

RN Perception of a Staff-Driven Professional Development Program

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ABSTRACT

Nurses who participate in the clinical ladder professional development program have an opportunity to grow at the bedside, gain experience, and improve in the care they provide to their patients. Learning more about the clinical ladder members and how to attract additional members is necessary. The clinical ladder program was developed to promote personal growth and professional development of bedside nurses. Clinical ladder programs have become increasingly well known for the ability to promote job satisfaction, improve employee engagement, and strengthen the quality of nursing care. The theoretical framework of the clinical ladder program is based on Patricia Benner's Model, "Novice to Expert". This study will evaluate registered nurses' perceptions of the effectiveness of the clinical ladder program and the importance of financial compensation. Effectiveness of the program is defined as providing an environment that recognizes clinical excellence and enables nurses to grow in their clinical ability. A convenience sample of 341 staff clinical ladder nurses employed in the Northwell Health System responded to the demographic questionnaire and the Clinical Ladder Assessment Tool survey. The data from the subjective responses were analyzed. Clinical ladder nurses scored 32/36 (89%) responses as positive. Overall, the program was effectively orchestrated. More than 50% of the nurses scored financial compensation as greatest importance. Statistical significance was reported in the perceived effectiveness of the clinical ladder program based on ladder level. The clinical ladder program continues to empower nurses to participate in professional and self-development. The clinical ladder program provides opportunities for collaborating, mentoring, developing new knowledge, engaging in the decision-making process, and acting as advocates and leaders for patient care. Organizations who continue to support professional development of bedside nurses will experience innovations which influence all levels of the health care system.

Key Words: Professional development programs, Clinical ladder programs, Clinical Ladder Assessment Tool

INTRODUCTION

Northwell Health's mission statement discusses the dedication to improving the health of the communities it serves as well as its commitment to providing the highest quality clinical care while educating the current and future generations of health care professionals. Additionally, the mission fosters a culture of quality, research, education, operational performance, service excellence, workforce development, and community health advocacy. Northwell Health also uses a patient and family centered care model to provide the highest standard of care. The staff at North Shore University Hospital, the largest hospital in Northwell Health, works to closely align their professional goals with this mission.[1]

The clinical ladder program was developed by the Northwell Health system nursing leadership and rolled out at North Shore University Hospital to promote personal growth and professional development to bedside nurses. "Clinical ladders provide a framework for professional nursing development and have shown increased personal and professional satisfaction." [2] The clinical ladder program provides an opportunity for nurses to grow in their clinical expertise and gain leadership experience while remaining at the bedside. [1,3]

The clinical ladder program requires nurses to submit yearly professional portfolios outlining their accomplishments and activities. All components of the annual portfolio must reflect relevant, up to date activities that occurred or were sustained over the last calendar year. A points system assigns a value to each activity. Examples of activities include continuing education, staff education, presentations, and committee memberships. In order to be designated as a clinical ladder nurse, he or she must accrue 150 points for level I, 225 points for level II, and 300 points for level III. With each level the nurse is awarded a pay differential.[1] The goal of this research is to identify the effectiveness of a professional development program by registered nurses enrolled in a clinical ladder career pathway.

LITERATURE REVIEW

The conception of the clinical ladder program was introduced in 1972 by Marie Zimmer who served as the Director of Nursing Services at University of Wisconsin Hospitals and Associate Clinical Professor at University of Wisconsin School of Nursing in Madison. Zimmer presented the first clinical advancement program to recognize nurses.[4]

Clinical ladder programs were designed to advocate and incentivize professional development among frontline staff nurses. This is accomplished while strengthening the quality of nursing practice and enhancing nurse retention and performance in the workplace. [5,4] The clinical ladder program strives to benefit all involved, from the staff, to the patient, to the hospital. Clinical ladder programs have become increasingly well known for the ability to promote job satisfaction and professional development, as well as improve employee engagement. [6-9] Catholic Medical Center in Manchester New Hampshire reported clinical ladder nurses participating in professional development, certification, education, committee work, and increased confidence and engagement to meet the organization's strategic goals.[10] Through the widespread use of clinical ladder programs in hospitals, it has become evident that the programs are an integral component to a facility's recruitment and retention of professional nurses. Clinical ladder programs strengthen the quality of nursing care.[5]

