

DESIGNING AND VALIDATING CLINICAL ADVANCEMENT CAREER SYSTEM FOR FACULTY OF NURSING GRADUATES

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ABSTRACT

With increasing challenges posed by a highly complex health care environment, and the dramatic changes in nursing practice necessitate increased attention to the career development of nurses working in clinical positions involving direct patient care; it is serves as a tool that supports nursing excellence through the conferment of higher clinical status to those nurses who meet the requirements. Aim of the study: is to design and validate clinical advancement career system for B.SC nurses. A sample was consisted of (165) B.SC of the unit. Data were collected by using three tools (1) The B.SC Nurses 'Perception of clinical advancement career Questionnaire, Auditing sheet, Jury Opinionnaire Sheet. Results :there is statistical difference between the four nursing categories (I Clinical Nurse, II Clinical Fellow, III Clinical Resource, and IV Clinical Scholar) in all opinionnaire (9)domain(nursing care activities, nurses to nurse's interaction, nurse's physician interaction, Decision making, autonomy, Professional Development, Professional status, job description, Performance appraisal) also there is statistical difference between the four group related to their opinion regarding the presence of performance appraisal format and the need to change the performance appraisal content. Recommendation: after designing clinical career advancement system and testing it for its' validity, using of the designed clinical advancement career system would results in avoidance of all the disadvantages of the old system and paid to the real progress of the nurse at the level of professional practice.

KEYWORDS: BSC, Clinical Career Advancement System

INTRODUCTION

With increasing challenges posed by a highly complex health care environment, and the dramatic changes in nursing practice necessitate increased attention to the career development of nurses working in clinical positions involving direct patient care (Institute Of Medicine "IOM", 2011). Staff nurses who provide direct patient care can have opportunities to be recognized and rewarded for skill advancement and clinical achievement through development of clinical recognition and career development programs which rewards participating nurses through advancement in the level of their clinical practice (Yordy. 2007).

Career advancement system has been used for decades to provide promotion opportunities for bedside nurses. (Nyberg, . 2010). It is serves as a tool that supports nursing excellence through the conferment of higher clinical status to

those nurses who meet the requirements. Career advancement refers to the process Professionals undergo to achieve changes in performance, job roles, and promotions, and to develop a better relationship with management (Ismail & Arokiasamy, 2007).

Furthermore, clinical advancement system has been shown to contribute to improved efficiency and quality of care delivered as a result of retaining clinically expert and motivated nurses at the bedside (Allen, & Dickey, 2010). Other positive outcomes of career advancement include, improved nurse and patient satisfaction, cost savings from decreased use of temporary staff and sick time, decreased nurse turnover, enhancement of professional image and advancement of the discipline, and most importantly, higher quality(Adeniran, 2012).

Although the clinical advancement system directly affects the individual nurse, there are also suggested indirect benefits to the institution that may accrue from implementation of a clinical advancement system. Enhancement of the institution's prestige or attractiveness, increased staff motivation which positively affects the productivity that includes increased quality of care (Martin& Wilson, 2011).

In contrast to the clinical ladder that had been in place since the early 1980s, the Meridian Health Clinical Advancement and Recognition of Excellence program (CARE) identified competencies and expertise that should be achieved at four different clinical advancement levels. The four advancement levels are as follows: Clinical Nurse I, Clinical Fellow (Level II), Clinical Resource (Level III), and Clinical Scholar (Level IV). In clinical advancement model which based on Meridian Health nursing model of care, nurses must address criteria in clinical practice, education, shared governance, and research areas demonstrating increasing levels of expertise as they advance through the four levels (Wurmser, 2006).

SIGNIFICANCE OF THE STUDY

There is a stagnation in career advancement for the nursing profession in general, as the promotion system is fixed and depend only on the years of work, without attention to the performance, the level of job satisfaction, enthusiasm, belonging to the profession or the desire to learn everything new, all these factors neglected by the management of the evaluation led to the creation of a general climate of dissatisfaction, de motivation, desire to travel abroad, direction to teaching or even leaving the profession at all, therefore become urgent need to assess the situation and also evaluate all the documents associated with them and design a new system of career advancement, to avoid all the disadvantages of the old system and paid to the real progress of the nurse at the level of professional and also personal so that the motivation to stay in the profession will be increased and create a suitable atmosphere for growth.

AIM OF THE STUDY

The aim of the present study is to design and validate clinical advancement career system for BSC nurses.

MATERIALS AND METHODS

Research Objectives

To assess perception of B.SC nurses of clinical advancement career at selected hospitals. To assess the available documents related to B.SC nurses 'job descriptions, career motivation, clinical recognition, and professional development and performance appraisal standards at selected hospitals. Design a system for clinical advancement career system for

B.SC nurses based on literature review, assessment results of nursing staff perception of clinical advancement career, performance appraisal system and job description of B.SC nurses. Assess the validity of the proposed clinical advancement career system and communicate the validated clinical advancement career system to nursing staff of selected hospitals.

