

Original Article

Correlation between Career Ladder, Continuing Professional Development and Nurse Satisfaction: A Case Study in Indonesia

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Abstract

In general, the majority of health professions in hospitals are occupied by nurses; thus, nurses play crucial roles in health services and hold the responsibility of delivering a care to patients professionally and safely. Therefore, the ability to prevent and minimizing errors they may make also is imperative. The purpose of this research is to identify nurse's perception of the Career Ladder System (CLS), Continuing Professional Development (CPD) for nurses and correlation between perception and nurse's job satisfaction. A descriptive, non-experimental survey method was used for this study. Survey was conducted at eight hospitals. The answerers were selected by proportional sampling and sample size was 1487 nurses. Data was analyzed by using Descriptive and Correlation Spearman and The Mines Job Satisfaction Scale (MNPJSS). Finding: There is a positive correlation between the CPD and the satisfaction of nurses, where the better perception of the CPD will increasing nurse satisfaction, whereas a negative correlation was found between the implementation of the system and satisfaction. Implication: A good understanding of the implementation of the CLS would increase expectations of nurses and if expectations are not achieved, it would reduce the satisfaction. The results of this research should be used as opportunities for improvement in the implementation of nursing career system in 8 hospitals Indonesia.

Key word: Career Ladder System, continuing professional development, nurse satisfaction

Introduction

Nurses are integral in patient care and play a pivotal role in enhancing quality in a hospital. Therefore, nurses have a responsibility to ensure patient safety with adequate competencies, and availability of programs that may optimize the

competency of nurses is a critical effort in assisting the nurses in delivering competent and safe care. The competence of nurses must be maintained through continuous professional development. Continuous professional development (CPD) is a continuous process of maintaining quality and is generally an integral part of the career ladder of

nursing. CPD is implemented continuously and the implementation must match according to the competency level of the nurse. Professional development is carried out according to the career of nursing map.

As other studies show, the Career Ladder System can show the pathway of nurses' career and contribute to improvement of nurses' competency, for example, career and competencies pathway were effective to improve the recruitment and retention of experienced staffs, foster professional development, establish an effective reward system to advance clinical performance, strengthen the quality of nursing practice and recognize staff nurses who deliver excellent inpatient care (Sastre-Fullana, De Pedro-Gómez, Bennasar-Veny, Serrano-Gallardo, & Morales-Asencio, 2014; Stanley et al. 2008); clinical ladder was developed to improve competence, and increase a nurse satisfaction (Bender, Connelly, & Brown, 2013). Other studies indicated another benefit of the Career Ladder System such as implementation of the CNL making good collaboration and communication with the health provider and decreased cost of care (Support et al., 2014; Wager et.al. 2010); career for clinical provider also improved nurse satisfaction surveys, nurse retention rates and reduces nurse turnover (Browder & Mosier, 2015).

As mentioned above, the Career Ladder System can contribute to an improvement of nurses' competencies and ensure this, The implementation of clinical career system not only about mapping and authority of nursing but also must be included continuous professional programs (Nelson et al. 2008; Lannon 2007). The implementation of competency and career pathway ideally works in parallel with the implementation of Continuing Professional Development/CPD. CPD goals to sustain competence and improve skills, knowledge, expertise and professional (Silva Pinheiro, Carvalho Macedo, & Nunes da Costa, 2014; Katsikitis et al. 2013)

CPD discussed here can be defined as the state of possessing knowledge, judgment, skills, energy, experience, and motivation required to respond adequately to the demands of one's professional responsibilities. Competency development

program is designed to support the development of nurses by identifying the extent of skills and knowledge required for the particular level of career. Likewise, career pathway is essential to ensure the competency on each level of patient care.

