finding was found. It is of value to recognize, however, that if nurse practitioners are to fully support clients in their practice, it is meaningful and important that they have knowledge of the health care that is provided to a client when the client is outside their care. This is important in order that the followup after hospitalization compliments, reinforces and augments care given during hospitalization.

Need for malpractice insurance

No previous work supporting this finding was found. It is important to recognize, however, that responsibility increases concomitantly with an increased scope of practice and therefore it would be prudent of the nurse practitioners to seek counsel on the appropriate amount of malpractice required given the increased scope of responsibility.

Nurse Practitioners' Perceptions of the Nurse Practitioner Role

Under this category three themes mentioned by five or
more participants and three themes mentioned by four or fewer participants emerged spontaneously from the data and were not linked directly with any research question. Each of these themes will be discussed individually.

- Needs to know scope of practice and when to refer to other health care resources

This is supported by the following statement "[t]he NP with the client's permission, collaborates with other providers and makes appropriate consultation with, and referrals to, health and community resources" (RNAO, 1993, Standards of Practice for Nurse Practitioners (NPAO), p.16).

- Advanced scope of practice

The perception of the nurse practitioners that their practice is an advanced scope of practice is supported in their standards which read "[t]he nurse practitioner bases practice on advanced knowledge of nursing art and science, and on content relevant to primary health care from other sciences, including medicine and the humanities" (RNAO, 1993, Standards of Practice for Nurse Practitioners (NPAO), p.10).

- Nurse practitioners learn experientially through the interdisciplinary team.
No previous work supporting this finding was found. This finding is valuable, however, because it supports that NPs learn experientially and, therefore, is an important finding for educators who are responsible for curriculum planning, design and delivery.

NPs need a nurse practitioner as a main mentor as well as physician mentors

No previous work supporting this finding was found. This finding is valuable, however, for curriculum planners and educators as they design educational experiences for nurse practitioners in the future.

Development of NP role will facilitate development of GP (general practitioner) role

Silver and Hecker (1970) stated "... pediatricians who have pediatric nurse practitioners as associates in their practices have found that such an association provides them with at least one-third more time than they formerly had for patient care, reading, attendance at meetings, and for other purposes" (p. 173). This finding should be investigated through research in the future. It would be interesting to examine if the practice patterns of general practitioners are augmented when nurse practitioners are supported to take on
work formerly done by general practitioners.

It is also important to reiterate the quote of Silver and Hecker (1970) which is also presented in the literature review.

The association of a physician and a pediatric nurse practitioner in a true team relationship allows each of them to fulfil his role and utilize his skills in medicine and nursing wisely and in a manner that is appropriate to his level of preparation. Both professionals gain; and the end result is improved patient care, benefit to society by conservation of scare manpower resources, and the development of the role of each health professional to its fullest. The paediatric nurse practitioner program is an effective way of extending medical practice toward improved patient care. It provides an opportunity for the nurse to achieve her career goal--the practice of professional nursing--while offering a solution to the increased demand for physicians' services which the future will produce (Silver & Hecker, 1970, p.174).

This quote supports the perception of the NPs in this study as reflected in the authors' assertion that both roles can be developed through the physician/nurse practitioner association.

NP role includes client education, health promotion, client empowerment, client advocacy

Client Education: "The NP assists the client to understand and to access the health care system; and assists the client to understand and to access other community resources" (RNAO,
Health Promotion: "The NP demonstrates understanding, analysis and synthesis of the principles of health promotion" (RNAO, 1993, Standards of Practice for Nurse Practitioners (NPAO), No. 8, p.10).

Client Empowerment: "The NP involves the client and, with the client’s permission, significant others in the collection of data relevant to the client’s presenting concerns and/or to a comprehensive health data base (RNAO, 1993, Standards of Practice for Nurse Practitioners(NPAO), No. 1, p.14)

Client Advocacy: "NPs advocate for clients with sensitivity to their individual and diverse needs" (RNAO, 1993, Standards of Practice for Nurse Practitioners(NPAO), No. 8, p.8).

