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Mentoring: Positively Influencing Job Satisfaction and Retention of New Hire Nurse Practitioners

Diane Kostrey Horner, MSN, FNP-C, DNP (C), CPSN, CNOR

The purpose of study was to determine whether mentoring based on Watson's Caring Model positively influences nurse practitioner (NP) job satisfaction. This nonexperimental mixed-methods study utilized an online survey, administered through Qualtrics containing demographic and mentoring variables. Job satisfaction results were obtained from the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS). Also, open-ended questions regarding mentoring were reported. There was a 54% response rate in which 37 of the 69 participants responded ($n = 37$), with statistical significance set at $p < .05$. All or 100% of participants reported that the mentor experience/relationship positively influenced job satisfaction. Scores from the MNPJSS ranged from 141 to 246, with a mean of 195.26 ($SD = 28.29$) corresponding to "minimally satisfied" or a mean of 4.44 on the 6-point scale. These results are similar to the MNPJSS score with a mean of 4.39. A mentoring experience can provide a positive environment, which can lead to increased job satisfaction. In turn, a higher level of satisfaction in the work environment can be associated with reduced turnover and improved retention and patient outcomes. Ultimately, a safer health care system will evolve and improve patient care and outcomes. Through Watson's Caring Model, a reciprocal relationship between the mentor and the mentee can provide a new NP hire a sense of community and direct availability. By experiencing a mentor relationship, job satisfaction can improve, which is a key factor in retaining NPs. As E-mentoring is a newer topic in nursing literature, further research is needed. Further studies could also review and develop one-on-one mentoring programs.

T he term "mentor" originates from Homer's *Odyssey*. "Athena, the Goddess of Wisdom disguised herself as an Ithacan noble named Mentor" (Harrington, 2011, p. 168). Athena then prepared and protected Telemachus, Ulysses' son (Harrington, 2011). Yet, today, mentoring has many different descriptions. Mentorship is defined as a dynamic relationship between a mentor and a mentee to encourage personal development and give back to a profession (Hayes, 2005). "Mentoring is a process designed to bridge the gap between the educational process and the real-world experience" (Barker, 2006, p. 56). Mentoring can have a significant influence on job satisfaction. The mentor–mentee relationship is established on clear objectives, boundaries, and expectations that contribute to the growth of both parties. According to Fawcett (2002), a commitment is needed from the mentor and the mentee to be successful.

Diane Kostrey Horner, MSN, FNP-C, DNP (C), CPSN, CNOR, is a family nurse practitioner in Indianapolis, IN. With more than 26 years of nursing experience in a variety of roles, the knowledge base to improve quality care, patient safety, evidence based practice, and information technology from an interprofessional perspective is present.

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Address correspondence to Diane Kostrey Horner, MSN, FNP-C, DNP (C), CPSN, CNOR, 10960 Fairwoods Dr, Fishers, IN 46037 (e-mail: dianekhorner@comcast.net).

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The health care system demands increased knowledge to navigate a complex system, and mentoring can facilitate this experience. Mentoring can also produce a positive influence on the patient, profession, and the institution through creativity and increased productivity.

To Err Is Human: Building a Safer Health System (Institute of Medicine [IOM], 1999) is a report on the safety of the U.S. health care system. Although the date of publication is more than 10 years old, it is still applicable today. The report illuminates the erosion of patient satisfaction with health care delivery and also a decrease in job satisfaction among health care providers. In 2001, the IOM advised a total overhaul to the American health care system, which then led to the partnership in 2008 of the Robert Wood Johnson Foundation (RWJF) and the IOM. Together, recommendations were created after a 2-year initiative on the future of nursing. In 2010, the IOM filed the following report, *The Future of Nursing: Leading Change, Advancing Health*, putting forth recommendations. A key message was emphasized that through an improved educational system, nurses should achieve higher levels of education and training. In addition, after this higher level of education and training is achieved, there is an ongoing need for continual learning to consistently provide the safest environment possible for the patients. Also, creating an effective workforce plan can improve information infrastructure. The IOM

has a plan to meet the needs of a safer health system by removing the scope-of-practice barriers. In removing these barriers, nurse practitioners (NPs) can practice to the full extent of their education and training, which allows a greater number of patients to have quality care in a timely manner.

Nurse practitioners obtain health histories, diagnose, and implement a plan of care utilizing a holistic caring approach that continues into the job role. Nurse practitioners experience significant transitions into their new role upon graduation. Appropriate mentoring can allow an NP to transition with decreased stress (Brown & Olshansky, 1997). Through sharing of knowledge, advice, and counseling, a supportive mentor can create a positive experience on a mentee's job satisfaction and patient outcomes. A grant through the RWJF and the Northwest Health Foundation has shown that mentoring programs improve retention rates and professional development (Cottingham, DiBartolo, Battistoni, & Brown, 2011). A positive work environment enables NPs to experience more satisfying careers.

According to Ritchie (2014), 62 million Americans have limited access to primary care. To meet the increasing demands for access to health care, NPs are educated to provide primary care and are positioned to fill the void. The Coalition of Advanced Practice Nurses of Indiana (2015) estimated the 2008 ratio of primary care NPs across the nation was 4:1 and is expected is to be 2:3 by 2030. However, according to the 2014 Outcomes Report of the American Association of Colleges of Nursing (2014), although the need for NPs will increase, more than a quarter of new graduates will leave their job within the first year. Nurse practitioners focus on medical treatment, with strength in caring, counseling, and holistically supporting patients as an answer to a safer health care system. This focus is further represented by the need for the NPs to have a holistic relationship with mentor–mentee to promote positive change (Brykczynski, 2012). A mentor can enhance the understanding of the NP role beyond formal education and degree attainment. Even with an experienced NP, a mentor may enhance and provide a safe environment for transition to a new practice site.

