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MAPPING A CAREER LADDER AS AN INITIAL STEP IN THE RETENTION OF NURSES

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Abstract. The career ladder is one of the powerful strategies for retaining nurses in hospitals. When nurses are clear about career development, it can be one of the factors of self-actualization. This study aims to evaluate the results of the change agent-internship studentsin the career ladder process. The research design included a pilot study involving the change agent and the followers who are the Head of the Nursing Department, Kosapel SDM, and the Chief of Nursing. This research used purposive sampling involving 21 nurses. The troubleshooting process used the PDCA cycle (Plan-Do-Check-Action). An innovation program was implemented by creating guidelines and Standard Operating Procedures (SOP) for career ladder mapping and designing a career ladder based on nurse competencies. The mapping used the instruments of self-assessment and assessment verification for professional competencies as well as levels of education and length of employment. The change agent was actively involved in the whole process. After the mapping process was socialized and written interviews were conducted, 99% of the participants at the hospital responded positively to the guidelines and SOP. The Director of Nursing has been greatly assisted by the career ladder mapping instruments based on the nurses competencies, as the results will have a positive impact on them in preparation for accreditation and the implementation of remuneration based on career ladder levels. The Head Nurse and nurses in the pilot project ward provided various responses to the instruments. On the one hand, they claimed that these instruments were very helpful in giving daily assignments because the description of competencies is very complete, but they need more time for completing the instrument. On the other hand, they complained that they were tired of the process of assessment because of the many items that had to be answered and a high workload. The hospital needs to consider using career ladder levels based on the expertise of the nurses.

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INTRODUCTION

Human resources in hospital services have various professions that are classified into the categories of health and non-health human power. One of the health human power divisions that take a role in maintaining service quality is nursing human power. Data from The Health Department, PPSDM, indicates that, in Indonesia, the number of nurses in 2014 was 237,181 and the number of nurses assigned to hospitals was 122,689 [1]. Working as a nurse has a high risk of boredom and fatigue because of the emotional demands faced every day through direct contact with people including patients, doctors, fellow workers, and other health professionals. In addition, nurses who have the ability to develop themselves and the hospital become frustrated, less motivated, and finally decide to resign. One thing that can be done is to carry out efforts to retain the existing staff. Retention is the act of keeping or defending [2]. The impact of this action is to maintain stability, improve the quality of service, and decrease organizational costs. A retention strategy is a program and benefit that is designed to improve the recruiting and retention of employees [3]. There are several interventions to assist the retention of health employees. First, personal and professional support can be offered such as the improvement of living conditions for health employees and their families. It makes health employees feel appreciated, keeping motivation and retention sufficiently high [4], [5]. Second, financial incentives such as money and aid are classical interventions that have been offered in various countries [6]. Third, education assistance or the provision of education is a basic step in creating a competent health employee [7]. Fourth, awareness of a clear career ladder that favors the health employee becomes an added value for the health employee and encourages him/her to persist in the workplace [8, 9]. Over the long run, not having a clear career ladder results in decreasing work satisfaction, which eventually creates a negative effect on the nursing service provided to the patients.

In Canada, [10] mentions that the seeking of a level on the career ladder is very effective in supporting a career development program for nurses, promoting the retention of quality nurses, and working as a container for self-actualization. This effort also needs the support of the superior and fellow employees in the service. Having a career ladder makes a positive impact in the nursing service to the patients since every nurse is required to take responsibility for his/her competence [10]. Therefore, professional career development guided by a career