Analysis of Assumptions about the Outcome of Data

Prior to beginning the research process four assumptions were made by the researcher in terms of possible data outcome. Each of these assumptions will be discussed in light of the current findings.
Assumption One

Nurse practitioners enjoy the increased responsibilities of the expanded role.

Nurse practitioners do enjoy the increased responsibilities of the NP role as noted in two of their voiced satisfying factors which were "Advanced scope of practice/advanced knowledge and decision-making" and "Challenge of the role".

Assumption Two

Nurse practitioners are pleased with general aspects of their role but feel impeded professionally by the lack of legislation to support the role.

Nurse practitioners described one of their dissatisfiers as "Lack of legislation to support the NP role". In terms of requirements to support future role development the nurse practitioners noted "Legislation to support the NP role" and "Review proposed legislation in the future for different NP roles and future scope of practice of NPs" as two requirements. These themes support that this assumption was correct.
Assumption Three

Nurse practitioners perceive that broadening their scope of practice would augment the skills and expertise they are able to provide for a patient independently.

This assumption was supported in the statements made by nurse practitioners under the section "Legislation to support the NP role" which reflected the need for the legislation which would then grant the signing of prescriptions. This legislation would therefore broaden their independent practice.

Assumption Four

Nurse practitioners need to see that government support will not be contingent on the supply and demand for physicians, but will be in the best interests of the NPs and client care.

This assumption was not directly affirmed, however, the NPs voiced one dissatisfier as "Physician availability influencing NP utilization".
Summary

This chapter focussed on the analysis of the findings in relation to the work of Herzberg et al. (1959) and Herzberg (1966).

The first two major themes supported in part, the finding of Herzberg et al. (1959) and Herzberg (1966), although there were contrasts found in the current study. It is important to point out that the nurse practitioners in this study seem generally more satisfied with the aspects of their role that Herzberg et al. (1959) and Herzberg (1966) deemed as satisfiers (motivators) and they are generally more dissatisfied with what these authors deemed as dissatisfiers or factors of hygiene.

In relation to previous research surrounding job/role satisfaction, the findings of this study are pertinent for two reasons. First, they support some of the findings of previous research and, secondly, new findings are revealed through this research process.

New information which arose spontaneously in the data is also included in this chapter and is linked to previous studies that have been done.
A summary of the current research findings and recommendations for future research is included in the following chapter. Also included are limitations of the current study and recommendations for future research.
Chapter Six
Conclusions and Recommendations

This chapter focuses on the conclusions that were drawn from the results of the study. Also included are the limitations of the current study and recommendations for further research.

Introduction

The purpose of this research was to investigate the perceptions of nurse practitioners in relation to role satisfaction and the supports that nurse practitioners perceive as necessary for future role development. The rationale for research with this group was based on the paucity of information available that is specific to the nurse practitioner role (Koelbel, Fuller & Misener, 1991; Tri, 1991). It was also important to conduct research with the nurse practitioners of Ontario as earlier findings were conducted several years ago, were not conducted in Canada and/or used student populations.

This study was designed to examine and respond to the following research questions.

1. What do nurse practitioners say satisfies them about
their role?
2. What dissatisfies nurse practitioners about their role?
3. What do nurse practitioners perceive as the supports that are required for future role development?

Face-to-face interviews were conducted with ten nurse practitioners. Subjects were chosen through a systematic sampling procedure, quota sampling procedure and through the selection of one key informant, all of whom were obtained from the mailing list of the Nurse Practitioners' Association of Ontario. Each participant was included based on their individual interest and willingness to participate. In order to meet the criteria for inclusion in the study subjects were registered nurses who hold a current certificate of competence issued by the College of Nurses of Ontario, current members of the Nurse Practitioners' Association of Ontario, had practiced as a nurse practitioner full-time or part-time within the last two years, and had a minimum of two years experience in the nurse practitioner role. No subjects who met the inclusion criteria for the study declined participation or withdrew from the study.

The work of Herzberg, Mausner and Snyderman (1959) and Herzberg (1966) provided the guiding theoretical framework for this study. In general the findings of this study support their findings, however, some differences which contrast with
their findings were found.

Summary of the Research Findings

Four main categories of themes arose from this research. These categories, their underlying themes, how they relate to the three research questions as well as additional findings which arose spontaneously from the data are summarized below.