Recruitment and retention are correlated to job satisfaction, thereby maintaining NPs importance to health care administrators. An organization must recognize factors that contribute to satisfaction of a job. It is the duty of all NPs to advance the practice and help prepare for the future (Cahill & Payne, 2006).

LITERATURE REVIEW

The literature review, utilizing EBSCOHost and CINAHL, revealed no formal mentoring programs for new NPs entering practice. "Freeman (2004) reported 35% of advanced practice nurses (APN) after graduation had been assigned a mentor, 6% were sought by a mentor, 23% actually sought a mentor, and 17% indicated that they entered into a mentoring relationship by chance" (as cited in Barker, 2006, p. 56). Brown and Olshansky (1997) found that a supportive environment enables an NP to increase productivity. Through mentoring, an NP can increase job satisfaction and productivity, resulting in a decreased adjustment period; a quality mentor is vital (Brown & Olshansky, 1997). Freeman's (1989) dissertation identified the role of the mentor as "three-fold: educator, counselor, and sponsor" (p. 96).

There are opportunities and barriers impacting a mentor program. Opportunities include the ability to collaborate in a multidisciplinary team to improve patient outcomes, role modeling professional behaviors, and peer networking. Also, project sharing, brainstorming, and problem solving can occur. These are clearly opportunities that may be met with barriers that included time factors, scheduling limitations, and space constraints (Hayes, 2005). Time factor is a concern due to current work demands, which must be sustained by the mentor. Typically, there is no monetary incentive or decrease in workload to mentor a new hire NP. The addition of the mentoring role for the NP can be seen as a burden and met with resistance if the relationship is not protected and the role is not valued to the organization (Hayes, 2005). Many organizations lack mentoring programs that can impact a newly hired NP.

The number of NPs in the workforce is expected to increase dramatically by 2025 (Coombs, 2015). As the population ages, more NPs will be needed to provide care. However, many new NPs change jobs within the first year of employment due to job dissatisfaction. By continually researching data and evaluating the current climate, new hires can be mentored in a positive way and have high job satisfaction, leading to retention and ability to provide care for the population in need. Once this is achieved and mentors are utilized, the new NPs will be less likely to leave their jobs (Mariana, 2012).

That being understood, there is still a multitude of reasons why new NPs do not stay in their current positions. Salary, bonuses, reward distribution, and compensation for work outside of regular duties contribute to dissatisfaction, which can prompt NPs to leave their current positions. Either the intent to leave or actually vacating a current position has a significant impact on a health care organization. Specialized NPs are difficult and expensive to replace. In addition, this change is disruptive to the patient population and continuity of care (Kacel, Miller, & Norris, 2005). Retention is a very important concept because it is linked to job satisfaction (Pasaron, 2013). Job satisfaction can improve if a prepared mentoring program is established. A positive work environment enables NPs to experience careers that are satisfying. However, many organizations do not have the financial resources to sustain a mentoring program, even though a mentoring program could enhance job satisfaction.

There are many factors that can contribute to job satisfaction. Kleinpell (1997) found difficulties in time constraints, obtaining privileges, physicians' acceptance, and lack of mentors as potential barriers to practice. Feelings of isolation also contribute to decreased job satisfaction. Many NPs are isolated in their specialized areas, with limited availability to collaborate (Kleinpell, 1997). Bahouth and Esposito-Herr (2009) validated these feelings of isolation. Many NPs function in specialized or remote areas without access to fellow NPs. An effective mentoring relationship allows for professional growth, proficient skills, and quality care, which can be shared with future generations of NPs (Barker, 2006).

A deficiency of talented mentors exists; therefore, the mentoring culture must be cultivated. Newly hired NPs can experience greater job satisfaction and sense of community when coupled with a mentor. A mentor program can improve job satisfaction, which can potentially improve retention and reduce turnover rates (Mills & Mullins, 2008).

PURPOSE

With the shortage of NPs, it is critical for organizations to recognize the importance of mentoring newly hired providers. The lack of NP retention has implications for the organization as well as patient outcomes. A mentoring program can benefit new NPs with a supportive opportunity for professional growth and lead to increased job satisfaction. The promotion of job satisfaction may ultimately translate into provider retention. An important value is placed on the caring relationship between the nurse and the recipient of care, based on Watson's Caring Model (Sourial, 1996). Mentoring is a crucial part of the new hire experience to ensure increased job satisfaction. The purpose of this evidence-based practical project is to discern the best practices through existing research to answer the question: Does mentoring, based on Watson's Caring Model, positively influence NPs' job satisfaction?

THEORETICAL FRAMEWORK

Jean Watson's Caring Model is used to guide and provide the basis of this project. Caring, as the central element in nursing, enhances patients' health, well-being, and outcomes. Watson (1988) stressed that "it is on this capacity of one human being to receive another human being's expression of feeling and to experience those feelings for oneself that the artistic activity of nursing and caring is based" (p. 67). Watson (1988) relates human care to knowledge, values, and commitment and also focuses on lived experiences of the client.

Mentoring offers an opportunity to give back to both the profession and the organization (McKinley, 2004). According to Watson (n.d.),

It is when we include caring and love in our work and our life that we discover and affirm that nursing, like teaching, is more than just a job, but a life-giving and life-receiving career for a lifetime of growth and learning. (p. 2)

Caring is an essential bond for the future of quality NPs and should be a lifelong process, and mentoring is the union for this to transpire.

A caring relationship can provide the essence of a quality mentor relationship. "The one caring and the one being cared for are interconnected; … the caring-healing-loving consciousness of the nurse is communicated to the one being cared for; caring-healing-loving consciousness exists through and transcends time and space" (Watson, n.d., p. 9). This caring-healing-loving consciousness is experienced within a sole caring moment. Through this concept, caring leads to excellent mentorship which is then linked to job satisfaction. Mentoring allows one to share knowledge and transmit this care to the life of another.

