2012

Nurses' Perception of Clinical Ladder Programs

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NURSESô PERCEPTION OF CLINICAL LADDER PROGRAMS

by

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A Thesis Presented to the Faculty of the Graduate School of Nursing
Gardner-Webb University
In Partial Fulfillment of the Requirements of the Degree of
Masters of Science Degree
in
Nursing Education

Boiling Springs

July 12, 2012

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Abstract

The purpose of this study was to measure registered nursesô perceptions of clinical ladder programs and to determine what registered nurses consider to be satisfiers in order to keep them at the bedside. Clinical ladder programs reward registered nurses for their advancement in nursing education, nursing research, expert clinical skills, and leadership skills. This study was conducted on 68 post-licensed registered nurses from the ADN to BSN program at Gardner-Webb University. A quantitative descriptive study using an instrument which items measured perceptions of registered nursesô regarding clinical ladder programs was utilized. The results concluded that registered nurses thought autonomy and responsibility within their job was of importance and that advancing in a clinical ladder program was important to use as a role model for newer nurses.

Acknowledgments

My sincere gratitude goes to my family: Sam, my wonderful husband for his continuous support and assistance in my endeavors and for his forgiveness in cancelling our trips and vacations while I attended graduate school; my loving father Joe, who passed away just prior to my last semester. He was very proud of me, and I will carry his love in my heart forever.

I would also like to thank the faculty of Gardner-Webb University and particular my thesis advisor Dr. Janie Carlton. My appreciation goes to Dr. Sarah Strzelecki for granting me permission to use her clinical ladder questionnaire as my instrument for this survey. I would like to thank Dr. Grunoff for assisting me with the statistical analysis of my graduate thesis. I am grateful to the registered nurses who gave of their time and agreed to participate in the study.

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Chapter 1

Introduction

Clinical ladder programs provide a systematic advancement process that recognize and reward professional development for registered nurses who provide direct patient care. Advancement systems such as clinical ladder programs distinguish registered nurses who are experts in their clinical settings and acknowledge them for their professional growth. Key drivers such as recognition and rewards improve job satisfaction, which in turn increases staff retention among registered nurses and decrease turnover rates. For those nurses who provide direct patient care, career advancement through a clinical ladder program (CLP) can increase their salaries, provide peer recognition, and offer an increase in clinical status (Drenkard & Swartwout, 2005).

There are many career opportunities available in the nursing profession. Many registered nurses find providing direct patient care as bedside nurses rewarding and gratifying. Maintaining job satisfaction for this sector can be challenging. Research shows that the top reasons for job dissatisfaction include being underpaid, lack of opportunity for growth, no opportunity for career advancement and feeling trapped (Hansen, 2009). It is imperative that healthcare leaders determine what registered nurses consider to be job satisfiers and what motivates registered nurses to achieve knowledge and skills beyond their peers. Certain hospital settings may not provide a CLP for their registered nurses. Hospitals that promote CLPs have higher satisfaction rates among their nurses compared to facilities that do not use CLPs (Drenkard & Swartwout, 2005).

The nursing shortage is of upmost importance nationwide. By 2020, the expected nursing shortage is projected to increase to a 40% demand while available nurses will

provide only 6% of that need (Bureau of Health Professions, 2002). To recruit and orient a nurse to a specialty area such as the operating room, the emergency department, or an intensive care unit the cost is $145,000 (Health System Management Group [HSM], 2002). Concerns of the nursing shortage and low staff retention rates can be curtailed by utilizing a CLP that would increase job satisfaction among registered nurses by rewarding and recognizing experienced and competent professional nurses (Torstad & Bjork, 2007).

The downturn of the economy has curtailed merit raises for nurses. According to a survey conducted by Towers Watson Data Services, of 773 companies in the United States, the average pay increase in 2012 for nonexecutive employees will be 2.8%. CLPs offer monetary rewards for registered nurses who complete the advancement process.

According to the U. S. Department of Health and Humans Services, in 2010 registered nurses in North Carolina and South Carolina made the lowest annual salaries of any other state on the Eastern seaboard. In North Carolina, registered nurses make $60,260 with an hourly wage of $28.97, compared to Florida at $63,001 and an hourly wage of $31.26, and Virginia at $65,020 with an hourly wage of $31.26 (U.S. Department of Health and Human Services, 2010). CLPs increase wages for bedside nurses, making bedside nursing positions as attractive as those of nurse management positions.

Many registered nurses feel they lack opportunities for educational growth. The Duke Endowment provided over $100,000 for educational grants to be used for undergraduate nursing programs, scholarships, professorships, and faculty in North Carolina and South Carolina for 2010 (Duke University, 2012). The North Carolina Institute of Medicine established a taskforce for nursing in 2003-2004 funded by the

Duke Endowment (NCIOM, 2010). This taskforce in collaboration with the North Carolina Nurses Association, North Carolina Center for Nursing, North Carolina Board of Nursing, North Carolina Hospital Association, and North Carolina Area Health Education Center made recommendations for nurses in the state of North Carolina to engage in education in order to increase the proportion of nurses with bachelorôs degrees to 80% by 2020 and double the number of nurses with doctorate degrees by 2020 (NCIOM, 2010). To ensure competency among registered nurses the North Carolina Board of Nursing (NCBON, 2010) now requires for registered nurses to maintain 30 hours of continuing education with each license renewal.

Clinical ladder programs can empower registered nurses to seek higher education levels and can be used as a tool for nurse leaders to facilitate professional development (Torstad & Bjork, 2007). For those registered nurses who do not seek positions in nursing management or nursing education, CLPs provide recognition and acknowledgement for those registered nurses who have clinical bedside roles. Through professional development registered nurses can become proficient in their practice and skills. CLPs are a way of recognizing registered nurses for their skills and expertise in their nursing practice. This increases job satisfaction through a sense of accomplishment while increasing quality of patient care (Burket et al., 2010).

