

Original Research Article

Application of the Clinical Nurse Career Path Pattern at Regional General Hospital in Aceh Province

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Abstract: Career path is a tiered pattern used to improve nurse performance and professional competence. Regional General Hospitals in Aceh Province were used as the research site to enhance nurse competence by implementing a clinical career path pattern. The Objective of the study was to determine the application of the clinical nurse career path pattern from the perspective of a nurse manager at a regional general hospital in Aceh Province. A qualitative method and phenomenological approach involving 10 correspondence was used with characteristics as nurse managers with a minimum educational background of Diploma III in nursing, and had worked for four years in a hospital. Then, the data were analyzed using the Colaizzi method. This research resulted in 3 themes that became obstacles in applying career path, including reduced implementation of clinical nurse re-credential, the lack of management support and commitment, and limited resources for applying career path pattern. The application of the pattern of professional clinical nurse career paths has not run optimally. Therefore, the hospital and nursing management should support and be committed to planning career path pattern. This include planning the HR needs, compiling and ratifying guidelines, conducting explicit socialization and re-credentials. They should also provide rewards through career development in the form of education and training following the competency gap of nurses.

Keywords: Carrier path, clinical nurses, Application, Hospital, Nursing.

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INTRODUCTION

Nurses as one of the most amount professional resources in hospitals, take apart responsibility for providing professional and safe services to patients (Hariyati, Igarashi, Fujinami, Susilaningih, & Prayetni, 2017). To provide safety and professional services as well as reduced the errors, nurses was required to work on standard practice according to the authority and competence in the field of practice that they are engaged in (American Nursing Association, 2015). Therefore, nurses need to improve their competence. Because a nurse that have competence is one of factor determinant for service quality in hospitals (Ratnamiasih, Govindaraju, Prihartono, & Sudirman, 2012).

One of the efforts that hospitals can do to improve nurses competence with apply a career path pattern for clinical nurses. Career path is a tiered pattern that recognizes the experience, performance and expertise of nurses and provides opportunities for

nurses to develop their performance and professionalism (Regulation of Minister of Health Indonesia No 40, 2017).

In Indonesia, clinical nurse career paths have been introduced since 2006, by the Indonesian National Nurses Association (PPNI) and the Indonesian Ministry of Health. And even there have been an implementation guidelines for the application of nursing career path in hospital there are 4 professional levels of nurses career namely; clinical nurses, manager nurse, educator nurse and research nurses. Currently, the career path pattern was focused its development is clinical nurse professional career path.

However, both private and government hospitals have not even implemented this program (Nurlina, Sekarwana, & Somantri, 2018). Meanwhile, research shows that applying the clinical nurse career path pattern is very important for nurses and hospitals (Suroso, 2011; Amiruddin, Hariyati, & Handiyani,

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2019). When this pattern is implemented in hospitals, it will impact nurse performance due to the less attention, causing nurses to move or even leave (turnover) (Duffield, Baldwin, Roche, & Wise, 2014).

The Regional General Hospital (RSUD) implements a clinical nurse professional career paths pattern, starting with mapping for career level determination for old nurses who have worked with civil and non-civil servants (contracts). The hospital also conducted credentials and made a list of clinical authority descriptions and an official work assignment letter from the director for each nurse. However, sustainability and the re-credential assessment have not been implemented, but it has planned by the committee. Therefore, in its application hospitals should be able to do better planning because with a good planning of nurse career development program, will provide satisfaction to the need for nurse career which will have a positive impact on the hospital (Chang, Chou, & Cheng, 2007).

According to various hospitals that have implemented the pattern, its application is inconsistent with the policies and standards (Istirochah & Santoso, 2017). Although there has been a policy from the hospital to conduct career paths, its application has not moved the system because there are no grading documents, mapping, career path plots, and management teams. In addition, nurses' lack of understanding is also an obstacle in the process and application of career paths in hospitals (Mutinik, Saparwati, & Rosidi, 2014). This makes nurses less enthusiastic to follow career path process. Based on the explanation above, it is necessary to know how to apply the clinical nurse career path pattern from manager's perspective for the Regional General Hospital in Aceh Province to identify the hindering problems.

METHODS

This is qualitative research with a phenomenological approach to obtain information from nurse manager's perspective regarding the hindering factors of applying the clinical nurse career path pattern. Ethical approval was obtained from the Ethics Committee of Syiah Kuala University with letter number 112018041120 dated November 23, 2020. The

permission was also obtained from the director of the Regional General Hospital as the research location.