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ladder is necessary for improving nurse work satisfaction, so the nurse can give safe, cost effective, and quality service to the patients [4]. The Jakarta city government has a B type hospital located in the South Jakarta area that has been in operation for approximately one year. This hospital has a 95% Bed Occupancy Rate (BOR), 304 nurses, and a nurse to patient ratio of 1 to 10-12. This situation causes the work load of the nurses to be very high. Every day, the nurses who are assigned to structural positions, i.e., the nursing division head and coordinators of the implementer units, must assist with nursing service directly in the clinics and nursing rooms or other units. Even though the nurses are compensated with high salaries, the high work load causes physical and emotional fatigue over the long run, ultimately leading to burnout and the intention to resign from work. As much as 89.5% of the implementer nurses feel dissatisfied with their career ladder level in this hospital. Besides that, the Head of the Nursing Division mentioned that there is no defined career ladder yet for the nurses. In addition, 85.2% of the nurses say that salary is not the only element that makes nurses remain in the work place. Hence, implementing a career ladder should be one of the priorities for retaining the nursing employees in the hospital, mainly by performing the mapping of the career ladder levels. It will prevent a large turnover of nurses in the future; thereby assisting management in determining work plans for the future and the best strategy for retaining the nurses.

METHODOLOGY

The method applied is a pilot study involving a change agentinternship studentstogether with the followers who are the Director of Nursing, Implementer Unit Coordinator (kosapel) of the Nursing HRD, and two head nurses. This study began by conducting a situational analysis using the SWOT approach and problem identification. The results indicated that the absence of career ladder mapping was the biggest problem to be solved. The career ladder mapping applied the POSAC (Planning-Organizing-Staffing-Actuating-Controlling) approach. First, planning was conducted for the various activities that would be performed by arranging an action plan. Second, career ladder mapping was initiated by collecting the nurses basic data and culling information from a literature study related to career ladder mapping. Third, the guidelines and Standard Operating Procedures (SOP) were composed for the career ladder mapping. Fourth, the guidelines for the socialization of the SOP were established, and the career ladder mapping instrument was tested in the pilot project ward, followed by the implementation of the nurse career ladder mapping in the pilot project ward. Finally, the results of the career ladder mapping were announced.

Evaluations were conducted using competence evaluation instruments (need assessment and assessment verification) for career ladder mapping. Written interviews were given to 12 nurses in the pilot project ward and analyzed using the descriptive analysis technique. SOP evaluation and guidance were conducted using the FGD method by involving the Director of Nursing, Implementer Unit Coordinator (kosapel) for the nursing HRD, Implementer Unit Coordinator for nursing quality, and the nursing committee.

RESULTS

The problem-solving process was conducted using PDCA (plan-do-check-action) cycles. These cycles include four stages. The first stage, Plan or Plan of Action (POA), mapped the nurse career ladder based on competencies. The second stage, Do (implementation), looked at the criteria of level of education, the length of work, and implemented the need assessment and assessment verification. The third stage, Check (evaluation), implemented the trial test evaluation instrument using a written interview. The final stage, Act (follow-up plan), was carried out by submitting the nurse career ladder map to the Hospital Director for approval by decree. Then, the Director of Nursing applied the career ladder and designed a competence evaluation instrument using a need assessment and self-assessment for the purpose of computerizing and integrating the career ladder with the hospital SIM. The strength that became evident among all the nursing elements during this career ladder mapping was that the nursing field, together with all existing clinical nurses, were very solid in implementing the various programs for developing the nursing career. This strength was also encouraged by the Hospital Director, who supports various existing nursing programs and was encouraged by the presence of an accreditation program that requires a nurse career ladder. The classification of the nurse career ladder levels in this hospital can be seen in the following Table 1. This career ladder map shows the differences that are significantly sufficient to delineate levels after mapping. Before implementation, the team understood that the career ladder was only based on education level and length of work. The map now distinguishes the differences at more in-depth levels. In addition, the Director of Nursing, together with the team, has not yet embraced the guidelines of the career ladder map and was confused about how to arrange guidance based on the map. The Head Nurse and nurses in the pilot project ward were also not familiar with the self-assessment and assessment verification at the time of the career ladder mapping. At the beginning of the socialization of the ladder, the nurses were reluctant with the self-assessment measures for various reasons.