CLPs can increase job satisfaction through peer recognition and rewards. While younger nurses may seek monetary gain, older nurses may seek rewards through peer recognition. CLPs can appeal to all ages of registered nurses in the workforce. The average age of registered nurses in the workforce by 2020 is projected to be 44.7 (Auerbach, Buerhaus, & Staiger, 2007). Four generations of nurses are integrated in the

workforce. These generations consist of the Veterans that were born before 1945, Baby Boomers born between 1946 and 1963, Generation X born between 1964 and 1980, and Generation Y born between 1981 and 2000 (Duchscher & Cowin, 2004; Lavoie-Tremblay et al., 2010). Each generation may perceive job satisfaction differently. In a survey conducted by *Accenture* consisting of more than 3,400 professionals from 29 countries, Generation Y was driven by pay more than Generation X or Baby Boomers.

The first CLP was presented in 1972 by Marie Zimmer and was designed to reward registered nurses for advancement in education, research, clinical skills, and leadership skills. Many CLPs identify nursing theorist Patricia Bennerôs framework Novice to Expert (1982) a guide (Riley, Rolband, James, & Norton, 2009). The purpose of CLPs is to develop professional nurses who are proficient in their knowledge and skills subsequently increasing the quality of patient care. By advancing through CLPs registered nurses who provide direct patient care in a bedside role can achieve recognition and rewards for their accomplishments (Anderson, 1997; Buchan, 1999).

Nurse developers format CLPs based on three to five practice levels. The first level includes registered nurses who are new in their careers with limited skills and knowledge. The second level includes registered nurses who have accomplished knowledge and skills and have developed decision making abilities. The third and fourth level includes registered nurses who are capable of performing independently and proficiently and who have critical thinking skills, expert skills in knowledge, and who set an example for all others (Burket et al., 2010). In a Midwest metropolitan area a 257 acute care facility redesigned their CLP to a five level tier. The fifth level recognizes advanced registered nurses who participate in bedside roles that have achieved their

Masters of Science in nursing degrees who are expert clinicians (Pierson, Liggett, & Moore, 2010).

In an 800-bed tertiary care teaching hospital in the Southeast United States, a CLP was redesigned due to a concern of lack of participation of their clinical ladder program. A look at barriers as well as incentives for participation in their CLP was evaluated. Of 757 registered nurses who responded to the survey, the concept of recognition resulted in the strongest job satisfier at 3.76-3.96 on a Likert scale of 0-5. Barriers that were recognized in the same study was lack of mentors, lack of information, time not allowed to work on advancement while on the job and inability to meet the required *exceeds expectation* on annual performance evaluations. Changes that were made to the program included *satisfactory performance* on the annual performance evaluation in addition to providing mentors to assist advancing registered nurses through the advancement process. This particular CLP consisted of components from nursing leadership, clinical, nursing research, and nursing education. Once the advancing nurse met requirements that were reviewed and accepted by the clinical ladder committee, the registered nurses were then pinned for recognition (Riley et al., 2009).

Statement of Problem

A career as a registered nurse offers a variety of job opportunities within the hospital setting. Encouraging registered nurses to remain as expert bedside providers is challenging for nurse managers and nurse leaders. Rewarding registered nurses who work at the bedside through recognition and rewards will have a positive effect on nurse satisfaction, staff retention rates, and patient outcomes. Registered nurses who take advantage of a CLP can use it to navigate themselves to enhance their nursing education,

nursing leadership skills, and become knowledgeable in nursing research and evidence based practice. With successful advancement through a CLP, registered nurses can achieve job satisfaction by increasing their salaries and gaining peer recognition.

It is important for healthcare facilities to keep their CLPs up to date. Revision of CLPs is necessary in order to provide registered nurses updated educational growth and development, salary increases and the latest in nursing research and evidence base practice. CLPôs has proven to increase job satisfaction, and increase staff retention rates (Wilson, Squires, Widger, Cranley, & Tourangeau, 2008). Certain hospitals settings may not provide a CLP for their registered nurses.

Background and Need

The start of CLPs date back to the 1970s and was designed to enhance recruitment and staff retention of registered nurses by promoting professional growth, effectively rewarding registered nurses for their accomplishments and recognizing excellent role models (Pierson et al., 2010). Success of CLPs depends on recognizing changes in what registered nurses consider being job satisfiers as well as a commitment from nursing staff, leaders and committee members (Burket et al., 2010). As used in the 1970s, CLPs still promote nurse satisfaction by improving recruitment and staff retention rates through professional development and by rewarding improved clinical performance in providing excellent patient care (Pierson et al., 2010). Nurses who choose to remain at the bedside can achieve recognition and rewards through CLPs instead of advancing through management or administration pathways (Burket et al., 2010). Because of the increase in acuity levels of patients and need for experienced nurses to remain at the bedside fostering nursing satisfaction is essential for health care leaders (Riley et al., 2009). CLPs

are essential in providing registered nurses who enjoy bedside nursing with the necessary guidance to enhance their career growth as well as recognize and acknowledge them for their goals and achievements.

A successful clinical advancement system, plus a healthy work environment, delivers excellent nursing care which promotes patient safety, optimizes recruitment and staff retention while maintaining financial stability for the facility. The American Association of Critical Care established six standards for promoting a healthy work environment for registered nurses (Vollers, Hill, Roberts, Dambaugh & Brenner, 2009). By implementing these six standards as seen in Figure 1, and by providing a successful advancement system such as a CLP excellent patient care can be provided.