History of Career Ladder System and Continuing Professional Development in Indonesia

Implementation of clinical career ladder system has been implemented in several countries that have proven ability to improve the competence and patient safety, but the conditions of implementation in Indonesia still has some obstacles. The implementation of clinical career ladder system in Indonesia is are relatively new, although its implementation has been started in 2006. National standards on the implementation of the clinical career system have not been established. Some hospitals have implemented using the standard of Indonesia Nurse Association, but its implementation is still diverse. Many hospitals were not informed about the implementation and how to improve the competence. Another CPD reportedly implemented not according to the competence of nurses. The opportunity to get CPD is not evenly distributed. CPD also has not been implemented based on need assessment of the competence of nurses

The majority of nurses in Indonesia is a graduate of the vocational school and only about 20 percent of bachelor in nursing. In Indonesia, before introducing the career ladder system, educational background is also one of the important prerequisites to allocate duties and responsibilities. That is why unclear authorization of duties influence on the nurses' satisfaction. In the implementation of the career ladder system are still having some problems related continuing professional development is not based on the needs in the development and competency requirements.

Although the career ladder has been implemented in several hospitals since 2006, exploratory study of nursing competency improvement through the implementation of a career ladder and CPD in Indonesia have not been implemented and has never been published. Data are generally still

localized institutions and have not seen a broader perspective.

In this situation, the Government of Indonesia (GOI) is struggling to improve the quality of nursing human resources and GOI is conducting a project to enhance nursing competency with the Japan International Cooperation Agency (JICA). The is implemented from 2012 to 2017. The Project period is for 5 years, aiming to strengthen an in-service training system for the enhancement of nursing competency, and selected 8 hospitals in the target areas (Jakarta, West Java, East Java, North Sumatra and South Sulawesi) as pilot hospitals. The project improves and utilizes the career Ladder System to enhance nursing competence through in-service training.

The activities of the project include training in Japan; enhancement of the career ladder system; baseline survey regarding the career ladder system; career mapping. A survey has been conducted on the career ladder system, CPD, and patient satisfaction and the results of the survey were used for the enhancement and improvement of the system in Indonesia. This results of the survey can be a lesson learned for the countries that implement the career ladder system in the same situation as Indonesia, have problems in various types of education and services has not arranged optimally. Based on the phenomenon of competence enhancement implementation problem, the purpose of this study was to identify the perception of nurse practitioners (NPs) regarding the implementation of a clinical nursing ladder, continuing professional of nurse and relationship with nurse job satisfaction.

Method of Case Study

A case study conducted in 8 hospitals Indonesia with a descriptive survey approach. The survey was conducted at Eight hospital: 2 hospitals in Jakarta, 1 hospital in Bandung West Java, 2 hospitals in Makassar, South Sulawesi, 1 hospital in Surabaya & 1 hospital in Gresik East Java and 1 hospital in Medan, North Sumatra. The nurses were selected by proportional random numbers and the sample size was 1487 nurses. A self-administered questionnaire with embedded psychometric scales to identify:

- a. Nurses' perception of the ladder system
- b. Perceived status of continuing professional development
- c. Job satisfaction of nurses
- d. Correlation between a perception of the ladder system and nurse satisfaction
- e. Correlation between Perceived status of continuing professional development and nurse satisfaction

Data were analyzed using Descriptive and Correlation Spearman to know the correlation between perception Career Ladder System, CPD and nurse satisfaction. The Mines Job Satisfaction Scale (MNPJSS) tool developed by Minnesota Satisfaction was used in the study. The original MNPJSS was developed in English and it aims to measure job satisfaction. The 20 items were translated into Indonesian and were back translated twice into the Indonesian version so that Indonesian nurses can understand. A pre-test had been conducted in 2 pilot hospitals in Jakarta and in Bandung. This instrument demonstrated sufficient internal consistency reliability with Cronbach's Alpha of 0.914. Instrument perception of knowledge and CPD questioner had been developed by the team. Reliability of perception of knowledge is 0.884 and also reliability for CPD is 0.963. Instruments of perception and knowledge have 30 items and CPD has 20 items.

The survey protocol might be reviewed and approved through the implementation by the Ministry of Health. Full disclosure of information to respondents was done. Study subject anonymity was ensured as no names were used on the questionnaires. Respondents filled in the questionnaires according to what they feel and without forced to do otherwise. All on-form consents had been approved and signed by respondents.

