Advancing the Nursing Profession Through the Clinical Ladder

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Abstract
As healthcare continues to advance clinical practices, the level of nursing knowledge and performance needs to advance. One way nurses can advance their practice is through the clinical ladder. The clinical ladder has many performance levels that benefits the participant, facility, patients, and the nursing profession. This system always nurses to obtain job satisfaction, be recognized for their work performance, and increase their professionalism, while becoming more competent in the practice.
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The clinical ladder is a system that classifies nurses on a level from novice to expert. According to Institute of Medicine (as cited in Bitanga and Austria, 2013, p.23), “the clinical ladder is a grading structure that facilitates career progression, as well as an associated differentiation of pay, by defining different levels of clinical and professional practice in nursing.” This document describes the clinical ladder, the framework that makes up the clinical ladder, and various nursing levels within the clinical ladder. Also described are the importance of the clinical ladder, the benefits it offers, and what is in store for the future.

In order to obtain the appropriate level, the clinical ladder evaluates nurses based upon different criteria. Some of the criteria consists of following: clinical competency, professionalism, evidence-based practice, leadership skills and education (Bitanga & Austria). Clinical ladders are individualized and will differ from facility to facility. Most organizations require an application and have an interview process, along with a resume and performance review in order to apply for their clinical ladder program (Murphy, 2012).

Nursing literature first mentioned the clinical ladder in1972. The clinical ladder was defined as the “means for evaluating professional growth through outcome behaviors that could be measured objectively on the basis of tasks that the registered nurse (RN) should achieve at the beginning, intermediate, and advanced levels of nursing practice,” (Winslow, Fickley, Knight, Richards, Rosson, & Rumbley, 2011, p.13). The first clinical ladder consisted of only three levels of performance: entry, intermediate, and advance practice. Today, majority of the clinical ladders incorporate Patricia Benner’s five levels: novice, advanced beginner, competent, proficient, and expert (Bitanga & Austria, 2013). Other clinical ladders consist of: entry level
into practice, competent nurse, proficient nurse, expert nurse, and master’s-prepared nurse/expert clinician (Pierson, Liggett, & Moore, 2010).

**Various Levels of the Clinical Ladder**

The novice nurse on the clinical ladder has little or no experience, and lacks the confidence to demonstrate safe practices (Murphy, 2012). A novice nurse is viewed as a new graduating nurse who requires continual verbal and physical cues. New graduating nurses are expected to be novice with knowing only the basics to nursing. Advanced nursing takes experience, practice, skills, and critical thinking. Most of these solicitations cannot be learned from a book; they require hands on application.

After a nurse has passed the facilities requirements for a novice nurse he/she moves up to the next level on the ladder known as advanced beginner. “Advanced beginner demonstrates marginally acceptable performance because the nurse has had prior experience in actual situations. He/she is efficient and skilful in parts of the practice area, requiring occasional supportive cues,” (Murphy, “Benner's Stages of Clinical Competence,” 2012, p.17). In this phase, the nurse will begin formulating a guide to his/her actions, in other words, they are beginning to develop anticipatory skills (Bitanga & Austria, 2013).

The next rung on the ladder is the competent or experienced level. According to the American Nurses Association (as cited in Huston, 2014, p.294), “Competency is an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment with the context of current and projected professional directions.” Usually a nurse becomes competent after working in the same or similar area for two or three years. Competent nurses are analytical thinking and assisting to achieve greater efficiency (Bitanga & Austria, 2013).
Following the competent level, the nurse is then presented with proficient level.

According to Benner:

The proficient nurse learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient nurse can now recognize when the expected normal picture does not materialize. This holistic understanding improves the proficient nurse's decision making; it becomes less labored because the nurse now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones. (Murphy “Benner's Stages of Clinical Competence,” 2014, p.17)

The last rung on the clinical ladder is the expert nurse level. This nurse no longer needs guidelines or principles to perform their duties. This nurse has a profound perspective of the situation. Benner stated (as cited in Murphy “Benner's Stages of Clinical Competence,” 2014, p.17), “His/her performance becomes fluid and flexible and highly proficient.” This nurse no longer requires time to think about what duties need performed, when or how.

**Framework of the Clinical Ladder**

All the criteria of the clinical ladder correlate and can build off one another. One of the first items the clinical ladder looks at in the nurse’s competency. As stated earlier competency evaluates the, “application of knowledge and interpersonal, decision-making, and psychomotor,” (National Council of State Boards of Nursing as cited in Huston, 2014, p. 293). A nurse can increase her competency through continuing education, remaining up to date with evidence-based practice, maintaining professionalism and leadership.
Another concept evaluated in the clinical ladder is professionalism or professional identity. Nurses have struggled with their professional image for many years (Huston, 2014). When nursing is viewed a prestigious profession, the individual working as nurses can feel significant to society, confident, and respected. Nursing professionalism can progress through nurses being competent employees, obtaining political/leadership positions, and incorporating evidence-based practice into their efforts to improve patient outcome (Huston).