TABLE 1
LEVEL REQUIREMENTS OF NURSE CAREER LADDER

Requirement Scheme of a Nurse Career Level			
PK IIIC	Specialist nurse + min.6 years work experience RN + min.15 years work experience Nurse Diploma + min. 17 years work experience	PK IIIB: 90% of all competencies*	The amount is 705 competenecies
PK IIIB	Specialist nurse + min.3 years work experience RN + min.12 years work experience Nurse Diploma + min. 14 years work experience	PK IIIB: 70% of all competencies *	
PK IIIA	Ns spesialis + 0 Years of work experience RN + min.9 years work experience Nurse Diploma + min. 11 years work experience	PK IIIA: 50% of all competencies *	
PK IIB	RN + min.6 years work experience Nurse Diploma + min. 8 years work experience	PK IB: 80% of all competencies*	The amount is 537 competencies*
PK IIA	RN + min.3 years work experience Nurse Diploma + min. 5 years work	PK IA: 60% of all competencies*	
PK IB	RN + min.3 years work experience Nurse Diploma + min. 5 years work	PK IB: 80% of all competencies*	The amount is 180 competencies*
PK IA	Nurse Diploma + 0 years work	PK IA: 60% of all competencies*	

* = The amount of competence can be changed according to the condition of the room, if it has not been done or not relevant to the type of room, then that competence is not calculated and coded (T)