Research Design

Methodological design was utilized

Sample

Convenience sample of three groups of samples will be included in this study.

- B.SC Nurses Group: working at selected hospitals.
- Jury Group of Experts: The group included three categories of jury to ascertain face, content and construct validity of the developed tools and the designed system
- 1st Category: Nursing faculty members from administration nursing departments at the Faculties of Nursing.
- 2nd Category: Nursing Managers Group working at selected hospitals
- 3rd Category: Nursing administrators in health and population directorate in the selected governorate.
- Available documents related to B.SC nurses 'job descriptions, career motivation, professional development performance appraisal standards and B.SC nurses 'portfolios....ect.

Setting

The data will be collected from seven hospitals, two of them affiliated to the university and the rest of five hospitals affiliated to Ministry of Health & Population (MOHP) which provided both inpatient and outpatient services

Tools

Tools that were used to proceed with the proposed study as follow: 1-B.SC Nurses 'Perception of clinical advancement career Questionnaire. It included two parts, *First* :Socio demographic data which was developed by the investigator: This includes the BSC number (165) in all selected hospitals with different categories as" 38 I Clinical Nurse-58 II clinical Fellow -45 III Clinical Resource-24 IV Clinical Scholar".: *second* Perception of clinical advancement career Questionnaire It consisted of 52 questions that divided into (9) domains of B.SC Perception of clinical advancement career Questionnaire for each nursing category (nursing care activities 5 items, nurses to nurse's interaction 5 items, Decision making, autonomy 6 items, Professional Development 6 items, Professional status 9 description 6 items, Performance appraisal 4 items) With scoring ranges (agree- somewhat-disagree), with scoring system (3-2-1) for all selected B.SC categories2-Auditing sheet was developed by the investigator to audit of related B.SC nurses job descriptions, career motivation and clinical recognition, professional development systems and performance appraisal standards. The Auditing sheet was filled by the nursing personnel in the selected governorate with scoring range (agree- disagree) with scoring system (2-1), Based on literature review, clinical advancement career system for B.SC nurses was designed by the investigator. The designed system was built upon to Meridian (C.A.R.E) model.

Content Validity

Tools were checked and revised by a panel of three experts of nursing administration to test content validity. Modifications were carried out according to panel judgment on clarity of questions and appropriateness of content.

Pilot Study

Pilot study conducted on 10% of the total sample to evaluate the content and test the feasibility, objectivity, clarity, relevancy and applicability of the study tools. Also test retest reliability was calculated to check reliability of the study tools. (cronbach's alpha=.97).

ETHICAL CONSIDERATION

Information and explanation were provided to the subjects and they were asked to sign a consent form. After explaining the nature and the benefits of this research they were free to withdraw from the study at any time. The subjects were coded to guarantee anonymity.

TECHNIQUES FOR DATA COLLECTIONS

Structured interview was utilized to fill out the study tools.

Procedure

The current study was carried out on the following phases; assessment, design phase, Communicating the System Phase.

Phases of developing Clinical Advancement System

Assessment Phase

Auditing of the available documents related to B.SC nurses' job descriptions for different B.S.C actual classification according to Egyptian Ministry Of Health, and the actual performance appraisal format which is used by the central administration for nursing in the ministry of health.

Design Phase

Based on the findings of assessment phase, the investigator designed the clinical career advancement system for B.SC nurses as well as the system was tested for validity and reliability.

Communicating the System Phase

After designing and validating clinical advancement career system and gaining the approval of the hospitals administrators, an orientation to the system was performed to introduce the system and explain how to implement the designed system in the study setting (seven hospitals) and for all study subjects and used jury groups.

STATISTICAL ANALYSIS

Statistical package of the social science (SPSS version 21) was used for statistical analysis of the data. Descriptive statistics included frequency, percentage distribution, mean and standard deviation was used to show to what extent hospital manage safety and health for staff nurses. The inferential statistics tests of significance were performed to test

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results; independent t-test used to test the differences, the threshold of significance was fixed at the 5% level (p-value). A p-value > 0.05 indicates non-significant result and the p-value < 0.05 indicates a significant result and the p-value is a degree of significance.

