Patient Care Services / Nursing

# Understanding the Factors that Influence Clinical Ladder Programs and Their Barriers and Facilitators to Implementation.

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# UNDERSTANDING THE FACTORS THAT INFLUENCE CLINICAL LADDER PROGRAMS AND THEIR BARRIERS AND FACILITATORS TO IMPLEMENTATION

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**Scholarly Project Defense**

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**DeSales University**

# Statement of the Problem

- Organization hired 319 RNs in FY15 for growth and replacement

- During the same time frame, 233 RNs left the organization

- Net gain of only 93 RNs

# INQUIRY QUESTION

Understand the factors that influence the outcomes of clinical ladder programs and barriers and facilitators to their implementation.

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# SPECIFIC AIM ONE

Use interviews with nurses involved in clinical ladder programs to develop themes related to the impact of clinical ladder programs, such as: retention, valued program features, and facilitators and barriers to implementation.

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# Specific Aim Two

Use interviews with nurses without clinical ladder experience to develop themes related to their views of clinical ladder programs and potential barriers and facilitators of implementation of these programs.

# BACKGROUND & SIGNIFICANCE

Benner's Model of Skill Acquisition:
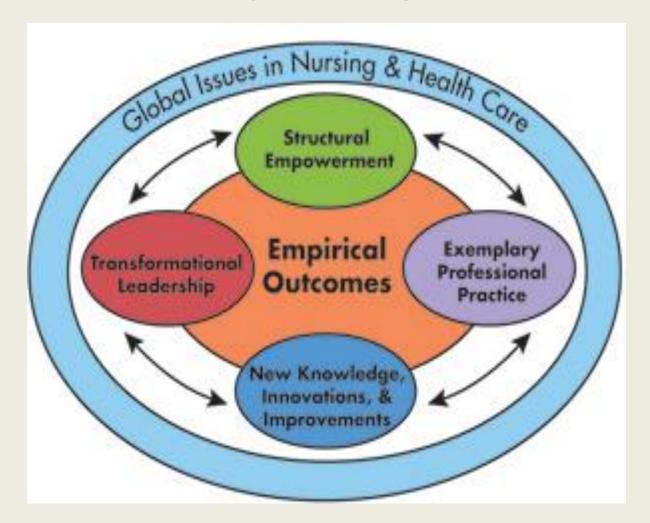
- Novice

- Advanced Beginner

- Competent

- Proficient

- Expert

Benner, P. (1982). From novice to expert. *The American Journal of Nursing, 82*(3), 402-407.

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# MAGNET MODEL

# Literature Review

Identified three themes:

- Review & Redesign of Clinical Ladder Programs
- RN Satisfaction with Clinical Ladder Programs
- Economic Impact of RN Turnover

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# THEORETICAL MODEL

- As noted previously, most models based on Benner's Novice to Expert

- As nursing and acute care have evolved, Kanter's Theory of Structural Empowerment is more appropriate model for Clinical Ladder Programs

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# Kanter's Theory of Structural Empowerment

- Access to information
- Support
- Resources
- Opportunity for growth

# Study Design

This descriptive phenomenological study included a query of registered nurses that may or may not have participated in a clinical ladder program.

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# Study Design

Student researcher utilized Munhall's Phenomenological Research Method (7 steps):

- Immersion
- Coming to the phenomenological aim of the inquiry
- Existential inquiry, expressions and processing
- Phenomenological contextual processing
- Analysis of interpretive interaction
- Writing the phenomenological narrative
- Writing a narrative on the meeting of the study

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# POPULATION AND STUDY SAMPLE

- The population identified were registered nurses who work in acute care settings.

- Tertiary hospitals which may or may not participate in a clinical ladder program.

- Goal: fairly even number of participants from both the clinical ladder naïve and clinical ladder user groups.

- Excluded any registered nurses who are employed within the same health network as researcher.

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# SETTING

Researcher allowed participants to decide where they would be most comfortable:

- Home
- Coffee shop(s)
- One group at hospital, off unit in a private setting

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# SOURCES OF DATA

Data was obtained via one-on-one, semi-structured interviews with participants, utilizing the inquiry questions established.