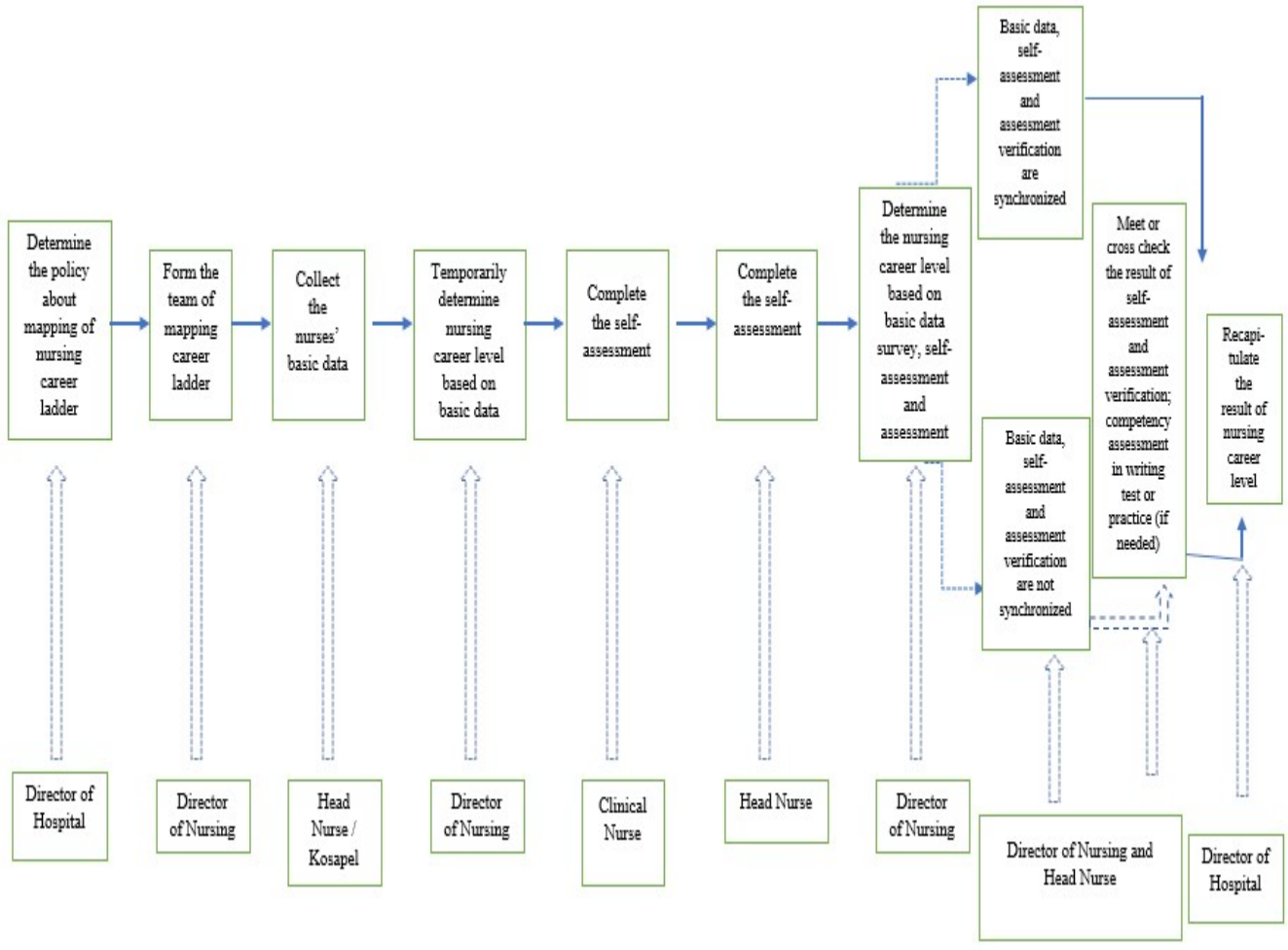

Fig. 1. The Career Level Mapping Process

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After implementing the career ladder with the requirements described above, the nurses felt very helped by the self-evaluation of their abilities and understood the limitations in competence when giving basic care and fulfilling the basic needs of patients. Moreover, nursing became surer during the time of the career ladder mapping. Conflicts can be minimized at the time of the career level mapping and can predict the strength of the nurse prior to the glowing of MEA that is entering the mother-land. In addition, with the presence of the guidelines and SOP of the career ladder, the nursing management is more stabilized in its commitment to utilizing career ladder levels in this hospital.

Figure 1 depicts the career ladder mapping process in which the Director of Nursing is fully responsible for every stage of the nursing career ladder mapping.

DISCUSSION

Using a career ladder system is one of the effective ways to retain nurses. It is supported by national research conducted in the USA together with various factors that affect nurse retention resulting in a retention rate of 63.72%. Based on the observation of several retention programs, the use of career levels and appreciation of the nurses had a significant impact on nurse retention [11].

The career ladder pattern chosen for this study was very different from the existing career ladder patterns found in other countries such as Thailand. Based on benchmarking from the Masters program at FIK-UI in October 2016, the nurse career ladder in Thailand began with Registered Nurse (RN) 1 for as long as one year, RN 2 for one to two years, RN 3 for two to three years, and RN 4 for three to five years. After that, it is necessary for every nurse to determine the direction of his/her career, whether as a clinical nurse or as a manager nurse. That decision is necessary because the career track between clinical nurse and manager nurse is different. Even the category of clinical nurse is divided into two categoriesAdvanced Practice Nurse (APN), which is divided into the levels of APN 1, APN 2, and APN 3; and clinical nurse, which is divided into the levels of clinical nurse 1, clinical nurse 2, and expert clinical nurse. Meanwhile, the manager nurse career path is divided into the categories of the head nurse, nurse supervisor, head of nurse division, and the highest level is Director of Nursing (DoN) [12].

From the trial test of the applied instrument-the self-assessment form filled in by the ward nurse and assessment verification form filled in by the head of the warda variety of feedback was obtained from the nurses that were present in the pilot project ward and from the head of the ward. The nurses felt that the forms were very complete, but they complained about the many items that contributed to boredom and fatigue during the process of filling in the form possibly resulting in inaccuracies. Therefore, the nurses in the pilot project ward recommended modifying the existing form to make it easier to complete.

Moreover, the implementer nurses, supported by the head of the ward, suggested that the time to complete the instrument be extended or it will be necessary to shorten the evaluation form. Also, the head of the ward believes that the self-assessment and assessment verification give several benefits such as easing the process of assigning daily work, knowing the basic competencies of the nurses in his/her ward, and evaluating nurse performance. However, the head of the ward also believes that proper time is needed to assess the competencies since they are still in the process of arranging the existing nursing care system. Meanwhile, the head of the nursing field, as coordinator of the career level mapping, fully supports the existing program and agrees with applying the assessment verification and self-assessment for career ladder mapping.