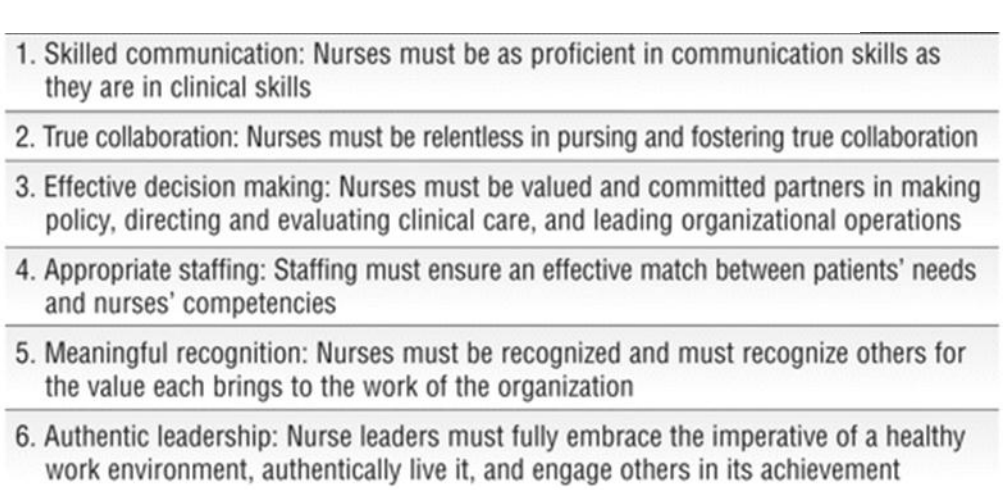

Figure 1. Six Standards.

Purpose of the Study

The purpose of this research study was to examine registered nursesô perception of CLPs and determine if CLPs are being utilized in healthcare facilities. In addition, the study may provide information that will determine if CLPs are effectively addressing what registered nurses consider to be job satisfiers and motivators.

Research Questions

The research questions were:

1. Of those registered nurses that participated in the study, how many registered nurses participate in a clinical ladder program?

2. What are nursesô perceptions of clinical ladder programs?

3. Does age of the registered nurse pose a difference in perception of a clinical ladder?

Significance of the Study

Due to the nursing shortage, high turnover rates and staff retention difficulties faced by healthcare facilities, it is imperative to understand what registered nurses consider to be job satisfiers. In order to keep expert, competent nurses at the bedside for provision of quality patient care, it is necessary to investigate their perceptions of advancement frameworks such as clinical ladder programs. A CLP can retain registered nurses at the bedside by providing them satisfaction through rewards and recognition as they advance in their professional growth as a registered nurse. Successful CLPs should have a strong influence on staff retention and recruitment rates for registered nurses, professional growth and development for registered nurses and provisions of acknowledgement of expertise in nursing care to foster better patient outcomes. Effective

CLPs may be useful in exemplifying excellent nursing care, which can be credited for Magnet recognition (Burket et al., 2010). CLPs empower registered nurses to achieve advanced knowledge and clinical skills that can be offered within their workplace as well as achieve national certifications in their specialty area and seek higher levels of education such as a Bachelorôs of Science in Nursing.

Definition of Terms

For the purpose of this study the following definitions will be used:

1. A clinical ladder program is an outline for professional development for nurses who provide bedside patient care and who are rewarded and recognized for their systematic advancement of leadership, research education for their expertise, and competent patient care. (Buchan, 1999; Serow, Cowart, Chen, & Speake, 1993).

2. The clinical ladder program is an advancement process used to retain professional bedside registered nurses who work in direct patient care settings (Anderson, 1997; Buchan, 1999).

Limitations

The study was limited by those registered nurses who work in facilities that do not offer clinical ladder programs.

Ethical Considerations

This study was reviewed by the Institutional Review Board of Gardner-Webb University and approval was granted. The participants will remain anonymous. By completing and submitting the questionnaire the nurses consented to the study. No names or identifying characteristics were used in the reporting of the data.

Chapter 2

Literature Review

The purpose of this chapter is to review literature that pertained to concerns of registered nurses such as the nursing shortage, salaries and wages as well as what registered nurses considered to be job motivators and job satisfiers. These concerns can be a focus when evaluating perceptions of what registered nurses want and what will keep them in the workforce specifically in a bedside nursing role. Articles that discuss CLPs are reviewed to determine if CLPs include these concerns and what strategies have been offered to provide job satisfaction among registered nurses. Articles that discuss multiple generations of nurses are included to understand the differences in job satisfaction of age groups.

A Review of Clinical Ladder Programs

To increase participation rates of CLPs healthcare facilities must evaluate their clinical ladder programs to identify what registered nursesô perceive to be job satisfiers. Revisions can then be made to their programs which would include the identified satisfiers. Riley et al.(2009) conducted a descriptive non-experimental study on a 800-bed, tertiary care, teaching hospital to determine what motivated registered nurses to participate in CLPs and to identify what registered nurses determined to be job satisfiers. The returned responses totaled 575 out of 1,850 from 43 clinical units. The survey instrument included questions pertaining to nursesô perception of their CLP offered at their facility, how they thought it could be improved and what motivated nurses to participate in the clinical ladder program (see Appendix A). Responses to the questions were measured on a Likert scale 0-5, ranging from *strongly disagree* to *strongly agree*.