For further detail, each of these four main categories and the underlying themes are presented and supported by various participants’ quotes in Chapter Four.

Factors Influencing Satisfaction with the Nurse Practitioner Role

The following results respond to research question #1. Under this category nine themes emerged from the data which were mentioned by five or more participants.

- Challenge of the role
- Autonomy/independence/flexibility of the role
- Client satisfaction/patient acceptance
- Variety of clientele and clinical situations
- Collaborative practice/collegial relationship with physicians
Physician respect for and acceptance of the nurse practitioner role

Being a NP is their number one career choice

Advanced scope of practice/advanced knowledge and decision-making

Working within a team/multidisciplinary team environment.

Six additional themes emerged from the data which were mentioned by four or fewer participants.

Community support during emergencies in the isolated geographical areas

Supportive management and nursing staff

Holistic approach to client care

Being mentored by a nurse practitioner

Minimal shift work

Working with ethnically diverse populations.

Factors Influencing Dissatisfaction with the Nurse Practitioner Role

These results respond to research question #2. Under this category six themes emerged from the data which were mentioned by five or more participants.

Lack of employment opportunities/job security
Lack of legislation to support NP role
Lack of physician understanding of and support of the NP role
Lack of public understanding of the role
Lack of titling/consistency in titling/titling protection
Role dissention between NPs and other nurses.

Six additional themes emerged from the data which were mentioned by four or fewer participants were:

- Isolation/burnout/personal adjustments/lack of support related to employment in remote communities
- Salary
- Lack of collegial relationship with physicians
- Physician availability influencing NP utilization
- Lack of time to complete special work-related projects
- Physical setting of work environment.

The findings of this study which respond to research questions number one and two indicate support, in general, of the findings of Herzberg et al. (1959) and Herzberg (1966), although some contrasts were noted in the current findings. Specific details around these similarities and differences are outlined in the previous chapter.

Herzberg believed that those factors which support
satisfaction (motivators) contribute in a limited way to
dissatisfaction with one's job. The dissatisfiers (factors of
hygiene) contribute in a limited way to satisfaction with
one's job (Herzberg, 1966, p. 77). Herzberg et al. (1959)
stated "[t]he satisfiers relate to the actual job. Those
factors that do not act as satisfiers describe the job
situation" (p. 63). [original emphasis]

Specifically, it was noted in this study that the nurse
practitioners are more satisfied with the aspects of their
role that Herzberg defined as satisfiers (motivators) which are
related to the job itself although they indicated satisfaction
with some conditions that surround the job. The contrasting
findings were that four of the factors that the NPs in this
study found satisfying were ones that Herzberg would have
listed under dissatisfiers (factors of hygiene).

It is interesting as well that the practitioners are
more dissatisfied with the aspects of their role that Herzberg
defined as dissatisfiers (factors of hygiene) which reflect the
conditions that surround the job. Each of the thirteen
factors the NPs noted as dissatisfying reflected the
conditions within the job context or job situation (Herzberg,
et al., 1959, p. 63). The current findings related to
dissatisfiers (factors of hygiene) are consistent with
Herzberg.
Requirements to Support Nurse Practitioner Role Development

These results relate to research question #3. Under this category six themes emerged from the data which were mentioned by five or more participants.

- Public, physician, other health care professionals and nursing education around the NP role
- Legislation to support the NP role
- Employment opportunities
- Reciprocity of the NP role across Canada
- Need for a funding/billing mechanism to support NPs
- Need for standardization around titling and entry to practice/protection of the NP title.

Four additional themes emerged from the data which were mentioned by four or fewer participants.

- NPs need continuing education support, pension plans and benefit plans.
- Review proposed legislation in the future for different NP roles and future scope of practice of NPs
- Need for visitation rights to see clients in hospitals/access to client records
- Need for malpractice insurance.
Nurse Practitioners' Perceptions of the Nurse Practitioner Role

Under this category three themes emerged from the data which were mentioned by five or more participants. This information was not specifically linked with any research question.

- Need to know scope of practice and when to refer to other health care resources
- Advanced scope of practice
- Nurse practitioners learn experientially through the interdisciplinary team.