METHODS

This project was submitted to the Indiana State University Institutional Review Board and was determined and approved with exempt status. The project was implemented in a large, urban health care setting in central Indiana, also known as the Midwest region of the United States. The subjects were recruited by the principal investigator. This was a convenience sample of NPs who practiced at a large, urban health care setting and spoke and read English. They were licensed to practice in the state and certified by one of the nationally recognized certifying bodies.

No special populations were approached for inclusion. Inclusion criteria included NPs licensed to practice in the state and were certified by one of the nationally recognized certifying bodies. Exclusion criteria were other providers not classified as NPs and those who could not read or write English. Excluded subjects were outside the criteria established for this survey. Sixty-nine subjects met criteria and were sent the survey link through an anonymous online survey platform named Qualtrics. Qualtrics is a Web-based survey creation, collection, and analysis software tool. An advantage of this tool is that it allows a simple collection of refined research with the ability to capture insights all in one location. The survey contained three sections: demographics, mentoring, and the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS).

The demographic survey consisted of 17 questions with variables including, but not limited to, age, race, highest level of education, type of doctoral program, years of experience as registered nurse (RN), years of experience as an NP, employment status, practice hours per week, salary, NP specialty, and practice setting (see Appendix A).

The mentor survey consisted of five questions with subsets based on "yes" or "no" response, including open text and questions specific to additional comments. Survey questions included variables such as presence of a mentor, gender of mentor, formal or informal, was it beneficial, length of time, forms of interaction, and influence on job satisfaction (see Appendix B).

The MNPJSS is a 6-point Likert scale survey with 44 questions, with higher scores indicative of higher levels of satisfaction. This tool was created specifically for the use of evaluating NP satisfaction and has proven to be both reliable and valid (Cronbach's α = .96; Misener & Cox, 2001). All correlation coefficients were significant at $p < .001$. Permission to use the tool was granted through an e-mail from the owner (D. Cox, personal communication, March 14, 2016). This scale is based on the following question: "How satisfied are you in your current job as a nurse practitioner with respect to the following factors?" (Misener & Cox, 2001, p. 106). Questions range from benefit package, patient mix, professional interaction with other disciplines, level of autonomy, and opportunities to receive compensation for services performed outside of normal duties (see Appendix C). The 44 items are within six subscales, and question items included in each subscale are listed in Appendix D.

Design and Sample

The project design was a nonexperimental, mixed method utilizing an online survey administered through Qualtrics on a secure server that was password protected. The survey assessed demographics, mentoring components, and, finally, the MNPJSS. Participants were e-mailed the URL link for the anonymous survey with multiple-choice, drop-down, and free-text questions, as well as a Likert scale as previously described. There were no participant identifiers, and all link responses were anonymous.

Data Analysis

Qualtrics, Excel, and the Statistical Package for the Social Science (SPSS) programs were utilized to compile frequencies, percentages, and graphical representations for the demographic and descriptive variables. A one-way analysis of variance with .05 level of significance for cross tabulations was used. The 44-item MNPJSS was utilized as the measurement tool for job satisfaction and scored a Cronbach's α reliability measure of .96, which is precisely the same score as in Misener's original study (Misener & Cox, 2001).

RESULTS

The demographic survey consisted of 17 questions, which defined the project sample. A summary of demographics is given in Table 1. Age of the participants ranged from 27 to 67 years, with the mean of 48 years and the mode at 55 and 59 years. The mean age of the respondents to the survey is consistent with the "mean age of the NPs nationally at 49 years old" (American Association of Nurse Practitioners, 2016, p. 2). Years of RN experience was between 2 years and more than 40 years, with the average at 20.89 years. The majority of participants had 36 years of work experience as an RN. Although years as an NP ranged from 1 to 28 years, the average NP had 11.54 years of experience. Nationally, NPs averaged 12 years of work experience and nearly a quarter (22.8%) practiced 5 years or fewer (American Association of Nurse Practitioners, 2016). The majority of participants (16.22%) had 1 year of NP experience.

Time in current organization as an NP was ascertained, and the majority of participants (27.03%) had 3 to 5 years 11 months, followed by 21.62% with 1 to 2 years 11 months and 6 to 10 years 11 months, 13.5% of participants with greater than 15 years, 8.11% with 7 to 11 plus months, 5.41% with 1 to 6 plus months, and 2.70% of participants with 11–15 years of time in current organization. Time in current position or specialty was also ascertained. According to the American Association of Nurse Practitioners (2016), the national average an NP spends in the same practice is 7.5 years. The largest number of participants (32.43%) in this survey had 1 to 2 years 11 months of time in current position as an NP, 8.11% with 1 to 6 months and 7 to 11 months equally, 13.51% at 3 to 5 years 11 months, 21.62% with 6 to 10 years 11 months, 2.70% at 11–15 years, and 13.51% of participants with greater than 15 years of time in current position. The majority of the participants (65.71%) serve as a preceptor. The most common responses as to why participants do not serve as a preceptor are "only been practicing for 1 year," "have not been asked," and "not enough experience."