RESULTS

Table 1: Frequency Distribution of BSC According to (C.A.R.E) Categories	(n= 165)
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Categories of BSC							
I Clinical Nurse II Clinical Fellow III Clinical Resource IV Clinica		al Scholar					
Ν	%	Ν	%	Ν	%	Ν	%
38	23.0	58	35.2	45	27.3	24	14.5

 Table 2: Frequency Distribution of BSC Years of Experiences

 According to Categories Data of the Studied Sample (n= 165)

Years of BSC experience						
I Clinical Nurse	II Clinical Fellow	III Clinical Resource	IV Clinical Scholar			
1-3	3-5	5-7	7-10			

Table 3: B.SC Opinion on Clinical Advancement Assessment Opini	ionnaire Domains Total n (165)
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	Dimensions					Difference	
Items	I Clinical Mean <u>+</u> SD	II Clinical Fellow Mean <u>+</u> SD	III Clinical Resource Mean +SD	IV Clinical Scholar Mean +SD	F	Р	
1-Nursing Care activities	10.16 <u>+</u> 1.669	13.58 <u>+</u> 4.957	14.67 <u>+</u> 6.307	11.21 <u>+</u> 2.126	12.92	0.00*	
2- Nurse to nurse interaction	11.82 <u>+</u> 1.205	13.91 <u>+</u> 5.239	13.51 <u>+</u> 5.128	10.31 <u>+.</u> 900	20.09	0.00*	
3- Nurse Physician Interaction	9.32 <u>+</u> 2.315	11.22 <u>+</u> 5.130	9.47 <u>+</u> 4.837	7.21 <u>+</u> 2.359	32.22	0.00*	
4- Decision Making	8.45 <u>+</u> 2.116	11.22 <u>+</u> 5.130	9.82 <u>+</u> 3.701	7.50 <u>+.</u> 780	30.55	0.00*	
5- Autonomy	11.48 <u>+.</u> 973	16.14 <u>+</u> 5.808	15.51 <u>+</u> 5.683	11.63 <u>+</u> 1.056	20.56	0.00*	
6- Professional Development	13.36 <u>+</u> 5.283	16.14 <u>+</u> 5.808	12.91 <u>+</u> 5.062	9.29 <u>+.</u> 624	27.02	0.00*	
7- Professional Status	9.21 <u>+</u> 3.807	12.67 <u>+</u> 4.772	8.31 <u>+</u> 3.029	6.58 <u>+</u> 1.139	35.33	0.00*	
8- Job description	7.45 <u>+</u> 5.308	8.69 <u>+</u> 3.495	3.66 <u>+</u> .798	2.25 <u>+</u> .608	30.65	0.00*	
9- Performance appraisal	11.21 <u>+</u> 5.256	2.78 <u>+</u> 4.222	7.18 <u>+</u> 1.370	6.79 <u>+.</u> 415	26.63	0.00*	

	Dimensions					Difference	
Items	I Clinical Mean <u>+</u> SD	II Clinical Fellow Mean <u>+</u> SD	III Clinical Mean <u>+</u> SD	IV Clinical Mean <u>+</u> SD	F	Р	
1. Does the B.SC nurses have a job description?	1.76 <u>+</u> .432	1.69 <u>+.</u> 467	1.00 <u>+</u> 0.00	1.00 <u>+</u> 0.00	58.06	.000*	
2Does the job description update periodically?	1.03 <u>+</u> .162	1.19 <u>+</u> 0.395	1.09 <u>+</u> 0.288	1.13 <u>+</u> 0.388	2.176	.093	
3- Does the B.SC nurse oriented with the job description content?	2.0 <u>+</u> .000	1.78 <u>+.</u> 421	1.00 <u>+</u> 0.00	1.29 <u>+</u> .464	92.26	.000*	
4- Does B.SC nurses have a career motivation and clinical recognition system?	1.13+0.343	1.00 <u>+</u> 0.00	1.02 <u>+</u> 0.149	1.00 <u>+</u> 0.00	4.66	. 004	
5- Is there professional advancement system for B.SC nurses?	1.11+0.311	1.14 <u>+</u> 0.348	1.09 <u>+</u> 0.288	1.04 <u>+</u> 0.204	.606	.612	
6 if present Does the professional advancement system follow the universal standard	1.00+0.00	1.02 <u>+</u> 0.131	1.04 <u>+</u> 0.208	1.04 <u>+</u> 0.204	.708	.548	
7Is there performance appraisal format for B.SC nurses?	2.00+0.00	1.78 <u>+.</u> 421	1.07 <u>+</u> 0.252	1.00 <u>+</u> 0.00	117.86	.000*	
8Do you see that performance appraisal format need changes?	2.00+0.00	1.79 <u>+</u> 0.409	1.04+0.208	1.08 <u>+</u> 0.282	112.52	.000*	

Table 4: BSC Categories Audit Sheet Total n (165)

DISCUSSIONS

As related to BCS distribution according to (C.A.R.E) model it was found that more than third of BCS nurses were in category II Clinical Fellow with total number (58) represents 35.2%, while IV Clinical Scholar is least category with total number (24) represents 14.5%, also III Clinical Resource (45) represents 27.3%, and I Clinical Nurse with total number (38) represents 23%.

