

## Career Ladders and Public Health Nursing April 2012

### Definitions and Distinctions

- Career Ladder – Common areas of emphasis include continued professional development, improving communication skills, increased participation in research and additional evaluation (Schmidt, 2003).
- Clinical Ladder – “A grading structure which facilitates career progression and associated differentiation of pay by defining different levels of clinical and professional practice in nursing” (Buchan, 1999). “Clinical ladders often limit enrollment at higher levels of the ladder, have a timetable for movement from one level to another, and are evaluated based on manager evaluation of job performance” (Nelson, 2008a).
- Career Advancement – “Career advancement systems are designed to enhance professional development, provide a reward system for quality clinical performance, promote quality nursing practice, and improve job satisfaction among nurses” (Nelson, 2008a).
- Career Planning – An active process that starts with a focus on self-assessment and identifying strengths and limitations. Individuals formulate a personal career vision including desired long-term outcomes (Shirey, 2009; Shermont, 2009).
- Professional Development Activities – “...Can be as specific as skills training or as broad as enhanced personal development” (Cooper, 2009).
- Types of career ladders - Fitzgerald (2000) notes three types of career ladders: “moving people into progressively better-paying occupations that require more education or training, increasing the pay and professionalization of jobs that currently exist, and creating tiers within occupations that offer pay increases.”
- Clinical Advancement Programs: Provide promotional opportunities for the RN with expert knowledge and skills while remaining in direct care giving roles (Allen, 2010).

### History of Career Ladders in Nursing

- Creighton first discussed the concept of clinical ladders in 1964.
- Zimmer introduced clinical ladder programs in 1972. She emphasized professional recognition for nurses to improve job satisfaction and retention. Zimmer identified

three development stages of direct care nursing: entry level, intermediate and advanced practice.

- Benner identified five levels of nursing practice in 1984: novice, advanced beginner, competent, proficient and expert. Her work prompted an increased interest in clinical ladders by providing a “clearer and more detailed theoretical underpinning for the use [of clinical ladders], and assisted in refining their application and practice” (Buchan, 1999).
- A literature review by Buchan (1999) found the following:
  1. Programs commonly consisted of 3 or 4 levels
  2. Most are based on work of Benner or Zimmer
  3. Most common reasons for employing ladders: improving retention, improving quality of patient care and differentiating between levels of competency.

### **Theoretical Foundations of Career Ladders**

1. Carper’s Fundamental Patterns of Knowing in Nursing (1978)
  - a. Empirical: knowledge that is factual, descriptive, and can be taught
  - b. Personal: knowledge that develops through interpersonal relationships
  - c. Esthetic: the manual and technical skills involved in nursing care
  - d. Ethical: knowledge of the standards, codes and values of professional nursing
2. Knowles’ Adult Learning Theory (Six basic assumptions) (1978)
  - a. Self-concept: adults need to be self-directed
  - b. Experience: adults bring past experiences to current learning environment
  - c. Readiness to learn: Will learn when feel they need to know the information
  - d. Orientation to learn: Motivation stems from immediate need
  - e. Motivation: Motivation is intrinsic
  - f. Need to learn: Need to understand potential benefits of knowledge

### **Rationale for Career Ladders**

- Foster professional development, Establish and effective reward system for improves clinical performance. Recognize staff nurses for excellence in patient care, and Identify excellent nurses as role models  
(Pierson, 2010)
- Ladders are instituted to increase job satisfaction and improve morale (Nelson, 2008b; Shermont, 2009), which can lead to increases in quality and safety of patient care (Nelson, 2008b; Cooper, 2009’ Pierson, 2010) and patient satisfaction (Buchan, 1999).
- Ladders empower employees at all stages of a nurse’s career (Shermont, 2009; Pierson, 2010).