A total of 10 participants were nurse managers covering the nursing field, committee, and head of the room. The inclusion criteria are nurse managers with at least a D III nursing certificate and have worked for four years in the hospital. This research was conducted from December 2020 to March 2021. The data collection instruments consisted of the prominent researcher, interview guide, demographic data forms, cell phones, and voice recorders (smartphones). Before conducting the interview, the cell phone and voice recorder functioned properly to avoid missed information. After completing the interview process, the recording was immediately converted into a verbatim form.

Data collection was carried out concurrently with analysis referring to Colaizzi. These include reading interview transcripts, identifying meaningful participant statements, keywords, and sub-themes within the main theme (Streubert & Carpenter, 2011).

RESULTS

The themes and sub-themes of the results are explained as follow:

Theme 1. The implementation of clinical nurse re-credential has not been running optimally

This theme explains that the process of implementing the credential has not been running optimally. The application of career paths began in 2017. Following the preparations for accreditation assessments, all old nurses have received credentials, a list of clinical authority descriptions, and an official work assignment letter from the director. However, the data analysis identified that since four years of implementation, the credential process had not been carried out due to the unpreparedness of the nursing field in competency management. This indicates there is no clarity and schedule for implementing competency assessments. The nursing field's unpreparedness also contributes to compiling and preparing supporting documents for credentials because the committee still makes the plan. The following are some participant statements:

Table-1: Participant Data

Initial	Age	Years of service	Gender	Education	Position
P1	47 y	24 y	F	Diploma III/Undergraduate of Nursery	Head of committee/executive nurse
P2	38 y	12 y	F	Undergraduate /Nurse	Sub quality committee/head of the room
P3	37 y	12 y	F	Undergraduate /Nurse	Sub credential committee/case manager
P4	38 y	9 y	F	Undergraduate /Nurse	Head of Room
P5	35 y	6 y	F	Undergraduate /Nurse	Secretary of the Head of the Committee

Initial	Age	Years of service	Gender	Education	Position
P6	32 y	4 y	F	Diploma III/Undergraduate of Nursery	Head of Room
P7	31 y	6 y	F	Undergraduate /Nurse	Head of Room/committee member
P8	37 y	14 y	F	Diploma III of Nursery	Head of Room/committee member
P9	31 y	9 y	F	III of Nursery	Head of Room
P10	34 y	7 y	M	Diploma IV of Nursery	Head of Nursing Care

“The nursing committee is working on that... hopefully in the future, the system such as the promotion of the clinical nurses, credentials, and re-credentials will be more optimized” (P5).

“To increase career path from the nursing field, the plan should be appropriately made to show the time required for promotion and re-credential” (P6).

“Credentials are obtained due to the accreditation demands” (P9).

Theme 2. Lack of management support and commitment regarding the application of clinical nurse career paths

This theme explains the lack of support and commitment regarding implementing career paths. It emerged from 3 sub-themes: the absence of rules and policies for implementing career paths in hospitals, socialization related to the implementation of career paths, and lack of support in clinical nurse career development. The following is a description of the sub-themes:

a. The absence of rules and policies for the application of clinical nurse career paths in hospitals

This sub-theme describes the absence of rules and policies in the form of guidelines and decrees from the director in applying career path. This indeed becomes an obstacle in the application of the credential. Career path is only formed due to the accreditation demands. The following is an excerpt from the participants’ statement:

“lack of clarity on rules/regulations should be handled, hence, the leadership is more in line with the field to avoid the differences in the statements by a committee and the field” (P2).

“There is no policy from the director regarding applying career paths. For example, how many years of work with what certificate, can you go up a level or not...it is more on the accreditation demands” (P3).

“From the director’s policy, at first, there were only details of clinical authority, while other career path policies do not yet exist” (P6).

b. Lack of socialization related to the application of career paths

This sub-theme describes the lack of commitment to implementing career paths in hospitals because management has not carried out socialization.

This becomes an obstacle, impacting the lack of understanding of clinical nurses on implementing career paths. The following are some excerpts from participant statements:

“Junior (clinical nurses) in the field have not received information, or maybe it s contributed by the mistakes of nurse managers who do not socialize at all regarding career path, including the system and requirements” (P1).

“I do not know the information, how it should be...for the process of career path...because there is still a lack of socialization” (P6).