The numerous research studies that evaluated clinical ladder programs report copious benefits in adopting and implementing the programs. In 2005, Drenkard and Swartwout's [11] research found that hospitals offering clinical ladder programs had more satisfied staff than facilities that do not offer opportunities for advancement. Health care organizations must remain competitive and promote professional development of the direct care work force. Clinical ladder nurses are expert nurses who demonstrate increased satisfaction with employment. Nurses participating in the ladder program are often promoted to advanced leadership positions, education, and clinical specialty. The goal of the clinical ladder program is to advance clinical skills to expert level through education and professional development. Clinical ladder programs are a sustainable model for clinical staff nurses in their career advancement. [11,12] The underlying themes in many of the research studies include job satisfaction, nurse retention, and benefits of implementing or revising a clinical ladder program. [7,13,14] In a systematic review of job satisfaction conducted by Lu, Barriball, Zhang and While [15] it was reported that autonomy as well as recognition by peers and administration are closely associated with job satisfaction. Verbal, written, and financial rewards were also gauged positively. One of the common outcomes frequently identified in the literature is the clinical ladder program "creates salary levels for staff nurses in clinical practice commensurate with greater job demands and associated increases in personal effort." [16] When examining the benefits associated with clinical ladder programs, Bjørk, Hansen, Samdel, Torstad, and Hamilton [13] concluded that clinical ladder nurses were more aligned with the hospitals' mission statement than those nurses who were not on the ladder. Among clinical ladder nurses, recognition by peers and management as they advanced up the ladder, as well as opportunities for professional growth were factors that were valued.[8]

Theoretical Framework

The theoretical framework of clinical ladder programs is based on Patricia Benner's Model, "Novice-to-Expert". The five stages of professional growth in nursing include novice, advanced beginner, competent, proficient, and expert. Nurses in the novice stage of professional development are new to the nursing profession and may have minimal skills performing tasks. Advanced beginners utilize knowledge from experience but may require coaching during challenging situations. Competent nurses demonstrate the ability to address problems with abstract, conscious, and analytical thought. They usually have 2 to 3 years of experience working in similar situations. Proficient nurses accurately make decisions, diagnose, and handle problems at hand. They perceive situations holistically instead of fragmented pieces. Expert nurses solve problems with precision. They are highly skilled and motivated to cope with new and challenging situations. [17,18]

In 1999, the literature review on the utilization of clinical ladder programs found Benner's theoretical framework, to be the most frequently cited model for clinical ladder programs. [19] This model focuses on clinical experience, educational background, and competencies as criteria for advancement. Recent literature supports the evidence that the Benner Model continues to serve as the theoretical framework in the implementation of clinical ladder programs in hospitals. [20,7-9,14] The professional development committees at HCA Virginia Health System and Vanderbilt University have implemented the Benner model as the theoretical framework in their clinical ladder programs in addition to multiple health systems, and hospitals. [21,22]