Results of Case Study

The result described in the following tables and figure.

Table 1 shows that the majority of nurses are vocational/Diploma. Only 20 percent of them are the Bachelor Science in Nursing (BSN) or

professional, and the specialists also have a very low percentage.

Table 2 indicates the perception of nurses on clinical career paths and implementation of CPD. The Career Ladder System has been introduced for nearly 10 years in Indonesia, however, the perception on the Career Ladder System is only 44% (39/88). Perceptions and expectations to the CPD was 90% (90/100), while nurses' satisfaction is still low at 57% (57/100)

Table 3 indicates a significant negative correlation between the perception of clinical career system

and nurse satisfaction, which means a good understanding of career paths lead to lower satisfaction. The second findings is a significant correlation between perceptions of CPD and the nurse satisfaction whereby the good perception then improved nurse satisfaction.

Figure 1a and 1b illustrates that there is a negative correlation between the implementation of the career ladder and CPD that is positively correlated with nurse satisfaction.

Figure 1. Correlation between CLS, CPD and nurse satisfaction

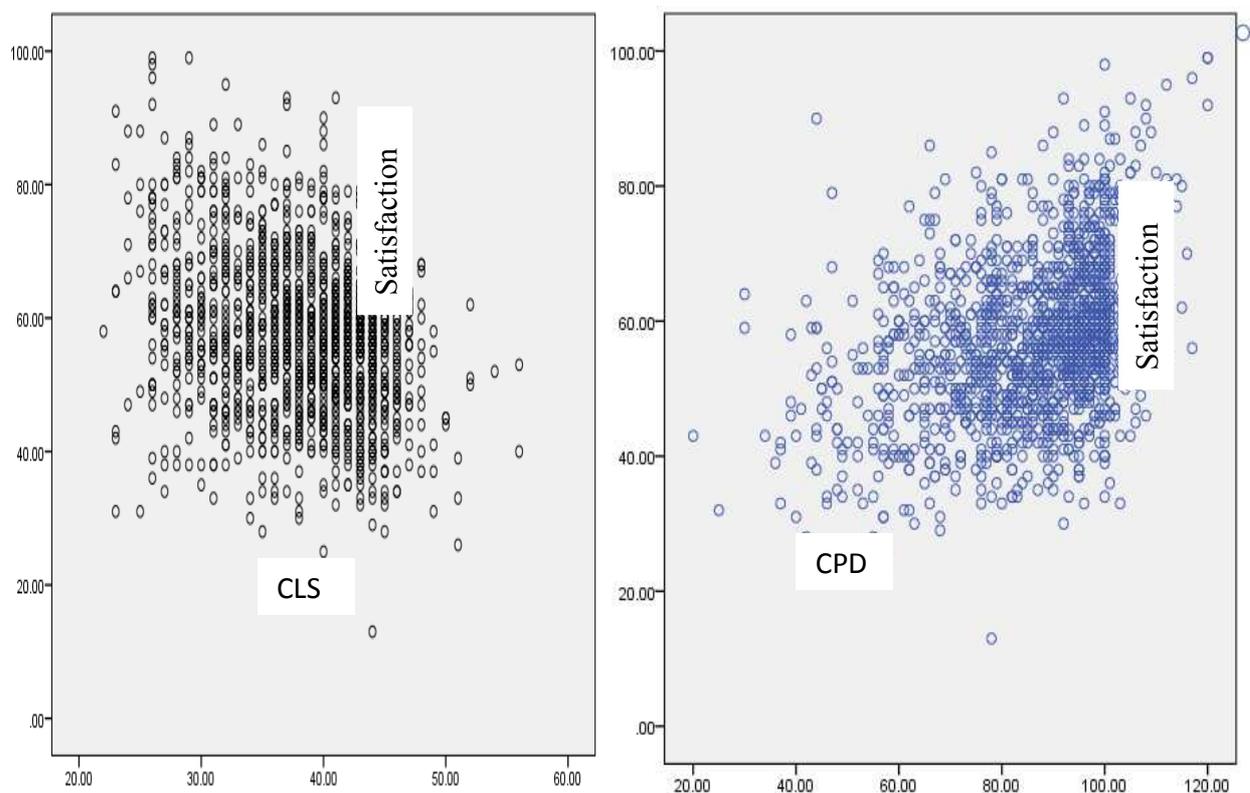


Table 1. Educational Background of Nurses (N=1487)