Evidence-based practice is another principle of the clinical ladder. Ingersoll (as cited in Schmidt & Brown, 2012, p.4) defined evidence-based practice as, “the conscientious, explicit, and judicious use of theory-derived, research-based information in making decisions about care delivery to individuals or groups of patients and in consideration of the individual needs and preferences.” In other words this is a practice using the best available evidence to increase patient outcomes. For a nurse to participate in evidence-based practice they must be able to use critical-thinking skills to review research studies and apply them to decision-making, which is part of being a competent nurse (Schmidt & Brown).

Another criteria examined on the clinical ladder is the nurse’s leadership skills. If nurses want to enhance the quality of care and pursue opportunities for process improvement, nurses need to seek out leadership positions (Winslow et al., 2011). “For the nursing profession to reach its greatest potential, RNs need to be proactive and find ways to facilitate professional and individual growth-producing work place strategies,” (Huston, 2014, p. 130). Since nurses work closely with the patients we need a voice in how they are cared for. By having a voice in patient care nurses are able to increase the professional image of nursing and promote the use of evidence-based practice.
A final component of the clinical ladder is the education aspect. Continuing education is mandatory for every nurse to complete a certain amount of hours, every two years in order for nurses to renew his/her licensure (Huston, 2014). Through continuing education nurses are able to learn the updates discovered in evidence-based practices, ways to improve critical-thinking, knowledge and how to preserve the nursing image. Nurses are also evaluated on the clinical ladder depending on their level of education. Nurses with a bachelor’s degree are held at a higher level than a nurse with an associate’s degree because of the additional education.

**Benefits of the Clinical Ladder**

The clinical ladder was designed for nurses to independently expand their knowledge and professional patient care skills without the need to go back to school. As a nurse progresses up the ladder, he/she is recognized for their proficiency. When a nurse’s proficiency level and knowledge increase, the nurse’s salary and responsibilities also increase (Bitanga & Austria, 2013).

A research study by Wang and Tsai (2009) was performed to reveal knowledge and barriers regarding pain management in the intensive care unit. In the study it was reported that proficient nurses (N3), showed higher knowledge scores than novice, advanced beginner, or competent nurses in pain management. Pain management is a major part of nursing, and having nurses that are more knowledgeable can be beneficial to a facility. Knowledgeable nurses can provide better pain relief measures and more efficient care, satisfying their patients.

Lack of recognition for one’s performance can cause that individual to have dissatisfaction (Bitanga & Austira, 2013). In order for nurses to work effectively and efficiently nurses need satisfaction. As nursing continues to advance so does the complexity of patient care.
The complexity can cause nurses to become frustrated and overwhelmed, allowing for errors to occur. Therefore, keeping nursing nurses satisfied and calm in highly important.

According to Drenkard and Swartwout (as cited in Bitanga & Austira, 2013, p.24) literature has revealed that the, “use of clinical ladder programs may result in a decrease in costs, use of nursing sick time, turnover, and use of agency nurses, as well as increased direct care nurse satisfaction.” This becomes a win, win situation for staff, the hospital and patients. If nurses are pleased with their recognition, they will be more prompt to facilitate better patient care, increasing patient satisfaction while saving the hospital money.

A research study by Nelson and Cook (2008) was performed to determine whether or not there was a difference between clinical ladder versus non-clinical ladder participants. A survey revealed the clinical ladder participants had “stronger beliefs that the career ladder improves outcomes and improves care, increases job satisfaction, and promotes professionalism, RN recognition, workforce retention, and role development” (Nelson & Cook, 2008, p.358). This lets us to know that clinical ladder nurses feel more competent with their work performances, and satisfied towards their career.

**The Clinical Ladder in the Future**

Currently the clinical ladder is only available to nurses working directly with patients. However designers have been revising the program to make it available to all nurses in the clinical practice (Winslow et al., 2011). Another part of the revision includes the nursing mission, vision, and philosophy to the clinical ladder. Nurse are negatively perceived and under respected, by being aware of the image nurses have, the clinical ladder can help the nursing profession be seen as prestigious (Huston, 2014).
The clinical ladder is a great tool for nurses to use to improve their practice. Nurses are able to be recognized for their work performance and obtain job satisfaction, while becoming more competent. This system allows nurses to become leaders benefiting the professional image of nursing and increasing nursing as a profession. The clinical ladder needs to be offered in facilities in order continue advancing the nursing practice.
References


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