- Professional development programs that involve all nurses are “essential from a...nurse retention perspective” (Shermont, 2009; Cooper, 2009).
- In a national survey, 64% of nurses who planned on leaving their positions in the next 3 years responded that they would consider staying if their employer offered more opportunities for professional development (Ulrich, 2005). Thus career ladders increase recruitment and retention of experienced nurses (Pierson, 2010)
- Comparison costs of establishing a career ladder program versus personnel replacement costs (including recruitment and orientation) “gave a claimed ‘excellent’ cost benefit ratio of 1:2” (Buchan, 1999). Establishing a career ladder “is a cost-effective retention measure” (Drenkard, 2005).
- In a study by Nelson (2008a), “career ladder RNs were significantly more involved in leadership and interdisciplinary activities, quality improvement activities, and preceptorship activities compared to non-career ladder RNs.”

#### **Additional Documented Benefits of Career Ladders for RNs**

- Potential enhancements in productivity (Schmidt, 2003)
- Increased recognition
- Differentiation of competency in practice
- Basis for performance evaluation
- Reduced absenteeism (Buchan, 1999)

#### **Career Ladder Implementation Variations**

**Example 1:** Shirey (2009) identified three distinct phases that include specific milestones.

*Promise Phase:* Early Stage of Career (graduate nurse to 10 years of experience)

- Nurses need to network and tap into other professional resources in order to fully acquiesce to the position and organization. Early success in one’s career can potentially translate to enhanced long-term career success.

*Momentum Phase:* Middle Stage of Career (usually 11 to 29 years of experience)

- Nurses need to continue to “learn, grow, and interface” while setting and achieving professional “stretch goals” that update or enhance skills. These experiences may include speaking at a conference, volunteering for a committee, or serving as an author, researcher or consultant.

*Harvest Phase:* Later Stage of Career (usually 30 years experience through retirement)

- Nurses should enhance their personal interests and serve as a mentor. A continued upward career trajectory at this stage requires one to integrate past experiences into new opportunities and potential.

**Example 2:** Shermont (2009) documented a career-mapping program that incorporates a 2-tiered mentoring strategy.

- Each nurse is paired with a senior-level mentor and a junior “clinical advisor” who work with the supervisor to establish professional goals and create an implementation plan.
- Over 18 months, the mentee meets with the clinical advisor and mentor to identify strengths, set goals on where they would like to be in three years, and create a step-by-step plan to accomplish these goals.
- Mentors assist with executing plan, monitoring progress, and identifying and overcoming any obstacles.
- Advancement to levels 2 and 3 on the career ladder is voluntary and require nurses to create a portfolio demonstrating they are ready to advance.
- Advanced level nurses created informational packets on eight possible career tracks, and shared information with new nurses.
- Program helped mentees but also clinical advisor by putting them in a challenging role. “Participants’ enthusiasm...had a ripple effect that energized staff nurses throughout...”

**Example 3: (Drenkard, 2005)**

- ADVANCE Clinical Ladder Program is a 4-step ladder with stages RN1-4.
- Four competency-based domains of practice: clinical practice/case management at the point of service, quality, teamwork, and professional development.
- Each level of the clinical ladder commands a 6% pay increase for the RN.
- Application process includes three components: 360-degree performance evaluations, a career portfolio, and a clinical narrative.
- Promotion criteria focus on improved patient care outcomes and professionalism.
- Outcomes include a streamlining and uniformity of the clinical advancement process.
- The program resulted in “a strong positive influence on nurse satisfaction with the ladder, demonstrated by an increase in satisfaction of “agree” and “strongly agree” from 47% prior to the implementation of the system’s clinical ladder program to 68% (after one year implementation of the ADVANCE clinical ladder program) of the nurses who responded to the survey.”
- During the first two years of the program, the turnover rate of RNs participating in ADVANCE was 5.2% compared to a turnover rate of 14.1% of nurses in general.

**Example 4 (Pierson, 2012)**

- 5 step ladder with 5 stages of RNs.
- 6 dimensions of practice: Educational attainment, years of experience, Professional and Leadership activities, Provider, Teacher and Advocate.
- Advancement requires meeting the minimum score for the desired level of advancement.