The nurse career ladder is supported by research that found it is necessary for nurses to develop their respective careers according to their competencies. It, of course, begins with the mapping of every nurse and needs the presence of guidelines for the implementation of the career ladder levels which include basic and specialty competencies that are required to be complied with and practiced. These levels form the basis for the work area or the interests and various options of the nursing career and skills needed to develop that career [13].

However, the importance of career development based on these competencies also often becomes a constraint both inside and outside the country. In fact, during the time of the implementation of the self-assessment and assessment verification, there were still many nurses who felt reluctant about the matter. For example, in the pilot project ward, the nurses stated that the self-evaluation and need-evaluation were not urgent and not necessary to be implemented soon. Among the reasons stated for this feeling were the high work load, which made it difficult for the nurses to conduct the self-assessment, and hesitance to conduct the evaluation/assessment on themselves. In addition, the nurses preferred to focus on service to the patients first, so the self-evaluation and need evaluation were better completed on other days. Yet, the self-evaluation and need evaluation are the basic competence evaluation instruments that are fundamental to career ladder mapping. These

matters were not yet fully realized by the nurses. Most nurses looked at these instruments as just ordinary questionnaires that consumed their time and became a burden. Previous research depicts the self-evaluation and needs evaluation as tools for establishing a nursing practice culture and career ladder system in which competence is based on evidence (EBN concept) and used as criteria for levels. Also, career ladder levels are related to various reports required for a promotion [14].

Based on research conducted in Thailand, it is known that the participation of nurses in career ladder mapping was significantly influenced by age, the length of work experience, recent position, research experience, promotion experience, and intention. There was a significant difference in the willingness to participate in the career ladder program based on the following variables: motivation, satisfaction, professional capacity, and presentation. Logistical regression analysis found only motivation as a valid predictor of nurse willingness to participate in the career ladder program [15]. Meanwhile, research in other countries shows less participation and more reluctance to be involved in the nurse career ladder. For example, research conducted in Colorado on 68 nurses revealed that there were no significant differences between RNs who had a career ladder level and RNs who had no career ladder level. However, in leadership and the development of the nursing role, RNs with a career level showed a more significant use of interdisciplinary activities such as leadership, quality improvement, and preceptorship compared to the RN nurses that were not using career ladder levels. Although no participant expressed disbelief in the career ladder values, there were many RNs who did not want to participate in the system. It was caused by their lack of awareness of the career ladder and the application process. The organization, in this case, the hospital, must improve information dissemination concerning the career ladder so that all nurses be involved [16].

Research conducted by [17] in a private hospital in Norway aimed to identify the vision of the managing nurse about the career ladder program as a tool to develop nurse professionalism, to learn how the nurse leader promotes and supports nurse development in the career ladder system, and to learn how the nurse leader encourages RNs to participate in the program. The research showed that the managing nurse was hindered by a lack of financial support and understanding about professional development, while not possessing strength at the middle management level to facilitate professional development. Nurses were not considered sources or contributors to human resource development in this matter and the professional development plan. This research also failed to identify the person responsible for the professional development of nurses using a development program such as the clinical nurse career ladder system. Therefore, clinical nurse career levels became difficult to implement at that location [18].

Qualitative research about career levels conducted in Australia found that career advancement suggested by Clinical Nurse Consultants (CNC) or Nurse Practitioners (NP) occurred through promotion and promise. Even though the CNC ensured that nurses could comply with job criteria and had the prerequisite knowledge and work experience for career improvement, nurses often hesitated to apply for career advancement. Some nurses were driven by their fellow workers, while other nurses (usually fewer) decided to follow the application procedure for career level improvement as part their valuable experience. This research also revealed that there are three tracks for career ladder improvement: First, posting a position; second, applying for an offered position; and third, assigning additional tasks that contribute to a career promotion.