Three additional themes emerged which were mentioned by four or fewer participants. This information was not specifically linked with any research question.

- NPs need a nurse practitioner as a main mentor as well as physician mentors
- Development of the NP role will facilitate development of the GP (general practitioner) role
- NP role includes client education, health promotion, client empowerment, client advocacy.
**Discussion**

This study adds to contemporary literature on job/role satisfaction because of the findings and qualitative focus. Utilizing a semi-structured interview schedule developed by the researcher provided some direction to the interview process; however, it allowed the respondent some flexibility to discuss issues of particular importance to them. Both Koelbel (1991) and Tri (1991) utilized a quantitative focus and, hence, the qualitative focus of this study adds a new dimension to previous findings.

The two most significant contributions of this study are: (1) that it presents the perspectives of nurse practitioners during a time when the profession itself is striving to further develop the NP role and therefore would benefit from the perspectives of membership and (2) the emphasis on role satisfaction provided a broader focus of issues related to scope of practice rather than limiting the viewpoint of participants to satisfaction with their job.

**Limitations of this Study**

One limitation of this study is based on the small sample size of ten participants and the limited geographic scope. Although the generalizability of the study is limited to the
nurse practitioners of Ontario, a model or research design for further investigation has been laid down through this inquiry.

**Contributions to the Literature**

This study contributes to the literature in the following ways:

1. Earlier studies surrounding nurse practitioner job satisfaction were completed several years ago. However, the information included in the research from this thesis is contemporary and thus of more value to Ontario’s nurse practitioners, the Ontario government and professional nursing bodies as they seek to further develop the role of the nurse practitioner.

2. This study broadens findings to the nurse practitioner population in Ontario, whereas most previous studies were in the United States of America (Koelbel, Fuller and Misener, 1991; Linn, 1975; Linn 1976; Tri, 1991).

3. This study was qualitative in design whereas a great deal of previous work utilized pre-determined rating scales (Koelbel et al., 1991; Tri, 1991).

4. This study focussed on role satisfaction rather than job
satisfaction which in turn assisted the participant to consider broader issues surrounding their role rather than satisfying or dissatisfying aspects of a current or former places of employment.

5. Nurse practitioners identified areas where support is required for future role development which will serve as beneficial information as the role is broadened.

**Recommendations to Professional Bodies and the Provincial Government**

It is apparent after this investigation and from the literature search completed for this study that there is a significant need for further research surrounding nurse practitioner role satisfaction and in particular there is a need in Ontario at this time. From the results of this study the following recommendations are presented to government officials, curriculum planners, educators, administrators, the College of Nurses of Ontario, the Nurse Practitioners' Association of Ontario and the Registered Nurses' Association of Ontario.

The results of this research indicate fifteen areas the nurse practitioners currently find satisfying about their role. As curriculum planners and educators develop programs
and educational experiences for nurse practitioner students these satisfying factors should be foremost in their minds as they seek to develop curriculum that will be professionally satisfying. Administrators should also be cognisant of this data as the NP role develops and evolves within their respective settings. Finally, the Nurse Practitioners' Association of Ontario should be aware of these findings as they lobby for the nurse practitioner role in the future.

The data reflect twelve areas in which the NPs currently are not satisfied within their role. Many of these dissatisfiers are also reflected in the recommendations they propose for future role development. Notwithstanding, this data stands on its own as a resonant voice of the practitioners and should be acknowledged by educators, professional bodies, administrators and the provincial government.

The provincial government, College of Nurses of Ontario (CNO), the Nurse Practitioners' Association of Ontario (NPAO) and the Registered Nurses' Association of Ontario (RNAO) should continue to work together to ensure:

a) the legislation surrounding the nurse practitioner role continues to receive legislative attention and is passed in the near future;
b) standardization around titling, titling protection and entry to practice are confirmed;
c) a funding and/or billing mechanism is provided to health care facilities or to the nurse practitioners in order that employment opportunities for NPs are developed;
d) funding is provided over the next decade as the role continues to evolve and develop in order that nurse practitioners are supported for continuing education and professional development;
e) mechanisms are put in place to provide a forum for inter-provincial discussion of the feasibility of instituting reciprocity of the nurse practitioner role across Canada;
f) education of the public, physicians, other health care professionals and nurses is extensive in terms of the nurse practitioner role. (This education should be through the media, newspapers, professional journals, health care facilities and public forums. A needs assessment should be conducted to ensure the best mechanisms and forums for this education are pursued);
g) the current legislation is revisited in the future for different nurse practitioner roles and the future scope of practice of nurse practitioners;
h) nurse practitioner utilization and the expansion of their current and future role will not be influenced by physician availability.