Staff-Driven Professional Development Program

The clinical ladder program at North Shore University Hospital has grown substantially in recent years. At the end of 2013, there were 102 registered nurses on the ladder. This number had remained flat since the program's inception. A new campaign was launched to reinvent the clinical ladder program to become staff-driven and encourage engagement and activity within it. The portfolio review process was restructured to form a committee with a peer review process. Thus, communication increased between the clinical ladder co-chairs, the clinical ladder review board members, and clinical ladder nurses. A grass-roots campaign, guided by the co-chairs and review board, aimed to diversify the professional development activities of the nurses and introduce the program to those who were unfamiliar with it. Nurse educators began to include clinical ladder nurses as peer teachers and new recognition efforts were implemented. The clinical ladder program was identified as a key source for succession planning. Between 2013 and 2020 membership in the clinical ladder program grew over 300% from 102 to approximately 361 registered nurses. Clinical ladder nurses began volunteering at health screenings, co-teaching in the rollout of the education related to new equipment, as well as required offerings such as basic life support (BLS) and advanced cardiovascular life support (ACLS) co-instructors. Clinical ladder nurses began participating in research studies, serving as validators at annual skills fairs, participating heavily in the hospital wide employee flu vaccination program and recognizing and rewarding clinical ladder members with a congratulatory letter and a clinical ladder pin.

The staff-driven program meets monthly to review clinical ladder portfolios and precept potential new members. The clinical ladder review board members produce a quarterly newsletter which is distributed to all members, nurse managers, and displayed for other staff to gain knowledge about professional development opportunities. The members participate in fundraisers which support Northwell Health and community advocacy. The clinical ladder staff provides presentations for the collaborative care council and the chief nursing officer council. This forum provides an opportunity for the nurses to share the activities that are occurring at the staff level. The nurses promote continuing education webinars and journal clubs and mentor members of the inter-disciplinary team. The clinical ladder nurses are leaders for patient care and professional development of the nursing profession. The staff-led clinical ladder is an important program that fosters professional development, engagement, and succession planning among bedside registered nurses. It was designed to support the Northwell Health philosophy of nursing practice through the creation of a career advancement track for the clinical nurse. [11,3]

Significance for Nursing

Still, despite the incentives both monetarily and professionally that the program provides, 361 registered nurses is a fraction of the total nurses at North Shore University Hospital who could potentially participate in the clinical ladder program. The total number of clinical ladder nurses has changed due to numerous advancements to mid-level provider and management roles making them no longer eligible for the program. Also, within the program there are nurses that are highly involved and motivated and others who are less active. This study addresses the lack of information in the literature about the effectiveness of the clinical ladder program. Learning more about the clinical ladder members and how to attract additional members is necessary. The significance of this study will evaluate registered nurses' perceptions of the effectiveness

of the clinical ladder program and the relationship between the importance of financial compensation and the perception of the effectiveness of the clinical ladder program. Effectiveness of the program is defined as providing an environment that recognizes clinical excellence and enables nurses to grow in clinical ability. The specific question of financial gain with participation in the clinical ladder program arose due to direct observation of financial inquiries from the staff.

METHOD

A descriptive, correlational, cross sectional study design was used as the research method to survey one sample group of clinical ladder nurses during a 1-month time period. The study setting was a large tertiary care medical center, North Shore University Hospital located in the north-eastern region of the United States. This medical center is part of the region's largest health system. The survey was electronically distributed to a convenience sample of clinical ladder nurses. Inclusion criterion is current appointment to the clinical ladder program and active employment at North Shore University Hospital. Exclusion criteria include registered nurses not currently participating in the clinical ladder program. A self-report electronic survey was distributed to all clinical ladder nurses via their work email. All members have access to the hospital email. This email described the purpose of the study, the questionnaire, and the consent for participation. The data was collected via REDCap. Only the researchers had access to the study findings.

Instruments

The instrument used in this study was an electronic self-report survey, the Clinical Ladder Assessment Tool. Demographic data included, age, highest level of education, years of experience as a registered nurse, clinical ladder level, certification, and current specialty unit. The Clinical Ladder Assessment Tool is a 36-item questionnaire with 7 sub-scales that measure the effectiveness of the clinical ladder program. The tool has a Cronbach's Alpha score of 0.95. Participants respond 'yes' or 'no' to each item. The Clinical Ladder Assessment Tool was administered using the REDCap program. Permission to utilize the survey was granted by Sarah Strzelecki Ed.D, MBA, RN of Phoenixville Hospital.[23]

Statistical Analysis

Descriptive statistics and measures of central tendency and dispersion were calculated to answer the demographic data and the following research questions:

RQ 1: What is the self-perceived effectiveness of the clinical ladder program?