It is interesting to observe that in New South Wales, Australia, career advancement of the RN to the Clinical Nurse Specialist (CNS) is an individual decision based on compliance with a set of required criteria. It is depicted in the experience of a nurse who said that demonstration is only a quality role conducted by every nurse such as auditing, local procedure development, student mentoring, and postgraduate qualification. Nurses could also improve career levels by assignment; however, assignments could be random. In other situations, placement occurred for political or personal reasons. Other nurses felt a lack of support and saw this as a problem of the institution rather than a direct personal hindrance. Also, nurses assessed that the application process was too lengthy or burdensome. Some CNS nurses indicated that there were too many documents to be completed; the application was very difficult, complicated, time-consuming, and so on. From this description, it became clear that the advanced practice career levels were very complicated and difficult to formally stipulate or prescribe [19].

The mapping of a career ladder is a very sensitive matter for nurses. Many complaints are made related to the position or level determined by the mapping. It is understandable since, besides the basic human need of self-actualization, the career level is also related to the remuneration received by the nurse. This finding was supported by research in Australia that studied various factors that influenced the decision to enter or leave the nursing world such as self-demand, summon, altruism, and clear career development which affected salary levels. The nurses competed to advance since there was a significant salary improvement proportional to the career level they possessed.

On the other hand, factors for leaving the nursing world were different among different groups and ages. Compared to the nursing students, nurses were the most likely to experience disappointment in the nursing field. Students under 30 years old sought other careers and started families; whereas, older students faced disappointment because of nursing problems and health problems [20].

It cannot be denied that the road to the ideal result is very difficult. Everybody must get used to leaving their comfort zones, working harder and trying hard to do the right thing. The same applies to career level mapping. In reality, career level mapping that uses self-assessment and assessment verification is almost nonexistent in various hospitals in Indonesia. Yet, the presence of the assessment process is very helpful for lowering conflict during career ladder mapping. In addition, the administrative staff can obtain an objective preliminary picture of the competence possessed by the nurses at every level. So, if the early mapping for the career ladder is based on competence, the basic competencies should be primarily looked at (12 core nurse competencies that have been modified with 14 basic needs according to Handerson). Furthermore, the evaluation instrument based on these competencies forms the beginning steps in supporting the giving of clinical privilege to the nurses. However, demanding clinical privilege based on competence is not possible because the competencies that are measured are only general skills. Nurse competence must include a core competence that leads to its specialty. Core competencies, such as the giving of high quality and effective nursing care and defending the social value and status of the nursing profession, are very important. This article introduces the definition of nursing core competencies and their connotations. The core competence profile for the nursing profession covers basic behavioural attributes, mastering different expertise, and practical skills. The basic behavioural attributes include attributes such as softness, a willingness to serve, observation and assessment skills, efficiency, and responsibility and accountability. Practical skills cover general nursing competencies such as communication and collaboration, management, self-development, innovation and research, and stress adjustment. For creating a competent nurse, education must stress critical thinking skills, integrate the learning approach based on cases involving evidence into the curriculum, and apply structured, objective clinical tests to evaluate study results. In the health service sector, a systematic professional training model such as that for a clinical nurse career with multidisciplinary rotation has the potential to train beginning nurses as expert professionals. Meanwhile, to improve the nurse's professional ability, the nursing administrator must provide a positive work environment to enhance the motivation to study. Education and system health must work together to promote the competence of professional nurses and strengthen the value of the nursing profession [21].

CONCLUSION

Because career level mapping is a very sensitive matter for the nurses, determining the career level of every nurse needs to be accurate. Every complaint from the nurses related to the career ladder needs to be accommodated, and proper solutions found that refer to the guidelines and SOP used by the hospital. This career ladder mapping has resulted in guidelines, a SOP, and a career level mapping instrument.

Recommendation

The need to update nurses basic data related to the period of the nurse's work is a matter of concern for nursing management. In addition, modifying the self-assessment and assessment verification forms is necessary to make them easy for the nurses to complete; thereby avoiding the boredom that can result in inaccuracies. All nurses must be aware that the self-assessment and assessment verification are not just questionnaires but are the basic competence evaluation instruments that are essential to career level mapping. Moreover, nursing management must negotiate the terms for the issuance of a decree by the Director of the hospital related to the career ladder mapping results.

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