The majority of participants (51.35%) reported not having a mentor while preparing as an NP. Participants (72.97%) reported not having a mentor upon hire as an NP. Of those surveyed, 61.54% reported they would have preferred to have a mentor, whereas 38.46% reported they would have preferred a mentor. Those participants who reported having a mentor, 100% of the mentors were NPs and 80% were female. When describing the mentor–mentee relationship, 60% of respondents reported having an informal relationship, 30% a formal relationship, and 10% a mixture of informal and formal relationships. A summary of the mentor questions is listed in Table 2. All of those participants who had a mentor reported the relationship as beneficial. The time frame of the mentoring experience varied among participants, with 30% describing the experience persisted from 1 to 3 months, 20% at 3 plus months and 6 plus months equally, 10% at 12 months, and 20% ongoing/plans to mentor for a lifetime. The majority of mentors (60%) were assigned to

TABLE 1 Demographics		
Characteristics	**Frequency (%)**	**Count**
Race		
African American/ non-Hispanic	13.51	5
Asian/Pacific Islander	0.00	0
Caucasian/non-Hispanic	83.78	31
Native American/Alaskan	0.00	0
Hispanic/Latino	2.70	1
Highest level of education		
MSN	78.38	29
Post-master's certificate	8.11	3
PhD	0.00	0
DNP/DNSc	8.11	3
EdD	0.00	0
Other	5.41	2
Employment status		
Full-time	91.89	34
Part-time	8.11	3
Per diem	0.00	0
Hourly	0.00	0
Other	0.00	0
NP clinical practice setting		
Inpatient	16	6
Outpatient	73	27
Both	11	4
Total hours as NP worked per week		
40+	69.44	25
32–39	19.44	7
24–31	2.78	1
16–23	8.33	3
8–15	0.00	0
1–7	0.00	0
Time in current organization as NP		
1–6+ months	5.41	2
7–11+ months	8.11	3
1–2+ years	21.62	8
3–5+ years	27.03	10
6–10+ years	21.62	8
11–15 years	2.70	1
>15 years	13.51	5
Time in current position (specialty) as NP		
1–6+ months	8.11	3

(continues)

TABLE 1 Demographics (*Continued*)		
Characteristics	**Frequency (%)**	**Count**
7–11+ months	8.11	3
1–2+ years	32.43	12
3–5+ years	13.51	5
6–10+ years	21.62	8
11–15 years	2.70	1
>15 years	13.51	5
Annual salary		
$40,000–$49,999	3.23	1
$50,000–$59,999	0.00	0
$60,000–$69,999	3.23	1
$70,000–$79,999	12.90	4
$80,000–$89,999	25.81	8
$90,000–$99,999	25.81	8
$100,000–$109,999	16.13	5
>$110,000	12.90	4
NP specialty		
Acute care	8.33	3
Adult	19.44	7
Family	47.22	17
Gerontological	2.78	1
Neonatal	5.56	2
Oncology	0.00	0
Pediatric	2.78	1
Psychiatric/mental health	2.78	1
Women's health	19.44	7
Did you serve as a preceptor?		
Yes	65.71	23
No	34.29	12
How many students per academic year do you precept?		
1	36.84	7
2	31.58	6
3	10.53	2
4	10.53	2
5	0.00	0
6	0.00	0
7	0.00	0
8	0.00	0
9	0.00	0
10+	10.53	2
Note. NP = nurse practitioner.		

TABLE 2 Mentor Questions

Characteristics	Frequency (%)	Count
Did you have a mentor, as described by definition above, through your university while obtaining your nurse practitioner degree?		
Yes	48.65	18
No	51.35	19
Did you have a mentor upon hire as advanced practice nurse?		
Yes	27.03	10
No	72.97	27
If no: Would you have preferred to have a mentor?		
Yes	61.54	16
Maybe	38.46	10
No	0.00	0
Was the mentor relationship formal or informal?		
Formal	30.00	3
Informal	60.00	6
Both	10.00	1
Did you find this mentor beneficial?		
Yes	100.00	10
No	0.00	0
How long did the mentoring experience last?		
1–3 months	30.00	3
3+ months	20.00	2
6+ months	20.00	2
12 months	10.00	1
Ongoing. Plans to mentor for a lifetime	20.00	2
Did you choose a mentor or was this individual assigned to you?		
Chosen	30.00	3
Assigned	60.00	6
Both	10.00	1
Form of mentoring interactions: (Check all that apply)		
Face-to-face mentoring	100.00	10
Phone call	30.00	3
Text	20.00	2
E-mail	20.00	2
Other	0.00	0
Did this experience/relationship positively influence your job satisfaction?		
Yes	100.00	9
No	0.00	0
Somewhat	0.00	0

(*continues*)

TABLE 2 Mentor Questions (*Continued*)

Characteristics	Frequency (%)	Count
What do you consider as excellent qualities/characteristics of a mentor? (Check all that apply)		
Generosity of spirit and a sincere willingness to share	86.49	32
Self-confidence and self-respect	83.78	31
Competence in special skills and expertise	91.89	34
Openness to mutual learning and growth	89.19	33
Positive support in the form of encouragement	91.89	34
Behaviors to imitate	56.76	21
Commitment, passion, and energy to inspire	81.08	30
Caring/human connection	72.97	27
Other	5.41	2
Are you willing to serve as a mentor?		
Yes	55.56	20
Maybe	41.67	15
No	2.78	1
Would you agree to a virtual or E-mentor?		
Yes	40.54	15
Maybe	43.24	16
No	16.22	6

the mentoring role, with 30% chosen by the mentee and 1% were both assigned and chosen. Respondents were asked to describe the delivery method used for the mentoring experience. Mentoring took place utilizing various modalities. Respondents were able to select more than one response: face-to-face mentoring (100%), phone call (30%), text (20%), and e-mail (20%) (see Figure 1).

All of participants reported that the mentor experience/relationship positively influenced job satisfaction. When reporting how the mentor influenced personal/professional growth, statements included the following: "I was a new NP at the time. This was in a different organization. He helped me to build on my foundation and helped to give me the self-confidence to practice on my own" and "she was very resourceful and encouraging. Provided constructive feedback to improve my understanding and practice." Participants asked to determine excellent qualities/characteristics considered for an NP mentor included the following: 91.89% competence in special skills and expertise and positive support in the form of encouragement equally; 89.19% openness to mutual learning and growth; 86.49% generosity of spirit and a sincere willingness to share; 83.78% self-confidence and self-respect; 81.08%
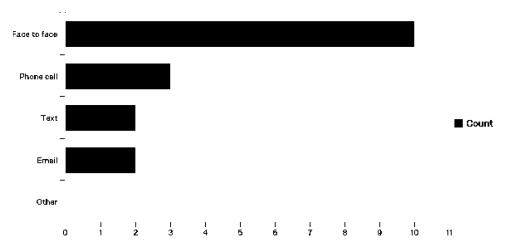
FIGURE 1. Forms of mentoring interaction.

commitment, passion, and energy to inspire; 72.97% caring/human connection; 56.76% behaviors to imitate; and 5.41% other. In free text when asked expectations of a mentor, common themes emerged of "providing feedback," "ability to ask questions and talk with," "share/pass on knowledge," and "availability" (see Figure 2).