The College of Nurses of Ontario, Nurse Practitioners' Association of Ontario and the Registered Nurses' Association of Ontario should work together to develop criteria around nurse practitioners having visitation rights to see clients in hospitals and access to hospitalized client records. These issues should then be reviewed with hospital administrators.

The NPAO should review the scope of practice of nurse practitioners with appropriate professional counsel to determine the amount of liability insurance that is recommended for the expanded role.

In the past the nurse practitioner movement did not reach its fullest potential, in fact it was arrested in its development and implementation for the many reasons outlined in the opening paragraphs of this thesis. Therefore, it is essential that all nurses and their professional nursing bodies work diligently and in collaboration to ensure the nurse practitioner role is implemented, developed and continually reviewed in the future in order that the role flourishes and is a greater asset in our health care system.
This is supported by Manga (1992) in the following:

It is regrettable that nurses did not support and fight for the nurse practitioner concept. Nurses constitute the largest component of health care providers and collectively the greatest group of taxpayers. In the future such strength in numbers should be translated into a potent force for reform. The demise of the nurse practitioner movement served the interests of doctors wonderfully. They got to protect their turf even as they and others encroached on the nurses’ turf. It is important to understand that battles over professional turf will shape to a considerable extent the nature and design of the new health care system. Suffice it to say there is great scope for nurses to assume greater responsibilities in delivering services and caring for patients, especially in non-institutional settings." (Manga, 1992, p.19)

**General Recommendations**

One limitation of this study is based on the small sample size. Therefore, it would be valuable: (1) to replicate this study and its qualitative focus utilizing a larger sample; and (2) to complement the qualitative research focus by combining it with a survey design distributed to the entire nurse practitioner population in Ontario.

It is important to point out that during the course of conducting this study, progress towards the implementation of the NP legislation has taken place. The September 1997 issue of the College of Nurses of Ontario Communiqué reflects this progression "[t]he primary health care nurse practitioner (NP) legislation--called the Expanded Nursing Services for Patients
Act--was introduced in the provincial legislature on April 30, 1997. Second and third reading of the legislation occurred on June 19" (CNO Communiqué, p.22, [original emphasis]). Hence, the value of this study is enhanced as the data are contemporary and based on the population whose role will be influenced through this legislation.

When one completes research it brings closure to the research process and a beginning to mechanisms that should be instituted to acknowledge the learning that was gained through the investigation. This research has provided valuable data to assist in planning and development of the NP role as we seek to provide a working milieu and scope of practice that will benefit the NPs themselves and the clients they serve.

Nurse practitioners provide an important and meaningful contribution to our health care system. It is significant that the voice of the nurse practitioners in this thesis be heard as we strive to further develop and extend their role in the future.
References


12 February 1997

Lee Anne Femson
1942 Brookshire Square
Pickering, Ontario
L1V 5E8

Dear Lee Anne:

I am responding to your letter of December 3, 1997 on behalf of Lynne Purvis. In your letter you request a written statement or document from the College of Nurses of Ontario (CNO) which provides a definition of the registered nurse. I understand you require this definition for research that you are conducting related to nurse practitioners' job satisfaction.

CNO does not have a document that provides a simple definition of the registered nurse. From a regulatory point of view a registered nurse in Ontario is an individual who has met the requirements for general registration with CNO. These requirements are found on page seven of the enclosed document A Guide to the Process for Registration in the General Class. You will also find in this booklet a general description of the required content of educational programs for nurses.

As you know, nursing's scope of practice statement describes in a general way what the profession does and the methods that it uses. For more specific information regarding the registered nurse, I suggest you look at the Professional Standards For RNs And RPNs In Ontario. Pages four and five contain an explanation of the differences between RNs and RPNs which include contrasting the education, knowledge base and the client population of the two categories.