The strongest response of 4.20 on the 5-point scale related to financial rewards. Another strong response was recognition, especially among peers. The lowest response indicated that CLPs were not a major influence on continuing employment or when seeking employment. In addition, 87% of nurses indicated that they had not participated in CLPs in previous jobs. Conclusively, the article indicated that assessment of CLPs is necessary to keep up to date on what nurses consider to be job satisfiers.

A study conducted in Norway by Torstad and Bjork (2007) argued that competency among nurses is a major concern of nurse leaders and that in order to remain competent health professionals must keep updated in knowledge, skills and attitude in order to provide adequate patient care. The aim of the study was to determine nurse leadersô views of CLPs as a means of professional development in regards to professional development of nurses, how nurse leaders promote and support nursesô progression in a CLP, and how nurse leaders utilize those advanced registered nurses who have participated in the programs. An experimental design was used in four hospital settings consisting of 19 nurse leaders and 24 executive leaders. Focus group interviews were used to collect the data. Findings indicated that nurse leaders were hindered by lack of financial support, poor understanding of professional development while not having the power at middle management levels to secure professional development. They were not considered important donors to their superiors in the planning of professional development. Torstad and Bjork (2007) argued that the nurse leader is a nurse who is not a member of the management team but a registered nurse who manages patient case loads. Torstad and Bjork failed to suggest who should be responsible for professional development for nurses utilizing advancement programs such as clinical ladder programs.

A Review of Multigenerations

Wilson et al. (2008), in discussing job satisfaction among a multigenerational nursing workforce, concluded that it is vital to improve job satisfaction for those registered nurses who are of the younger generation. Recognizing that staff retention strategies may differ depending on each generation, a multivariate analysis of variance study was conducted aimed at investigating generational differences in job satisfaction. Four generations in the nursing workforce were described as Veterans (born before 1945), Baby Boomers (born 1946-1964), Generation X (born 1965-1979) and Generation Y millennials born 1980-onward (Duchscher & Cowin 2004; Zembe, Raines, & Filipezak, 2000). A 31-item instrument using a 5-point Likert scale was used which measured categories of job satisfaction. These categories included extrinsic rewards, scheduling, balance of work and family, interactions with co-workers, other interaction opportunities, professional opportunities, praise and recognition and control and responsibility (Mueller & McCloskey, 1990). A subset of 6541 registered nurses was the main focus for the study. Significant differences were indicated in Baby Boomers compared to Generations X and Y. The study showed there were no differences in Generation Y and X in overall job satisfaction but Baby Boomers were more satisfied with extrinsic rewards such as pay and benefits. Generation X valued recognition and professional opportunities in a more self-direct manner instead of organizational control. One suggestion to increase job satisfaction for Generations X and Y was self-scheduling and independent decision making. A failure which was not specified in this article was job satisfaction indicators for the aging population and ways to improve job satisfaction and conditions associated with those who decide to work beyond their retirement age.

Lavoie-Tremblay et al. (2010) discussed turnover rates and strategies for staff retention among the different generations and specified the characteristics of each generation. Each generation differs in their expectations when it comes to benefits, advancement and retirement (Hu, Herrick, Hodgin, 2004). A quantitative correlational descriptive design was used to study 1,376 healthcare and hospital workers in Quebec, Canada. Lavoie-Tremblay et al. focused on registered nurses, which included 42.0% of those who were surveyed, and described Baby Boomers (1946 to 1963) as devoted workers who are willing to work overtime and who enjoys competition. This generation feels that they are allowed to use their skills and enjoy extrinsic rewards with intentions of quitting due to retirement. Generation X (1964 to 1980) is willing to be paid less wages for a better work-life balance, and they focus on self-improvement. Generation Y (1981 to 2000), the youngest age, is more likely to quit their job in 2 to 3 years after graduation, need more support and guidance in their work environment (Wieck, 2003), and are less likely to deal with stressful jobs but are productive if they believe in what they are doing (Duchscher & Cowin, 2004; Glass, 2007; Martin, 2005). This generation triples in the category of intention to quit compared to the other generations; therefore special focus on staff retention strategies need to be planned for this generation. One strategy discussed for this particular generation was to offer ongoing education and development (Kramer & Schmalenberg, 2008). Lavoie-Tremblay et al. (2010) failed to give specific staff retention plans for the Baby Boomer generation to keep experienced self-reliant registered nurses in the workforce.

Wages and Salaries of the Nursing Profession

As of June 2009, as many as 7.4 million Americans lost their jobs due to the nationwide recession. The unemployment rate was at 9.5%. The present recession has out lasted the average duration of any recession which is 10.4 months. Wages of a registered nurse decreased in 2007 by 1.7% and 0.9% in 2008. Buerhaus (2009) explained how the recent recession has affected the nursing workforce. According to this report, as many as 50,000 nurses have returned to the workforce to support their families while their spouses remain jobless. Nurses who worked fewer hours began working full-time hours and or found positions in hospitals where salaries were higher.

Hansen (2009) reported results from a 2008 online survey released by the global firm Towers Perrin. This survey of 469 employees indicated that their main focus was a paycheck and healthcare coverage for stability for their families rather than being concerned about incentives. Their intentions of retirement were postponed and decreased from 14% of those who intended to retire to 9%. Hanson (2009) also reported, according to a Culpepper Trend Survey, that 35% of companies surveyed decided to decrease 2009 salaries and 9% of the companies decided to freeze salaries, which were an increase from 2% to 11% (Culpepper and Associates, 2010). An average salary increase for 2009 reported to be 3.08% which was a decrease from 4.18%. Those who have investments in 401k plans saw a 30% decrease in their balance in 2008, Hanson (2009).

Martin (2003) reported results from a nationwide survey conducted in 2002 by the United American Nurses which surveyed nursesô opinion of their own solutions to the current nurseôs shortage. A total of 600 bedside nurses were polled, and 82% indicated that increased wages would be an effective solution to the current nursing shortage.