- Maintenance is accomplished in conjunction with performance appraisal; performance appraisals flow directly from job descriptions, and the annual performance appraisal is based on expectations for the nurse's current level.
- Program policy defines the maintenance requirements for retaining the level achieved as well as provisions for status change (demotion).
- Each ladder advancement results in a salary increase and demotion can result in downward adjustment of salary.
- Annual policy review occurs, and current literature on the topic is reviewed, along with the policy.
- Evidence-based practice advancement criteria are defined for each level of the ladder
- Periodic surveys gather feedback on the program for making improvements.

### **Contextual Considerations for Implementing Career Ladders**

#### *Unions:*

- Unionization is an effective strategy for creating career ladders. Unions can negotiate career ladders into contracts, and can assist with implementing training opportunities. Unions may also assist with different funding scenarios for advancement training (Fitzgerald, 2000).
- When dealing with unions, it is important that the program doesn't create new job titles and fits within the existing pay structure. This may require the creation of pay differentials to accommodate those participating in the career ladder program. Career ladder participation should not be explicitly related to the merit-based assessment process (Schmidt, 2003).

#### *Personal Obstacles:*

- Organizations must be sensitive to potential obstacles from participating in a career ladder. These may include parenting responsibilities, financial costs, childcare arrangements, and a lack of time.
- "Unless time off and financial subsidies are available for training, the next rung may be out of reach" (Fitzgerald, 2000). Experience by an acute care hospital in Cape Cod suggests that participation in professional development programs increases when "at least some of it is on company time" (Fitzgerald, 2000).
- Non-participants may understate the value of the career ladder and believe that "incentives are inadequate for the limited perceived benefit and the amount of responsibility required...It may be beneficial for career ladder leaders to outreach to non-members in order to share activities and success of career ladder nurses" (Nelson, 2008a).
- Watts (2010) noted the top 3 barriers preventing nurses from initial certification as: costs, lack of employer/managerial support, and lack of rewards. Another cost-related barrier is the fee for prep course materials and/or classes.

#### *Potential Resistance:*

- In a study by the National Network of Career Nursing Assistants, most CNAs wanted opportunities for advancement within their present occupation. They weren't interested in other jobs, but were frustrated with higher expectations without accompanying pay raises. Sensitivity should be dispensed for those employees who do not wish to advance, but still deserve appropriate recognition.
- Other potential barriers include "the time and work commitments necessary to participate...unrealistic expectations... and inconsistencies and inequities in the program" (Schmidt, 2003).
- Ladder programs will be meaningless if they are perceived as a management program and are forced into participation (Schmidt, 2003). Instead, success requires all stakeholders to value career ladder programs (Cooper, 2009). Programs are most successful when their creation is facilitated by a steering committee that includes a variety of different individuals from the organization (Clements, 1998).

### **Moving Forward**

Career ladders have been proven to be a useful tool in standardizing nursing positions and can provide the impetus for creating defined job descriptions. This process stems from the creation of specific performance criteria, which focus on the following levels: professional practice, care delivery and clinical coordination (Clements, 1998). Additionally, career ladders have prompted the creation of advanced nursing roles that "demonstrate a commitment to provide unique [positions] for master's-prepared nurses" (Clements, 1998).

Data has shown that "participation in the career ladder has stimulated nurses to become involved in activities that were beneficial to their professional growth as well as the advancement of [organizational] priorities" (Nelson, 2008b). Career ladder programs that followed Carper's Fundamental Patterns of Knowing in Nursing (*described above*) were found to be consistent with state Board of Nursing's description of professional nursing advancement strategies (Schmidt, 2003). These programs can easily be tailored to accommodate continuing education procedures.

Many successful career ladder programs have included a mentoring component. These programs focused on "the individual nurse and ... supported nurses in developing a career plan that matched their interests and accommodated their personal needs. This was largely accomplished through the mentoring structure, which assured each nurse of access to an experienced leader, as well as a clinical advisor who had a firsthand appreciation for the challenges inherent in the staff nurse role" (Shermont, 2009).

There are many ways to incorporate a career ladder into your local health department. Career ladders have many documented benefits, both to the employee and the employer.

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