As you know, the role of the registered nurse can encompass a very broad range of practice settings, activities, and dimensions of practice. This makes defining the registered nurse according to role quite a challenge.

I hope this information will assist you in your research. Please call me at extension 317 if you have any questions.

Yours sincerely,

Sylvia Rodgers
Nursing Practice Advisor
Registered Nurse
Appendix B
Lee Anne Femson
1942 Brookshire Square
Pickering, Ontario
L1V 5E8
Res: 905-420-6701

February 1, 1997.

Dear ,

Further to our recent telephone conversation, I would like to thank you for your interest in the research project of the role satisfaction of nurse practitioners. Your name was selected at random as a potential participant for this study.

As you know, the last few years have brought about unprecedented changes within the health care field. It is these changes and how they impact the health care worker that I am interested in.

Currently I am a doctoral candidate in the Department of Adult Education at the Ontario Institute for Studies in Education, University of Toronto. As part of this program, I have chosen to conduct research surrounding the perceptions of nurse practitioners in relation to role satisfaction. My reason for selecting this topic emanates from my background in nursing and from my belief that by further understanding our roles, we advance ourselves and our profession. I have approached the executive committee of the NPAO in regards to their interest in a study of this nature. I have received administrative support and permission for this research and to contact potential participants whose names were made available to me through the NPAO mailing list.

As part of this study I will be conducting interviews, on a one to one basis and also with small focus groups. I plan to interview approximately 10-15 nurse practitioners. I have chosen the interview method to obtain data because I believe it is the best method to learn about the insights and perceptions of nurse practitioners as they discuss their role. This research will be conducted in conformity with the requirements for the degree of Doctor of Education at the Ontario Institute for Studies in Education, University of Toronto. Your inclusion in this study will be based on your interest and willingness to participate. If you agree to participate, you are free to withdraw from the study at any time.

I anticipate that the initial interviews will be one to one and a half hours in length and a second interview may be required. During each interview, our discussions will be audio-taped in order that I can transcribe and analyze the data. The raw data will only be seen by myself although small portions with your name and identity removed, may be seen by my thesis committee, in order that I may obtain assistance in terms of my accuracy in coding data. For the focus group format an independent observer, who will be apprised of the necessity to respect the anonymity and confidentiality of the study, will be present to assist me in data collection.
Appendix B

When information is recorded in my thesis, every attempt will be made to protect the anonymity of each participant by the removal of all names and identifying information. Since names of participants will be removed, statements will be prefaced by saying, for example, "One participant stated the following in relation to their role". After the study is completed raw data will be locked and retained as per university requirements.

In terms of benefit to nurse practitioners, I believe that a study of this kind may elicit information that will indicate current issues that are of importance to nurse practitioners. This information may also be useful to the executive committee as they continue to advocate for the body of practitioners. A summary of the results of my findings will be given to the executive committee of the Nurse Practitioners Association of Ontario and will be made available to each individual participant on request.

Thank you for your interest in participating in this project. I will be calling you in the next few weeks at which time you may ask me any questions in relation to this study. If you confirm your interest in participating, we can then also confirm a convenient time for the interview.

Sincerely yours,

Lee Anne Femson R.N., M.Ed.
Doctoral Candidate
Ontario Institute for Studies in Education
University of Toronto

Consent Form

I hereby consent to be interviewed and to have this interview audio-taped in relation to the topic "Role Satisfaction and the Nurse Practitioner". I realize that the information being taped in this interview will be used for research purposes and I give permission for my comments to be recorded in the thesis or to be published in a journal at a later date. I have been informed that my name and identity will be removed to ensure anonymity when the information I express is recorded. I am also aware that I am free to withdraw from this study at any time.

I have been given a copy of the accompanying covering letter which was also sent to me by mail. I also have been given a copy of this consent form and my signature verifies my agreement to participate in this study.