The majority of participants (97.23%) would consider serving as a mentor. Reasons provided for not serving as a mentor include the following: "too busy," "push to be as productive as possible in my job," and "already have many residents in the clinic for which I help with my specialty is pretty narrow … most programs are looking for adult NP." When questioned on perception of supporting a virtual or E-mentor experience, the majority (83.78%) stated "yes" or "maybe" whereas 16.22% stated "no." Reasons given for not agreeing to a virtual or E-mentor included "time," "believe in face-to-face mentoring," and "too impersonal." Additional comments included the following: "Feel that the standard orientation/mentorship would help with onboarding and greatly improve job satisfaction of new NPs" and "I think a mentoring program for NPs would offer much needed support especially to those who may practice in more isolated areas with few NPs."

There were 23 participants who answered all 44 questions in the MNPJSS (see Appendix C). In our sample, scores ranged from 141 to 246, with a mean of 195.26 (SD = 28.29) corresponding to "minimally satisfied" or a mean of 4.44 on the 6-point scale. These results are similar to the original MNPJSS, with a mean of 4.39. The five highest rated items on satisfaction included level of autonomy (M = 5.35, SD = 0.54), social contact at work (M = 5.26, SD = 0.55), and percentage of time spent in direct patient care (M = 5.11, SD = 0.71); ranked fourth were four items that were tied; patient mix (M = 5.09, SD = 0.67), sense of accomplishment (M = 5.09, SD = 0.77), status in community (M = 5.09, SD = 0.61) and challenge in work (M = 5.09, SD = 0.78), and the ability to deliver quality care (M = 5.06, SD = 0.89) was rated fifth.

The five items that received the lowest satisfaction scores included monetary bonuses in addition to salary (M = 2.50, SD = 1.19), opportunity to receive compensation for services performed outside of normal duties (M = 2.82, SD = 1.17), reward distribution (M = 3.65, SD = 1.03), evaluation process and policy (M = 4.00, SD = 1.10), and input into organizational policy (M = 4.03, SD = 0.90) (see Table 3).

Cross tabulations of "Did you have a mentor through your university (33.33%)" and "Did you have a mentor upon hire (60.00%)" resulted in only six participants or 16.2% having a mentor through their university as a student and upon hire. For cross tabulations of "Did you have a mentor upon hire as advanced practice nurse" (72.97%), with "Would you have preferred to have a mentor?" "yes" was reported 100% of the time. Further inquiry revealed 10 of 10 or 100% of those who had a mentor upon hire

FIGURE 2. What are your expectations of a mentor?

TABLE 3	Mean Values by Factor for the 44 Items in Descending Order in the Misener Nurse Practitioner Job Satisfaction Scale			
		Mean	SD	Count
Factor 1: Intrapractice partnership/collegiality				
Your immediate supervisor		4.76	1.19	34
Amount of consideration given to your personal needs		4.65	1.11	34
Opportunity to develop and implement ideas		4.53	1.06	34
Process used in conflict resolution		4.38	1	34
Consideration given to your opinion and suggestions for the change in the work setting or office practice		4.34	1.26	35
Freedom to question decisions and practices		4.31	1.17	35
Respect for your opinion		4.29	1.21	35
Recognition for your work from superiors		4.2	1.06	35
Amount of administrative support		4.11	1.09	35
Input into organizational policy		4.03	0.9	33
Evaluation process and policy		4	1.1	33
Reward distribution		3.65	1.03	34
Opportunity to receive compensation for services performed outside of your normal duties		2.82	1.17	33
Monetary bonuses that are available in addition to your salary		2.5	1.19	34
Factor 2: Challenge/autonomy				
Level of autonomy		5.35	0.54	34
Percentage of time spent in direct patient care		5.11	0.71	35
Patient mix		5.09	0.67	33
Sense of accomplishment		5.09	0.77	35
Challenge in work		5.09	0.78	34
Ability to deliver quality care		5.06	0.89	35
Flexibility in practice protocols		4.56	0.88	34
Expanding skill level/procedures within your scope of practice		4.5	0.98	34
Opportunities to expand your scope of practice and time to seek advanced education		4.5	1.01	34
Sense of value for what you do		4.4	1.34	35
Factor 3: Professional, social, and community interaction				
Social contact at work		5.26	0.55	35
Status in the community		5.09	0.61	34
Social contact with your colleagues after work		4.82	0.95	34
Professional interaction with other disciplines		4.8	0.82	35
Quality of assistive personnel		4.76	1.16	34
Interaction with other NPs including faculty		4.63	0.99	35
Acceptance and attitudes of physicians outside of your practice (such as a specialist you refer patients to)		4.51	1.08	35
Recognition of your work from peers		4.44	0.91	34
Factor 4: Professional growth				
Support for continuing education (time and $$)		4.97	0.97	35
Opportunity for professional growth		4.71	1	35
Time off to serve on professional committees		4.4	1.13	35

(*continues*)

TABLE 3	Mean Values by Factor for the 44 Items in Descending Order in the Misener Nurse Practitioner Job Satisfaction Scale (*Continued*)		
	Mean	*SD*	**Count**
Amount of involvement in research	4.27	0.99	33
Opportunity to expand your scope of practice	4.24	0.91	34
Factor 5: Time			
Time allocation for seeing patient (s)	4.74	0.98	34
Time allotted for review of laboratory and other test results	4.36	1.01	33
Time allotted for answering messages	4.31	1.07	32
Patient scheduling policies and practices	4.06	1.39	32
Factor 6: Benefits			
Vacation/leave policy	5.03	0.81	35
Retirement plan	4.71	0.94	35
Benefit package	4.66	1.14	35
Note. NP = nurse practitioner.			

stated they found this mentor beneficial (see Figure 3). All respondents ($n = 9$) stated having a mentor upon hire positively influenced job satisfaction (see Figure 4).