RQ 3: What is the relationship between the importance of financial compensation and the perception of effectiveness (self-report) of the clinical ladder program?

The Chi Square Test of Association was used to evaluate RQ 2: Are there differences in the perceived effectiveness of the clinical ladder program based on clinical ladder level?

Protection of Human Subjects

This study received Northwell Institutional approval and IRB approval from the Feinstein Institutes for Medical Research before data collection began. The benefit of participating in the study was to gain knowledge about the effectiveness of the clinical ladder program and disseminate the findings. The participants were informed in writing that they may voluntarily participate and they may stop participating at any time. Participation had no effect on their

status as a clinical ladder nurse. Confidentiality was maintained on all responses. There were no known risks for participating in the study.

RESULTS

Of the 341 clinical ladder registered nurses 104(30%) completed the demographic questionnaire and the Clinical Ladder Assessment Tool survey. The age range was 21 to >50 with a mean of 40 years. Of the sample 79(76%) hold specialty certification. The clinical ladder levels are reported as level I (n=13, 13%), level II (n=19, 19%) and level III (n=72, 68%). In addition, the sample reported BSN (n=61, 59%), Bachelors enrolled in Masters (n=20, 19%), Masters (n=22, 21%), and Doctorate (n=1, 1%).

The Clinical Ladder Assessment Tool includes 7 subscales: differentiation of levels of nursing competencies, guide for evaluation of clinical performance, assures opportunities for professional growth, reinforcement of responsibility and accountability in nursing practice, rewards and benefits are commensurate with levels of practice, job satisfaction through recognition for clinical practice, and provides for increased levels of autonomy and decision making. Each subscale contains sub-components evaluating the topic.[23]

The majority of the registered nurses participating in the study responded yes to all sub-components of 5 subscales: guide for evaluation of clinical performance, assures opportunities for professional growth, reinforcement of responsibility and accountability in nursing practice, rewards and benefits are commensurate with levels of practice, and provides for increased levels of autonomy and decision making.

The majority of registered nurses responded yes to 6 of the 7 sub-components of differentiation of levels of nursing competencies and 1 of the 4 sub-components of job satisfaction through recognition for clinical practice. Overall, the program was effectively orchestrated with 32/36 (89%) responses rated as positive.

Table 1 summarizes the Clinical Ladder Assessment Tool subscale results. Statistical significance or weak association was reported in 5 areas: differentiation of levels of nursing competencies, assures opportunities for professional growth, rewards and benefits are commensurate with levels of practice, job satisfaction through recognition for clinical practice, and provides for increased levels of autonomy and decision making. The data from the clinical ladder level and the sub-component statements are recorded.

Table 1. Clinical Ladder Level

Clinical Ladder	CLI		CLII		CLIII		p value
Assessment Tool	YES	NO	YES	NO	YES	NO	
I know exactly what I need to do in order to advance on CLP.	11 (85%)	2 (15%)	13 (68%)	6 (32%)	66 (96%)	3 (4%)	0.003
I believe that the CLP provides adequate opportunity for promotion while I remain in clinical practice.	13(100%)	0 (0%)	14 (74%)	5 (26%)	48 (70%)	21 (30%)	0.07
I know the rewards and benefits related to each step in the clinical ladder.	12 (92%)	1 (8%)	13 (68%)	6 (32%)	62 (90%)	7 (10%)	0.045
For me, advancement in the CLP provides a sense of accomplishment and professional satisfaction about my work and choice of a career.	12 (92%)	1 (8%)	13 (68%)	6 (32%)	66 (96%)	3 (4%)	0.002
Advancement in the clinical ladder encourages me to utilize an increased knowledge base and sophisticated nursing skills.	12 (92%)	1 (8%)	11 (58%)	8 (42%)	53 (77%)	16 (23%)	0.075

Table 2 summarizes the importance of financial compensation and the perception of the effectiveness of the clinical ladder program. Financial compensation was scored 1-5 (least importance to greatest importance). Less than 5% of the nurses scored less than 3 for financial importance. More than 50% of the nurses scored financial compensation as greatest importance.