Signature_________________________ Date________________

Page Two of Two
Appendix C

The Perceptions of Nurse Practitioners in Relation to Role Satisfaction
Researcher: Lee Anne Femson R.N., M.Ed.
Doctoral Candidate - Ontario Institute for Studies in Education
University Of Toronto
Thesis Advisor - Dr. James Draper

Demographic Data

Code Number:_______ Date:____________ Position Description: _____________

The following criteria was established with each participant prior to inclusion in the study.

CRITERIA FOR INCLUSION IN THE STUDY

_____ A RN who holds a current certificate of competence from the CNO.
_____ Current member of the Nurse Practitioners Association of Ontario.
_____ Has practiced part-time or full-time as a NP within the last two years.
_____ Has a minimum of two years experience in a nurse practitioner role.

Please circle the appropriate answer(s) for each of the following questions.

1.0 What is your current status as a nurse practitioner?

1.1 full-time
1.2 part-time
(If part-time, how many hours do you work per week?)____________________
1.3 full-time or part-time practice within the last five years
1.4 other____________________

2.0 How many years have you practiced as a nurse practitioner?

2.1 0-5
2.2 6-10
2.3 11-15
2.4 16-20
2.5 21-25
2.6 other, please specify___________

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Appendix C

3.0 How many years have you been a member of the Nurse Practitioners' Association of Ontario?

3.1 0-5
3.2 6-10
3.3 11-15
3.4 16-20
3.5 21-25
3.6 other, please specify

4.0 Where are you employed?

4.1 community health centre
4.2 hospital inpatient setting
4.3 hospital outpatient setting
4.4 private office practice with a physician
4.5 independent private practice
4.6 other, please specify

5.0 What is your area of specialization?

5.1 family practice
5.2 geriatrics
5.3 paediatrics
5.4 women’s health
5.5 community health
5.6 other, please specify

6.0 What is your age group?

6.1 21-30
6.2 31-40
6.3 41-50
6.4 51-60
6.5 61-70

7.0 What salary range reflects your current income? (If you are part-time please base your response on what your full-time salary would be.)

7.1 30,000 or under
7.2 30,001-40,000
7.3 40,001-50,000
7.4 50,001-60,000
7.5 60,001-70,000
7.6 70,001-80,000
7.7 80,001-90,000
7.8 90,001 or over
7.9 other, please specify

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Page Two of Three
Appendix C

8.0 Which of the following educational programs have you completed?
(You may circle more than one.)

8.1 RN diploma
8.2 baccalaureate degree in nursing
8.3 baccalaureate degree in a health-related field
8.4 baccalaureate degree in a field other than health
8.5 master degree in nursing
8.6 master degree in a health-related field
8.7 master degree in a field other than health
8.8 doctoral degree in nursing
8.9 doctoral degree in a health-related field
8.10 doctoral degree in a field other than health
8.11 other, please specify________

9.0 Where did you receive your nursing education?
(Please be specific as to the country in which each nursing program was obtained.)

9.1 RN diploma - Canada
9.2 RN diploma - outside of Canada: location________
9.3 baccalaureate degree in nursing - Canada
9.4 baccalaureate degree in nursing - outside of Canada: location________
9.5 master degree in nursing - Canada
9.6 master degree in nursing - outside of Canada: location________
9.7 doctoral degree in nursing - Canada
9.8 doctoral degree in nursing - outside of Canada: location________

10.0 What is your marital status?

10.1 married or partnered
10.2 single

11.0 Do you have dependent children?

11.1 no
11.2 one child
11.3 two children
11.4 three or more children

Thank you for investing your time to participate in this research study and for your important contribution to nursing knowledge.

©Lee Anne Femson, 1996
Appendix D

Ms. L. Femson
1942 Brookshire Sq.
Pickering, Ont.
L1V 5B8

Dear Ms. L. Femson,

I am writing in response to your request to carry out interviews on the membership of the Nurse Practitioner’s Association of Ontario for the purpose of a research thesis on the Nurse Practitioner.

The executive of NPAO would like to support your work and has agreed to give you access to our membership list for this purpose. It is understood that no one else will have access to or use of the membership list while it is in your possession. I would request that you return or destroy the list once you have completed your interviews.

We hope you will be able to share your findings with the NPAO once you have completed your work. Best wishes.