Nurses who responded to the survey indicated that salary was a determinant factor on whether to stay in the nursing profession. Six out of 10 nurses reported that they earned less than $46,000 annually, and 55% who had a 10-year tenure made less than that. Findings from Health Recourses and Services Administration indicate that in March 2000, staff nurses' annual salary was $42,133.40, and that nurses rank 115th among 292 of major occupational groups. The nurses who participated in this poll felt that increasing nurses salaries would be one solution to the nursing shortage.

Motivators and Job Satisfiers

From a human resources perspective, it is challenging to keep employees satisfied. Sachau (2007) summarized Herzberg's motivation-hygiene theory. Herzberg researched what employees considered job satisfaction and dissatisfaction. Employees considered achievement, recognition, learning, and responsibility as satisfying factors. These criteria were considered to be factors of motivation. Items that employees considered to be dissatisfies were identified as hygiene factors. Hygiene factors were explained to be criteria of a preventative nature when looking at prevention and maintenance of health. Fair pay, fair working conditions, and fair policies were determined as short term satisfiers. Herzberg (2003) suggested that money given as a reward was short lived and encouraged employers to motivate employees through growth and development. Herzberg's theory later was identified by psychologists as intrinsic and extrinsic motivation. Intrinsic being performing an act that one did for feeling good about it and extrinsic performing an act for a reward. Herzberg believed that if someone was given hygiene factors, such as money, status and materialistic items as a reward that

soon these items would become a minimal expectation for that person and more would be expected as a reward. These factors according to Herzberg would not buy happiness.

Hegney, Plank, and Parker (2006) conducted a random quantitative study to identify intrinsic and extrinsic work values perceived by nurses from Queensland Nurses Union to see how these values influenced job satisfaction. A total of 1477 nurses responded to a questionnaire. The study focused on 16 questions related to job satisfaction. This study found nurses reported results of dissatisfaction in regards to their pay when compared to other professions. The perception of pay rates, rewards for skills, and experience ranged differently among nurses. Perceptions depended on rank, level of management, setting of employment and bedside nursing opposed to non-bedside nursing.

To discover what nurses considered to be a reward, qualitative and quantitative research was performed and data were obtained from 20 nurses to determine their viewpoints on rewards categorized into three groups. These three groups consisted of financial, nonfinancial and psychological rewards De Gieter et al. (2005). Primarily, face-to-face interviews were arranged and nurses were asked questions regarding what they considered to be rewards within their jobs. Following the interviews, a quantitative study was done by giving the nurses a questionnaire with 34 items that they were ranked from *not rewarding* to *definitely rewarding* using a Likert scale. Even though financial rewards were most frequently mentioned in the interviews, nonfinancial and psychological awards were important as well. Nurses were content with compliments, appreciation, presents, and contact with their patients. The age of the nurse was related to

what rewards they valued. Younger, less experienced nurses found promotions more rewarding compared to older considered job security to be more of value.

Chapter 3

Methodology

The purpose of this study was to understand perceptions of what registered nurses thought about clinical ladder programs. Advancement methods such as CLPs are valuable for healthcare facilities to increase staff retention and reduce turnover rates and to keep experienced nurses at the bedside to provide quality patient care. CLPs are a way of acknowledging expert nurses who have excelled in nursing leadership roles, nursing education advancement and evidence based practice through nursing research. If healthcare facilities offer advancement programs for their registered nurses who provide direct patient care, it is essential for them to keep these programs updated with what registered nurses consider to be rewarding incentives. By rewarding and recognizing registered nurses who have advanced through the clinical laddering process they gain salary increases, peer recognition and self-worthiness.

It is important to determine if CLPs are used in healthcare facilities to reward and recognize their bedside nurses as well as determine if CLPs are aligned in meeting the needs of registered nurses who participate. In order to keep registered nurses at the bedside, it is imperative to understand what satisfies them in their job settings and what motivates them in their careers. Diversity among age groups in the healthcare settings may differ in expectations such as rewards and recognitions. If healthcare facilities do not offer or keep their advancement programs attractive to registered nurses, they may be faced with losing experienced qualified bedside nurses to inexperienced, less dedicated registered nurses. Because of concerns of the nursing shortage and the need to retain experienced bedside nurses an understanding of the perceptions of registered nurses on

CLPs was needed. A quantitative descriptive design was used for this study. The study included 190 registered nurses who are in the nursing workforce. These are registered nurses who attend Gardner-Webb University and are students in the RN to BSN program. This sample was selected because of availability of registered nurses who are the student body of Gardner-Webb University and who may work in facilities that offer CLPôs. Variables of the participates in this study included different educational levels of those who are participating, level of clinical nurse, age, gender, healthcare settings, and size of healthcare setting.

The instrument used was a questionnaire, consisting of 36 questions based on a 1ï 5 point Likert scale ranging from *strongly disagrees* to *strongly agree*. Demographic questions were asked of the participant that included age, years of experience as a registered nurse, gender, highest level of education, if the nurse works at a facility that offers a CLP and size of hospital where they are employed. The instrument used was divided into seven categories. These categories included knowledge of clinical levels, accountability and responsibility, guide to evaluating the CLP, if the CLP offers opportunities for professional practice, rewards and benefits, job satisfaction through recognition and autonomy and decision making. This tool was designed by Sarah Strzelecki RN who used the tool to evaluate CLPs (Strzelecki, 1989). Permission was granted by Sarah Strzelecki to use the tool as an instrument for this study. The validity and reliability of this instrument was established by Sarah Strzelecki.