Table 2. Importance of Financial Compensation

Total Count (N)	Missing	Unique	Min	Max	Mean	StDev	Sum
104	0 (0.0%)	26	18.00	100.00	90.51	17.98	9,413.00
Percentile							
0.05	0.10	0.25	0.50 Median	0.75	0.9	0.95	
50.00	61.20	94.75	99.00	100.00	100.00	100.00	

Limitations

This research was based on a convenience sample and lacked a comparison group. The survey results did not represent responses of clinical ladder nurses from other institutions. Therefore, it is not generalizable since the study occurred in only one organization. Clinical ladder nurses who declined to participate in this study may possess valuable information resulting in more robust data.

Recommendations and Future Research

The goal of this research was to describe the effectiveness of the clinical ladder program. The data reported a baseline for future research. Nurses participate in decisions related to patient care, safety, and satisfaction. Clinical ladder nurses are patient teachers, coaches, and caregivers. Repeating this study with a larger sample size may provide evidence that clinical ladders are a valid form of professional development and can assist the nursing profession in all areas of practice. This study could be expanded to compare clinical ladder programs at other health care institutions. This data may provide evidence that is beneficial to nursing education, academic training, and competency development.

DISCUSSION

The results of this study demonstrate the effectiveness of the staff-driven professional development clinical ladder program. Thirty-two sub-components (89%) noted positive results in the survey. The clinical ladder program at North Shore University motivates the nurses to higher standards, skills, and knowledge. The nurses display behaviors that increase competency, responsibility, autonomy, performance standards, and professional practice. The continued professional development of the clinical ladder nurses is recognized by their peers and the organizational management. This program demonstrates clinical skill and professional growth for frontline nurses who remain at the bedside and improve patient outcomes.

The importance of financial compensation was addressed in the demographic data of this survey. The mean score of 90.5 reports that more than 50 percent of the nurses scored financial compensation as greatest importance. The sub-component 5.2[23] reports 68 percent of the

nurses are satisfied with the rewards and benefits associated with advancement in the clinical ladder. The sub-component 5.3[23] reports 76 percent of the nurses believe that the differentiation of the rewards and benefits incentives for advancing in the clinical ladder are fair and equitable.

There were statistical significances reported according to the clinical ladder level. As nurses advance up the ladder, gain experience, and have increased levels of autonomy and decision making, they may experience improved self-esteem, engagement, and professional satisfaction. The data from sub-component 1.1[23] reported 57 percent of the nurses responding that the clinical ladder expectations were not reviewed at my orientation so that I clearly understood what was expected of me. Although, the demographic data reported 91 percent of the nurses did receive information at North Shore University Hospital on how to apply for the clinical ladder program. This finding was addressed as an issue that needs improvement. This result was reported to the nursing education department and the clinical ladder review board developed a flyer for nurse managers to provide to staff nurses who are eligible to participate in the clinical ladder program.

CONCLUSION

Nurses who participate in the clinical ladder professional development program have an opportunity to grow at the bedside, gain experience, and improve the care they provide to their patients. The nurses also may experience improved job satisfaction, clinical performance, and strategies for retention and promotion. The staff-driven program provides opportunities for professional and self-growth as well as collaborating, mentoring, developing new knowledge, engaging in the decision-making process, and acting as advocates and leaders for patient care. The effectiveness of the clinical ladder program described in this study will continue to empower nurses to support their peers and participate in professional development which may improve patient and health care outcomes. Nursing leadership and health care organizations who continue to support professional development programs may experience innovations which influence all levels of the health care system. [24]

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