Sincerely Yours,

Carol Sargo
Chairperson
NPAO
Appendix E

The Perceptions of Nurse Practitioners in Relation to Role Satisfaction
Researcher: Lee Anne Femson R.N., M.Ed.
Doctoral Candidate - Ontario Institute for Studies in Education
University Of Toronto
Thesis Advisor - Dr. James Draper

Interview Schedule

Code Number: ______________
Date: ______________

Thank you for agreeing to meet with me today to share your personal perspectives about your role. The purpose of today's interview and this study, is to learn about the perceptions of the nurse practitioners in Ontario in relation to their role satisfaction. I have prepared an interview and as discussed I will be audio-taping the interview. Do you have any questions that you would like to ask me before we start?

Section A: Role

1.0 Could you tell me three to four things that you find satisfying about your role?

Possible Probe: Which aspects of your role gives you satisfaction?

Possible Probe: Which aspects of your role do you enjoy the most?

2.0 Could you tell me three to four things that you find dissatisfying about your role?

Possible Probe: Are there aspects of your role which dissatisfy you enough that you would like to see change? If yes, please explain.

Possible Probe: Which aspects of your role do you least enjoy?
Appendix E

3.0 What motivated you to become a nurse practitioner?

Possible Probe: Could you tell me what influenced you to move into the NP role?

3.1 Has your scope of practice as an NP met your expectations of the role?

Possible Probe: Has the role you have assumed as an NP, met your expectations?

3.2 Is being a NP still your number one career choice? If not, what other career would you like to move into?

Possible Probe: Is the NP role your most preferred career choice?

Section B: Practice Issues

4.0 What are the critical factors and/or practice issues that are currently influencing your role?

4.1 within your organization?
4.2 within the province?

Possible Probe: What are the current situations, positive or negative, which are influencing you in your NP role?

4.3 As a result of these critical factors and/or practice issues what do you think are the most significant issues emerging for Nurse Practitioners in the workplace?

Possible Probe: Can you tell me about the significant issues that are influencing you in the workplace?

5.0 In order to best meet the needs of the public, what are the skills, expertise and scope of responsibilities a NP should have?

Possible Probe: To meet the needs of the public, what knowledge and skills should an NP possess and what should his/her practice include?

Page Two of Four

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177
Appendix E

6.0 What are the barriers you perceive in fulfilling your role as a nurse practitioner?

Possible Probe: You mentioned _____, is this a barrier?

Possible Probe: What impedes you from fulfilling your role as a NP?

7.0 What supports are currently needed to assist NPs to overcome those barriers?

Possible Probe: What are the supports that NPs need to broaden their role?

Section C: Experiences

8.0 Could you give me specific examples of patients’ reactions to your role?

Possible Probe: What have patients said to you about your role?

8.1 Could you give me specific examples of physicians’ reactions to your role?

Possible Probe: What have physicians said to you about your role?

8.2 Are you treated in a collegial way when interacting with physicians?

Possible Probe: Tell me how physicians’ interact with you?

8.3 Has your relationship with physicians changed since you assumed the advanced practice role? If yes, how has it changed?

Possible Probe: In what ways has your relationship with physicians changed since you assumed the NP role?

Page Three of Four

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178
Appendix E

9.0 Has your relationship with any of the following health care providers changed since you have assumed the advanced practice role?

Example: dietician, physiotherapist, occupational therapist, respiratory therapist, or others.

Possible Probe: In what ways has your relationship with other health care providers changed since you assumed the NP role?

10.0 Who was your role model when you became a nurse practitioner? Could you tell me about this experience?

Possible Probe: Who provided you with help and oriented you to your advanced practice role?

11.0 What are the functions that you are able to carry out independently in your role?

Possible Probe: Are you able to modify a client’s treatment plan without a physician’s signature?

Section D: Policy

12.0 If you could influence government policies effecting your future role, what would you like to see changed?

12.1 provincial legislation
12.2 federal legislation

Possible Probe: What could the government change in the current provincial and federal legislation that would augment your clinical practice in the future?

13.0 In what way do you perceive a nurse practitioner practising differently in ten years from now, if provincial and federal legislation were changed?

14.0 Do you have any comments you would like to add?