“It is evidenced by many nurses who do not understand career path system due to lack of socialization. They just know about credential and career levels because of the accreditation demands” (P9).

c. Lack of support for clinical nurse career development

The lack of support for career development is due to the lack of budget for education and training. Education and training are not under the competency gap of clinical nurses. The following are some excerpts from participant statements:

“Clinical nurses should be facilitated through training to increase their level... A training was proposed according to the competency gap, but it is constrained by the cost” (P1).

“The education will be useful when it is financed. Besides, training and seminars should be often held always to update the gained knowledge” (P4).

“It is caused by lack of training, like the case in my room; I am the only one who has joined training... As for the other nurses not yet” (P9).

Theme 3. Limited resources for implementing the clinical nurse career paths

This theme explains the limitations of Human Resources (HR) for implementing career paths in hospitals. It emerged from 3 sub-themes: the implementation team for dual career paths, limited HR assessors, and the lack of number and qualifications of nursing staff in hospitals.

a. Implementation team for dual career paths

This sub-theme describes that besides working on the committee, the multi-position nursing committee HR also works as the room head and holds other work programs. This impacts the delay in the implementation of credentials and re-credentials. The following is an excerpt from the participant statement:

"We work in this committee part-time because we have main jobs and this is only additional work... Therefore, I am a bit busy in the service, in the room, especially when there are several patients... I just finished my work at half-past 11, then in the rest of the time amid exhaustion, we just went to the secretariat of the committee" (P1).

"Amidst the obstacle at this time, we improve readiness, the limitations of human resources, because the nursing committee has another role, such as the head of the room,... hence, it is difficult to focus" (P5).

b. Limited HR assessors in the hospital

This sub-theme describes the limitations of human resources in hospitals where only one assessor assesses all nurses, hampering the implementation of competency assessments. The following is an excerpt from the participant statement:

"Because one assessor is currently in an unhealthy condition... then the committee cannot conduct re-credentials because the results of the assessment have not been submitted" (P2).

c. Limited resources for nurses in hospitals

This sub-theme describes the application of career paths that have not run optimally due to limited human resources for nurses. Therefore, clinical nurses' placement is inconsistent with the provisions. The following are the expressions of some of the participants:

"The new recruited nurse should not be placed in the surgery room....but, when there is a deficiency of personnel, the new nurse will be forced to be in the surgery room" (P3).

"The placement of nurses is inconsistent with career path, because of the limited staff who still do not fulfill the needs" (P8).

"The need for personnel is not sufficient... Therefore, it is rather difficult to place nurses according to their clinical experience" (P10).

DISCUSSION

The Implementation of Clinical Nurse Re-Credential Has Not Run Optimally

The credential aims to provide recognition and appreciation for the career achievements of nurses that implementation is carried out every 3 years (Regulation of Minister of Health Indonesia No. 49, 2013). The credentialing has not been implemented yet will hamper achievement career level of clinical nurse. This will affect the satisfaction of nurses at work. Career

advancement of clinical nurses which are not paid attention tend to display low performance (Ratanto, Mustikasari, & Kuntarti, 2013).

The implementation of the re-credential has not been carried out, due to the unpreparedness of the planning field in planning and managing the competency assessment. Career path implementation is inseparable from the management function, the planning should be carried out before the implementation of the career path is implemented. Nursing department as manager professional nurse is responsibility for managing nurse competency assessments (Regulation of Minister of Health Indonesia No 40, 2017).

In addition, the unpreparedness of the credentialing sub-committee regarding the supporting documents for credentialing is also an obstacle in the implementation of the credential. The nursing sub-committee through the credential sub-committee should have prepared earlier before the implementation of nurses career level is applied. One of the duties and responsibilities nursing committee through sub-committee recredential is to prepare a list of clinical authority and a white book as a requirement for clinical nurse career advancement (Regulation of the Minister of Health of the Republic of Indonesia No. 49, 2013).

Therefore, the nursing field and committee should plan before career path is performed. A good nurse career development program will satisfy the need for nurse career, positively impacting the hospital (Chang, Chou, & Cheng, 2007).

Lack of management support regarding the implementation of career paths

a. There are no policies and rules for implementing career paths in hospitals

The research location has no support and commitment due to the absence of guidelines and decrees for implementing career paths in hospitals. This is an obstacle for implementing the clinical nurse career path, even though guidelines and decrees are needed as essential references that guide staff in carrying out their roles and functions.