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# INQUIRY QUESTIONS
# CLINICAL LADDER PARTICIPANTS

1. Please explain your hospital's clinical ladder program.

2. What does your hospital provide that you believe contributes to the success of the program?

3. What is missing from the program?

4. Please describe your personal experience with the program.

5. Please describe your hospital's shared governance structure.

6. Do you plan to stay with your current hospital long-term?

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# INQUIRY QUESTIONS
# NON CLINICAL LADDER PARTICIPANTS

1. Please explain what you believe a clinical ladder is? I will also provide a brief description.

2. Do you have a desire to participate in a clinical ladder program?

3. What do you think would occur if your hospital implemented a clinical ladder program?

4. Do you foresee any barriers to implementation?

5. How could the hospital facilitate implementation of such a program?

6. Please describe your hospital's shared governance structure.

7. Do you plan to stay with your current hospital long-term?

8. If not, what specifically do you desire to experience at a new hospital?

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# THEMES OF CLINICAL LADDER PARTICIPANTS

- Self-motivation and desire to be involved;

- Mentorship;

- Education regarding the CLP;

- Higher salary that comes with ladder advancement

- Also noted some participants described their hospitals as "being on the Magnet Journey".

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# Themes of Non Clinical Ladder Participants

- Lack of awareness of the program;

- Lack of mentor or peer support;

- Perception that the application process is too difficult;

- A belief that time required was not worth participation.

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# Writing the Phenomenological Narrative

- Reviewing themes from the previous section provides clarity on how to best facilitate a clinical ladder program .

- As the literature review demonstrates, staff must be involved in the development for the ladder and advancement.  The researcher would strongly suggest that Benner's novice to expert _not_ be the underlying theory to the model; but rather the organization's shared governance model.  Again, as a Magnet organization, a great deal of structural empowerment is already in place to facilitate a successful implementation.

- The researcher envisions a 4-step ladder.  Criteria should reflect active engagement of the organization's shared governance model: Evidence-Based Practice and Research, Quality, Operations, Reward and Recognition, and Professional Excellence.

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# WRITING A NARRATIVE ON THE MEANING OF THE STUDY

- The themes identified in this study can be cross walked to Kanter's theory of structural empowerment: access to information, support, resources, and opportunity for growth.

- Access to information implies that awareness must exist regarding that a program exists. One way to assure awareness of the clinical ladder program is that staff are the developers of the program, providing them ownership and accountability to awareness and education of program requirements to their peers.

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# WRITING A NARRATIVE ON THE MEANING OF THE STUDY *(CONTINUED)*

- The themes of education, mentorship, and application/portfolio development all fall under the area of support.  The nurses interviewed who participated and expressed positivity regarding the CLP also consistently recognized a mentor.  It may have been a peer, a nurse manager, or a clinical specialist in their departments.  The mentors provided encouragement to apply, education regarding requirements, and assisted in application or portfolio development.  It is also clear that nursing units with little participation lacked formal leader encouragement.

- *Mentorship is vital to a program's success.*

# WRITING A NARRATIVE ON THE MEANING OF THE STUDY (CONTINUED)

- A successful program allows for opportunities for growth as described by Kanter.  Key to this is a shared governance culture that promotes empowerment and decision making.  The ability to participate in a shared governance model allows the nurse to continue his or her professional development.  Staff RN participation in education, evidence-based practice, and policy development promotes their development, and provides a structure for continued growth.

# WRITING A NARRATIVE ON THE MEANING OF THE STUDY (CONTINUED)

Lastly, a successful program requires resources. Time and money are needed resources, perhaps becoming the most difficult barrier in today's healthcare environment. However, as noted in the review of literature, retaining experienced nurses at the bedside can lead to significant cost savings to an organization.

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# WRITING A NARRATIVE ON THE MEANING OF THE STUDY (CONTINUED)

The overall objective of this project was to gain a substantial understanding of what registered nurses perceive as the components of a successful clinical nursing ladder.  This researcher believes that has been accomplished.

# Strengths and Weaknesses

- Strengths include a thorough review of the literature. The researcher also has personal experiences of employment in organizations both with and without clinical ladder programs.

- Additionally, the researcher acknowledges bias toward a positive view of clinical ladder programs. A further bias may be the current experiences of the researcher with nursing turnover and staffing challenges.

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# WEAKNESSES (CONTINUED)

- This includes a small sample size and as such this can be viewed as a pilot study.

- Other notable weaknesses include four of the participating nurses are all employed in the same hospital within the same department.

- Three of the non-participating nurses are also employed at the same hospital within the same department.

- It lends the researcher to wonder does the clinical ladder create the environment or does the environment promote the clinical ladder participation?

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# APPLICATION OF FINDINGS

- The findings of this study do provide insight into understanding the factors that influence clinical ladder programs and their barriers and facilitators to implementation.

- The results of this study can be utilized as a guide when implementing a clinical ladder program.

- As a phenomenological study, it has provided a true understanding of the lived experiences of these twelve RNs albeit a small sample size.