Education	Frequency	%
SPK (High School)	30	2
Diploma	1064	71.55
BSN	369	24.81
Bachelor non-Nursing	15	1
Master of Nursing	1	0.00
Nursing Specialist	7	0.4
Doctor in Nursing	1	0.00

Table 2. Perception of Career Ladder System, CPD and Nurse Satisfaction (N=1471)

Variable	Median/Total Items	SD	Min-Mak	CI 95%
Perception of LCS	39/88	5.8	22-56	37.9-38.5
Perception of CPD	90/100	15.46	87-90	85.3-86.9
Nurse Satisfaction	57/100	11.59	13-99	56.9-58

Table 3 Correlation between Perception of CLS, CPD and nurse satisfaction (N=1471)

Variable	Nurse Satisfaction	
	R	P
Perception CLS	-0.236	0.0001*
CPD	0.366	0.0001*

Discussion

This study reveals a significant negative correlation between the perception of clinical career system and nurse satisfaction, which means a good understanding of career system lead to lower satisfaction. The second findings is a significant correlation between perceptions of CPD and the nurse satisfaction whereby the good perception then improved nurse satisfaction. Lack of support from management, and not achieving the expectations of career paths lead to low satisfaction.

This result support previous research that states need to support management in the development clinical nurse system (Duffield, Baldwin, Roche, & Wise, 2014), career ladder system reach outside of their comfort zone to develop new skills (Pierson, Liggett, & Moore, 2010). Implementation of clinical career system is also expected to increase the competence of nurses in providing nursing care and safety for the patient (Burket et al., 2010). Implementation of safe care will improve the effectiveness and efficiency of service and also improve inter-collaboration professionalisms (Nelson & Cook, 2008; Burket et al., 2010).

This study found that staff allocation that is not based on the competency defined by the Career Ladder System could cause a constraint of implementation of the system. In Indonesia, appropriate allocation of nurses is difficult because a large part of nurses is graduates of vocational education. In this situation, nurses are forced to deliver nursing cares that beyond their competency and lead to improper care delivered. This result supports previous research that said that competencies would direct the education (Paplanus, Bartley-Daniele, & Mitra, 2014; Kathryn, 2011; Lang, 2010). Nurses should be trained in accordance with the system in order to fulfill required competencies at each level, and management should develop proper human resource development plan according to the system so that appropriate number of nurses are assigned to each ward. The previous research concluded that career development accompanied with improvements in administrative structures, enhancing the competence and financial. On the other hand, in Indonesia, Skill mix in a shift is not

achieved and it should be improved so that appropriate nurse is assigned to every shift. In Indonesia, preceptorship has not implemented actively. As the previous study said that competency assessment should be carried out not only at the end of the current process credentials but rather an ongoing evaluation (Lang 2010; Paplanus et al., 2014), on going assessment is also important. Especially for fresh graduate nurses, preceptorship is one of an option to give guidance, role models, and monitoring.

Research results expressed satisfaction nurses also perceived still low at under 60%. Dissatisfaction may be due to lack of autonomy and lack of clarity of career. Other factors that reduced job satisfaction were not unique to intermediate care and included the sometimes irregular hours; being called on to deliver inappropriate care; dealing with demanding relatives (Nancarrow, 2007; Rantz et al., 2011; Paplanus et al., 2014). Perceptions of career paths in this study were negatively correlated with satisfaction. Many expectations can not achieve so satisfaction to be low. In theory with the implementation of a career path will increase the motivation and satisfaction of nurses. Better perception of nurses creates high expectations like autonomy and remuneration (Burket et al., 2010; Duffield et al., 2014).