All lengths of time in months spent with a mentor (1–3, 3+, 6+, 12, and ongoing) were found to be 100% beneficial. All forms of mentoring interactions were found to be 100% effective. Face-to-face mentoring was chosen most frequently, followed by phone call, and equally text and e-mail as preferred method of mentoring. Regardless of number of years as an NP, all participants stated the years of experience positively influenced job satisfaction. Of those participants who had a mentor upon hire, 10 of 36 or 27.78% were willing or may be willing to serve as a mentor.

Cross tabulations of "What year were you born" and "Would you agree to a virtual or E-mentor" resulted in 38-, 39-, 53-, and 62-year-olds answering "no" to this question. Whereas the range of 27- to 67-year-olds stated "yes" or "maybe" they would agree to a virtual or E-mentor. An inference can be made that age is not a factor with having a virtual or E-mentor.

DISCUSSION

This research project found that the factors that are most correlated with job satisfaction are those from the intrinsic domain. Intrinsic factors or satisfiers arise from performance of the job itself, such as achievement, recognition, work itself, responsibility, advancement, and potential growth. Extrinsic factors accounted for the highest level of dissatisfaction. Extrinsic factors or dissatisfiers arise from the work environment and include working conditions, interpersonal relationships, salary, status, security, policies, administration, and supervision. Nurse practitioners in this study were most satisfied with the level of autonomy, social contact at work, the percentage of time spent in direct patient care, patient mix, sense of accomplishment, status in community, challenge in work, and, finally, ability to deliver quality care. These are factors in line with the qualities of a caring nurse. Likewise, the items least linked to satisfaction included monetary bonuses that are available in addition to salary, opportunity to receive compensation for services performed outside of normal duties, reward distribution, evaluation process and policy, and input into organizational policy.

In evaluating 37 respondents, a correlation can be made that having a mentor was a positive experience and there is a relationship or association between having a mentor and job satisfaction. An inference can also be

Count

		Did you find this mentor beneficial?	
		Yes	Total
Did you have a mentor upon hire as Advanced Practice Nurse?	Yes	10	10
Total		10	10

FIGURE 3. Cross tabulation: Did you have a mentor upon hire as advanced practice nurse and Did you find this mentor beneficial?

Count

		Did this experience/relationship positively influence your job satisfaction?	
		Yes	Total
Did you have a mentor upon hire as Advanced Practice Nurse?	Yes	9	9
Total		9	9

FIGURE 4. Cross tabulation: Did you have a mentor upon hire as advanced practice nurse and Did this experience/relationship positively influence your job satisfaction?

made that connects a mentoring experience with positive job satisfaction. The results of this sample can be generalized to the community of NPs.

There was a 54% response rate in which 37 of the 69 participants responded ($n = 37$). The evidence-based question resulted in confirmation that mentoring positively influences job satisfaction as an answer to the question of "Does mentoring at a large, urban health care setting, based on Watson's Caring Model, positively influence NPs' job satisfaction?

In the cross tabulations, 100% reported they found a mentor to be beneficial and a mentor positively influenced job satisfaction. Those participants who had a mentor upon hire were more satisfied, as evident with a higher mean, than those who did not have a mentor upon hire. Any length of time was found to be beneficial, and all forms of interaction were found to be 100% effective. Regardless of the number of years as an NP, all participants found mentoring to positively influence job satisfaction. In total, 97.22% of all participants are willing to serve as a mentor. The one participant who stated not willing to serve as a mentor added the comment "too busy push to be as productive as possible in my job already." Finally, for the 83.78% who agreed to have a virtual or E-mentor, age was not a contributing factor.

Implication for Future Research and Practice

This project was a direct result of the desire to improve the mentoring process for NPs in order to positively influence job satisfaction. "Mentoring focuses on the human connection by building a relationship between the experienced and the novice nurse and serves as a special way to transfer knowledge" (McKinley, 2004, p. 206). It is imperative to mentor the next generation of NPs as they will fill the vacancies in our health system.

Future clinical inquiries and follow-up projects can further enhance research with a mentorship focus, as mentored NPs' experience has shown increased job satisfaction with positive outcomes. Use of E-mentoring is an unexplored avenue for providing new hire support. "The possibilities of E-mentoring are as endless as the Internet. It offers a contemporary method of learning and mentoring in this technological age" (Bierema & Merriam, 2002, p. 223). E-mentoring is an avenue to educate a greater number of nurses with fewer resources and unlock the opportunities for sharing one's expertise not available in traditional face-to-face mentoring. Virtual mentoring could have a significant impact in rural areas or areas that do not currently have an adequate number of peer mentors available in a similar position or role. As E-mentoring is a newer topic in nursing literature, further research is needed.

Further studies could also review and develop one-on-one mentoring programs. Identifying individual mentors with mentees, and establishing a more formal ongoing relationship and reporting the results, is warranted.

"Additional studies need to be conducted to assess the value and impact of cost-effective mentorships and support programs within hospitals and other health care systems" (Mills & Mullins, 2008, p. 312). Another recommendation is conducting a qualitative and/or mixed-methods study using an interview or open-ended questions format to increase awareness and understanding about barriers an NP experiences related to job satisfaction (Schiestel, 2007).