A link was established that was sent to registered nurses who are post-licensed nurses enrolled in the registered nurse to Bachelorôs of Science in Nursing and Masterôs of Science in Nursing programs at Gardner-Webb University. The link contained the

instrument for the study plus consent to participate. The link was sent out electronically by their nursing instructors. Once the link was opened by the nursing student instructions were given on how to complete the survey and submit it. These instructions were within the consent form. It was indicated that by completing the survey and submitting it the nursing student had consented to the study. The nursing student was given 3 weeks to complete the survey. At the end of 3 weeks, the data were collected for analysis.

A descriptive analysis was completed on the data. The data collected was categorized. Demographics of the participants were measured for frequency. The other categories were analyzed for frequency based on results from the Likert scale.

Chapter 4

Results

The purpose of this research study was to examine CLPs among practicing registered nurses and determine if CLPs were being utilized in healthcare facilities. In addition, the study provided information that would determine if CLPs were effectively addressing what nurses consider to be job satisfiers and motivators. Survey responses from 68 nurses were used for this study.

Table 1 displays the frequency counts for selected variables. All but two nurses (97.1%) were women. The ages in the sample ranged from 20 to 61 years (M = 41.24, SD = 11.68). Forty-one percent of the nurses worked at an urban hospital with 32.4% being at a suburban hospital and another 26.5% being at a rural hospital. Over half the nurses worked at hospitals with more than 400 beds. The type of hospital was equally divided among teaching (36.8%), medical centers (38.2%) and community (33.8%). Over half the nurses (55.9%) had less than a bachelorôs degree of formal education. Years of experience ranged from ñ< 1 year (10.3%)ò to ñ21+ years (30.9%)ò with the median amount of experience being 13 years (see Table 1).

Table 1

Frequency Counts for Selected Variables (N = 68)

Variable	Category	*n*	%
Gender	Female	66	97.1
	Male	2	2.9
Age group	20 to 29 years	14	20.6
	30 to 39 years	15	22.1
	40 to 49 years	15	22.1
	50 to 61 years	24	35.3
Location of hospital	Urban	28	41.2
	Suburban	22	32.4
	Rural	18	26.5
Size of hospital	1-99 beds	9	13.2
	100-199 beds	14	20.6
	200-399 beds	9	13.2
	400+ beds	36	52.9
Type of hospital	Teaching	25	36.8
	Medical Center	26	38.2
	Community	23	33.8
Education level	ADN	30	44.1
	Diploma	8	11.8
	BSN	21	30.9
	MSN	8	11.8
	Other	1	1.5
Years of experience	< 1 year	7	10.3
	1-5 years	9	13.2
	6-10 years	9	13.2
	11-15 years	15	22.1
	16-20 years	7	10.3
	21+ years	21	30.9

[a] Age: $M = 41.24$, $SD = 11.68$.
[b] Multiple responses were given by some nurses for hospitals with multiple locations.

Research Question 1

Research Question 1 asked, ñOf those registered nurses that participated in the study, how many registered nurses participate in a clinical ladder program?ò Inspection of Table 2, found that 30 of the nurses in the sample (44.1%) worked in a hospital that included a CLP. Also in Table 2, 80.0% of these nurses worked at a hospital that had either three or four levels in their clinical ladder sequence, but only 20.0% of the nurses in the sample had achieved Clinical Nurse Level 3 or 4 (see Table 2).

Table 2

Frequency Counts for Variables Pertaining to the Clinical Ladder Nurses (N = 68)

Variable	Category	*n*	%
Clinical Ladder Program			
	No	38	55.9
	Yes	30	44.1
Steps in their ladder (*n* = 30)			
	Clinical Nurse 1	5	16.7
	Clinical Nurse 2	1	3.3
	Clinical Nurse 3	9	30.0
	Clinical Nurse 4	15	50.0
Their position (*n* = 30)			
	Clinical Nurse 1	13	43.3
	Clinical Nurse 2	11	36.7
	Clinical Nurse 3	5	16.7
	Clinical Nurse 4	1	3.3

Research Question 2

Research Question 2 asked, ñWhat are nursesô perceptions of clinical ladder programs?ò To answer this question, Table 3 displays the mean ratings for the nine scale scores. These ratings were based on a 5-point scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The total perception score had a mean of 3.44 on the 5-point scale. Highest amounts of agreement were for ñReinforcement of responsibility and accountability in nursing practice (*M* = 3.80),ò ñprovides for increased levels of autonomy and decision making (*M* = 3.59),ò and ñdifferentiation of levels of nursing clinical competence (*M* = 3.58).ò The lowest amount of agreement was for ñjob satisfaction through recognition for clinical practice (*M* = 2.98).ò As an addition source of nursing perceptions, Appendix A provides the mean ratings for the 36 individual ratings.

Table 3

Descriptive Statistics for Nurses' Perceptions of Clinical Ladder Programs (n = 30)

Scale score	*M*	*SD*
Differentiation of levels of nursing clinical competence	3.58	0.84
Reinforcement of responsibility and accountability in nursing practice	3.80	0.61
Guide for evaluation of clinical performance	3.20	1.11
Opportunities for professional practice	3.43	0.84
Rewards and benefits are commensurate with levels of practice	3.33	0.84
Job satisfaction through recognition for clinical practice	2.98	0.83
Provides for increased levels of autonomy and decision making	3.59	0.80
Total score	3.44	0.68

Note. Ratings were based on a 5-point scale: 1 = *Strongly Disagree* to 5 = *Strongly Agree.*

Research Question 3

Research Question 3 asked, ñDoes age of the registered nurse pose a difference in perception of a clinical ladder?ò To answer this question, Table 4 contains results for the eight one-way ANOVA tests comparing the three age categories with the eight perception scores. Inspection of the table found that none of the eight tests were statistically significant at the $p < .05$ level thereby suggesting that the three age groups had similar perceptions about the CLP.