It was found that there is statistical difference F (12.92) &P(0.00) in nursing care activities in all BSC category with the highest mean \pm SD (14.67 \pm 6.307) in III Clinical Resource, the highest mean \pm SD (11.22 \pm 5.130) related to decision making was found in II Clinical Fellow, while the highest mean \pm SD (16.14 \pm 5.808) related to autonomy and professional development were found in II Clinical Fellow. In a study (Human Resources for Health, 2009) nurses had high autonomy levels except the nurses who had experience from 15 - >20 years. Moreover, all BSC nurses perceived equal autonomy levels whether high or moderate.

Generally, most of the workers were dissatisfied on the level of autonomy (64.8%). The result from the survey demonstrates that (45%) nurses were satisfied with working environment allowing them to make autonomous nursing care decision while (19.0%) of respondents answered neutral and (36%) were reporting dissatisfaction.

While results showed in Kingdom of Saudi Arabia, nurses reported high level of participation in decision making. This finding is supported by study of "Bucknall 2008 " in Australia In addition, results of the present study revealed that in KSA nurses had higher decision making than nurses in Egypt. These results may be attributed to that in Egypt nurses were overwhelmed with heavy workload due to large number of patients in relation to nurses number as a result they didn't have enough time to participate in decision making (Zaid&etal,2015).

As related to autonomy the study results show that the majority (92.1%) of B.SC suffer from lack of autonomy

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related to patient care, also they haven't a good deal of control over their own work and they are sometimes frustrated because their activities seem to be programmed, This study is consistent results are consistent with the study results as nurses in china have little degree of autonomy, also In a study it was founded that an American nurse work in Egypt reported that the Egyptian nurses had a little degree of autonomy. Varjus et al., (2011) stated that lack of autonomy might have destructive effects for nurses whose need level for independencies high autonomy to workers (Yami, &etal, 2011).

Related to professional status it was show that the majority of BSc nurses in all category disagree that they are proud to talk to other people about what they do on the job or they recommend this hospital as a good place for nurses to work. Also the majority of BSc nurses disagree that they could recommend their hospital as a good place for nurses to work, or their work contributes to a sense of personal achievement or Patients (family members) acknowledge nursing's contribution in patient care. This study was consistent with the research results as the respondents agreed that the profession does not receive enough appreciation (2.01 ± 0.86) (Nakakis &, Ouzouni, 2008).

This study is inconsistent with the research results as the nurses encourage their child to become a nurse (1.96 \pm 1.08) and that they will encourage the people they know to become nurses (1.78 \pm 0.97) More than half (56%) of nurses had good perception towards nursing. Also the about (76%) said that the practice of Nursing provide them with self-actualization, and (77.5%) were self-motivated to join the profession (Al-Enezi, 2009).

As nearly most of nurses were satisfied with the status of nursing in the hospital, nurses would recommend this hospital as a good place for nurses to work, and felt like work provided a sense of personal achievement. Also the nurses agreed that they are proud to talk to other people about what they do on the job (p < .05) (Burket & etal, 2010).

Auditing sheet indicated that there is statistical difference between the four groups related to their opinion about having job description as F(58.06) with P(0.00*), also there is high statistical difference between the four group regarding their opinion about their orientation of their job description content, as related to performance appraisal system there is a high statistical difference between the four group related to their opinion regarding the presence of performance appraisal format and the need to change the performance appraisal content. it was found that all nurses categories disagree about the content of job description format and see that it need for further modification, also all nurses with all category agreed that their performance appraisal content unclear and need for further change. Grobler & etal, indicates that only 9% of respondents' perceive performance appraisal as clear and unbiased. A total of nurses40% disagrees, while 29% of nurses neither agreed nor disagreed. Also a study illustrated that 40% of the respondents' agree that their appraisal format are regularly refreshed and updated, 30% neither agree nor disagree and 30% disagree with the statement(Khauoe&etal,2015).

CONCLUSIONS

The present study concluded that all BSC nurses with different category weren't satisfied in all. (9) Domain of the Questionnaire and there is general level of dissatisfaction with their job status and their career as general. So it was crucial for researcher to suggest a system for designing and validating clinical advancement career system for faculty of nursing graduates.

RECOMMENDATIONS

Based on the previous findings of the present study, the following recommendations are suggested.

Administration support: through, in-services training programs, provide resource; and opportunities for further education to upgrade the general awareness level of career development strategies.

- Implementing of the suggested clinical advancement career system for faculty of nursing graduates by the hospital authority
- Generalize development of policies and plans for enhancing career development and increase nurses performance.
- Development of a rewards system to enhance motivation for improvement of clinical and achievements.
- Introducing of career development plans in the curriculum of the faculty of nursing to help students understand how career planning developing the nursing profession.
- Ministry of health should apply the designed training programs to strengthen nursing practice, in order to achieve positive outcomes in health care delivery.

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