Limitations

This was a small, convenience sample located in an urban Midwest health care organization. A larger, diverse sample of NPs would have allowed further generalization to be interpreted. It cannot be determined whether organization preselected those that did have a mentor or resource constraints that may have influenced decisions to assign or identify a mentor for a new hire. When inquiring about forms of mentor, no free-text option was available. This would have been noteworthy to report. The MNPJSS was originally administered among primary care NPs, whereas this study revealed participants in both the inpatient and outpatient care settings. This research was not inclusive of the suburban or rural settings.

Conclusions

The need for primary care providers will continue to grow due to the demands from an expanding older adult population and increased essential health care for all Americans. The growth of aging patient demands will outpace the availability of primary care providers by the year 2020 (Health Resources and Service Administration, 2013). This identified lack of providers in the primary care setting can be alleviated with the increased recruitment and retention of NPs who are academically prepared to assume this role. To retain nurses, strategies must be put in place that focus on retention.

Retention is linked to job satisfaction and should be a focus based on our study findings. Both employers and NPs must identify factors that will increase job satisfaction and retain experienced NPs. An essential intervention is the development of the mentoring relationship. Mentoring has been shown to improve job satisfaction and therefore also improve retention of NPs.

Developing a mentor program for a newly hired NP can contribute to a positive experience and has been recognized to be a crucial component of a newly hired NP. Mentoring provides a sense of connection with fellow colleagues and assists in developing a sense of belonging. Organizations need to view mentoring as a necessary strategy in order to decrease frustration, decrease feelings of isolation, and retain highly qualified NPs. "Establishing a successful mentoring relationship is not a luxury these days; it is virtually a necessity" (Borges & Smith, 2004, p. 48). Ultimately, a safer health care system will evolve and patient care will improve.

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APPENDIX A
Demographic Questionnaire

Demographics:

1. What year were you born?

    Drop-down menu: 1940–1998

2. Race:

    African American/non-Hispanic

    Asian/Pacific Islander

    Caucasian/non-Hispanic

    Native American/Alaskan

    Hispanic/Latino

3. Highest level of education

    MSN

    Post-master's certificate

    PhD

    DNP/DNSc

    EdD

    Other _____

4. Currently enrolled in a doctoral program

    Yes: If yes: Type of doctoral program

        DNP

        PhD

        Other _____

    No

5. How many years of experience do you have as a registered nurse?

    Drop-down menu: 1–40+

6. How many years do you have as an NP?

    Dropdown menu: 1–40+

7. Employment status:

    Full-time

    Part-time

    Per diem

    Hourly

    Other _____

8. Total NP practice hours per week

    40+

    32–39

    24–31

    16–23

    8–15

    1–7

9. Time in current organization as APN:

    1–6+ months

    7–11+ months

    1–2+ years

    3–5+ years

    6–10+ years

    11–15 years

    >15 years

10. Time in current position (specialty) as APN:

    1–6+ months

    7–11+ months

    1–2+ years

    3–5+ years

    6–10+ years

    11–15 years

    >15 years

11. Annual salary ($):

    40,000–49,999

    50,000–59,999

    60,000–69,999

    70,000–79,999

    80,000–89,999

    90,000–99,999

    100,000–109,999

    >110,000

12. NP Certification:

    Yes

    No

13. NP Specialty. (Check all that apply): (Multiple choices)

    Acute care

    Adult

    Family

    Gerontological

    Neonatal

    Oncology

    Pediatric

    Psychiatric/mental health

    Women's health

14. Do you serve as a preceptor?

    Yes

        -If yes: How many students per academic year do you precept? _____

        1

        2

        3

        4

        5

        6

        7

        8

        9

        10+

    No

        -If no, what are your reasons for not serving as a preceptor? _____

15. NP Clinical practice setting: (Check all that apply)

    Inpatient

    Outpatient

    Both

Note. APN = advanced practice nurse; NP = nurse practitioner.

Mentor Questionnaire

For the following questions, mentor refers to a relationship between an expert and a novice with the goal of passing on the knowledge and skills of the expert to the novice. The mentor guides the mentee while creating a supportive environment and facilitating growth and development (Hayes, 2005).

1. Did you have a mentor, as described by definition earlier, through your university while obtaining your nurse practitioner degree?

   Yes

   No

2. Did you have a mentor upon hire as advanced practice nurse?

   Yes. If yes: Was this mentor a nurse practitioner?

   Yes

   Non-nurse practitioner. Please comment: _____

   What was the gender of the mentor?

   Female

   Male

   Was the mentor relationship **formal** (set up through organization with objectives and activities, mode, frequency, and location set, focus on career goals specific to current position) or **informal** (develop by mutual identification, unstructured, face to face, meet as often as desired, or needed over the course of relationship, for coffee/lunch, focus on helping achieve long-term career goals)?

   Formal

   Informal

   Both

   Did you find this person beneficial?

   Yes

   No

   How long did the mentoring experience last?

   1–3 months

   3+ months

   6+ months

   12 months

   Ongoing. Plans to mentor for a lifetime.

   Did you choose a mentor or was this individual assigned to you?

   Chosen

   Assigned

   Both

   Form of interactions: (Multiple choices)

   Face to face

   Phone call

   Text

   E-mail

   Other _____

   Did this experience/relationship positively influence your job satisfaction?

   Yes

   No

   Somewhat

   How has this mentor influenced your personal and/or professional growth?

   -_____

(continues)

APPENDIX B (*Continued*)

If no: Would you have preferred to have a mentor?