Table 4

Comparison of Nurse Perception Scores Based on Age Group (n = 30)

Perception score	Age group	*n*	*M*	*SD*	ɖ	*F*	*p*
Differentiation of levels of nursing clinical competence					.17	0.40	.68
	Generation Y	8	3.63	0.57			
	Generation X	14	3.44	1.05			
	Baby Boomers	8	3.77	0.67			
Reinforcement of responsibility and accountability in nursing practice					.12	0.18	.83
	Generation Y	8	3.72	0.43			
	Generation X	14	3.79	0.78			
	Baby Boomers	8	3.91	0.46			
Guide for evaluation of clinical performance					.11	0.16	.85
	Generation Y	8	3.22	0.88			
	Generation X	14	3.09	1.27			
	Baby Boomers	8	3.38	1.13			

Note. Ratings were based on a 5-point scale: 1 = *Strongly Disagree* to 5 = *Strongly Agree.*

Table 4 *Continued*

Table 4 *Continued*

Perception Score	Age Group	*n*	*M*	*SD*	d	*F*	*p*
Opportunities for Professional Practice					.23	0.72	.49
	Generation Y	8	3.54	0.69			
	Generation X	14	3.23	1.03			
	Baby Boomers	8	3.66	0.59			
Rewards and Benefits are Commensurate with Levels of Practice					.20	0.59	.56
	Generation Y	8	3.38	0.99			
	Generation X	14	3.16	0.91			
	Baby Boomers	8	3.56	0.53			
Job Satisfaction Through Recognition for Clinical Practice					.30	1.35	.28
	Generation Y	8	3.16	1.05			
	Generation X	14	2.71	0.77			
	Baby Boomers	8	3.25	0.63			
Provides for Increased Levels of Autonomy and Decision Making					.28	1.19	.32
	Generation Y	8	3.83	0.82			
	Generation X	14	3.36	0.79			
	Baby Boomers	8	3.77	0.78			
Total Score					.24	0.83	.45
	Generation Y	8	3.53	0.64			
	Generation X	14	3.27	0.75			
	Baby Boomers	8	3.64	0.56			

Note. Ratings were based on a 5-point scale: 1 = *Strongly Disagree* to 5 = *Strongly Agree*.

Chapter 5

Introduction

Facing the predictable nursing shortage, increasing turnover rates and decreasing staff retention rates nurse leaders will need to determine and prioritize necessary job satisfiers for registered nurses in order to keep them in clinical roles at the bedside. Research has shown that being underpaid, little opportunity for growth and advancement decreases motivation. CLPs can provide registered nurses opportunities for rewards, personal recognition and increased salaries. By challenging registered nurses to advance through a systematic clinical ladder system they improve their professional growth through nursing research and evidence based practice to improve patient care.

Discussion

The purpose of this research study was to examine registered nursesô perception CLPs among practicing nurses and determine if CLPs were being utilized in healthcare facilities. In addition, the study provided information that would determine if CLPôs were effectively addressing what nurses consider to be job satisfiers and motivators. Survey responses from 68 nurses were used for this study.

Table 1 displays the frequency counts for selected variables. All but two nurses (97.1%) were women. The ages in the sample ranged from 20 to 61 years (M = 41.24, SD = 11.68). Forty-one percent of the nurses worked at an urban hospital with 32.4% being at a suburban hospital and another 26.5% being at a rural hospital. Over half the nurses worked at hospitals with more than 400 beds. The type of hospital was equally divided among teaching (36.8%), medical centers (38.2%) and community (33.8%). Over half the nurses (55.9%) had less than a bachelorôs degree of formal education.

Years of experience ranged from ñ< 1 year (10.3%)ò to ñ21+ years (30.9%)ò with the median amount of experience being 13 years (see Table 1).

Research Question 1

Research Question 1 asked, ñOf those registered nurses that participated in the study, how many registered nurses participate in a clinical ladder program?ò Inspection of Table 2, found that 30 of the nurses in the sample (44.1%) worked in a hospital that included a CLP. Also in Table 2, 80.0% of these nurses worked at a hospital that had either three or four levels in their clinical ladder sequence but only 20.0% of the nurses in the sample had achieved Clinical Nurse Level 3 or 4 (Table 2).

Research Question 2

Research Question 2 asked, ñWhat are nursesô perceptions of clinical ladder programs?ò To answer this question, Table 3 displays the mean ratings for the nine scale scores. These ratings were based on a 5-point scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The total perception score had a mean of 3.44 on the 5-point scale. Highest amounts of agreement were for ñReinforcement of responsibility and accountability in nursing practice (*M* = 3.80),ò ñprovides for increased levels of autonomy and decision making (*M* = 3.59),ò and ñdifferentiation of levels of nursing clinical competence (*M* = 3.58).ò The lowest amount of agreement was for ñjob satisfaction through recognition for clinical practice (*M* = 2.98).ò As an addition source of nursing perceptions, Appendix A provides the mean ratings for the 36 individual ratings.

Research Question 3

Research Question 3 asked, ñDoes age of the registered nurse pose a difference in perception of a clinical ladder?ò Table 4 displays results for the eight one-way ANOVA tests comparing the three age categories with the eight perception scores. Inspection of the table found that none of the eight tests were statistically significant at the $p < .05$ level thereby suggesting that the three age groups had similar perceptions about the CLP.