The results are in line with previous research, where the problem in implementing career paths is because there are no policies and guidelines (Wahyu, Ika, & Hartojo, 2016). Lack of support and commitment from the hospital causes nurses do not achieve a clear career path's expectation, leading to low satisfaction (Duffield, Baldwin, Roche, & Wise, 2014). Leadership support can be provided through strengthening policies and providing necessary facilities for program implementation (Nelson, Sassaman, & Phillips, 2008).

b. Lack of socialization on the implementation of career path

The management's lack of commitment and follow-up in providing information shows that the implementation of career path has not been running optimally. These results follow Mutinik, Saparwati and Rosidi where the low understanding of nurses is also an obstacle to implementing career paths in hospitals (Mutinik, Saparwati, & Rosidi, 2014).

To run a program, it needs to be informed before the implementation, hence, nurses know and are motivated to follow career path program. For example, Nelson and Cook stated that they are motivated to follow career paths related to knowledge and perceptions. Hospital management is responsible for sharing career information; hence, career paths should be communicated clearly and effectively to all relevant staff for advancement according to the plan (Marquis & Huston, 2015). Socialization can be done in various ways ranging from the simplest to using advanced technology (Marwati, 2018).

c. Lack of management support for the clinical nurse career path

In implementing career path, continuing education is needed to maintain and improve the competence of clinical nurses competence to overcome competency gaps. However, career development through education and training was not based on a competency gap due to the lack of budget. These results indicate that the application of clinical nurse career paths has not run optimally. According to Marquis & Huston (2010), education and training programs should start from the orientation process to carry out staff development. Unfortunately, planning is directed at management development even though almost 80% of the organization's employees are non-management. This expression is supported by Reza's research (2015) that career path cannot be carried out without management support. Therefore, it requires strong support and commitment from the leadership and management to successfully implement the program (Afriani, Hariyati, & Gayatri, 2017).

Hospitals should seek continuous education and training supported by awards to implement the professional clinical nurse career paths. In addition, recognition of work results and promotions can motivate them and provide job satisfaction (Kalibu, Hariyanto, & Pusparahaju, 2014).

Limited resources for implementing career paths

The resource of implementing/nursing committee team in the hospital carries out dual-position credentials is limited. This will hamper the credential process because there are no unique resources in the credential sub-committee. These results follow research at the Padang Panjang City hospital. Besides working as a committee team, the multi-position nursing committee

team also provides direct services in the room (Nengsih, Arief, & Dorisnita, 2019). This will impact the workload, and the clinical nurse career path implementation is not optimal.

Then, besides the committee team with dual-positions, there is only one HR assessor in the hospital, hence, it also impacts assessors' workload and affects the delay in the implementation of competency assessments. Larasati stated that running a program optimally requires adequate human resources.

Dual-position and not up to standard resources hamper the credential in the form of delays because more dual positions and high workloads can reduce performance (Larasati, 2018). These shortages are caused by a lack of attention from the leadership; hence, leadership and management should pay more attention to these needs. According to research by An Australian Graduate of School of Management on 541 organizations, only 37% of institutions had HR planning systems based on scientific analysis. In addition, 41% did not have a good HR planning system, while the remaining 22% did not have any HR planning (Ilyas, 2004).

Based on the explanation above, the hospitals are recommended replanning to fulfill implementation resources, therefore, the program can run according to plan. However, suppose the human resources in the hospital are not sufficient, it is better to form an ad-hoc team to assist in the implementation of the committee's roles and duties (Regulation of Minister of Health Indonesia No. 49, 2013).

Furthermore, the hospital lacks human resources for nursing staff due to personnel calculation according to the workload and needs. Therefore, inadequate nursing resources result in incomplete program implementation. Managers should plan, organize, direct and supervise HR (Gillies, 2000). This follows Ilyas where hospital leaders should plan HR needs appropriately following the service function in each unit and room (Ilyas, 2004).

CONCLUSION

The results showed that the clinical nurse career path application has not been running optimally because re-credential has not been conducted. In addition, lack of support and commitment becomes an obstacle as indicated by the absence of rules and policies for implementing career paths in hospitals, socialization that has not been carried out, career development that has not been based on competency gaps, and limited resources.

Hospitals and management should reorganize the application of clinical nurse career paths by planning and fulfilling implementing resources following the needs. It can also be carried out by

providing education and training following the competency gap.

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