Perception of the CPD is very good, where almost all nurses understand the importance of CPD and CPP benefits to improve competence. CPD correlated to the improved performance. The study results are consistent with previous research in which CDP aims to improve competencies, increase safety and improve the professional (Silva Pinheiro et al., 2014). Training needs assessments are more appropriately will increase and cover emerging competency gaps in service. In this study, many nurses suggested that the management informs the CPD schedule to nurses. This result is in accordance with previous research which claimed that CPD needs good planning and should be tailored to the needs of users and organizations (Pennington 2011; Gallagher et al. 2012). First, CPD should be planned based on the needs, then after the planning, the schedule should be announced clearly so that nurses can take CPD according to their needs. CPD is a part of the implementation of a career path that will

strengthen the implementation of career paths so that effective and efficient care will also be implemented.

The low perception of the implementation of career paths and satisfaction of nurses in Indonesia can be used as an opportunity for improvement. The principle of continuous quality improvement should be the basis for taking the opportunity to improve the implementation careers in Indonesia. Determinants of satisfaction and perception of the implementation of the nursing career ladder can be developed by developing competency mapping rearrangement. Competency mapping can be a baseline of implementing the nursing credentials. Directing function, ongoing evaluation should be part of the implementation of the career path (Stanley et al. 2008; Silva Pinheiro et al. 2014; Sastre-Fullana et al. 2014; Takase, 2013).

Limitation of the study

Every hospital at 8 location has different characteristics and proportion of career category didn't same on every level. A sample of study selected using proportional random sampling without randomizing sampling.

Conclusion and Implication for Nursing Management

As the study shows, a majority of nurses in Indonesia are a graduate from vocational school. On the other hand, assessment in a hospital is conducted based on the competency according to the Career Ladder System. In Indonesian case, it is important to consider how to foster nurses who are a graduate from the vocational nurse in order to fulfill the needs of patients.

The allocation or mapping of nurses would be maximized by using the Career Ladder System. As the result of study shows, in Indonesia, skill-mix in allocation is not appropriate and it would lead to inappropriate delivering of nursing care to patients. In Indonesia, nurses' responsibilities are authorized based on the competency. Utilizing the Career Ladder System to assess nurse's competency and allocate nurses according to their competencies ensuring the match between nurse's competency and required competency at each ward.

Previous studies said the Career Ladder System lead to high satisfaction of nurses, however, this study indicates a deep understanding of the system leads to in satisfaction in Indonesia. This means the implementation of the system in Indonesia does not reflect nurses' needs such as clear authorization of roles, allocation of appropriate nurses and remuneration. The reason for this negative correlation should be analyzed deeper and the system itself and implementation of the system should be improved in line with the result of an analysis.

To increase the satisfaction of nurses, preceptorship, and ongoing assessment is also important. Lack of these process is a weakness of Indonesian career ladder system implementation. Enhancement of daily communication between nurse manager and nurses would be an option to improve the Career Ladder System in Indonesia.

There is a positive correlation between the CPD and the satisfaction of nurses, where the better perception of the CPD will increasing nurse satisfaction, whereas a negative correlation was found between perceived implementations career with satisfaction. This means that a good understanding of the implementation of career path would increase expectations of nurses and if expectations are not achieved would reduce the satisfaction. Therefore, CPD should be developed based on the needs of nurses and management should implement the Career Ladder System including CPD according to the purpose of the system.

The results of this study should be used as opportunities for improvement in the implementation of nursing career system in 8 hospitals Indonesia. Good mapping, supervision, on going evaluation, preceptorship, credentials, rewards and continuing professional development should be implemented properly. Implementation of the career ladder would increase the competence and increased recognition and nursing authority in providing nursing care.

Funding: We received research grant from ministry of research and technology Indonesia

Acknowledgment: Thank for Japan International Corporation Agency (JICA), Ministry of Health,

Faculty of Nursing: Universitas Indonesia, Pajajaran University, Airlangga University, Universitas Sumatera Utara, Hasanudin University, Hospital: Fatmawati, Persahabatan, Hasansadikin, Soetomo, Petro Kimia Gresik, Adam Malik, Hasanudin, USU and Wahidin.

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