Limitations

Limitations to this study include sample size. A larger sample size would have given a more accurate result. Another limitation was the inability to determine exactly how many healthcare facilities were included in the study. Many of those registered nurses who participated in the study may have been from the same facility. By being more specific on the questionnaire about where each registered nurse worked may have prevented multiple nurses answering questions in regards to the same CLP.

Recommendations for Future Research

Based on findings from this research study revisions on the questionnaire may include stating the name of the facility in which the registered nurse is employed. This information would give a better indication of what facilities in the areas offer a CLP. Focus on facilities that do not offer CLP could then be provided to set up clinical ladder programs.

Conclusion

These finding concluded that there is a low participation rate of registered nurses in clinical ladder programs and those who do participate do not achieve the CLP to its

fullest. Registered nurses value responsibility and accountability in their jobs more so than recognition. Age levels are not a defining matter in perceptions of CLP.

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Appendix A: Statements about Clinical Ladder Program

Table A1

Statements about the Clinical Ladder Program Sorted by Highest Mean Rating (n = 30)

Statements	Category	*M*	*SD*
Advance in the CLP encourages me to be a role model for new nursing staff.	Satisfaction	4.07	0.87
Successful integration of education, practice and research are components of the CLP.	Differentiation	3.97	0.89
I know what is expected of me at my stage in the CLP.	Differentiation	3.87	1.07
The CLP effectively stimulates me to be involved in activities that directly affect patient care.	Reinforcement	3.87	0.90
The clinical ladder program allows me to choose the level of involvement that I want to maintain in nursing activities.	Reinforcement	3.87	0.68
For me, advancement in the clinical ladder program provides a sense of accomplishment and professional satisfaction about my work and choice of a career.	Satisfaction	3.80	0.92
The environment created by the CLP encourages me to accept responsibility for the level of sophistication of my clinical skills.	Reinforcement	3.80	0.76
Each level of the CLP builds upon the skills gained and refined at the previous level.	Differentiation	3.73	0.94
The CLP increases my awareness of the need to describe the rationale for my nursing care.	Reinforcement	3.67	0.71
Advancement in the CLP encourages me to apply advanced clinical practice concepts to improve the quality of nursing care I provide.	Satisfaction	3.67	0.99
I know that my nursing practice is critically examined and validated according to defined standards before advancement in the CLP occurs.	Differentiation	3.63	1.00
I know the rewards and benefits related to each step in the CLP.	Rewards	3.63	1.03
There are opportunities to acquire the knowledge and skills necessary to advance in the CLP.	Opportunities	3.53	1.07

Note. Ratings were based on a 5-point scale: 1 = *Strongly Disagree* to 5 = *Strongly Agree.*

Appendix A *Continued*

Statements	Category	*M*	*SD*
Advancement in the clinical ladder will increase my responsibility and decision making as defined by the criteria for each level.	Satisfaction	3.50	1.01
The CLP provides the opportunity for me to be recognized by my peers and management for my clinical expertise.	Opportunities	3.47	0.97
Advancement in the clinical ladder program encourages me to utilize an increased knowledge base and sophisticated nursing skills.	Satisfaction	3.47	1.11
Registered nurses are encouraged to work for promotion in the clinical ladder program.	Opportunities	3.47	1.20
I know what I need to do in order to advance in the CLP.	Differentiation	3.43	1.22
The job expectations of my respective level in the CLP clearly and accurately describe the work I do.	Evaluation	3.43	1.07
A resource person in the nursing department is available to assist me in designing a plan so that I can increase my clinical expertise.	Opportunities	3.43	1.19
Advancement in the clinical ladder encourages me to use my personal initiative and judgment in providing nursing care.	Satisfaction	3.43	0.97
Increased opportunity for independence and freedom in how I provide patient care are omitted as components of the CLP.	Satisfaction	3.43	0.86
I have identified my professional goals in clinical nursing that will facilitate my movement in the CLP.	Opportunities	3.40	0.97
I believe the CLP provides adequate opportunity for promotion while I remain in clinical practice.	Opportunities	3.40	1.04
As I advance in the CLP I will be expected to provide care to patients with a greater complexity and intensity of nursing needs.	Differentiation	3.40	1.19
I believe that advancement in the clinical ladder is perceived as desirable by my peers.	Opportunities	3.30	1.06
My advancement in the CLP is accompanied by public and formal recognition within the hospital.	Rewards	3.27	1.20
I believe that the differentiation of the rewards and benefits incentives for advancing in the CLP are fair and equitable.	Rewards	3.23	1.07

Note. Ratings were based on a 5-point scale: 1 = *Strongly Disagree* to 5 = *Strongly Agree*.

Appendix A *Continued*

Statements	Category	*M*	*SD*
The CLP review process increases my awareness of my specific learning needs based on current nursing standards.	Evaluation	3.20	1.16
The CLP evaluation review provides me the feedback on how well I am doing.	Evaluation	3.17	1.21
I am satisfied with the rewards and benefits associated with the advancement in the CLP.	Rewards	3.17	0.95
The clinical ladder program expectations were reviewed at my orientation so that I clearly understood what was expected of me.	Differentiation	3.00	1.36
I have a clear understanding of how expectations for each level of the CLP fits into the overall standards of professional nursing practice.	Evaluation	3.00	1.23
I would not consider employment in a setting that does not have a CLP.	Satisfaction	2.90	1.09
When seeking employment one of my priorities would be a hospital with a CLP.	Satisfaction	2.80	1.06
A major factor in my continuing employment at this hospital is the CLP.	Satisfaction	2.40	1.10

Note. Ratings were based on a 5-point scale: 1 = *Strongly Disagree* to 5 = *Strongly Agree.*