Yes

Maybe

No

2. What do you consider as excellent qualities/characteristics of a mentor? (Check all that apply)

Generosity of spirit and a sincere willingness to share

Self-confidence and self-respect

Competence in special skills and expertise

Openness to mutual learning and growth

Positive support in the form of encouragement

Behaviors to imitate

Commitment, passion, and energy to inspire

(Allen, 2002)

Caring/human connection

Other (Please add):_____

3. What are your expectations of a mentor?

-_____

4. Are you willing to serve as a mentor?

Yes

Maybe

No

If no: What are your reasons? _____

5. Would you agree to a virtual or E-mentor? (Electronic communication, virtual individual independent of geography or scheduling conflicts)

Yes

Maybe

No. What are the reasons you would not agree to a virtual or E-mentor.

Please place additional comments below:

_____

_____

Thank you for taking part in Advanced Practice Nurses and Mentoring survey! Please clear the cache in your browser.

Questions constructed for this survey were derived from the references provided.

Thank you for participating in this survey.

APPENDIX C
Misener Nurse Practitioner Job Satisfaction Scale
Instructions:

The following is a list of items known to have varying levels of satisfaction among nurse practitioners. There may be items that do not pertain to you; however, please answer it if you are able to assess your satisfaction with the item based on the employer's policy, that is, if you needed it would it be there?

How Satisfied Are You in Your Current Job as a Nurse Practitioner With Respect to the Following Factors?							
V.S. = Very satisfied S. = Satisfied M.S. = Minimally satisfied		M.D. = Minimally dissatisfied D. = Dissatisfied V.D. = Very dissatisfied					
		V.S.	**S.**	**MS.**	**M.D.**	**D.**	**V.D.**
1.	Vacation/leave policy	6	5	4	3	2	1
2.	Benefit package	6	5	4	3	2	1
3.	Retirement plan	6	5	4	3	2	1
4.	Time allotted for answering messages	6	5	4	3	2	1
5.	Time allotted for review of laboratory and other test results	6	5	4	3	2	1
6.	Your immediate supervisor	6	5	4	3	2	1
7.	Percentage of time spent in direct patient care	6	5	4	3	2	1
8.	Time allocation for seeing patient(s)	6	5	4	3	2	1
9.	Amount of administrative support	6	5	4	3	2	1
10.	Quality of assistive personnel	6	5	4	3	2	1
11.	Patient scheduling policies and practices	6	5	4	3	2	1
12.	Patient mix	6	5	4	3	2	1
13.	Sense of accomplishment	6	5	4	3	2	1
14.	Social contact at work	6	5	4	3	2	1
15.	Status in the community	6	5	4	3	2	1
16.	Social contact with your colleagues after work	6	5	4	3	2	1
17.	Professional interaction with other disciplines	6	5	4	3	2	1
How Satisfied Are You in Your Current Job as a Nurse Practitioner With:							
V.S. = Very satisfied S. = Satisfied M.S. = Minimally satisfied		M.D. = Minimally dissatisfied D. = Dissatisfied V.D. = Very dissatisfied					
18.	Support for continuing education (time and $$)	6	5	4	3	2	1
19.	Opportunity for professional growth	6	5	4	3	2	1
20.	Time off to serve on professional committees	6	5	4	3	2	1
21.	Amount of involvement in research	6	5	4	3	2	1
22.	Opportunity to expand your scope of practice	6	5	4	3	2	1
23.	Interaction with other nurse practitioners including faculty	6	5	4	3	2	1
24.	Consideration given to your opinion and suggestions for change in the work setting or office practice	6	5	4	3	2	1
25.	Input into organizational policy	6	5	4	3	2	1
26.	Freedom to question decisions and practices	6	5	4	3	2	1

(continues)

APPENDIX C (*Continued*)

How Satisfied Are You in Your Current Job as a Nurse Practitioner With:		V.S.	S.	MS.	M.D.	D.	V.D.
V.S. = Very satisfied S. = Satisfied M.S. = Minimally satisfied	M.D. = Minimally dissatisfied D. = Dissatisfied V.D. = Very dissatisfied						
27.	Expanding skill level/procedures within your scope of practice	6	5	4	3	2	1
28.	Ability to deliver quality care	6	5	4	3	2	1
29.	Opportunities to expand your scope of practice and time to seek advanced education	6	5	4	3	2	1
30.	Recognition for your work from superiors	6	5	4	3	2	1
31.	Recognition of your work from peers	6	5	4	3	2	1
32.	Level of autonomy	6	5	4	3	2	1
33.	Evaluation process and policy	6	5	4	3	2	1
34.	Reward distribution	6	5	4	3	2	1
35.	Sense of value for what you do	6	5	4	3	2	1
36.	Challenge in work	6	5	4	3	2	1
37.	Opportunity to develop and implement ideas	6	5	4	3	2	1
38.	Process used in conflict resolution	6	5	4	3	2	1
39.	Amount of consideration given to your personal needs	6	5	4	3	2	1
40.	Flexibility in practice protocols.	6	5	4	3	2	1
41.	Monetary bonuses that are available in addition to your salary	6	5	4	3	2	1
42.	Opportunity to receive compensation for services performed outside of your normal duties	6	5	4	3	2	1
43.	Respect for your opinion	6	5	4	3	2	1
44.	Acceptance and attitudes of physicians outside of your practice (such as a specialist you refer patients to)	6	5	4	3	2	1

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APPENDIX D

Scoring the Misener Nurse Practitioner Job Satisfaction Scale

Total score	Sum all 44 items
Subscales	Sum the items indicated below for each subscale
Subscale	Items to include in scoring
Intrapractice partnership/collegiality	6, 9, 24, 25, 26, 37, 30, 33, 34, 38, 39, 41, 42, 43
Challenge/autonomy	7, 12, 13, 27, 28, 29, 32, 35, 36, 40
Professional, social, and community interaction	10, 14, 15, 16, 17, 23, 31, 44
Professional growth	18, 19, 20, 21, 22
Time	4, 5, 8, 11
Benefits	1, 2, 3

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